



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - UNREPRESENTED

Full time (8 hour) Employee

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$498	\$53.37	\$8.14	\$18.75	\$578.26	\$579.00	\$0.00
	EE+1	\$996	\$96.67	\$15.12	\$18.75	\$1,126.54	\$1,158.00	\$0.00
	EE + Family	\$1,341	\$138.96	\$23.28	\$18.75	\$1,521.99	\$1,564.00	\$0.00
Bronze	EE	\$540	\$53.37	\$8.14	\$18.75	\$620.26	\$579.00	\$41.26
	EE+1	\$1,081	\$96.67	\$15.12	\$18.75	\$1,211.54	\$1,158.00	\$53.54
	EE + Family	\$1,454	\$138.96	\$23.28	\$18.75	\$1,634.99	\$1,564.00	\$70.99
HDHP-2	EE	\$593	\$53.37	\$8.14	\$18.75	\$673.26	\$579.00	\$94.26
	EE+1	\$1,187	\$96.67	\$15.12	\$18.75	\$1,317.54	\$1,158.00	\$159.54
	EE + Family	\$1,595	\$138.96	\$23.28	\$18.75	\$1,775.99	\$1,564.00	\$211.99
PPO-9A	EE	\$794	\$53.37	\$8.14	\$18.75	\$874.26	\$579.00	\$295.26
	EE+1	\$1,589	\$96.67	\$15.12	\$18.75	\$1,719.54	\$1,158.00	\$561.54
	EE + Family	\$2,138	\$138.96	\$23.28	\$18.75	\$2,318.99	\$1,564.00	\$754.99
PPO-8C	EE	\$866	\$53.37	\$8.14	\$18.75	\$946.26	\$579.00	\$367.26
	EE+1	\$1,733	\$96.67	\$15.12	\$18.75	\$1,863.54	\$1,158.00	\$705.54
	EE + Family	\$2,331	\$138.96	\$23.28	\$18.75	\$2,511.99	\$1,564.00	\$947.99
WELL-1C	EE	\$979	\$53.37	\$8.14	\$18.75	\$1,059.26	\$579.00	\$480.26
	EE+1	\$1,958	\$96.67	\$15.12	\$18.75	\$2,088.54	\$1,158.00	\$930.54
	EE + Family	\$2,633	\$138.96	\$23.28	\$18.75	\$2,813.99	\$1,564.00	\$1,249.99
PPO-4A	EE	\$1,056	\$53.37	\$8.14	\$18.75	\$1,136.26	\$579.00	\$557.26
	EE+1	\$2,113	\$96.67	\$15.12	\$18.75	\$2,243.54	\$1,158.00	\$1,085.54
	EE + Family	\$2,842	\$138.96	\$23.28	\$18.75	\$3,022.99	\$1,564.00	\$1,458.99

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year.

Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

**Employer CAP is based on full-time employment and 12 monthly installments*

***Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide*



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - UNREPRESENTED

7 hour per day Employee

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$498	\$53.37	\$8.14	\$18.75	\$578.26	\$506.63	\$71.64
	EE+1	\$996	\$96.67	\$15.12	\$18.75	\$1,126.54	\$1,013.25	\$113.29
	EE + Family	\$1,341	\$138.96	\$23.28	\$18.75	\$1,521.99	\$1,368.50	\$153.49
Bronze	EE	\$540	\$53.37	\$8.14	\$18.75	\$620.26	\$506.63	\$113.64
	EE+1	\$1,081	\$96.67	\$15.12	\$18.75	\$1,211.54	\$1,013.25	\$198.29
	EE + Family	\$1,454	\$138.96	\$23.28	\$18.75	\$1,634.99	\$1,368.50	\$266.49
HDHP-2	EE	\$593	\$53.37	\$8.14	\$18.75	\$673.26	\$506.63	\$166.64
	EE+1	\$1,187	\$96.67	\$15.12	\$18.75	\$1,317.54	\$1,013.25	\$304.29
	EE + Family	\$1,595	\$138.96	\$23.28	\$18.75	\$1,775.99	\$1,368.50	\$407.49
PPO-9A	EE	\$794	\$53.37	\$8.14	\$18.75	\$874.26	\$506.63	\$367.64
	EE+1	\$1,589	\$96.67	\$15.12	\$18.75	\$1,719.54	\$1,013.25	\$706.29
	EE + Family	\$2,138	\$138.96	\$23.28	\$18.75	\$2,318.99	\$1,368.50	\$950.49
PPO-8C	EE	\$866	\$53.37	\$8.14	\$18.75	\$946.26	\$506.63	\$439.64
	EE+1	\$1,733	\$96.67	\$15.12	\$18.75	\$1,863.54	\$1,013.25	\$850.29
	EE + Family	\$2,331	\$138.96	\$23.28	\$18.75	\$2,511.99	\$1,368.50	\$1,143.49
WELL-1C	EE	\$979	\$53.37	\$8.14	\$18.75	\$1,059.26	\$506.63	\$552.64
	EE+1	\$1,958	\$96.67	\$15.12	\$18.75	\$2,088.54	\$1,013.25	\$1,075.29
	EE + Family	\$2,633	\$138.96	\$23.28	\$18.75	\$2,813.99	\$1,368.50	\$1,445.49
PPO-4A	EE	\$1,056	\$53.37	\$8.14	\$18.75	\$1,136.26	\$506.63	\$629.64
	EE+1	\$2,113	\$96.67	\$15.12	\$18.75	\$2,243.54	\$1,013.25	\$1,230.29
	EE + Family	\$2,842	\$138.96	\$23.28	\$18.75	\$3,022.99	\$1,368.50	\$1,654.49

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year.

Please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org if you have questions regarding actual costs.

**Employer CAP is based on full-time employment and 12 monthly installments*

***Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide*



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - UNREPRESENTED

6 hour per day Employee

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$498	\$53.37	\$8.14	\$18.75	\$578.26	\$434.25	\$144.01
	EE+1	\$996	\$96.67	\$15.12	\$18.75	\$1,126.54	\$868.50	\$258.04
	EE + Family	\$1,341	\$138.96	\$23.28	\$18.75	\$1,521.99	\$1,173.00	\$348.99
Bronze	EE	\$540	\$53.37	\$8.14	\$18.75	\$620.26	\$434.25	\$186.01
	EE+1	\$1,081	\$96.67	\$15.12	\$18.75	\$1,211.54	\$868.50	\$343.04
	EE + Family	\$1,454	\$138.96	\$23.28	\$18.75	\$1,634.99	\$1,173.00	\$461.99
HDHP-2	EE	\$593	\$53.37	\$8.14	\$18.75	\$673.26	\$434.25	\$239.01
	EE+1	\$1,187	\$96.67	\$15.12	\$18.75	\$1,317.54	\$868.50	\$449.04
	EE + Family	\$1,595	\$138.96	\$23.28	\$18.75	\$1,775.99	\$1,173.00	\$602.99
PPO-9A	EE	\$794	\$53.37	\$8.14	\$18.75	\$874.26	\$434.25	\$440.01
	EE+1	\$1,589	\$96.67	\$15.12	\$18.75	\$1,719.54	\$868.50	\$851.04
	EE + Family	\$2,138	\$138.96	\$23.28	\$18.75	\$2,318.99	\$1,173.00	\$1,145.99
PPO-8C	EE	\$866	\$53.37	\$8.14	\$18.75	\$946.26	\$434.25	\$512.01
	EE+1	\$1,733	\$96.67	\$15.12	\$18.75	\$1,863.54	\$868.50	\$995.04
	EE + Family	\$2,331	\$138.96	\$23.28	\$18.75	\$2,511.99	\$1,173.00	\$1,338.99
WELL-1C	EE	\$979	\$53.37	\$8.14	\$18.75	\$1,059.26	\$434.25	\$625.01
	EE+1	\$1,958	\$96.67	\$15.12	\$18.75	\$2,088.54	\$868.50	\$1,220.04
	EE + Family	\$2,633	\$138.96	\$23.28	\$18.75	\$2,813.99	\$1,173.00	\$1,640.99
PPO-4A	EE	\$1,056	\$53.37	\$8.14	\$18.75	\$1,136.26	\$434.25	\$702.01
	EE+1	\$2,113	\$96.67	\$15.12	\$18.75	\$2,243.54	\$868.50	\$1,375.04
	EE + Family	\$2,842	\$138.96	\$23.28	\$18.75	\$3,022.99	\$1,173.00	\$1,849.99

TCDE definition of full time employment for CVT eligibility: 8 hours per day, 260 days per year.

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**Employer CAP is based on full-time employment and 12 monthly installments*

***Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide*



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - UNREPRESENTED

5 hour per day Employee

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$498	\$53.37	\$8.14	N/A	\$559.51	\$361.88	\$197.64
	EE+1	\$996	\$96.67	\$15.12	N/A	\$1,107.79	\$723.75	\$384.04
	EE + Family	\$1,341	\$138.96	\$23.28	N/A	\$1,503.24	\$977.50	\$525.74
Bronze	EE	\$540	\$53.37	\$8.14	N/A	\$601.51	\$361.88	\$239.64
	EE+1	\$1,081	\$96.67	\$15.12	N/A	\$1,192.79	\$723.75	\$469.04
	EE + Family	\$1,454	\$138.96	\$23.28	N/A	\$1,616.24	\$977.50	\$638.74
HDHP-2	EE	\$593	\$53.37	\$8.14	N/A	\$654.51	\$361.88	\$292.64
	EE+1	\$1,187	\$96.67	\$15.12	N/A	\$1,298.79	\$723.75	\$575.04
	EE + Family	\$1,595	\$138.96	\$23.28	N/A	\$1,757.24	\$977.50	\$779.74
PPO-9A	EE	\$794	\$53.37	\$8.14	N/A	\$855.51	\$361.88	\$493.64
	EE+1	\$1,589	\$96.67	\$15.12	N/A	\$1,700.79	\$723.75	\$977.04
	EE + Family	\$2,138	\$138.96	\$23.28	N/A	\$2,300.24	\$977.50	\$1,322.74
PPO-8C	EE	\$866	\$53.37	\$8.14	N/A	\$927.51	\$361.88	\$565.64
	EE+1	\$1,733	\$96.67	\$15.12	N/A	\$1,844.79	\$723.75	\$1,121.04
	EE + Family	\$2,331	\$138.96	\$23.28	N/A	\$2,493.24	\$977.50	\$1,515.74
WELL-1C	EE	\$979	\$53.37	\$8.14	N/A	\$1,040.51	\$361.88	\$678.64
	EE+1	\$1,958	\$96.67	\$15.12	N/A	\$2,069.79	\$723.75	\$1,346.04
	EE + Family	\$2,633	\$138.96	\$23.28	N/A	\$2,795.24	\$977.50	\$1,817.74
PPO-4A	EE	\$1,056	\$53.37	\$8.14	N/A	\$1,117.51	\$361.88	\$755.64
	EE+1	\$2,113	\$96.67	\$15.12	N/A	\$2,224.79	\$723.75	\$1,501.04
	EE + Family	\$2,842	\$138.96	\$23.28	N/A	\$3,004.24	\$977.50	\$2,026.74

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TEHAMA COUNTY DEPARTMENT OF EDUCATION

2024-25 BENEFIT RATE SHEET - UNREPRESENTED

4 hour per day Employee

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$498	\$53.37	\$8.14	N/A	\$559.51	\$289.50	\$270.01
	EE+1	\$996	\$96.67	\$15.12	N/A	\$1,107.79	\$579.00	\$528.79
	EE + Family	\$1,341	\$138.96	\$23.28	N/A	\$1,503.24	\$782.00	\$721.24
Bronze	EE	\$540	\$53.37	\$8.14	N/A	\$601.51	\$289.50	\$312.01
	EE+1	\$1,081	\$96.67	\$15.12	N/A	\$1,192.79	\$579.00	\$613.79
	EE + Family	\$1,454	\$138.96	\$23.28	N/A	\$1,616.24	\$782.00	\$834.24
HDHP-2	EE	\$593	\$53.37	\$8.14	N/A	\$654.51	\$289.50	\$365.01
	EE+1	\$1,187	\$96.67	\$15.12	N/A	\$1,298.79	\$579.00	\$719.79
	EE + Family	\$1,595	\$138.96	\$23.28	N/A	\$1,757.24	\$782.00	\$975.24
PPO-9A	EE	\$794	\$53.37	\$8.14	N/A	\$855.51	\$289.50	\$566.01
	EE+1	\$1,589	\$96.67	\$15.12	N/A	\$1,700.79	\$579.00	\$1,121.79
	EE + Family	\$2,138	\$138.96	\$23.28	N/A	\$2,300.24	\$782.00	\$1,518.24
PPO-8C	EE	\$866	\$53.37	\$8.14	N/A	\$927.51	\$289.50	\$638.01
	EE+1	\$1,733	\$96.67	\$15.12	N/A	\$1,844.79	\$579.00	\$1,265.79
	EE + Family	\$2,331	\$138.96	\$23.28	N/A	\$2,493.24	\$782.00	\$1,711.24
WELL-1C	EE	\$979	\$53.37	\$8.14	N/A	\$1,040.51	\$289.50	\$751.01
	EE+1	\$1,958	\$96.67	\$15.12	N/A	\$2,069.79	\$579.00	\$1,490.79
	EE + Family	\$2,633	\$138.96	\$23.28	N/A	\$2,795.24	\$782.00	\$2,013.24
PPO-4A	EE	\$1,056	\$53.37	\$8.14	N/A	\$1,117.51	\$289.50	\$828.01
	EE+1	\$2,113	\$96.67	\$15.12	N/A	\$2,224.79	\$579.00	\$1,645.79
	EE + Family	\$2,842	\$138.96	\$23.28	N/A	\$3,004.24	\$782.00	\$2,222.24

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**Dental - max \$2,000; Prosthodontics 70/30; Nitros Oxide