TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - TCCEO
10/1/2026-9/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.85	$8.55	$4.75	$698.15	*$712.00*	$0.00
	EE+1	$1,254	$105.16	$15.88	$4.75	$1,379.79	*$1,391.00*	$0.00
	EE + Family	$1,687	$161.97	$24.45	$4.75	$1,878.17	*$1,879.00*	$0.00
Bronze	EE	$680	$56.85	$8.55	$4.75	$750.15	*$712.00*	$38.15
	EE+1	$1,361	$105.16	$15.88	$4.75	$1,486.79	*$1,391.00*	$95.79
	EE + Family	$1,831	$161.97	$24.45	$4.75	$2,022.17	*$1,879.00*	$143.17
HDHP-1	EE	$835	$56.85	$8.55	$4.75	$905.15	*$712.00*	$193.15
	EE+1	$1,672	$105.16	$15.88	$4.75	$1,797.79	*$1,391.00*	$406.79
	EE + Family	$2,248	$161.97	$24.45	$4.75	$2,439.17	*$1,879.00*	$560.17
PPO-10C	EE	$845	$56.85	$8.55	$4.75	$915.15	*$712.00*	$203.15
	EE+1	$1,691	$105.16	$15.88	$4.75	$1,816.79	*$1,391.00*	$425.79
	EE + Family	$2,273	$161.97	$24.45	$4.75	$2,464.17	*$1,879.00*	$585.17
PPO-8B	EE	$1,109	$56.85	$8.55	$4.75	$1,179.15	*$712.00*	$467.15
	EE+1	$2,218	$105.16	$15.88	$4.75	$2,343.79	*$1,391.00*	$952.79
	EE + Family	$2,983	$161.97	$24.45	$4.75	$3,174.17	*$1,879.00*	$1,295.17
PPO-6B	EE	$1,222	$56.85	$8.55	$4.75	$1,292.15	*$712.00*	$580.15
	EE+1	$2,444	$105.16	$15.88	$4.75	$2,569.79	*$1,391.00*	$1,178.79
	EE + Family	$3,288	$161.97	$24.45	$4.75	$3,479.17	*$1,879.00*	$1,600.17
PPO-4A	EE	$1,333	$56.85	$8.55	$4.75	$1,403.15	*$712.00*	$691.15
	EE+1	$2,665	$105.16	$15.88	$4.75	$2,790.79	*$1,391.00*	$1,399.79
	EE + Family	$3,585	$161.97	$24.45	$4.75	$3,776.17	*$1,879.00*	$1,897.17

TCDE definition: full-time employment is 7.5 hours per day, 183 days per year. Employees in positions less than full time will receive a prorated contribution.

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

***Dental - max $2,000; Orthodontics*