TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - UNREPRESENTED
Full time (8 hour) Employee
10/1/2026 - 09/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.03	$8.55	$18.75	$711.33	*$712.00*	$0.00
	EE+1	$1,254	$101.50	$15.88	$18.75	$1,390.13	*$1,391.00*	$0.00
	EE + Family	$1,687	$145.91	$24.45	$18.75	$1,876.11	*$1,879.00*	$0.00
Bronze	EE	$680	$56.03	$8.55	$18.75	$763.33	*$712.00*	$51.33
	EE+1	$1,361	$101.50	$15.88	$18.75	$1,497.13	*$1,391.00*	$106.13
	EE + Family	$1,831	$145.91	$24.45	$18.75	$2,020.11	*$1,879.00*	$141.11
HDHP-2	EE	$747	$56.03	$8.55	$18.75	$830.33	*$712.00*	$118.33
	EE+1	$1,493	$101.50	$15.88	$18.75	$1,629.13	*$1,391.00*	$238.13
	EE + Family	$2,008	$145.91	$24.45	$18.75	$2,197.11	*$1,879.00*	$318.11
PPO-9A	EE	$1,000	$56.03	$8.55	$18.75	$1,083.33	*$712.00*	$371.33
	EE+1	$2,000	$101.50	$15.88	$18.75	$2,136.13	*$1,391.00*	$745.13
	EE + Family	$2,690	$145.91	$24.45	$18.75	$2,879.11	*$1,879.00*	$1,000.11
PPO-8C	EE	$1,092	$56.03	$8.55	$18.75	$1,175.33	*$712.00*	$463.33
	EE+1	$2,185	$101.50	$15.88	$18.75	$2,321.13	*$1,391.00*	$930.13
	EE + Family	$2,938	$145.91	$24.45	$18.75	$3,127.11	*$1,879.00*	$1,248.11
WELL-1C	EE	$1,235	$56.03	$8.55	$18.75	$1,318.33	*$712.00*	$606.33
	EE+1	$2,471	$101.50	$15.88	$18.75	$2,607.13	*$1,391.00*	$1,216.13
	EE + Family	$3,323	$145.91	$24.45	$18.75	$3,512.11	*$1,879.00*	$1,633.11
PPO-4A	EE	$1,333	$56.03	$8.55	$18.75	$1,416.33	*$712.00*	$704.33
	EE+1	$2,665	$101.50	$15.88	$18.75	$2,801.13	*$1,391.00*	$1,410.13
	EE + Family	$3,585	$145.91	$24.45	$18.75	$3,774.11	*$1,879.00*	$1,895.11

TCDE definition of full time employment for CVT eligibilty: 8 hours per day, 260 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; Prosthodontics 70/30; Nitros Oxide*

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - UNREPRESENTED
7 hour per day Employee
10/1/2026 - 09/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.03	$8.55	$18.75	$711.33	*$623.00*	$88.33
	EE+1	$1,254	$101.50	$15.88	$18.75	$1,390.13	*$1,217.13*	$173.01
	EE + Family	$1,687	$145.91	$24.45	$18.75	$1,876.11	*$1,644.13*	$231.99
Bronze	EE	$680	$56.03	$8.55	$18.75	$763.33	*$623.00*	$140.33
	EE+1	$1,361	$101.50	$15.88	$18.75	$1,497.13	*$1,217.13*	$280.01
	EE + Family	$1,831	$145.91	$24.45	$18.75	$2,020.11	*$1,644.13*	$375.99
HDHP-2	EE	$747	$56.03	$8.55	$18.75	$830.33	*$623.00*	$207.33
	EE+1	$1,493	$101.50	$15.88	$18.75	$1,629.13	*$1,217.13*	$412.01
	EE + Family	$2,008	$145.91	$24.45	$18.75	$2,197.11	*$1,644.13*	$552.99
PPO-9A	EE	$1,000	$56.03	$8.55	$18.75	$1,083.33	*$623.00*	$460.33
	EE+1	$2,000	$101.50	$15.88	$18.75	$2,136.13	*$1,217.13*	$919.01
	EE + Family	$2,690	$145.91	$24.45	$18.75	$2,879.11	*$1,644.13*	$1,234.99
PPO-8C	EE	$1,092	$56.03	$8.55	$18.75	$1,175.33	*$623.00*	$552.33
	EE+1	$2,185	$101.50	$15.88	$18.75	$2,321.13	*$1,217.13*	$1,104.01
	EE + Family	$2,938	$145.91	$24.45	$18.75	$3,127.11	*$1,644.13*	$1,482.99
WELL-1C	EE	$1,235	$56.03	$8.55	$18.75	$1,318.33	*$623.00*	$695.33
	EE+1	$2,471	$101.50	$15.88	$18.75	$2,607.13	*$1,217.13*	$1,390.01
	EE + Family	$3,323	$145.91	$24.45	$18.75	$3,512.11	*$1,644.13*	$1,867.99
PPO-4A	EE	$1,333	$56.03	$8.55	$18.75	$1,416.33	*$623.00*	$793.33
	EE+1	$2,665	$101.50	$15.88	$18.75	$2,801.13	*$1,217.13*	$1,584.01
	EE + Family	$3,585	$145.91	$24.45	$18.75	$3,774.11	*$1,644.13*	$2,129.99

TCDE definition of full time employment for CVT eligibilty: 8 hours per day, 260 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; Prosthodontics 70/30; Nitros Oxide*

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - UNREPRESENTED
6 hour per day Employee
10/1/2026 - 09/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.03	$8.55	$18.75	$711.33	*$534.00*	$177.33
	EE+1	$1,254	$101.50	$15.88	$18.75	$1,390.13	*$1,043.25*	$346.88
	EE + Family	$1,687	$145.91	$24.45	$18.75	$1,876.11	*$1,409.25*	$466.86
Bronze	EE	$680	$56.03	$8.55	$18.75	$763.33	*$534.00*	$229.33
	EE+1	$1,361	$101.50	$15.88	$18.75	$1,497.13	*$1,043.25*	$453.88
	EE + Family	$1,831	$145.91	$24.45	$18.75	$2,020.11	*$1,409.25*	$610.86
HDHP-2	EE	$747	$56.03	$8.55	$18.75	$830.33	*$534.00*	$296.33
	EE+1	$1,493	$101.50	$15.88	$18.75	$1,629.13	*$1,043.25*	$585.88
	EE + Family	$2,008	$145.91	$24.45	$18.75	$2,197.11	*$1,409.25*	$787.86
PPO-9A	EE	$1,000	$56.03	$8.55	$18.75	$1,083.33	*$534.00*	$549.33
	EE+1	$2,000	$101.50	$15.88	$18.75	$2,136.13	*$1,043.25*	$1,092.88
	EE + Family	$2,690	$145.91	$24.45	$18.75	$2,879.11	*$1,409.25*	$1,469.86
PPO-8C	EE	$1,092	$56.03	$8.55	$18.75	$1,175.33	*$534.00*	$641.33
	EE+1	$2,185	$101.50	$15.88	$18.75	$2,321.13	*$1,043.25*	$1,277.88
	EE + Family	$2,938	$145.91	$24.45	$18.75	$3,127.11	*$1,409.25*	$1,717.86
WELL-1C	EE	$1,235	$56.03	$8.55	$18.75	$1,318.33	*$534.00*	$784.33
	EE+1	$2,471	$101.50	$15.88	$18.75	$2,607.13	*$1,043.25*	$1,563.88
	EE + Family	$3,323	$145.91	$24.45	$18.75	$3,512.11	*$1,409.25*	$2,102.86
PPO-4A	EE	$1,333	$56.03	$8.55	$18.75	$1,416.33	*$534.00*	$882.33
	EE+1	$2,665	$101.50	$15.88	$18.75	$2,801.13	*$1,043.25*	$1,757.88
	EE + Family	$3,585	$145.91	$24.45	$18.75	$3,774.11	*$1,409.25*	$2,364.86

TCDE definition of full time employment for CVT eligibilty: 8 hours per day, 260 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; Prosthodontics 70/30; Nitros Oxide*

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - UNREPRESENTED
5 hour per day Employee
10/1/2026 - 09/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.03	$8.55	N/A	$692.58	*$445.00*	$247.58
	EE+1	$1,254	$101.50	$15.88	N/A	$1,371.38	*$869.38*	$502.01
	EE + Family	$1,687	$145.91	$24.45	N/A	$1,857.36	*$1,174.38*	$682.99
Bronze	EE	$680	$56.03	$8.55	N/A	$744.58	*$445.00*	$299.58
	EE+1	$1,361	$101.50	$15.88	N/A	$1,478.38	*$869.38*	$609.01
	EE + Family	$1,831	$145.91	$24.45	N/A	$2,001.36	*$1,174.38*	$826.99
HDHP-2	EE	$747	$56.03	$8.55	N/A	$811.58	*$445.00*	$366.58
	EE+1	$1,493	$101.50	$15.88	N/A	$1,610.38	*$869.38*	$741.01
	EE + Family	$2,008	$145.91	$24.45	N/A	$2,178.36	*$1,174.38*	$1,003.99
PPO-9A	EE	$1,000	$56.03	$8.55	N/A	$1,064.58	*$445.00*	$619.58
	EE+1	$2,000	$101.50	$15.88	N/A	$2,117.38	*$869.38*	$1,248.01
	EE + Family	$2,690	$145.91	$24.45	N/A	$2,860.36	*$1,174.38*	$1,685.99
PPO-8C	EE	$1,092	$56.03	$8.55	N/A	$1,156.58	*$445.00*	$711.58
	EE+1	$2,185	$101.50	$15.88	N/A	$2,302.38	*$869.38*	$1,433.01
	EE + Family	$2,938	$145.91	$24.45	N/A	$3,108.36	*$1,174.38*	$1,933.99
WELL-1C	EE	$1,235	$56.03	$8.55	N/A	$1,299.58	*$445.00*	$854.58
	EE+1	$2,471	$101.50	$15.88	N/A	$2,588.38	*$869.38*	$1,719.01
	EE + Family	$3,323	$145.91	$24.45	N/A	$3,493.36	*$1,174.38*	$2,318.99
PPO-4A	EE	$1,333	$56.03	$8.55	N/A	$1,397.58	*$445.00*	$952.58
	EE+1	$2,665	$101.50	$15.88	N/A	$2,782.38	*$869.38*	$1,913.01
	EE + Family	$3,585	$145.91	$24.45	N/A	$3,755.36	*$1,174.38*	$2,580.99

TCDE definition of full time employment for CVT eligibilty: 8 hours per day, 260 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; Prosthodontics 70/30; Nitros Oxide*

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - UNREPRESENTED
4 hour per day Employee
10/1/2026 - 09/30/2027

		MONTHLY RATES				MONTHLY COST		
Plan	**Type**	**Medical**	**Dental****	**Vision**	**Life**	**Benefit Total Cost**	***Employer Pays (CAP)****	**Employee Pays**
HDHP-3	EE	$628	$56.03	$8.55	N/A	$692.58	*$356.00*	$336.58
	EE+1	$1,254	$101.50	$15.88	N/A	$1,371.38	*$695.50*	$675.88
	EE + Family	$1,687	$145.91	$24.45	N/A	$1,857.36	*$939.50*	$917.86
Bronze	EE	$680	$56.03	$8.55	N/A	$744.58	*$356.00*	$388.58
	EE+1	$1,361	$101.50	$15.88	N/A	$1,478.38	*$695.50*	$782.88
	EE + Family	$1,831	$145.91	$24.45	N/A	$2,001.36	*$939.50*	$1,061.86
HDHP-2	EE	$747	$56.03	$8.55	N/A	$811.58	*$356.00*	$455.58
	EE+1	$1,493	$101.50	$15.88	N/A	$1,610.38	*$695.50*	$914.88
	EE + Family	$2,008	$145.91	$24.45	N/A	$2,178.36	*$939.50*	$1,238.86
PPO-9A	EE	$1,000	$56.03	$8.55	N/A	$1,064.58	*$356.00*	$708.58
	EE+1	$2,000	$101.50	$15.88	N/A	$2,117.38	*$695.50*	$1,421.88
	EE + Family	$2,690	$145.91	$24.45	N/A	$2,860.36	*$939.50*	$1,920.86
PPO-8C	EE	$1,092	$56.03	$8.55	N/A	$1,156.58	*$356.00*	$800.58
	EE+1	$2,185	$101.50	$15.88	N/A	$2,302.38	*$695.50*	$1,606.88
	EE + Family	$2,938	$145.91	$24.45	N/A	$3,108.36	*$939.50*	$2,168.86
WELL-1C	EE	$1,235	$56.03	$8.55	N/A	$1,299.58	*$356.00*	$943.58
	EE+1	$2,471	$101.50	$15.88	N/A	$2,588.38	*$695.50*	$1,892.88
	EE + Family	$3,323	$145.91	$24.45	N/A	$3,493.36	*$939.50*	$2,553.86
PPO-4A	EE	$1,333	$56.03	$8.55	N/A	$1,397.58	*$356.00*	$1,041.58
	EE+1	$2,665	$101.50	$15.88	N/A	$2,782.38	*$695.50*	$2,086.88
	EE + Family	$3,585	$145.91	$24.45	N/A	$3,755.36	*$939.50*	$2,815.86

TCDE definition of full time employment for CVT eligibilty: 8 hours per day, 260 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; Prosthodontics 70/30; Nitros Oxide*