



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2025-26 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	\$580	\$56.03	\$8.55	\$18.75	\$663.33	\$664.00	\$0.00
	EE+1	\$1,162	\$101.50	\$15.88	\$18.75	\$1,298.13	\$1,299.00	\$0.00
	EE + Family	\$1,562	\$145.91	\$24.45	\$18.75	\$1,751.11	\$1,754.00	\$0.00
Bronze	EE	\$630	\$56.03	\$8.55	\$18.75	\$713.33	\$664.00	\$49.33
	EE+1	\$1,260	\$101.50	\$15.88	\$18.75	\$1,396.13	\$1,299.00	\$97.13
	EE + Family	\$1,695	\$145.91	\$24.45	\$18.75	\$1,884.11	\$1,754.00	\$130.11
HDHP-2	EE	\$692	\$56.03	\$8.55	\$18.75	\$775.33	\$664.00	\$111.33
	EE+1	\$1,382	\$101.50	\$15.88	\$18.75	\$1,518.13	\$1,299.00	\$219.13
	EE + Family	\$1,859	\$145.91	\$24.45	\$18.75	\$2,048.11	\$1,754.00	\$294.11
PPO-9A	EE	\$926	\$56.03	\$8.55	\$18.75	\$1,009.33	\$664.00	\$345.33
	EE+1	\$1,852	\$101.50	\$15.88	\$18.75	\$1,988.13	\$1,299.00	\$689.13
	EE + Family	\$2,491	\$145.91	\$24.45	\$18.75	\$2,680.11	\$1,754.00	\$926.11
PPO-8C	EE	\$1,011	\$56.03	\$8.55	\$18.75	\$1,094.33	\$664.00	\$430.33
	EE+1	\$2,023	\$101.50	\$15.88	\$18.75	\$2,159.13	\$1,299.00	\$860.13
	EE + Family	\$2,720	\$145.91	\$24.45	\$18.75	\$2,909.11	\$1,754.00	\$1,155.11
WELL-1C	EE	\$1,144	\$56.03	\$8.55	\$18.75	\$1,227.33	\$664.00	\$563.33
	EE+1	\$2,288	\$101.50	\$15.88	\$18.75	\$2,424.13	\$1,299.00	\$1,125.13
	EE + Family	\$3,077	\$145.91	\$24.45	\$18.75	\$3,266.11	\$1,754.00	\$1,512.11
PPO-4A	EE	\$1,234	\$56.03	\$8.55	\$18.75	\$1,317.33	\$664.00	\$653.33
	EE+1	\$2,468	\$101.50	\$15.88	\$18.75	\$2,604.13	\$1,299.00	\$1,305.13
	EE + Family	\$3,319	\$145.91	\$24.45	\$18.75	\$3,508.11	\$1,754.00	\$1,754.11

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

2025-26 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	\$580	\$56.03	\$8.55	\$18.75	\$663.33	\$581.00	\$82.33
	EE+1	\$1,162	\$101.50	\$15.88	\$18.75	\$1,298.13	\$1,136.63	\$161.51
	EE + Family	\$1,562	\$145.91	\$24.45	\$18.75	\$1,751.11	\$1,534.75	\$216.36
Bronze	EE	\$630	\$56.03	\$8.55	\$18.75	\$713.33	\$581.00	\$132.33
	EE+1	\$1,260	\$101.50	\$15.88	\$18.75	\$1,396.13	\$1,136.63	\$259.51
	EE + Family	\$1,695	\$145.91	\$24.45	\$18.75	\$1,884.11	\$1,534.75	\$349.36
HDHP-2	EE	\$692	\$56.03	\$8.55	\$18.75	\$775.33	\$581.00	\$194.33
	EE+1	\$1,382	\$101.50	\$15.88	\$18.75	\$1,518.13	\$1,136.63	\$381.51
	EE + Family	\$1,859	\$145.91	\$24.45	\$18.75	\$2,048.11	\$1,534.75	\$513.36
PPO-9A	EE	\$926	\$56.03	\$8.55	\$18.75	\$1,009.33	\$581.00	\$428.33
	EE+1	\$1,852	\$101.50	\$15.88	\$18.75	\$1,988.13	\$1,136.63	\$851.51
	EE + Family	\$2,491	\$145.91	\$24.45	\$18.75	\$2,680.11	\$1,534.75	\$1,145.36
PPO-8C	EE	\$1,011	\$56.03	\$8.55	\$18.75	\$1,094.33	\$581.00	\$513.33
	EE+1	\$2,023	\$101.50	\$15.88	\$18.75	\$2,159.13	\$1,136.63	\$1,022.51
	EE + Family	\$2,720	\$145.91	\$24.45	\$18.75	\$2,909.11	\$1,534.75	\$1,374.36
WELL-1C	EE	\$1,144	\$56.03	\$8.55	\$18.75	\$1,227.33	\$581.00	\$646.33
	EE+1	\$2,288	\$101.50	\$15.88	\$18.75	\$2,424.13	\$1,136.63	\$1,287.51
	EE + Family	\$3,077	\$145.91	\$24.45	\$18.75	\$3,266.11	\$1,534.75	\$1,731.36
PPO-4A	EE	\$1,234	\$56.03	\$8.55	\$18.75	\$1,317.33	\$581.00	\$736.33
	EE+1	\$2,468	\$101.50	\$15.88	\$18.75	\$2,604.13	\$1,136.63	\$1,467.51
	EE + Family	\$3,319	\$145.91	\$24.45	\$18.75	\$3,508.11	\$1,534.75	\$1,973.36

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

2025-26 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	\$580	\$56.03	\$8.55	\$18.75	\$663.33	\$498.00	\$165.33
	EE+1	\$1,162	\$101.50	\$15.88	\$18.75	\$1,298.13	\$974.25	\$323.88
	EE + Family	\$1,562	\$145.91	\$24.45	\$18.75	\$1,751.11	\$1,315.50	\$435.61
Bronze	EE	\$630	\$56.03	\$8.55	\$18.75	\$713.33	\$498.00	\$215.33
	EE+1	\$1,260	\$101.50	\$15.88	\$18.75	\$1,396.13	\$974.25	\$421.88
	EE + Family	\$1,695	\$145.91	\$24.45	\$18.75	\$1,884.11	\$1,315.50	\$568.61
HDHP-2	EE	\$692	\$56.03	\$8.55	\$18.75	\$775.33	\$498.00	\$277.33
	EE+1	\$1,382	\$101.50	\$15.88	\$18.75	\$1,518.13	\$974.25	\$543.88
	EE + Family	\$1,859	\$145.91	\$24.45	\$18.75	\$2,048.11	\$1,315.50	\$732.61
PPO-9A	EE	\$926	\$56.03	\$8.55	\$18.75	\$1,009.33	\$498.00	\$511.33
	EE+1	\$1,852	\$101.50	\$15.88	\$18.75	\$1,988.13	\$974.25	\$1,013.88
	EE + Family	\$2,491	\$145.91	\$24.45	\$18.75	\$2,680.11	\$1,315.50	\$1,364.61
PPO-8C	EE	\$1,011	\$56.03	\$8.55	\$18.75	\$1,094.33	\$498.00	\$596.33
	EE+1	\$2,023	\$101.50	\$15.88	\$18.75	\$2,159.13	\$974.25	\$1,184.88
	EE + Family	\$2,720	\$145.91	\$24.45	\$18.75	\$2,909.11	\$1,315.50	\$1,593.61
WELL-1C	EE	\$1,144	\$56.03	\$8.55	\$18.75	\$1,227.33	\$498.00	\$729.33
	EE+1	\$2,288	\$101.50	\$15.88	\$18.75	\$2,424.13	\$974.25	\$1,449.88
	EE + Family	\$3,077	\$145.91	\$24.45	\$18.75	\$3,266.11	\$1,315.50	\$1,950.61
PPO-4A	EE	\$1,234	\$56.03	\$8.55	\$18.75	\$1,317.33	\$498.00	\$819.33
	EE+1	\$2,468	\$101.50	\$15.88	\$18.75	\$2,604.13	\$974.25	\$1,629.88
	EE + Family	\$3,319	\$145.91	\$24.45	\$18.75	\$3,508.11	\$1,315.50	\$2,192.61

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

2025-26 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	\$580	\$56.03	\$8.55	N/A	\$644.58	\$415.00	\$229.58
	EE+1	\$1,162	\$101.50	\$15.88	N/A	\$1,279.38	\$811.88	\$467.51
	EE + Family	\$1,562	\$145.91	\$24.45	N/A	\$1,732.36	\$1,096.25	\$636.11
Bronze	EE	\$630	\$56.03	\$8.55	N/A	\$694.58	\$415.00	\$279.58
	EE+1	\$1,260	\$101.50	\$15.88	N/A	\$1,377.38	\$811.88	\$565.51
	EE + Family	\$1,695	\$145.91	\$24.45	N/A	\$1,865.36	\$1,096.25	\$769.11
HDHP-2	EE	\$692	\$56.03	\$8.55	N/A	\$756.58	\$415.00	\$341.58
	EE+1	\$1,382	\$101.50	\$15.88	N/A	\$1,499.38	\$811.88	\$687.51
	EE + Family	\$1,859	\$145.91	\$24.45	N/A	\$2,029.36	\$1,096.25	\$933.11
PPO-9A	EE	\$926	\$56.03	\$8.55	N/A	\$990.58	\$415.00	\$575.58
	EE+1	\$1,852	\$101.50	\$15.88	N/A	\$1,969.38	\$811.88	\$1,157.51
	EE + Family	\$2,491	\$145.91	\$24.45	N/A	\$2,661.36	\$1,096.25	\$1,565.11
PPO-8C	EE	\$1,011	\$56.03	\$8.55	N/A	\$1,075.58	\$415.00	\$660.58
	EE+1	\$2,023	\$101.50	\$15.88	N/A	\$2,140.38	\$811.88	\$1,328.51
	EE + Family	\$2,720	\$145.91	\$24.45	N/A	\$2,890.36	\$1,096.25	\$1,794.11
WELL-1C	EE	\$1,144	\$56.03	\$8.55	N/A	\$1,208.58	\$415.00	\$793.58
	EE+1	\$2,288	\$101.50	\$15.88	N/A	\$2,405.38	\$811.88	\$1,593.51
	EE + Family	\$3,077	\$145.91	\$24.45	N/A	\$3,247.36	\$1,096.25	\$2,151.11
PPO-4A	EE	\$1,234	\$56.03	\$8.55	N/A	\$1,298.58	\$415.00	\$883.58
	EE+1	\$2,468	\$101.50	\$15.88	N/A	\$2,585.38	\$811.88	\$1,773.51
	EE + Family	\$3,319	\$145.91	\$24.45	N/A	\$3,489.36	\$1,096.25	\$2,393.11

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 2025-26 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	\$580	\$56.03	\$8.55	N/A	\$644.58	\$332.00	\$312.58
	EE+1	\$1,162	\$101.50	\$15.88	N/A	\$1,279.38	\$649.50	\$629.88
	EE + Family	\$1,562	\$145.91	\$24.45	N/A	\$1,732.36	\$877.00	\$855.36
Bronze	EE	\$630	\$56.03	\$8.55	N/A	\$694.58	\$332.00	\$362.58
	EE+1	\$1,260	\$101.50	\$15.88	N/A	\$1,377.38	\$649.50	\$727.88
	EE + Family	\$1,695	\$145.91	\$24.45	N/A	\$1,865.36	\$877.00	\$988.36
HDHP-2	EE	\$692	\$56.03	\$8.55	N/A	\$756.58	\$332.00	\$424.58
	EE+1	\$1,382	\$101.50	\$15.88	N/A	\$1,499.38	\$649.50	\$849.88
	EE + Family	\$1,859	\$145.91	\$24.45	N/A	\$2,029.36	\$877.00	\$1,152.36
PPO-9A	EE	\$926	\$56.03	\$8.55	N/A	\$990.58	\$332.00	\$658.58
	EE+1	\$1,852	\$101.50	\$15.88	N/A	\$1,969.38	\$649.50	\$1,319.88
	EE + Family	\$2,491	\$145.91	\$24.45	N/A	\$2,661.36	\$877.00	\$1,784.36
PPO-8C	EE	\$1,011	\$56.03	\$8.55	N/A	\$1,075.58	\$332.00	\$743.58
	EE+1	\$2,023	\$101.50	\$15.88	N/A	\$2,140.38	\$649.50	\$1,490.88
	EE + Family	\$2,720	\$145.91	\$24.45	N/A	\$2,890.36	\$877.00	\$2,013.36
WELL-1C	EE	\$1,144	\$56.03	\$8.55	N/A	\$1,208.58	\$332.00	\$876.58
	EE+1	\$2,288	\$101.50	\$15.88	N/A	\$2,405.38	\$649.50	\$1,755.88
	EE + Family	\$3,077	\$145.91	\$24.45	N/A	\$3,247.36	\$877.00	\$2,370.36
PPO-4A	EE	\$1,234	\$56.03	\$8.55	N/A	\$1,298.58	\$332.00	\$966.58
	EE+1	\$2,468	\$101.50	\$15.88	N/A	\$2,585.38	\$649.50	\$1,935.88
	EE + Family	\$3,319	\$145.91	\$24.45	N/A	\$3,489.36	\$877.00	\$2,612.36

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

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