



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2025-26 BENEFIT RATE SHEET - CSEA

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	\$51.54	\$7.76	\$4.75	\$644.05	\$664.00	\$0.00
	EE+1	\$1,162	\$93.35	\$14.42	\$4.75	\$1,274.52	\$1,299.00	\$0.00
	EE + Family	\$1,562	\$134.20	\$22.21	\$4.75	\$1,723.16	\$1,754.00	\$0.00
Bronze	EE	\$630	\$51.54	\$7.76	\$4.75	\$694.05	\$664.00	\$30.05
	EE+1	\$1,260	\$93.35	\$14.42	\$4.75	\$1,372.52	\$1,299.00	\$73.52
	EE + Family	\$1,695	\$134.20	\$22.21	\$4.75	\$1,856.16	\$1,754.00	\$102.16
HDHP-2	EE	\$692	\$51.54	\$7.76	\$4.75	\$756.05	\$664.00	\$92.05
	EE+1	\$1,382	\$93.35	\$14.42	\$4.75	\$1,494.52	\$1,299.00	\$195.52
	EE + Family	\$1,859	\$134.20	\$22.21	\$4.75	\$2,020.16	\$1,754.00	\$266.16
PPO-10B	EE	\$798	\$51.54	\$7.76	\$4.75	\$862.05	\$664.00	\$198.05
	EE+1	\$1,596	\$93.35	\$14.42	\$4.75	\$1,708.52	\$1,299.00	\$409.52
	EE + Family	\$2,146	\$134.20	\$22.21	\$4.75	\$2,307.16	\$1,754.00	\$553.16
PPO-9B	EE	\$919	\$51.54	\$7.76	\$4.75	\$983.05	\$664.00	\$319.05
	EE+1	\$1,837	\$93.35	\$14.42	\$4.75	\$1,949.52	\$1,299.00	\$650.52
	EE + Family	\$2,471	\$134.20	\$22.21	\$4.75	\$2,632.16	\$1,754.00	\$878.16
PPO-8B	EE	\$1,027	\$51.54	\$7.76	\$4.75	\$1,091.05	\$664.00	\$427.05
	EE+1	\$2,053	\$93.35	\$14.42	\$4.75	\$2,165.52	\$1,299.00	\$866.52
	EE + Family	\$2,761	\$134.20	\$22.21	\$4.75	\$2,922.16	\$1,754.00	\$1,168.16
PPO-4A	EE	\$1,234	\$51.54	\$7.76	\$4.75	\$1,298.05	\$664.00	\$634.05
	EE+1	\$2,468	\$93.35	\$14.42	\$4.75	\$2,580.52	\$1,299.00	\$1,281.52
	EE + Family	\$3,319	\$134.20	\$22.21	\$4.75	\$3,480.16	\$1,754.00	\$1,726.16

TCDE definition: full-time employment is 8 hours per day, 260 days per year. Employees in positions less than full time will receive a prorated contribution. If you work less than full-time, please contact Payroll @ 530-528-7353 or pgarcia@tehamaschools.org to obtain information regarding actuals costs

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

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2025-26 BENEFIT RATE SHEET - CSEA

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	\$51.54	\$7.76	\$4.75	\$644.05	\$581.00	\$63.05
	EE+1	\$1,162	\$93.35	\$14.42	\$4.75	\$1,274.52	\$1,136.63	\$137.90
	EE + Family	\$1,562	\$134.20	\$22.21	\$4.75	\$1,723.16	\$1,534.75	\$188.41
Bronze	EE	\$630	\$51.54	\$7.76	\$4.75	\$694.05	\$581.00	\$113.05
	EE+1	\$1,260	\$93.35	\$14.42	\$4.75	\$1,372.52	\$1,136.63	\$235.90
	EE + Family	\$1,695	\$134.20	\$22.21	\$4.75	\$1,856.16	\$1,534.75	\$321.41
HDHP-2	EE	\$692	\$51.54	\$7.76	\$4.75	\$756.05	\$581.00	\$175.05
	EE+1	\$1,382	\$93.35	\$14.42	\$4.75	\$1,494.52	\$1,136.63	\$357.90
	EE + Family	\$1,859	\$134.20	\$22.21	\$4.75	\$2,020.16	\$1,534.75	\$485.41
PPO-10B	EE	\$798	\$51.54	\$7.76	\$4.75	\$862.05	\$581.00	\$281.05
	EE+1	\$1,596	\$93.35	\$14.42	\$4.75	\$1,708.52	\$1,136.63	\$571.90
	EE + Family	\$2,146	\$134.20	\$22.21	\$4.75	\$2,307.16	\$1,534.75	\$772.41
PPO-9B	EE	\$919	\$51.54	\$7.76	\$4.75	\$983.05	\$581.00	\$402.05
	EE+1	\$1,837	\$93.35	\$14.42	\$4.75	\$1,949.52	\$1,136.63	\$812.90
	EE + Family	\$2,471	\$134.20	\$22.21	\$4.75	\$2,632.16	\$1,534.75	\$1,097.41
PPO-8B	EE	\$1,027	\$51.54	\$7.76	\$4.75	\$1,091.05	\$581.00	\$510.05
	EE+1	\$2,053	\$93.35	\$14.42	\$4.75	\$2,165.52	\$1,136.63	\$1,028.90
	EE + Family	\$2,761	\$134.20	\$22.21	\$4.75	\$2,922.16	\$1,534.75	\$1,387.41
PPO-4A	EE	\$1,234	\$51.54	\$7.76	\$4.75	\$1,298.05	\$581.00	\$717.05
	EE+1	\$2,468	\$93.35	\$14.42	\$4.75	\$2,580.52	\$1,136.63	\$1,443.90
	EE + Family	\$3,319	\$134.20	\$22.21	\$4.75	\$3,480.16	\$1,534.75	\$1,945.41

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

**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2025-26 BENEFIT RATE SHEET - CSEA

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	\$51.54	\$7.76	\$4.75	\$644.05	\$498.00	\$146.05
	EE+1	\$1,162	\$93.35	\$14.42	\$4.75	\$1,274.52	\$974.25	\$300.27
	EE + Family	\$1,562	\$134.20	\$22.21	\$4.75	\$1,723.16	\$1,315.50	\$407.66
Bronze	EE	\$630	\$51.54	\$7.76	\$4.75	\$694.05	\$498.00	\$196.05
	EE+1	\$1,260	\$93.35	\$14.42	\$4.75	\$1,372.52	\$974.25	\$398.27
	EE + Family	\$1,695	\$134.20	\$22.21	\$4.75	\$1,856.16	\$1,315.50	\$540.66
HDHP-2	EE	\$692	\$51.54	\$7.76	\$4.75	\$756.05	\$498.00	\$258.05
	EE+1	\$1,382	\$93.35	\$14.42	\$4.75	\$1,494.52	\$974.25	\$520.27
	EE + Family	\$1,859	\$134.20	\$22.21	\$4.75	\$2,020.16	\$1,315.50	\$704.66
PPO-10B	EE	\$798	\$51.54	\$7.76	\$4.75	\$862.05	\$498.00	\$364.05
	EE+1	\$1,596	\$93.35	\$14.42	\$4.75	\$1,708.52	\$974.25	\$734.27
	EE + Family	\$2,146	\$134.20	\$22.21	\$4.75	\$2,307.16	\$1,315.50	\$991.66
PPO-9B	EE	\$919	\$51.54	\$7.76	\$4.75	\$983.05	\$498.00	\$485.05
	EE+1	\$1,837	\$93.35	\$14.42	\$4.75	\$1,949.52	\$974.25	\$975.27
	EE + Family	\$2,471	\$134.20	\$22.21	\$4.75	\$2,632.16	\$1,315.50	\$1,316.66
PPO-8B	EE	\$1,027	\$51.54	\$7.76	\$4.75	\$1,091.05	\$498.00	\$593.05
	EE+1	\$2,053	\$93.35	\$14.42	\$4.75	\$2,165.52	\$974.25	\$1,191.27
	EE + Family	\$2,761	\$134.20	\$22.21	\$4.75	\$2,922.16	\$1,315.50	\$1,606.66
PPO-4A	EE	\$1,234	\$51.54	\$7.76	\$4.75	\$1,298.05	\$498.00	\$800.05
	EE+1	\$2,468	\$93.35	\$14.42	\$4.75	\$2,580.52	\$974.25	\$1,606.27
	EE + Family	\$3,319	\$134.20	\$22.21	\$4.75	\$3,480.16	\$1,315.50	\$2,164.66

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**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION

2025-26 BENEFIT RATE SHEET - CSEA

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	\$51.54	\$7.76	\$4.75	\$644.05	\$415.00	\$229.05
	EE+1	\$1,162	\$93.35	\$14.42	\$4.75	\$1,274.52	\$811.88	\$462.65
	EE + Family	\$1,562	\$134.20	\$22.21	\$4.75	\$1,723.16	\$1,096.25	\$626.91
Bronze	EE	\$630	\$51.54	\$7.76	\$4.75	\$694.05	\$415.00	\$279.05
	EE+1	\$1,260	\$93.35	\$14.42	\$4.75	\$1,372.52	\$811.88	\$560.65
	EE + Family	\$1,695	\$134.20	\$22.21	\$4.75	\$1,856.16	\$1,096.25	\$759.91
HDHP-2	EE	\$692	\$51.54	\$7.76	\$4.75	\$756.05	\$415.00	\$341.05
	EE+1	\$1,382	\$93.35	\$14.42	\$4.75	\$1,494.52	\$811.88	\$682.65
	EE + Family	\$1,859	\$134.20	\$22.21	\$4.75	\$2,020.16	\$1,096.25	\$923.91
PPO-10B	EE	\$798	\$51.54	\$7.76	\$4.75	\$862.05	\$415.00	\$447.05
	EE+1	\$1,596	\$93.35	\$14.42	\$4.75	\$1,708.52	\$811.88	\$896.65
	EE + Family	\$2,146	\$134.20	\$22.21	\$4.75	\$2,307.16	\$1,096.25	\$1,210.91
PPO-9B	EE	\$919	\$51.54	\$7.76	\$4.75	\$983.05	\$415.00	\$568.05
	EE+1	\$1,837	\$93.35	\$14.42	\$4.75	\$1,949.52	\$811.88	\$1,137.65
	EE + Family	\$2,471	\$134.20	\$22.21	\$4.75	\$2,632.16	\$1,096.25	\$1,535.91
PPO-8B	EE	\$1,027	\$51.54	\$7.76	\$4.75	\$1,091.05	\$415.00	\$676.05
	EE+1	\$2,053	\$93.35	\$14.42	\$4.75	\$2,165.52	\$811.88	\$1,353.65
	EE + Family	\$2,761	\$134.20	\$22.21	\$4.75	\$2,922.16	\$1,096.25	\$1,825.91
PPO-4A	EE	\$1,234	\$51.54	\$7.76	\$4.75	\$1,298.05	\$415.00	\$883.05
	EE+1	\$2,468	\$93.35	\$14.42	\$4.75	\$2,580.52	\$811.88	\$1,768.65
	EE + Family	\$3,319	\$134.20	\$22.21	\$4.75	\$3,480.16	\$1,096.25	\$2,383.91

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**Dental - max \$1,500; Nitros Oxide



TEHAMA COUNTY DEPARTMENT OF EDUCATION
2025-26 BENEFIT RATE SHEET - CSEA
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	\$51.54	\$7.76	\$4.75	\$644.05	\$332.00	\$312.05
	EE+1	\$1,162	\$93.35	\$14.42	\$4.75	\$1,274.52	\$649.50	\$625.02
	EE + Family	\$1,562	\$134.20	\$22.21	\$4.75	\$1,723.16	\$877.00	\$846.16
Bronze	EE	\$630	\$51.54	\$7.76	\$4.75	\$694.05	\$332.00	\$362.05
	EE+1	\$1,260	\$93.35	\$14.42	\$4.75	\$1,372.52	\$649.50	\$723.02
	EE + Family	\$1,695	\$134.20	\$22.21	\$4.75	\$1,856.16	\$877.00	\$979.16
HDHP-2	EE	\$692	\$51.54	\$7.76	\$4.75	\$756.05	\$332.00	\$424.05
	EE+1	\$1,382	\$93.35	\$14.42	\$4.75	\$1,494.52	\$649.50	\$845.02
	EE + Family	\$1,859	\$134.20	\$22.21	\$4.75	\$2,020.16	\$877.00	\$1,143.16
PPO-10B	EE	\$798	\$51.54	\$7.76	\$4.75	\$862.05	\$332.00	\$530.05
	EE+1	\$1,596	\$93.35	\$14.42	\$4.75	\$1,708.52	\$649.50	\$1,059.02
	EE + Family	\$2,146	\$134.20	\$22.21	\$4.75	\$2,307.16	\$877.00	\$1,430.16
PPO-9B	EE	\$919	\$51.54	\$7.76	\$4.75	\$983.05	\$332.00	\$651.05
	EE+1	\$1,837	\$93.35	\$14.42	\$4.75	\$1,949.52	\$649.50	\$1,300.02
	EE + Family	\$2,471	\$134.20	\$22.21	\$4.75	\$2,632.16	\$877.00	\$1,755.16
PPO-8B	EE	\$1,027	\$51.54	\$7.76	\$4.75	\$1,091.05	\$332.00	\$759.05
	EE+1	\$2,053	\$93.35	\$14.42	\$4.75	\$2,165.52	\$649.50	\$1,516.02
	EE + Family	\$2,761	\$134.20	\$22.21	\$4.75	\$2,922.16	\$877.00	\$2,045.16
PPO-4A	EE	\$1,234	\$51.54	\$7.76	\$4.75	\$1,298.05	\$332.00	\$966.05
	EE+1	\$2,468	\$93.35	\$14.42	\$4.75	\$2,580.52	\$649.50	\$1,931.02
	EE + Family	\$3,319	\$134.20	\$22.21	\$4.75	\$3,480.16	\$877.00	\$2,603.16

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