



TEHAMA COUNTY DEPARTMENT OF EDUCATION 2025-26 BENEFIT RATE SHEET - TCCEO

		MONTHLY RATES				MONTHLY COST		
Plan	Type	Medical	Dental**	Vision	Life	Benefit Total Cost	Employer Pays (CAP)*	Employee Pays
HDHP-3	EE	\$580	\$56.85	\$8.55	\$4.75	\$650.15	\$664.00	\$0.00
	EE+1	\$1,162	\$105.16	\$15.88	\$4.75	\$1,287.79	\$1,299.00	\$0.00
	EE + Family	\$1,562	\$161.97	\$24.45	\$4.75	\$1,753.17	\$1,754.00	\$0.00
Bronze	EE	\$630	\$56.85	\$8.55	\$4.75	\$700.15	\$664.00	\$36.15
	EE+1	\$1,260	\$105.16	\$15.88	\$4.75	\$1,385.79	\$1,299.00	\$86.79
	EE + Family	\$1,695	\$161.97	\$24.45	\$4.75	\$1,886.17	\$1,754.00	\$132.17
HDHP-1	EE	\$774	\$56.85	\$8.55	\$4.75	\$844.15	\$664.00	\$180.15
	EE+1	\$1,547	\$105.16	\$15.88	\$4.75	\$1,672.79	\$1,299.00	\$373.79
	EE + Family	\$2,081	\$161.97	\$24.45	\$4.75	\$2,272.17	\$1,754.00	\$518.17
PPO-10C	EE	\$782	\$56.85	\$8.55	\$4.75	\$852.15	\$664.00	\$188.15
	EE+1	\$1,566	\$105.16	\$15.88	\$4.75	\$1,691.79	\$1,299.00	\$392.79
	EE + Family	\$2,105	\$161.97	\$24.45	\$4.75	\$2,296.17	\$1,754.00	\$542.17
PPO-8B	EE	\$1,027	\$56.85	\$8.55	\$4.75	\$1,097.15	\$664.00	\$433.15
	EE+1	\$2,053	\$105.16	\$15.88	\$4.75	\$2,178.79	\$1,299.00	\$879.79
	EE + Family	\$2,761	\$161.97	\$24.45	\$4.75	\$2,952.17	\$1,754.00	\$1,198.17
PPO-6B	EE	\$1,132	\$56.85	\$8.55	\$4.75	\$1,202.15	\$664.00	\$538.15
	EE+1	\$2,263	\$105.16	\$15.88	\$4.75	\$2,388.79	\$1,299.00	\$1,089.79
	EE + Family	\$3,044	\$161.97	\$24.45	\$4.75	\$3,235.17	\$1,754.00	\$1,481.17
PPO-4A	EE	\$1,234	\$56.85	\$8.55	\$4.75	\$1,304.15	\$664.00	\$640.15
	EE+1	\$2,468	\$105.16	\$15.88	\$4.75	\$2,593.79	\$1,299.00	\$1,294.79
	EE + Family	\$3,319	\$161.97	\$24.45	\$4.75	\$3,510.17	\$1,754.00	\$1,756.17

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. 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 \$2,000; Orthodontics*