TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - CSEA
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	$51.54	$7.76	$4.75	$692.05	*$712.00*	$0.00
	EE+1	$1,254	$93.35	$14.42	$4.75	$1,366.52	*$1,391.00*	$0.00
	EE + Family	$1,687	$134.20	$22.21	$4.75	$1,848.16	*$1,879.00*	$0.00
Bronze	EE	$680	$51.54	$7.76	$4.75	$744.05	*$712.00*	$32.05
	EE+1	$1,361	$93.35	$14.42	$4.75	$1,473.52	*$1,391.00*	$82.52
	EE + Family	$1,831	$134.20	$22.21	$4.75	$1,992.16	*$1,879.00*	$113.16
HDHP-2	EE	$747	$51.54	$7.76	$4.75	$811.05	*$712.00*	$99.05
	EE+1	$1,493	$93.35	$14.42	$4.75	$1,605.52	*$1,391.00*	$214.52
	EE + Family	$2,008	$134.20	$22.21	$4.75	$2,169.16	*$1,879.00*	$290.16
PPO-10B	EE	$862	$51.54	$7.76	$4.75	$926.05	*$712.00*	$214.05
	EE+1	$1,724	$93.35	$14.42	$4.75	$1,836.52	*$1,391.00*	$445.52
	EE + Family	$2,318	$134.20	$22.21	$4.75	$2,479.16	*$1,879.00*	$600.16
PPO-9B	EE	$992	$51.54	$7.76	$4.75	$1,056.05	*$712.00*	$344.05
	EE+1	$1,984	$93.35	$14.42	$4.75	$2,096.52	*$1,391.00*	$705.52
	EE + Family	$2,669	$134.20	$22.21	$4.75	$2,830.16	*$1,879.00*	$951.16
PPO-8B	EE	$1,109	$51.54	$7.76	$4.75	$1,173.05	*$712.00*	$461.05
	EE+1	$2,218	$93.35	$14.42	$4.75	$2,330.52	*$1,391.00*	$939.52
	EE + Family	$2,983	$134.20	$22.21	$4.75	$3,144.16	*$1,879.00*	$1,265.16
PPO-4A	EE	$1,333	$51.54	$7.76	$4.75	$1,397.05	*$712.00*	$685.05
	EE+1	$2,665	$93.35	$14.42	$4.75	$2,777.52	*$1,391.00*	$1,386.52
	EE + Family	$3,585	$134.20	$22.21	$4.75	$3,746.16	*$1,879.00*	$1,867.16

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.

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

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

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - CSEA
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	$51.54	$7.76	$4.75	$692.05	*$623.00*	$69.05
	EE+1	$1,254	$93.35	$14.42	$4.75	$1,366.52	*$1,217.13*	$149.40
	EE + Family	$1,687	$134.20	$22.21	$4.75	$1,848.16	*$1,644.13*	$204.04
Bronze	EE	$680	$51.54	$7.76	$4.75	$744.05	*$623.00*	$121.05
	EE+1	$1,361	$93.35	$14.42	$4.75	$1,473.52	*$1,217.13*	$256.40
	EE + Family	$1,831	$134.20	$22.21	$4.75	$1,992.16	*$1,644.13*	$348.04
HDHP-2	EE	$747	$51.54	$7.76	$4.75	$811.05	*$623.00*	$188.05
	EE+1	$1,493	$93.35	$14.42	$4.75	$1,605.52	*$1,217.13*	$388.40
	EE + Family	$2,008	$134.20	$22.21	$4.75	$2,169.16	*$1,644.13*	$525.04
PPO-10B	EE	$862	$51.54	$7.76	$4.75	$926.05	*$623.00*	$303.05
	EE+1	$1,724	$93.35	$14.42	$4.75	$1,836.52	*$1,217.13*	$619.40
	EE + Family	$2,318	$134.20	$22.21	$4.75	$2,479.16	*$1,644.13*	$835.04
PPO-9B	EE	$992	$51.54	$7.76	$4.75	$1,056.05	*$623.00*	$433.05
	EE+1	$1,984	$93.35	$14.42	$4.75	$2,096.52	*$1,217.13*	$879.40
	EE + Family	$2,669	$134.20	$22.21	$4.75	$2,830.16	*$1,644.13*	$1,186.04
PPO-8B	EE	$1,109	$51.54	$7.76	$4.75	$1,173.05	*$623.00*	$550.05
	EE+1	$2,218	$93.35	$14.42	$4.75	$2,330.52	*$1,217.13*	$1,113.40
	EE + Family	$2,983	$134.20	$22.21	$4.75	$3,144.16	*$1,644.13*	$1,500.04
PPO-4A	EE	$1,333	$51.54	$7.76	$4.75	$1,397.05	*$623.00*	$774.05
	EE+1	$2,665	$93.35	$14.42	$4.75	$2,777.52	*$1,217.13*	$1,560.40
	EE + Family	$3,585	$134.20	$22.21	$4.75	$3,746.16	*$1,644.13*	$2,102.04

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.

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

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

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - CSEA
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	$51.54	$7.76	$4.75	$692.05	*$534.00*	$158.05
	EE+1	$1,254	$93.35	$14.42	$4.75	$1,366.52	*$1,043.25*	$323.27
	EE + Family	$1,687	$134.20	$22.21	$4.75	$1,848.16	*$1,409.25*	$438.91
Bronze	EE	$680	$51.54	$7.76	$4.75	$744.05	*$534.00*	$210.05
	EE+1	$1,361	$93.35	$14.42	$4.75	$1,473.52	*$1,043.25*	$430.27
	EE + Family	$1,831	$134.20	$22.21	$4.75	$1,992.16	*$1,409.25*	$582.91
HDHP-2	EE	$747	$51.54	$7.76	$4.75	$811.05	*$534.00*	$277.05
	EE+1	$1,493	$93.35	$14.42	$4.75	$1,605.52	*$1,043.25*	$562.27
	EE + Family	$2,008	$134.20	$22.21	$4.75	$2,169.16	*$1,409.25*	$759.91
PPO-10B	EE	$862	$51.54	$7.76	$4.75	$926.05	*$534.00*	$392.05
	EE+1	$1,724	$93.35	$14.42	$4.75	$1,836.52	*$1,043.25*	$793.27
	EE + Family	$2,318	$134.20	$22.21	$4.75	$2,479.16	*$1,409.25*	$1,069.91
PPO-9B	EE	$992	$51.54	$7.76	$4.75	$1,056.05	*$534.00*	$522.05
	EE+1	$1,984	$93.35	$14.42	$4.75	$2,096.52	*$1,043.25*	$1,053.27
	EE + Family	$2,669	$134.20	$22.21	$4.75	$2,830.16	*$1,409.25*	$1,420.91
PPO-8B	EE	$1,109	$51.54	$7.76	$4.75	$1,173.05	*$534.00*	$639.05
	EE+1	$2,218	$93.35	$14.42	$4.75	$2,330.52	*$1,043.25*	$1,287.27
	EE + Family	$2,983	$134.20	$22.21	$4.75	$3,144.16	*$1,409.25*	$1,734.91
PPO-4A	EE	$1,333	$51.54	$7.76	$4.75	$1,397.05	*$534.00*	$863.05
	EE+1	$2,665	$93.35	$14.42	$4.75	$2,777.52	*$1,043.25*	$1,734.27
	EE + Family	$3,585	$134.20	$22.21	$4.75	$3,746.16	*$1,409.25*	$2,336.91

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.

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

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

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - CSEA
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	$51.54	$7.76	$4.75	$692.05	*$445.00*	$247.05
	EE+1	$1,254	$93.35	$14.42	$4.75	$1,366.52	*$869.38*	$497.15
	EE + Family	$1,687	$134.20	$22.21	$4.75	$1,848.16	*$1,174.38*	$673.79
Bronze	EE	$680	$51.54	$7.76	$4.75	$744.05	*$445.00*	$299.05
	EE+1	$1,361	$93.35	$14.42	$4.75	$1,473.52	*$869.38*	$604.15
	EE + Family	$1,831	$134.20	$22.21	$4.75	$1,992.16	*$1,174.38*	$817.79
HDHP-2	EE	$747	$51.54	$7.76	$4.75	$811.05	*$445.00*	$366.05
	EE+1	$1,493	$93.35	$14.42	$4.75	$1,605.52	*$869.38*	$736.15
	EE + Family	$2,008	$134.20	$22.21	$4.75	$2,169.16	*$1,174.38*	$994.79
PPO-10B	EE	$862	$51.54	$7.76	$4.75	$926.05	*$445.00*	$481.05
	EE+1	$1,724	$93.35	$14.42	$4.75	$1,836.52	*$869.38*	$967.15
	EE + Family	$2,318	$134.20	$22.21	$4.75	$2,479.16	*$1,174.38*	$1,304.79
PPO-9B	EE	$992	$51.54	$7.76	$4.75	$1,056.05	*$445.00*	$611.05
	EE+1	$1,984	$93.35	$14.42	$4.75	$2,096.52	*$869.38*	$1,227.15
	EE + Family	$2,669	$134.20	$22.21	$4.75	$2,830.16	*$1,174.38*	$1,655.79
PPO-8B	EE	$1,109	$51.54	$7.76	$4.75	$1,173.05	*$445.00*	$728.05
	EE+1	$2,218	$93.35	$14.42	$4.75	$2,330.52	*$869.38*	$1,461.15
	EE + Family	$2,983	$134.20	$22.21	$4.75	$3,144.16	*$1,174.38*	$1,969.79
PPO-4A	EE	$1,333	$51.54	$7.76	$4.75	$1,397.05	*$445.00*	$952.05
	EE+1	$2,665	$93.35	$14.42	$4.75	$2,777.52	*$869.38*	$1,908.15
	EE + Family	$3,585	$134.20	$22.21	$4.75	$3,746.16	*$1,174.38*	$2,571.79

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.

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

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

TEHAMA COUNTY DEPARTMENT OF EDUCATION
BENEFIT RATE SHEET - CSEA
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	$51.54	$7.76	$4.75	$692.05	*$356.00*	$336.05
	EE+1	$1,254	$93.35	$14.42	$4.75	$1,366.52	*$695.50*	$671.02
	EE + Family	$1,687	$134.20	$22.21	$4.75	$1,848.16	*$939.50*	$908.66
Bronze	EE	$680	$51.54	$7.76	$4.75	$744.05	*$356.00*	$388.05
	EE+1	$1,361	$93.35	$14.42	$4.75	$1,473.52	*$695.50*	$778.02
	EE + Family	$1,831	$134.20	$22.21	$4.75	$1,992.16	*$939.50*	$1,052.66
HDHP-2	EE	$747	$51.54	$7.76	$4.75	$811.05	*$356.00*	$455.05
	EE+1	$1,493	$93.35	$14.42	$4.75	$1,605.52	*$695.50*	$910.02
	EE + Family	$2,008	$134.20	$22.21	$4.75	$2,169.16	*$939.50*	$1,229.66
PPO-10B	EE	$862	$51.54	$7.76	$4.75	$926.05	*$356.00*	$570.05
	EE+1	$1,724	$93.35	$14.42	$4.75	$1,836.52	*$695.50*	$1,141.02
	EE + Family	$2,318	$134.20	$22.21	$4.75	$2,479.16	*$939.50*	$1,539.66
PPO-9B	EE	$992	$51.54	$7.76	$4.75	$1,056.05	*$356.00*	$700.05
	EE+1	$1,984	$93.35	$14.42	$4.75	$2,096.52	*$695.50*	$1,401.02
	EE + Family	$2,669	$134.20	$22.21	$4.75	$2,830.16	*$939.50*	$1,890.66
PPO-8B	EE	$1,109	$51.54	$7.76	$4.75	$1,173.05	*$356.00*	$817.05
	EE+1	$2,218	$93.35	$14.42	$4.75	$2,330.52	*$695.50*	$1,635.02
	EE + Family	$2,983	$134.20	$22.21	$4.75	$3,144.16	*$939.50*	$2,204.66
PPO-4A	EE	$1,333	$51.54	$7.76	$4.75	$1,397.05	*$356.00*	$1,041.05
	EE+1	$2,665	$93.35	$14.42	$4.75	$2,777.52	*$695.50*	$2,082.02
	EE + Family	$3,585	$134.20	$22.21	$4.75	$3,746.16	*$939.50*	$2,806.66

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.

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

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