



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED (12 MONTHS)
BLENDED (150% COUPLES RATE)
7.5 - 8 HOURS

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$1,250.00	\$0.00
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,250.00	\$0.00
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,250.00	\$0.00
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,250.00	\$301.75
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$1,250.00	\$461.75
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,250.00	\$648.75
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,250.00	\$782.75

* Annual Employer Contribution is \$15,000 for full time employees.

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED
BLENDED (150% COUPLES RATE)

7.5 - 8 HOURS (11 MONTH)

Plan	MONTHLY RATES			MONTHLY COST		
	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$1,250.00	\$0.00
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,250.00	\$0.00
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,250.00	\$0.00
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,250.00	\$329.18
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$1,250.00	\$503.73
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,250.00	\$707.73
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,250.00	\$853.91

* Annual Employer Contribution is \$15,000 for full time employees.

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RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED
BLENDED (150% COUPLES RATE)

7 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$1,093.75	\$0.00
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,093.75	\$13.09
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,093.75	\$114.55
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,093.75	\$499.64
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$1,093.75	\$674.18
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,093.75	\$878.18
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,093.75	\$1,024.36

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; Seven (7) hours prorated is 87.5%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED
BLENDED (150% COUPLES RATE)

6.5 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$1,015.63	\$16.50
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,015.63	\$98.32
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,015.63	\$199.77
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,015.63	\$584.86
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$1,015.63	\$759.41
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,015.63	\$963.41
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,015.63	\$1,109.59

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; 6.5 hours prorated is 81.25%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
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BLENDED (150% COUPLES RATE)

6 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$937.50	\$101.73
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$937.50	\$183.55
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$937.50	\$285.00
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$937.50	\$670.09
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$937.50	\$844.64
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$937.50	\$1,048.64
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$937.50	\$1,194.82

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; Six (6) hours prorated is 75%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED
BLENDED (150% COUPLES RATE)

5 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$781.25	\$272.18
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$781.25	\$354.00
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$781.25	\$455.45
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$781.25	\$840.55
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$781.25	\$1,015.09
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$781.25	\$1,219.09
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$781.25	\$1,365.27

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250monthly; Five (5) hours prorated is 62.5%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED
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4 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDHP-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$625.00	\$442.64
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$625.00	\$524.45
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$625.00	\$625.91
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$625.00	\$1,011.00
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$625.00	\$1,185.55
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$625.00	\$1,389.55
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$625.00	\$1,535.73

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; Four (4) hours prorated is 50%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
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3 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution (11 mo)
HDPH-3	\$879.00	\$130.47	\$21.28	\$1,030.75	\$468.75	\$613.09
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$468.75	\$694.91
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$468.75	\$796.36
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$468.75	\$1,181.45
PPO-8B	\$1,560.00	\$130.47	\$21.28	\$1,711.75	\$468.75	\$1,356.00
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$468.75	\$1,560.00
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$468.75	\$1,706.18

* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; Three (3) hours prorated is 37.5%

Full time employees are at least 7.5 hours per day. Employees in positions less than full time will receive a prorated contribution. If you work less than full time, please contact HR (hr@rbuesd.org) to obtain information regarding actual costs