RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - RBEEA - FTE 1.0

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit**	***Employer***	**Monthly**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$1,250.00*	**$300.82**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$1,250.00*	**$445.91**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$1,250.00*	**$1,002.27**
PPO-6B	$2,482.00	$130.47	$21.28	$2,633.75	*$1,250.00*	**$1,509.55**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$1,250.00*	**$1,545.55**
PPO-4B	$2,696.00	$130.47	$21.28	$2,847.75	*$1,250.00*	**$1,743.00**
PPO-3A	$2,821.00	$130.47	$21.28	$2,972.75	*$1,250.00*	**$1,879.36**
OPT-OUT	$1,030.00	$130.47	$21.28	$1,181.75	*$1,250.00*	**$0.00**

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

Full time employees are 7.5 hours per day, 180 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 (payroll@rbuesd.org) to obtain information regarding actual costs

*** Employee contribution is calculated by* dividing *the total annual cost by 11 months (11 checks)*