



**RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT**  
**2025-2026 BENEFIT RATE SHEET - RBEEA -**  
**FTE 1.0**

Plan	MONTHLY RATES			MONTHLY COST		
	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Monthly Employee Responsibility**
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$1,250.00	\$189.55
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$1,250.00	\$323.73
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$1,250.00	\$837.55
PPO-6B	\$2,496.00	\$130.47	\$21.28	\$2,647.75	\$1,250.00	\$1,524.82
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$1,250.00	\$1,342.64
PPO-4B	\$2,496.00	\$130.47	\$21.28	\$2,647.75	\$1,250.00	\$1,524.82
PPO-1A	\$2,827.00	\$130.47	\$21.28	\$2,978.75	\$1,250.00	\$1,885.91

\* 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 HR ([hr@rbuesd.org](mailto:hr@rbuesd.org)) to obtain information regarding actual costs

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



**RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT**  
**2025-2026 BENEFIT RATE SHEET - RBEEA**  
**FTE- .9333**

Plan	MONTHLY RATES			MONTHLY COST		
	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Monthly Employee Responsibility **
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$1,166.63	<b>\$280.50</b>
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$1,166.63	<b>\$414.68</b>
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$1,166.63	<b>\$928.50</b>
PPO-6B	\$2,496.00	\$130.47	\$21.28	\$2,647.75	\$1,166.63	<b>\$1,615.77</b>
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$1,166.63	<b>\$1,433.59</b>
PPO-4B	\$2,496.00	\$130.47	\$21.28	\$2,647.75	\$1,166.63	<b>\$1,615.77</b>
PPO-1A	\$2,827.00	\$130.47	\$21.28	\$2,978.75	\$1,166.63	<b>\$1,976.86</b>

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