



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

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Monthly Employee Responsibility **
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-6B	\$1,724.00	\$130.47	\$21.28	\$1,875.75	\$1,250.00	\$682.64
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,250.00	\$707.73
PPO-4B	\$1,872.00	\$130.47	\$21.28	\$2,023.75	\$1,250.00	\$844.09
PPO-1A	\$2,121.00	\$130.47	\$21.28	\$2,272.75	\$1,250.00	\$1,115.73

\* 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)