



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET

ADMINISTRATION / MANAGEMENT / CONFIDENTIAL/ UNREPRESENTED (12 MONTH)

8 HOURS

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit	Employer	Employee
HDHP-3	\$1,265.00	\$130.47	\$21.28	\$1,416.75	\$1,250.00	\$166.75
Bronze	\$1,374.00	\$130.47	\$21.28	\$1,525.75	\$1,250.00	\$275.75
HDHP-2	\$1,507.00	\$130.47	\$21.28	\$1,658.75	\$1,250.00	\$408.75
PPO-9D	\$1,895.00	\$130.47	\$21.28	\$2,046.75	\$1,250.00	\$796.75
PPO-9A	\$2,017.00	\$130.47	\$21.28	\$2,168.75	\$1,250.00	\$918.75
Wellness	\$2,515.00	\$130.47	\$21.28	\$2,666.75	\$1,250.00	\$1,416.75
PPO-3A	\$2,821.00	\$130.47	\$21.28	\$2,972.75	\$1,250.00	\$1,722.75
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 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs