RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

7.5 - 8 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$1,250.00*	**$181.91**
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-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$1,250.00*	**$1,252.09**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$1,250.00*	**$1,545.55**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$1,250.00*	**$1,758.27**
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

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

7 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$1,093.75*	**$352.36**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$1,093.75*	**$471.27**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$1,093.75*	**$616.36**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$1,093.75*	**$1,172.73**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$1,093.75*	**$1,422.55**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$1,093.75*	**$1,716.00**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$1,093.75*	**$1,928.73**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

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	$1,265.00	$130.47	$21.28	$1,416.75	*$1,015.63*	**$437.59**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$1,015.63*	**$556.50**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$1,015.63*	**$701.59**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$1,015.63*	**$1,257.95**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$1,015.63*	**$1,507.77**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$1,015.63*	**$1,801.23**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$1,015.63*	**$2,013.95**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

6 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$937.50*	**$522.82**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$937.50*	**$641.73**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$937.50*	**$786.82**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$937.50*	**$1,343.18**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$937.50*	**$1,593.00**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$937.50*	**$1,886.45**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$937.50*	**$2,099.18**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

5 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$781.25*	**$693.27**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$781.25*	**$812.18**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$781.25*	**$957.27**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$781.25*	**$1,513.64**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$781.25*	**$1,763.45**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$781.25*	**$2,056.91**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$781.25*	**$2,269.64**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

4 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$625.00*	**$863.73**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$625.00*	**$982.64**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$625.00*	**$1,127.73**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$625.00*	**$1,684.09**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$625.00*	**$1,933.91**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$625.00*	**$2,227.36**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$625.00*	**$2,440.09**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs