



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET

ADMINISTRATION / MANAGEMENT / CONFIDENTIAL (11 MONTH)

8 HOURS (BLENDED 150%)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution
HDHP-3	\$949.00	\$130.47	\$21.28	\$1,100.75	\$1,250.00	\$0.00
Bronze	\$1,031.00	\$130.47	\$21.28	\$1,182.75	\$1,250.00	\$0.00
HDHP-2	\$1,131.00	\$130.47	\$21.28	\$1,282.75	\$1,250.00	\$35.73
PPO-9D	\$1,422.00	\$130.47	\$21.28	\$1,573.75	\$1,250.00	\$353.18
PPO-9A	\$1,513.00	\$130.47	\$21.28	\$1,664.75	\$1,250.00	\$452.45
Wellness	\$1,887.00	\$130.47	\$21.28	\$2,038.75	\$1,250.00	\$860.45
PPO-3A	\$2,116.00	\$130.47	\$21.28	\$2,267.75	\$1,250.00	\$1,110.27

* 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

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