RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$1,250.00*	**$80.45**
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-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$1,250.00*	**$1,071.00**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$1,250.00*	**$1,342.64**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$1,250.00*	**$1,537.91**

** 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 HR (hr@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$1,093.75*	**$250.91**
Bronze	$1,272.00	$130.47	$21.28	$1,423.75	*$1,093.75*	**$360.00**
HDHP-2	$1,395.00	$130.47	$21.28	$1,546.75	*$1,093.75*	**$494.18**
PPO-9A	$1,866.00	$130.47	$21.28	$2,017.75	*$1,093.75*	**$1,008.00**
PPO-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$1,093.75*	**$1,241.45**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$1,093.75*	**$1,513.09**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$1,093.75*	**$1,708.36**

** 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

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$1,015.63*	**$336.14**
Bronze	$1,272.00	$130.47	$21.28	$1,423.75	*$1,015.63*	**$445.23**
HDHP-2	$1,395.00	$130.47	$21.28	$1,546.75	*$1,015.63*	**$579.41**
PPO-9A	$1,866.00	$130.47	$21.28	$2,017.75	*$1,015.63*	**$1,093.23**
PPO-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$1,015.63*	**$1,326.68**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$1,015.63*	**$1,598.32**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$1,015.63*	**$1,793.59**

** 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 HR (hr@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$937.50*	**$421.36**
Bronze	$1,272.00	$130.47	$21.28	$1,423.75	*$937.50*	**$530.45**
HDHP-2	$1,395.00	$130.47	$21.28	$1,546.75	*$937.50*	**$664.64**
PPO-9A	$1,866.00	$130.47	$21.28	$2,017.75	*$937.50*	**$1,178.45**
PPO-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$937.50*	**$1,411.91**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$937.50*	**$1,683.55**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$937.50*	**$1,878.82**

** 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 HR (hr@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$781.25*	**$591.82**
Bronze	$1,272.00	$130.47	$21.28	$1,423.75	*$781.25*	**$700.91**
HDHP-2	$1,395.00	$130.47	$21.28	$1,546.75	*$781.25*	**$835.09**
PPO-9A	$1,866.00	$130.47	$21.28	$2,017.75	*$781.25*	**$1,348.91**
PPO-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$781.25*	**$1,582.36**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$781.25*	**$1,854.00**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$781.25*	**$2,049.27**

** 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 HR (hr@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2025-2026 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	$1,172.00	$130.47	$21.28	$1,323.75	*$625.00*	**$762.27**
Bronze	$1,272.00	$130.47	$21.28	$1,423.75	*$625.00*	**$871.36**
HDHP-2	$1,395.00	$130.47	$21.28	$1,546.75	*$625.00*	**$1,005.55**
PPO-9A	$1,866.00	$130.47	$21.28	$2,017.75	*$625.00*	**$1,519.36**
PPO-8B	$2,080.00	$130.47	$21.28	$2,231.75	*$625.00*	**$1,752.82**
Wellness	$2,329.00	$130.47	$21.28	$2,480.75	*$625.00*	**$2,024.45**
PPO-4A	$2,508.00	$130.47	$21.28	$2,659.75	*$625.00*	**$2,219.73**

** 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 HR (hr@rbuesd.org) to obtain information regarding actual costs