RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED (12 MONTHS)

BLENDED (150% COUPLES RATE)

7.5 - 8 HOURS

	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*	**$32.75**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$1,250.00*	**$414.75**
PPO-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$1,250.00*	**$586.75**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$1,250.00*	**$788.75**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$1,250.00*	**$934.75**

** 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