



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT
2025-2026 BENEFIT RATE SHEET - CLASSIFIED

7.5 - 8 HOURS

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	<i>Employer Contribution (CAP)*</i>	Employee Contribution
HDPH-3	\$1,172.00	\$130.47	\$21.28	\$1,323.75	\$1,250.00	\$73.75
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$1,250.00	\$173.75
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$1,250.00	\$296.75
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$1,250.00	\$767.75
PPO-8B	\$2,080.00	\$130.47	\$21.28	\$2,231.75	\$1,250.00	\$981.75
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$1,250.00	\$1,230.75
PPO-4A	\$2,508.00	\$130.47	\$21.28	\$2,659.75	\$1,250.00	\$1,409.75

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