



**RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT**  
**2025-2026 BENEFIT RATE SHEET - CLASSIFIED**  
**7.5 - 8 HOURS (11 MONTH)**

Plan	MONTHLY RATES			MONTHLY COST		
	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	<b>\$80.45</b>
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$1,250.00	<b>\$189.55</b>
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$1,250.00	<b>\$323.73</b>
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$1,250.00	<b>\$837.55</b>
PPO-8B	\$2,080.00	\$130.47	\$21.28	\$2,231.75	\$1,250.00	<b>\$1,071.00</b>
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$1,250.00	<b>\$1,342.64</b>
PPO-4A	\$2,508.00	\$130.47	\$21.28	\$2,659.75	\$1,250.00	<b>\$1,537.91</b>

*\* 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	<i>Employer Contribution (CAP)*</i>	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](mailto: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](mailto: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	<b>\$762.27</b>
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$625.00	<b>\$871.36</b>
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$625.00	<b>\$1,005.55</b>
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$625.00	<b>\$1,519.36</b>
PPO-8B	\$2,080.00	\$130.47	\$21.28	\$2,231.75	\$625.00	<b>\$1,752.82</b>
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$625.00	<b>\$2,024.45</b>
PPO-4A	\$2,508.00	\$130.47	\$21.28	\$2,659.75	\$625.00	<b>\$2,219.73</b>

\* 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](mailto:hr@rbuesd.org)) to obtain information regarding actual costs



**RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT**  
**2025-2026 BENEFIT RATE SHEET - CLASSIFIED**  
**3 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	\$468.75	\$932.73
Bronze	\$1,272.00	\$130.47	\$21.28	\$1,423.75	\$468.75	\$1,041.82
HDHP-2	\$1,395.00	\$130.47	\$21.28	\$1,546.75	\$468.75	\$1,176.00
PPO-9A	\$1,866.00	\$130.47	\$21.28	\$2,017.75	\$468.75	\$1,689.82
PPO-8B	\$2,080.00	\$130.47	\$21.28	\$2,231.75	\$468.75	\$1,923.27
Wellness	\$2,329.00	\$130.47	\$21.28	\$2,480.75	\$468.75	\$2,194.91
PPO-4A	\$2,508.00	\$130.47	\$21.28	\$2,659.75	\$468.75	\$2,390.18

\* Annual Employer Contribution is \$15,000 for full time employees.

NOTE: Full employer cap = \$1,250 monthly; Three (3) hours prorated is 37.5%

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](mailto:hr@rbuesd.org)) to obtain information regarding actual costs