RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

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

7.5 - 8 HOURS

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution**
HDHP-3	$1,265.00	$130.47	$21.28	$1,416.75	*$1,250.00*	**$166.75**
Bronze	$1,374.00	$130.47	$21.28	$1,525.75	*$1,250.00*	**$275.75**
HDHP-2	$1,507.00	$130.47	$21.28	$1,658.75	*$1,250.00*	**$408.75**
PPO-9A	$2,017.00	$130.47	$21.28	$2,168.75	*$1,250.00*	**$918.75**
PPO-8B	$2,246.00	$130.47	$21.28	$2,397.75	*$1,250.00*	**$1,147.75**
Wellness	$2,515.00	$130.47	$21.28	$2,666.75	*$1,250.00*	**$1,416.75**
PPO-4A	$2,710.00	$130.47	$21.28	$2,861.75	*$1,250.00*	**$1,611.75**
OPT-OUT	$1,030.00	$130.47	$21.28	$1,181.75	*$1,250.00*	**$0.00**

** 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