



**RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT**  
**2025-2026 BENEFIT RATE SHEET**  
**ADMINISTRATION / MANAGEMENT / CONFIDENTIAL (12 MONTH)**  
**BLENDED (150% COUPLES RATE)**  
**8 HOURS**

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	<i>Employer Contribution (CAP)*</i>	Employee Contribution
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,250.00	\$0.00
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,250.00	\$0.00
PPO-9D	\$1,316.00	\$130.47	\$21.28	\$1,467.75	\$1,250.00	\$217.75
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,250.00	\$301.75
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,250.00	\$648.75
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,250.00	\$782.75
PPO-3A	\$1,959.00	\$130.47	\$21.28	\$2,110.75	\$1,250.00	\$860.75

*\* 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*



# RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

## 2025-2026 BENEFIT RATE SHEET

### ADMINISTRATION / MANAGEMENT / CONFIDENTIAL (11 MONTH)

### 8 HOURS (BLENDED 150%)

	MONTHLY RATES			MONTHLY COST		
Plan	Medical	Dental	Vision	Benefit Total Cost	Employer Contribution (CAP)*	Employee Contribution
Bronze	\$954.00	\$130.47	\$21.28	\$1,105.75	\$1,250.00	\$0.00
HDHP-2	\$1,047.00	\$130.47	\$21.28	\$1,198.75	\$1,250.00	\$0.00
PPO-9D	\$1,316.00	\$130.47	\$21.28	\$1,467.75	\$1,250.00	\$237.55
PPO-9A	\$1,400.00	\$130.47	\$21.28	\$1,551.75	\$1,250.00	\$329.18
Wellness	\$1,747.00	\$130.47	\$21.28	\$1,898.75	\$1,250.00	\$707.73
PPO-4A	\$1,881.00	\$130.47	\$21.28	\$2,032.75	\$1,250.00	\$853.91
PPO-3A	\$1,959.00	\$130.47	\$21.28	\$2,110.75	\$1,250.00	\$939.00

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

\*\* Employee contribution is calculated by dividing the total annual cost by 11 months (11 checks)