RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - RBEEA

BLENDED (150% COUPLES RATE)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Monthly Employee Responsibility ******
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*	**$35.73**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$1,250.00*	**$452.45**
PPO-6B	$1,862.00	$130.47	$21.28	$2,013.75	*$1,250.00*	**$833.18**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$1,250.00*	**$860.45**
PPO-4B	$2,022.00	$130.47	$21.28	$2,173.75	*$1,250.00*	**$1,007.73**
PPO-3A	$2,116.00	$130.47	$21.28	$2,267.75	*$1,250.00*	**$1,110.27**

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

Full time employees are 7.5 hours per day, 180 days per year. 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

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