RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

7.5 - 8 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$1,250.00*	**$0.00**
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-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$1,250.00*	**$640.09**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$1,250.00*	**$860.45**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$1,250.00*	**$1,019.73**

** 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

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

7 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$1,093.75*	**$7.64**
Bronze	$1,031.00	$130.47	$21.28	$1,182.75	*$1,093.75*	**$97.09**
HDHP-2	$1,131.00	$130.47	$21.28	$1,282.75	*$1,093.75*	**$206.18**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$1,093.75*	**$622.91**
PPO-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$1,093.75*	**$810.55**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$1,093.75*	**$1,030.91**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$1,093.75*	**$1,190.18**

** 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 will receive a prorated contribution. If you work less than full time, please contact Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

6.5 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$1,015.63*	**$92.86**
Bronze	$1,031.00	$130.47	$21.28	$1,182.75	*$1,015.63*	**$182.32**
HDHP-2	$1,131.00	$130.47	$21.28	$1,282.75	*$1,015.63*	**$291.41**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$1,015.63*	**$708.14**
PPO-8B	$1,560.00	$130.47	$21.28	$1,711.75	*$1,015.63*	**$759.41**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$1,015.63*	**$1,116.14**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$1,015.63*	**$1,275.41**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

6 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$937.50*	**$178.09**
Bronze	$1,031.00	$130.47	$21.28	$1,182.75	*$937.50*	**$267.55**
HDHP-2	$1,131.00	$130.47	$21.28	$1,282.75	*$937.50*	**$376.64**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$937.50*	**$793.36**
PPO-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$937.50*	**$981.00**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$937.50*	**$1,201.36**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$937.50*	**$1,360.64**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

5 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$781.25*	**$348.55**
Bronze	$1,031.00	$130.47	$21.28	$1,182.75	*$781.25*	**$438.00**
HDHP-2	$1,131.00	$130.47	$21.28	$1,282.75	*$781.25*	**$547.09**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$781.25*	**$963.82**
PPO-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$781.25*	**$1,151.45**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$781.25*	**$1,371.82**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$781.25*	**$1,531.09**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs

RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - CLASSIFIED

BLENDED (150% COUPLES RATE)

4 HOURS (11 MONTH)

	MONTHLY RATES			MONTHLY COST		
Plan	**Medical**	**Dental**	**Vision**	**Benefit Total Cost**	***Employer Contribution (CAP)****	**Employee Contribution (11 mo)**
HDHP-3	$949.00	$130.47	$21.28	$1,100.75	*$625.00*	**$519.00**
Bronze	$1,031.00	$130.47	$21.28	$1,182.75	*$625.00*	**$608.45**
HDHP-2	$1,131.00	$130.47	$21.28	$1,282.75	*$625.00*	**$717.55**
PPO-9A	$1,513.00	$130.47	$21.28	$1,664.75	*$625.00*	**$1,134.27**
PPO-8B	$1,685.00	$130.47	$21.28	$1,836.75	*$625.00*	**$1,321.91**
Wellness	$1,887.00	$130.47	$21.28	$2,038.75	*$625.00*	**$1,542.27**
PPO-4A	$2,033.00	$130.47	$21.28	$2,184.75	*$625.00*	**$1,701.55**

** 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 Payroll (payroll@rbuesd.org) to obtain information regarding actual costs