



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

2026-2027 BENEFIT RATE SHEET - RBEEA

FTE- .847: 85%

Plan	MONTHLY RATES			MONTHLY COST		
	Medical	Dental	Vision	Benefit	Employer	Monthly
Bronze	\$1,374.00	\$130.47	\$21.28	\$1,525.75	\$1,058.75	\$509.45
HDHP-2	\$1,507.00	\$130.47	\$21.28	\$1,658.75	\$1,058.75	\$654.55
PPO-9A	\$2,017.00	\$130.47	\$21.28	\$2,168.75	\$1,058.75	\$1,210.91
PPO-6B	\$2,482.00	\$130.47	\$21.28	\$2,633.75	\$1,058.75	\$1,718.18
Wellness	\$2,515.00	\$130.47	\$21.28	\$2,666.75	\$1,058.75	\$1,754.18
PPO-4B	\$2,696.00	\$130.47	\$21.28	\$2,847.75	\$1,058.75	\$1,951.64
PPO-3A	\$2,821.00	\$130.47	\$21.28	\$2,972.75	\$1,058.75	\$2,088.00
OPT-OUT	\$1,030.00	\$130.47	\$21.28	\$1,181.75	\$1,058.75	\$0.00

** 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)*