

**New Braunfels Independent School District
Health Insurance Rates
2016-2017
CUSTODIANS -SEMI MONTHLY**

Plan Name	2016-2017 Rates	District Contribution	EMPLOYEE COST	12 MONTH Employee Per pay check
<u>ActiveCare 1 H-D</u>				
Employee Only	341.00	331.53	9.47	4.74
Employee/Spouse	914.00	331.53	582.47	291.24
Employee/Children	615.00	331.53	283.47	141.74
Employee/Family	1231.00	331.53	899.47	449.74
<u>ActiveCare Select Plan</u>				
Employee Only	484.00	331.53	152.47	76.24
Employee/Spouse	1147.00	331.53	815.47	407.74
Employee/Children	779.00	331.53	447.47	223.74
Employee/Family	1361.00	331.53	1029.47	514.74
<u>ActiveCare 2</u>				
Employee Only	645.00	331.53	313.47	156.74
Employee/Spouse	1552.00	331.53	1220.47	610.24
Employee/Children	1042.00	331.53	710.47	355.24
Employee/Family	1597.00	331.53	1265.47	632.74
<u>Optional Dental (Base Plan)</u>				
Employee Only	19.76	0.00	19.76	9.88
Employee/Spouse	45.57	0.00	45.57	22.79
Employee/Children	50.11	0.00	50.11	25.06
Employee/Family	69.80	0.00	69.80	34.90
<u>Optional Dental (Plus Plan)</u>				
Employee Only	37.46	0.00	37.46	18.73
Employee/Spouse	70.64	0.00	70.64	35.32
Employee/Children	94.48	0.00	94.48	47.24
Employee/Family	127.66	0.00	127.66	63.83