

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

Plan Name	2016-2017 Rates	District Contribution	EMPLOYEE COST
<u>ActiveCare 1 H-D</u>			
Employee Only	341.00	331.53	9.47
Employee/Spouse	914.00	331.53	582.47
Employee/Children	615.00	331.53	283.47
Employee/Family	1231.00	331.53	899.47
<u>ActiveCare Select Plan</u>			
Employee Only	484.00	331.53	152.47
Employee/Spouse	1147.00	331.53	815.47
Employee/Children	779.00	331.53	447.47
Employee/Family	1361.00	331.53	1029.47
<u>Active Care 2</u>			
Employee Only	645.00	331.53	313.47
Employee/Spouse	1552.00	331.53	1220.47
Employee/Children	1042.00	331.53	710.47
Employee/Family	1597.00	331.53	1265.47
<u>Optional Dental (Base Plan)</u>			
Employee Only	19.76	0.00	19.76
Employee/Spouse	45.57	0.00	45.57
Employee/Children	50.11	0.00	50.11
Employee/Family	69.80	0.00	69.80
<u>Optional Dental (Plus Plan)</u>			
Employee Only	37.46	0.00	37.46
Employee/Spouse	70.64	0.00	70.64
Employee/Children	94.48	0.00	94.48
Employee/Family	127.66	0.00	127.66