

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

**TRANSPORTATION & FOOD SERVICE**

<b>Plan Name</b>	<b>2016-2017 Rates</b>	<b>District Contribution</b>	<b>Employee Cost</b>	<b>9 MONTH Employee Per pay check</b>
<b><u>ActiveCare 1 H-D</u></b>				
Employee Only	341.00	331.53	9.47	6.31
Employee/Spouse	914.00	331.53	582.47	388.31
Employee/Children	615.00	331.53	283.47	188.98
Employee/Family	1231.00	331.53	899.47	599.65
<b><u>ActiveCare Select Plan</u></b>				
Employee Only	484.00	331.53	152.47	101.65
Employee/Spouse	1147.00	331.53	815.47	543.65
Employee/Children	779.00	331.53	447.47	298.31
Employee/Family	1361.00	331.53	1029.47	686.31
<b><u>Active Care 2</u></b>				
Employee Only	645.00	331.53	313.47	208.98
Employee/Spouse	1552.00	331.53	1220.47	813.65
Employee/Children	1042.00	331.53	710.47	473.65
Employee/Family	1597.00	331.53	1265.47	843.65
<b><u>Optional Dental (Base Plan)</u></b>				
Employee Only	19.76	0.00	19.76	13.17
Employee/Spouse	45.57	0.00	45.57	30.38
Employee/Children	50.11	0.00	50.11	33.41
Employee/Family	69.80	0.00	69.80	46.53
<b><u>Optional Dental (Plus Plan)</u></b>				
Employee Only	37.46	0.00	37.46	24.97
Employee/Spouse	70.64	0.00	70.64	47.09
Employee/Children	94.48	0.00	94.48	62.99
Employee/Family	127.66	0.00	127.66	85.11