

**NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT  
HEALTH INSURANCE RATES  
2009-2010**

<b>Plan Name</b>	<b>2009-2010 Rates</b>	<b>District Contribution</b>	<b>Employee Cost</b>
<b><u>Active Care 1 H-D</u></b>			
Employee Only	245.00	245.00	0.00
Employee/Spouse	600.00	245.00	355.00
Employee/Children	382.00	245.00	137.00
Employee/Family	785.00	245.00	540.00
<b><u>Active Care 1</u></b>			
Employee Only	278.00	278.00	0.00
Employee/Spouse	633.00	278.00	355.00
Employee/Children	443.00	278.00	165.00
Employee/Family	697.00	278.00	419.00
<b><u>Active Care 2</u></b>			
Employee Only	370.00	291.53	78.47
Employee/Spouse	842.00	291.53	550.47
Employee/Children	589.00	291.53	297.47
Employee/Family	926.00	291.53	634.47
<b><u>Active Care 3</u></b>			
Employee Only	498.00	291.53	206.47
Employee/Spouse	1134.00	291.53	842.47
Employee/Children	794.00	291.53	502.47
Employee/Family	1247.00	291.53	955.47
<b><u>Optional Dental (Base Plan)</u></b>			
Employee Only	14.34	0.00	14.34
Employee/Spouse	33.04	0.00	33.04
Employee/Children	36.34	0.00	36.34
Employee/Family	50.63	0.00	50.63
<b><u>Optional Dental (Plus Plan)</u></b>			
Employee Only	27.18	0.00	27.18
Employee/Spouse	51.24	0.00	51.24
Employee/Children	68.52	0.00	68.52
Employee/Family	92.58	0.00	92.58
<b><u>Optional Dental (Preferred)</u></b>			
Employee Only	27.18	0.00	27.18
Employee/Spouse	51.24	0.00	51.24
Employee/Children	68.52	0.00	68.52
Employee/Family	92.58	0.00	92.58