

Fredericksburg ISD

2025-26 Monthly Cost for Health Insurance

Coverage Category	PCP DRIVEN			Active Care HD Plan			PCP DRIVEN			Active Care 2 Plan	
	Total Cost	Contribution	Employee Cost	Total Cost	Increase	Employee Cost	Total Cost	Increase	Employee Cost	Total Cost	Employee Cost
Employee Only	\$ 484.00	\$ 365	\$ 119	\$ 500	\$ 365	\$ 135	\$ 568	\$ 105	\$ 203	\$ 1,013	\$ 648
Employee and Spouse	\$ 1,307.00	\$ 365	\$ 942	\$ 1,350	\$ 365	\$ 985	\$ 1,477	\$ 273	\$ 1,112	\$ 2,402	\$ 2,037
Employee and Child(ren)	\$ 823.00	\$ 365	\$ 458	\$ 850	\$ 365	\$ 485	\$ 966	\$ 178	\$ 601	\$ 1,507	\$ 1,142
Employee and Family	\$ 1,646.00	\$ 365	\$ 1,281	\$ 1,700	\$ 365	\$ 1,335	\$ 1,875	\$ 347	\$ 1,510	\$ 2,841	\$ 2,476

Note: Employee healthcare premium cost is after the \$365 employee contribution is made by the District.

Please contact Megan Klein for benefit enrollment within 30 days of employment.

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