Fredericksburg ISD

2026-27 Monthly Cost for Health Insurance

Coverage Category	PCP DRIVEN						PCP DRIVEN				
	Active Care Primary			Active Care HD Plan			Active Care Primary+			Active Care 2 Plan	
	Total Cost	Contribution	Employee Cost	Total Cost	Contribution	Employee Cost	Total Cost	Contribution	Employee Cost	Total Cost	Employee Cost
Employee Only	$ 521.00	$ 365	$ 156	$ 540	$ 365	$ 175	$ 614	$ 365	$ 249	$ 1,013	$ 648
Employee and Spouse	$ 1,407.00	$ 365	$ 1,042	$ 1,458	$ 365	$ 1,093	$ 1,597	$ 365	$ 1,232	$ 2,402	$ 2,037
Employee and Child(ren)	$ 886.00	$ 365	$ 521	$ 918	$ 365	$ 553	$ 1,044	$ 365	$ 679	$ 1,507	$ 1,142
Employee and Family	$ 1,772.00	$ 365	$ 1,407	$ 1,836	$ 365	$ 1,471	$ 2,027	$ 365	$ 1,662	$ 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.
830-997-9551 X 1022
MEGANKL@FISD.ORG