

**Darien Board of Education
2022-2023
Health Insurance Rates
CAFETERIA**

Deductible: \$2,000/\$4,000

Plan HSA/HDHP	Monthly Premium	Annual Premium	Employee Percentage	Employee Annual Share	Employee Rate Per Pay (20 Pays)
Single					
Medical	\$ 1,141.18	\$ 13,694.16	20%	\$ 2,738.83	\$ 136.94
Vision	\$ 6.01	\$ 72.12	20%	\$ 14.42	\$ 0.72
Total Med/Vision	\$ 1,147.19	\$ 13,766.28		\$ 2,753.26	<u>\$ 137.66</u>
Dental	\$ 45.64	\$ 547.68	20%	\$ 109.54	\$ 5.48
Total	\$ 1,192.83	\$ 14,313.96	20%	\$ 2,862.79	<u>\$ 143.14</u>
Employee + 1					
Medical	\$ 2,406.75	\$ 28,881.00	20%	\$ 5,776.20	\$ 288.81
Vision	\$ 12.03	\$ 144.36	20%	\$ 28.87	\$ 1.44
Total Med/Vision	\$ 2,418.78	\$ 29,025.36		\$ 5,805.07	<u>\$ 290.25</u>
Dental	\$ 82.16	\$ 985.92	20%	\$ 197.18	\$ 9.86
Total	\$ 2,500.94	\$ 30,011.28	20%	\$ 6,002.26	<u>\$ 300.11</u>
Family					
Medical	\$ 3,012.72	\$ 36,152.64	20%	\$ 7,230.53	\$ 361.53
Vision	\$ 19.38	\$ 232.56	20%	\$ 46.51	\$ 2.33
Total Med/Vision	\$ 3,032.10	\$ 36,385.20		\$ 7,277.04	<u>\$ 363.86</u>
Dental	\$ 140.44	\$ 1,685.28	20%	\$ 337.06	\$ 16.85
Total	\$ 3,172.54	\$ 38,070.48	20%	\$ 7,614.10	<u>\$ 380.71</u>

Rates stated herein are for 1.0 FTE employees. Pro-rating and eligibility requirements may apply. Please check your bargaining unit agreement.