

**Darien Board of Education  
2023-2024  
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)
<b>Single</b>					
<b>Medical</b>	\$ 1,219.92	\$ 14,639.04	20%	\$ 2,927.81	\$ 146.39
<b>Vision</b>	\$ 6.31	\$ 75.72	20%	\$ 15.14	\$ 0.76
<b>Total Med/Vision</b>	\$ 1,226.23	\$ 14,714.76		\$ 2,942.95	<u>\$ 147.15</u>
<b>Dental</b>	\$ 50.20	\$ 602.40	20%	\$ 120.48	\$ 6.02
<b>Total</b>	\$ 1,276.43	\$ 15,317.16	20%	\$ 3,063.43	<u>\$ 153.17</u>
<b>Employee + 1</b>					
<b>Medical</b>	\$ 2,572.82	\$ 30,873.84	20%	\$ 6,174.77	\$ 308.74
<b>Vision</b>	\$ 12.63	\$ 151.56	20%	\$ 30.31	\$ 1.52
<b>Total Med/Vision</b>	\$ 2,585.45	\$ 31,025.40		\$ 6,205.08	<u>\$ 310.26</u>
<b>Dental</b>	\$ 90.38	\$ 1,084.56	20%	\$ 216.91	\$ 10.85
<b>Total</b>	\$ 2,675.83	\$ 32,109.96	20%	\$ 6,421.99	<u>\$ 321.11</u>
<b>Family</b>					
<b>Medical</b>	\$ 3,220.60	\$ 38,647.20	20%	\$ 7,729.44	\$ 386.47
<b>Vision</b>	\$ 20.35	\$ 244.20	20%	\$ 48.84	\$ 2.44
<b>Total Med/Vision</b>	\$ 3,240.95	\$ 38,891.40		\$ 7,778.28	<u>\$ 388.91</u>
<b>Dental</b>	\$ 154.48	\$ 1,853.76	20%	\$ 370.75	\$ 18.54
<b>Total</b>	\$ 3,395.43	\$ 40,745.16	20%	\$ 8,149.03	<u>\$ 407.45</u>

**Rates will be updated upon execution of bargaining unit agreement**

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