

**Darien Board of Education
2024-2025
Health Insurance Rates
ADMINISTRATORS**

DEDUCTIBLE - \$2,500/\$5,000

Plan HSA/HDHP	Monthly Premium	Annual Premium	Employee Percentage	Employee Annual Share	Employee Rate Per Pay (20 Pays)
Single					
Medical	\$ 1,289.20	\$ 15,470.40	22%	\$ 3,403.49	\$ 170.17
Vision	\$ 6.31	\$ 75.72	22%	\$ 16.66	\$ 0.83
Total Med/Vision	\$ 1,295.51	\$ 15,546.12		\$ 3,420.15	<u>\$ 171.00</u>
Dental	\$ 52.97	\$ 635.64	22%	\$ 139.84	\$ 6.99
Total	\$ 1,348.48	\$ 16,181.76	22%	\$ 3,559.99	<u>\$ 177.99</u>
Employee + 1					
Medical	\$ 2,718.92	\$ 32,627.04	22%	\$ 7,177.95	\$ 358.90
Vision	\$ 12.63	\$ 151.56	22%	\$ 33.34	\$ 1.67
Total Med/Vision	\$ 2,731.55	\$ 32,778.60		\$ 7,211.29	<u>\$ 360.57</u>
Dental	\$ 95.35	\$ 1,144.20	22%	\$ 251.72	\$ 12.59
Total	\$ 2,826.90	\$ 33,922.80	22%	\$ 7,463.02	<u>\$ 373.16</u>
Family					
Medical	\$ 3,403.47	\$ 40,841.64	22%	\$ 8,985.16	\$ 449.26
Vision	\$ 20.35	\$ 244.20	22%	\$ 53.72	\$ 2.69
Total Med/Vision	\$ 3,423.82	\$ 41,085.84		\$ 9,038.88	<u>\$ 451.95</u>
Dental	\$ 162.92	\$ 1,955.04	22%	\$ 430.11	\$ 21.51
Total	\$ 3,586.74	\$ 43,040.88	22%	\$ 9,468.99	<u>\$ 473.46</u>

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