

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

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	21%	\$ 3,248.78	\$ 162.44
Vision	\$ 6.31	\$ 75.72	21%	\$ 15.90	\$ 0.80
Total Med/Vision	\$ 1,295.51	\$ 15,546.12		\$ 3,264.69	<u>\$ 163.24</u>
Dental	\$ 50.20	\$ 602.40	21%	\$ 126.50	\$ 6.33
Total	\$ 1,345.71	\$ 16,148.52	21%	\$ 3,391.19	<u>\$ 169.57</u>
Employee + 1					
Medical	\$ 2,718.92	\$ 32,627.04	21%	\$ 6,851.68	\$ 342.58
Vision	\$ 12.63	\$ 151.56	21%	\$ 31.83	\$ 1.59
Total Med/Vision	\$ 2,731.55	\$ 32,778.60		\$ 6,883.51	<u>\$ 344.17</u>
Dental	\$ 90.38	\$ 1,084.56	21%	\$ 227.76	\$ 11.39
Total	\$ 2,821.93	\$ 33,863.16	21%	\$ 7,111.26	<u>\$ 355.56</u>
Family					
Medical	\$ 3,403.47	\$ 40,841.64	21%	\$ 8,576.74	\$ 428.84
Vision	\$ 20.35	\$ 244.20	21%	\$ 51.28	\$ 2.56
Total Med/Vision	\$ 3,423.82	\$ 41,085.84		\$ 8,628.03	<u>\$ 431.40</u>
Dental	\$ 154.48	\$ 1,853.76	21%	\$ 389.29	\$ 19.46
Total	\$ 3,578.30	\$ 42,939.60	21%	\$ 9,017.32	<u>\$ 450.86</u>

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