

**Darien Board of Education
2024-2025
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	\$ 1,390.10	\$ 16,681.20	20%	\$ 3,336.24	\$ 166.81
Vision	\$ 6.31	\$ 75.72	20%	\$ 15.14	\$ 0.76
Total Med/Vision	\$ 1,396.41	\$ 16,756.92		\$ 3,351.38	<u>\$ 167.57</u>
Dental	\$ 50.20	\$ 602.40	20%	\$ 120.48	\$ 6.02
Total	\$ 1,446.61	\$ 17,359.32	20%	\$ 3,471.86	<u>\$ 173.59</u>
Employee + 1					
Medical	\$ 2,931.73	\$ 35,180.76	20%	\$ 7,036.15	\$ 351.81
Vision	\$ 12.63	\$ 151.56	20%	\$ 30.31	\$ 1.52
Total Med/Vision	\$ 2,944.36	\$ 35,332.32		\$ 7,066.46	<u>\$ 353.33</u>
Dental	\$ 90.38	\$ 1,084.56	20%	\$ 216.91	\$ 10.85
Total	\$ 3,034.74	\$ 36,416.88	20%	\$ 7,283.38	<u>\$ 364.18</u>
Family					
Medical	\$ 3,669.87	\$ 44,038.44	20%	\$ 8,807.69	\$ 440.38
Vision	\$ 20.35	\$ 244.20	20%	\$ 48.84	\$ 2.44
Total Med/Vision	\$ 3,690.22	\$ 44,282.64		\$ 8,856.53	<u>\$ 442.82</u>
Dental	\$ 154.48	\$ 1,853.76	20%	\$ 370.75	\$ 18.54
Total	\$ 3,844.70	\$ 46,136.40	20%	\$ 9,227.28	<u>\$ 461.36</u>

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