

**Darien Board of Education
2024-2025**

**Health Insurance Rates
NURSES**

Deductible - \$2500/\$5000

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	\$ 50.20	\$ 602.40	22%	\$ 132.53	\$ 6.63
Total	\$ 1,345.71	\$ 16,148.52	22%	\$ 3,552.67	<u>\$ 177.63</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	\$ 90.38	\$ 1,084.56	22%	\$ 238.60	\$ 11.93
Total	\$ 2,821.93	\$ 33,863.16	22%	\$ 7,449.90	<u>\$ 372.50</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	\$ 154.48	\$ 1,853.76	22%	\$ 407.83	\$ 20.39
Total	\$ 3,578.30	\$ 42,939.60	22%	\$ 9,446.71	<u>\$ 472.34</u>

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