

**Darien Board of Education  
2024-2025**

**Health Insurance Rates  
SECRETARIES**

Deductible - \$2500/\$5000

Plan HSA/HDHP	Monthly Premium	Annual Premium	Employee Percentage	Employee Annual Share	Employee Rate Per Pay (20 Pays)
<b>Single</b>					
<b>Medical</b>	\$ 1,289.20	\$ 15,470.40	20%	\$ 3,094.08	\$ 154.70
<b>Vision</b>	\$ 6.31	\$ 75.72	20%	\$ 15.14	\$ 0.76
<b>Total Med/Vision</b>	\$ 1,295.51	\$ 15,546.12		\$ 3,109.22	<u>\$ 155.46</u>
<b>Dental</b>	\$ 50.20	\$ 602.40	20%	\$ 120.48	\$ 6.02
<b>Total</b>	\$ 1,345.71	\$ 16,148.52	20%	\$ 3,229.70	<u>\$ 161.48</u>
<b>Employee + 1</b>					
<b>Medical</b>	\$ 2,718.92	\$ 32,627.04	20%	\$ 6,525.41	\$ 326.27
<b>Vision</b>	\$ 12.63	\$ 151.56	20%	\$ 30.31	\$ 1.52
<b>Total Med/Vision</b>	\$ 2,731.55	\$ 32,778.60		\$ 6,555.72	<u>\$ 327.79</u>
<b>Dental</b>	\$ 90.38	\$ 1,084.56	20%	\$ 216.91	\$ 10.85
<b>Total</b>	\$ 2,821.93	\$ 33,863.16	20%	\$ 6,772.63	<u>\$ 338.64</u>
<b>Family</b>					
<b>Medical</b>	\$ 3,403.47	\$ 40,841.64	20%	\$ 8,168.33	\$ 408.42
<b>Vision</b>	\$ 20.35	\$ 244.20	20%	\$ 48.84	\$ 2.44
<b>Total Med/Vision</b>	\$ 3,423.82	\$ 41,085.84		\$ 8,217.17	<u>\$ 410.86</u>
<b>Dental</b>	\$ 154.48	\$ 1,853.76	20%	\$ 370.75	\$ 18.54
<b>Total</b>	\$ 3,578.30	\$ 42,939.60	20%	\$ 8,587.92	<u>\$ 429.40</u>

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