

**Darien Board of Education
2025-2026**

**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)
Single					
Medical	\$ 1,441.33	\$ 17,295.96	20%	\$ 3,459.19	\$ 172.96
Vision	\$ 7.13	\$ 85.56	20%	\$ 17.11	\$ 0.86
Total Med/Vision	\$ 1,448.46	\$ 17,381.52		\$ 3,476.30	<u>\$ 173.82</u>
Dental	\$ 52.71	\$ 632.52	20%	\$ 126.50	\$ 6.33
Total	\$ 1,501.17	\$ 18,014.04	20%	\$ 3,602.81	<u>\$ 180.15</u>
Employee + 1					
Medical	\$ 3,039.75	\$ 36,477.00	20%	\$ 7,295.40	\$ 364.77
Vision	\$ 14.27	\$ 171.24	20%	\$ 34.25	\$ 1.71
Total Med/Vision	\$ 3,054.02	\$ 36,648.24		\$ 7,329.65	<u>\$ 366.48</u>
Dental	\$ 94.90	\$ 1,138.80	20%	\$ 227.76	\$ 11.39
Total	\$ 3,148.92	\$ 37,787.04	20%	\$ 7,557.41	<u>\$ 377.87</u>
Family					
Medical	\$ 3,805.08	\$ 45,660.96	20%	\$ 9,132.19	\$ 456.61
Vision	\$ 22.99	\$ 275.88	20%	\$ 55.18	\$ 2.76
Total Med/Vision	\$ 3,828.07	\$ 45,936.84		\$ 9,187.37	<u>\$ 459.37</u>
Dental	\$ 162.20	\$ 1,946.40	20%	\$ 389.28	\$ 19.46
Total	\$ 3,990.27	\$ 47,883.24	20%	\$ 9,576.65	<u>\$ 478.83</u>

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