Darien Board of Education
2021-2022
Health Insurance Rates
PARAPROFESSIONALS

Deductible - $2500/$5000

Plan HSA/HDHP	Monthly Premium	Annual Premium	Employee Percentage	Employee Annual Share	Employee Rate Per Pay (20 Pays)
Single					
Medical	$ 975.43	$ 11,705.16	19%	$ 2,223.98	$ 111.20
Vision	$ 6.01	$ 72.12	19%	$ 13.70	$ 0.69
Total Med/Vision	$ 981.44	$ 11,777.28		$ 2,237.68	$ 111.89
Dental	$ 42.61	$ 511.32	19%	$ 97.15	$ 4.86
Total	$ 1,024.05	$ 12,288.60	19%	$ 2,334.83	$ 116.75
Employee + 1					
Medical	$ 2,057.19	$ 24,686.28	19%	$ 4,690.39	$ 234.52
Vision	$ 12.03	$ 144.36	19%	$ 27.43	$ 1.37
Total Med/Vision	$ 2,069.22	$ 24,830.64		$ 4,717.82	$ 235.89
Dental	$ 76.71	$ 920.52	19%	$ 174.90	$ 8.74
Total	$ 2,145.93	$ 25,751.16	19%	$ 4,892.72	$ 244.63
Family					
Medical	$ 2,575.13	$ 30,901.56	19%	$ 5,871.30	$ 293.56
Vision	$ 19.38	$ 232.56	19%	$ 44.19	$ 2.21
Total Med/Vision	$ 2,594.51	$ 31,134.12		$ 5,915.48	$ 295.77
Dental	$ 131.13	$ 1,573.56	19%	$ 298.98	$ 14.95
Total	$ 2,725.64	$ 32,707.68	19%	$ 6,214.46	$ 310.72

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

5/14/2021