Darien Board of Education
2021-2022
Health Insurance Rates
CUSTODIANS

Deductible $2,500/$5,000

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	21%	$ 2,458.08	$ 122.90
Vision	$ 6.01	$ 72.12	21%	$ 15.15	$ 0.76
Total Med/Vision	$ 981.44	$ 11,777.28		$ 2,473.23	$ 123.66
Dental	$ 42.61	$ 511.32	21%	$ 107.38	$ 5.37
Total	$ 1,024.05	$ 12,288.60	21%	$ 2,580.61	$ 129.03
Employee + 1					
Medical	$ 2,057.19	$ 24,686.28	21%	$ 5,184.12	$ 259.21
Vision	$ 12.03	$ 144.36	21%	$ 30.32	$ 1.52
Total Med/Vision	$ 2,069.22	$ 24,830.64		$ 5,214.43	$ 260.73
Dental	$ 76.71	$ 920.52	21%	$ 193.31	$ 9.67
Total	$ 2,145.93	$ 25,751.16	21%	$ 5,407.74	$ 270.40
Family					
Medical	$ 2,575.13	$ 30,901.56	21%	$ 6,489.33	$ 324.47
Vision	$ 19.38	$ 232.56	21%	$ 48.84	$ 2.44
Total Med/Vision	$ 2,594.51	$ 31,134.12		$ 6,538.17	$ 326.91
Dental	$ 131.13	$ 1,573.56	21%	$ 330.45	$ 16.52
Total	$ 2,725.64	$ 32,707.68	21%	$ 6,868.61	$ 343.43

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