

**The Local Choice**  
**FY 16-17 Health Insurance Rates**  
**FULL-TIME EMPLOYEES**

<b>Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$52.26	\$238.05
Two-Party	\$136.13	\$401.10
Family	\$248.27	\$535.43

<b>Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$51.34	\$233.89
Two-Party	\$133.61	\$393.93
Family	\$244.07	\$526.24

<b>Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$48.18	\$219.51
Two-Party	\$125.45	\$369.78
Family	\$228.98	\$493.79

<b>Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$47.27	\$215.34
Two-Party	\$123.15	\$362.85
Family	\$224.58	\$484.34

<b>Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$37.80	\$172.20
Two-Party	\$98.47	\$290.15
Family	\$179.74	\$387.49

<b>Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$36.89	\$168.04
Two-Party	\$95.95	\$282.97
Family	\$175.33	\$378.05

<b>KAISER- HMO</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$50.76	\$231.24
Two-Party	\$130.83	\$387.94
Family	\$238.77	\$517.23

*\*The option of Comprehensive or Diagnostic and Preventive refers to Dental benefit options. See Benefit Summary for details\**

**\*KA= Key Advantage**