

The Local Choice
FY 16-17 Health Insurance Rates
FULL-RATE MONTHLY PREMIUMS

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE	
	Monthly Premium
Single	\$629
Two-Party	\$1,164
Family	\$1,698

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$618
Two-Party	\$1,143
Family	\$1,669

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE	
	Monthly Premium
Single	\$580
Two-Party	\$1,073
Family	\$1,566

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$569
Two-Party	\$1,053
Family	\$1,536

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE	
	Monthly Premium
Single	\$455
Two-Party	\$842
Family	\$1,229

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$444
Two-Party	\$821
Family	\$1,199

KAISER- HMO	
	Monthly Premium
Single	\$611
Two-Party	\$1,124
Family	\$1,638

Post 65 Retiree Monthly Premium
\$210

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

***KA= Key Advantage**