

The Local Choice
FY 17-18 Health Insurance Rates
FULL-RATE MONTHLY PREMIUMS

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE	
	Monthly Premium
Single	\$692
Two-Party	\$1,280
Family	\$1,868

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$678
Two-Party	\$1,254
Family	\$1,831

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE	
	Monthly Premium
Single	\$638
Two-Party	\$1,180
Family	\$1,723

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$624
Two-Party	\$1,154
Family	\$1,685

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE	
	Monthly Premium
Single	\$501
Two-Party	\$927
Family	\$1,353

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$487
Two-Party	\$901
Family	\$1,315

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

Post 65 Retiree Monthly Premium
\$201

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

***KA= Key Advantage**