

**The Local Choice**  
**FY 17-18 Health Insurance Rates**  
**FULL-TIME EMPLOYEES**

<b>Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$57.49	\$261.90
Two-Party	\$149.64	\$441.13
Family	\$273.12	\$589.04

<b>Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$56.33	\$256.60
Two-Party	\$146.59	\$432.18
Family	\$267.76	\$577.32

<b>Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$53.00	\$241.46
Two-Party	\$137.94	\$406.68
Family	\$251.97	\$543.26

<b>Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$51.84	\$236.16
Two-Party	\$134.89	\$397.73
Family	\$246.40	\$531.30

<b>Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$41.62	\$189.61
Two-Party	\$108.40	\$319.45
Family	\$197.86	\$426.60

<b>Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC &amp; PREVENTIVE</b>		
	Employee Cost Per Pay Period	Town Pays
Single	\$40.46	\$184.31
Two-Party	\$105.35	\$310.50
Family	\$192.29	\$414.63

<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**