

The Local Choice
FY 18-19 Health Insurance Rates
FULL-TIME EMPLOYEES

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$67.87	\$309.20
Two-Party	\$176.62	\$520.76
Family	\$322.57	\$695.58

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$66.54	\$303.15
Two-Party	\$173.29	\$510.71
Family	\$316.30	\$682.01

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$62.31	\$283.85
Two-Party	\$162.33	\$478.29
Family	\$296.10	\$638.52

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$60.98	\$277.79
Two-Party	\$158.79	\$467.98
Family	\$289.83	\$624.94

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$49.26	\$224.43
Two-Party	\$128.26	\$378.05
Family	\$234.10	\$504.83

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$47.94	\$218.37
Two-Party	\$124.71	\$367.75
Family	\$227.82	\$491.26

KAISER- HMO		
	Employee Cost Per Pay Period	Town Pays
Single	\$54.33	\$247.51
Two-Party	\$140.01	\$415.22
Family	\$255.72	\$553.82

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

***KA= Key Advantage**