

The Local Choice
FY 18-19 Health Insurance Rates
FULL-RATE MONTHLY PREMIUMS

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE	
	Monthly Premium
Single	\$817
Two-Party	\$1,511
Family	\$2,206

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$801
Two-Party	\$1,482
Family	\$2,163

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE	
	Monthly Premium
Single	\$750
Two-Party	\$1,388
Family	\$2,025

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$734
Two-Party	\$1,358
Family	\$1,982

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE	
	Monthly Premium
Single	\$593
Two-Party	\$1,097
Family	\$1,601

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$577
Two-Party	\$1,067
Family	\$1,558

KAISER- HMO	
	Monthly Premium
Single	\$654
Two-Party	\$1,203
Family	\$1,754

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**