

The Local Choice
FY 23-24 Health Insurance Rates
FULL-TIME EMPLOYEES

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$72.78	\$331.53
Two-Party	\$189.56	\$558.59
Family	\$345.80	\$745.74

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$64.93	\$331.53
Two-Party	\$174.79	\$558.59
Family	\$324.57	\$745.74

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$65.80	\$299.74
Two-Party	\$171.27	\$504.89
Family	\$312.60	\$674.17

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$57.95	\$299.74
Two-Party	\$156.96	\$504.89
Family	\$291.83	\$674.17

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$53.42	\$243.35
Two-Party	\$139.18	\$410.06
Family	\$253.84	\$547.40

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE		
	Employee Cost Per Pay Period	Town Pays
Single	\$45.57	\$243.35
Two-Party	\$124.41	\$410.06
Family	\$232.60	\$547.40

KAISER- HMO		
	Employee Cost Per Pay Period	Town Pays
Single	\$69.45	\$316.39
Two-Party	\$179.23	\$531.08
Family	\$327.28	\$708.41

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

***KA= Key Advantage**