

The Local Choice
FY 23-24 Health Insurance Rates
FULL-RATE MONTHLY PREMIUMS

Anthem-Blue Cross/Blue Shield KA 250 - COMPREHENSIVE	
	Monthly Premium
Single	\$876
Two-Party	\$1,621
Family	\$2,365

Anthem-Blue Cross/Blue Shield KA 250 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$859
Two-Party	\$1,589
Family	\$2,319

Anthem-Blue Cross/Blue Shield KA 500 - COMPREHENSIVE	
	Monthly Premium
Single	\$792
Two-Party	\$1,465
Family	\$2,138

Anthem-Blue Cross/Blue Shield KA 500 - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$775
Two-Party	\$1,434
Family	\$2,093

Anthem-Blue Cross/Blue Shield HDP - COMPREHENSIVE	
	Monthly Premium
Single	\$643
Two-Party	\$1,190
Family	\$1,736

Anthem-Blue Cross/Blue Shield HDP - DIAGNOSTIC & PREVENTIVE	
	Monthly Premium
Single	\$626
Two-Party	\$1,158
Family	\$1,690

KAISER- HMO	
	Monthly Premium
Single	\$836
Two-Party	\$1,539
Family	\$2,244

Post 65 Retiree Monthly Premium
\$206

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

***KA= Key Advantage**