

**The Local Choice**  
**FY 24-25 Health Insurance Rates**  
**FULL-RATE MONTHLY PREMIUMS**

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

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

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

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

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

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

<b>KAISER- HMO</b>	
	Monthly Premium
Single	\$819
Two-Party	\$1,508
Family	\$2,199

<b>Post 65 Retiree Monthly Premium</b>	
\$218	

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

**\*KA= Key Advantage**