

**RCPS Local Choice Health Insurance Rates**

		KA 500 w/ Comp dental	KA 500 w/ Prev. dental	KA 1000 w/ Comp dental	KA 1000 w/ Prev. dental	High Deduct. w/ Comp dental	High Deduct. w/ Prev. dental
<b>Single Subscriber</b>	<b>Premium</b>	\$638	\$621	\$603	\$586	\$505	\$488
	<b>SB Paid</b>	\$638	\$621	\$603	\$586	\$505	\$548
	<b>Deduction</b>	0	0	0	0	0	0
<b>Subscriber + Minor</b>	<b>Premium</b>	\$1180	\$1149	\$1115	\$1084	\$933	\$903
	<b>SB Paid</b>	\$916.40	\$916.40	\$916.40	\$916.40	\$923.40	\$903
	<b>Deduction</b>	\$263.60	\$233.60	\$196.60	\$167.60	\$9.60	\$0
<b>Subscriber + Spouse</b>	<b>Premium</b>	\$1180	\$1149	\$1115	\$1084	\$933	\$903
	<b>SB Paid</b>	\$816.40	\$816.40	\$816.40	\$816.40	\$823.40	\$822.40
	<b>Deduction</b>	\$363.60	\$333.60	\$296.60	\$267.60	\$109.60	\$80.60
<b>Family</b>	<b>Premium</b>	\$1723	\$1677	\$1628	\$1582	\$1363	\$1318
	<b>SB Paid</b>	\$1192.30	\$1190.30	\$1195.30	\$1192.30	\$1202.30	\$1201.30
	<b>Deduction</b>	\$530.70	\$486.70	\$432.70	\$389.70	\$160.70	\$116.70

KA: Key Advantage through Anthem Blue Cross Blue Shield