

Roanoke College Insurance Premiums

Group Health, Dental & Vision Coverage

BI -WEEKLY 26 EMPLOYEES

PLAN YEAR 2024

HEALTH INSURANCE

Health Insurance is provided by Anthem

Prescription Drug Coverage Provided by CarelonRx

| Coverage Tier | Plan 7 HDHP | Plan 9 HMO | Plan 4 PPO |
|---------------------|---------------|---------------|---------------|
| Coverage Level | Employee Cost | Employee Cost | Employee Cost |
| Employee Only | 42.61 | 82.31 | 116.00 |
| Employee + Children | 76.11 | 147.18 | 208.57 |
| Employee + Spouse* | 89.09 | 168.48 | 234.48 |
| Family* | 159.54 | 282.30 | 398.61 |

Employer Health Savings Contribution for Plan 7 HDHP Enrollment

| Coverage Level | Employer Annual Contribution |
|-----------------|------------------------------|
| Single Coverage | 600 |
| Family* | 1,200 |

***Spousal Coverage:** Employees who wish to carry their spouse on the Roanoke College health insurance must sign a spousal affidavit verifying that their spouse does not have access to other affordable minimum essential coverage.

DENTAL INSURANCE

Dental Insurance is provided by Delta Dental

| Coverage Tier | Low Option | High Option |
|---------------------|---------------|---------------|
| Coverage Level | Employee Cost | Employee Cost |
| Employee Only | 0.00 | 5.82 |
| Employee + Children | 12.92 | 29.35 |
| Employee + Spouse* | 12.92 | 29.35 |
| Family* | 25.38 | 52.43 |

VOLUNTARY VISION INSURANCE

Voluntary Vision Insurance is provided by Unicare Vision

| Coverage Tier | Voluntary Vision Insurance |
|---------------------|----------------------------|
| Coverage Level | Employee Cost |
| Employee Only | 3.29 |
| Employee + Children | 5.23 |
| Employee + Spouse* | 5.46 |
| Family* | 8.35 |

