

Roanoke College Insurance Premiums

Group Health, Dental & Vision Coverage
MONTHLY 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	92.33	178.33	251.33
Employee + Children	164.90	318.90	451.90
Employee + Spouse*	193.03	365.03	508.03
Family*	345.66	611.66	863.66

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	12.60
Employee + Children	28.00	63.60
Employee + Spouse*	28.00	63.60
Family*	55.00	113.60

VOLUNTARY VISION INSURANCE

Voluntary Vision Insurance is provided by Unicare Vision

Coverage Tier	Voluntary Vision Insurance
Coverage Level	Employee Cost
Employee Only	7.12
Employee + Children	11.34
Employee + Spouse*	11.83
Family*	18.10

