

# ROANOKE COLLEGE INSURANCE PREMIUMS

Group Health, Dental & Vision Coverage

PLAN YEAR 2025

MONTHLY EMPLOYEES

## 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	100.68	200.68	282.68
Employee + Spouse*	211.69	410.69	571.69
Employee + Children	179.86	358.86	507.86
Family*	380.15	688.15	971.15

## 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 + Spouse	28.00	63.60
Employee + Children	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 + Spouse	11.83
Employee + Children	11.34
Family	18.10

