

# Health Insurance Premiums



## 2025 PLAN YEAR

Health Coverage Provided by [Anthem](#)

Prescription Drug Coverage Provided by [CarelonRx](#)

<b>TOTAL COST</b>			
Coverage Level – Plan 7 HDHP	Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>	699.00	100.68	598.32
<b>Employee + Spouse</b>	1,402.00	211.69	1,190.31
<b>Employee + Children</b>	1,258.00	179.86	1,078.14
<b>Family</b>	2,175.00	380.15	1,794.85
Coverage Level – Plan 9 HMO	Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>	799.00	200.68	598.32
<b>Employee + Spouse</b>	1,601.00	410.69	1,190.31
<b>Employee + Children</b>	1,437.00	358.86	1,078.14
<b>Family</b>	2,483.00	688.15	1,794.85
Coverage Level – Plan 4 PPO	Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>	881.00	282.68	598.32
<b>Employee + Spouse</b>	1,762.00	571.69	1,190.31
<b>Employee + Children</b>	1,586.00	507.86	1,078.14
<b>Family</b>	2,766.00	971.15	1,794.85

## EMPLOYEES PAID MONTHLY – 12 PAY PERIODS

*Payroll deductions are taken over 12 pay periods*

Coverage Tier	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
<b>Employee Only</b>	100.68	200.68	282.68
<b>Employee + Spouse</b>	211.69	410.69	571.69
<b>Employee + Children</b>	179.86	358.86	507.86
<b>Family</b>	380.15	688.15	971.15

## EMPLOYEES PAID BIWEEKLY – 26 PAY PERIODS

*Payroll deductions are taken over 26 pay periods*

Coverage Tier	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
<b>Employee Only</b>	46.47	92.62	130.47
<b>Employee + Spouse</b>	97.70	189.55	263.86
<b>Employee + Children</b>	83.01	165.63	234.40
<b>Family</b>	175.45	317.61	448.22

**EMPLOYEES PAID BIWEEKLY – 20 PAY PERIODS***Payroll deductions are taken over 20 pay periods*

Coverage Tier	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
<b>Employee Only</b>	60.41	120.41	169.61
<b>Employee + Spouse</b>	127.01	246.41	343.01
<b>Employee + Children</b>	107.92	215.32	304.72
<b>Family</b>	228.09	412.89	582.69

**Employer Health Savings Contribution for Plan 7 HDHP Enrollment**

Coverage Level	Employer Annual Contribution
<b>Single Coverage</b>	600
<b>Family</b>	1,200

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**\*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.

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