BI-WEEKLY 26 EMPLOYEES

HEALTH INSURANCE

Health Insurance is provided by Anthem

Prescription Drug Coverage Provided by CarelonRx

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Coverage Tier	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
Employee Only	46.49	95.41	134.18
Employee + Spouse*	98.30	195.22	271.84
Employee + Children	83.31	170.55	241.62
Family*	176.91	326.91	461.68

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		
Coverage Tier	Low Option	High Option
Coverage Level	Employee Cost	Employee Cost
Employee Only	0.00	5.35
Employee + Spouse	12.46	28.89
Employee + Children	12.46	28.89
Family	24.92	51.51

VOLUNTART VISION IN				
Voluntary Vision Insurance is provided by Blue View Vision				
Coverage Tier	Voluntary Vision Insura	ance		
Coverage Level	Employee Cost			
Employee Only	3.29			
Employee + Spouse	5.46			
Employee + Children	5.23			
Family	8.35			

VOLUNTARY VISION INSURANCE

