

# Health Insurance Premiums



## 2026 PLAN YEAR

Health Coverage Provided by **Anthem**

Prescription Drug Coverage Provided by **CarelonRx**

TOTAL COST				
Coverage Level – Plan 7 HDHP		Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>		717.00	100.73	616.27
<b>Employee + Spouse</b>		1,439.00	212.98	1,226.02
<b>Employee + Children</b>		1,291.00	180.52	1,110.48
<b>Family</b>		2,232.00	383.30	1,848.70
Coverage Level – Plan 9 HMO		Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>		823.00	206.73	616.27
<b>Employee + Spouse</b>		1,649.00	422.98	1,226.02
<b>Employee + Children</b>		1,480.00	369.52	1,110.48
<b>Family</b>		2,557.00	708.30	1,848.70
Coverage Level – Plan 4 PPO		Total Premium	Employee Cost	Employer Cost
<b>Employee Only</b>		907.00	290.73	616.27
<b>Employee + Spouse</b>		1,815.00	588.98	1,226.02
<b>Employee + Children</b>		1,634.00	523.52	1,110.48
<b>Family</b>		2,849.00	1,000.30	1,848.70

### 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>	100.73	206.73	290.73
<b>Employee + Spouse</b>	212.98	422.98	588.98
<b>Employee + Children</b>	180.52	369.52	523.52
<b>Family</b>	383.30	708.30	1,000.30

### 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>	46.49	95.41	134.18
<b>Employee + Spouse</b>	98.30	195.22	271.84
<b>Employee + Children</b>	83.31	170.55	241.62
<b>Family</b>	176.91	326.91	461.68

**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
Employee Only	60.44	124.04	174.44
Employee + Spouse	127.79	253.79	353.39
Employee + Children	108.31	221.71	314.11
Family	229.98	424.98	600.18

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

Coverage Level	Employer Annual Contribution
Single Coverage	600
Family	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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