

# Health Insurance Premiums

## 2023 Plan Year



Health Coverage Provided by Anthem

Prescription Drug Coverage Provided by CarelonRx (formerly IngenioRx)

Total Coverage Cost			
Coverage Level – Plan 7 HDHP	Total Premium	Employee Cost	Employer Cost
Employee Only	\$588.00	\$92.33	\$495.67
Employee + Spouse*	\$1,179.00	\$193.03	\$985.97
Employee + Children	\$1,058.00	\$164.90	\$893.10
Family*	\$1,829.00	\$345.66	\$1,483.34
Coverage Level – Plan 9 HMO	Total Premium	Employee Cost	Employer Cost
Employee Only	\$664.00	\$168.33	\$495.67
Employee + Spouse*	\$1,330.00	\$344.03	\$985.97
Employee + Children	\$1,193.00	\$299.90	\$893.10
Family*	\$2,063.00	\$579.66	\$1,483.34
Coverage Level – Plan 4 PPO	Total Premium	Employee Cost	Employer Cost
Employee Only	\$732.00	\$236.33	\$495.67
Employee + Spouse*	\$1,464.00	\$478.03	\$985.97
Employee + Children	\$1,318.00	\$424.90	\$893.10
Family*	\$2,298.00	\$814.66	\$1,483.34

Employees Paid Monthly – 12 pay periods			
<i>Payroll deductions are taken over 12 pay periods</i>			
	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
Employee Only	92.33	168.33	236.33
Employee + Spouse*	193.03	344.03	478.03
Employee + Children	164.90	299.90	424.90
Family*	345.66	579.66	814.66

Employees Paid Biweekly – 26 pay periods			
<i>Payroll deductions are taken over 26 pay periods</i>			
	Plan 7 HDHP	Plan 9 HMO	Plan 4 PPO
Coverage Level	Employee Cost	Employee Cost	Employee Cost
Employee Only	42.61	77.69	109.08
Employee + Spouse*	89.09	158.78	220.63
Employee + Children	76.11	138.42	196.11
Family*	159.54	267.54	376.00

<b>Employees Paid Biweekly – 20 pay periods</b> <i>Payroll deductions are taken over 20 pay periods</i>			
	<b>Plan 7 HDHP</b>	<b>Plan 9 HMO</b>	<b>Plan 4 PPO</b>
<b>Coverage Level</b>	<b>Employee Cost</b>	<b>Employee Cost</b>	<b>Employee Cost</b>
<b>Employee Only</b>	55.40	101.00	141.80
<b>Employee + Spouse*</b>	115.82	206.42	286.82
<b>Employee + Children</b>	98.94	179.94	254.94
<b>Family*</b>	207.40	347.80	488.80

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<b>Employer Health Savings Contribution for Plan 7 HDHP Enrollment</b>	
<b>Coverage Level</b>	<b>Employer Annual Contribution</b>
<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.