Roanoke County Public Schools
Insurance Comparison with Neighbors
2023-2024 School Year

	Bedford County				Botetourt County	
	HSA		**KeyCare 25**		**Traditional**	
HRA Contributions	From $1,000 to $1,900		*Closed to new employees*		na	
Deductible	$3,000 / $6,000		$2,000 / $4,000		$2,000 / $4,000	
Maximum OOP	$3,000 / $6,000		$4,000 / $8,000		$6,000 / $12,000	
Office Visit	0% after deductible		$25.00		$30.00	
Coinsurance	0% after deductible		20% after deductible		20% after deductible	
Prescription Retail	$10 Generic only		$10 / $50 / $75		$15 / $50 / $85	
Prescription Mail (90-day)					$38 / $125 / $213	
Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	35.00	420.00	92.00	1,104.00	-	-
Employee + 1 Child	133.00	1,596.00	304.00	3,648.00	215.54	2,586.48
Employee + Children	303.00	3,636.00	558.00	6,696.00	na	na
Employee + Spouse	355.00	4,260.00	684.00	8,208.00	489.82	5,877.84
Employee + Family	546.00	6,552.00	1,006.00	12,072.00	746.68	8,960.16
Two Employees + Married					na	na
Two Employees + Family					304.22	3,650.64
Medical Non-Wellness	**Month**	**Annual**	**Month**	**Annual**		
Employee Only	85.00	1,020.00	142.00	1,704.00		
Employee + 1 Child	183.00	2,196.00	354.00	4,248.00		
Employee + Children	353.00	4,236.00	608.00	7,296.00		
Employee + Spouse	405.00	4,860.00	734.00	8,808.00		
Employee + Family	596.00	7,152.00	1,056.00	12,672.00		
Two Employees + Married						
Two Employees + Family						

	Low Plan		High Plan		Low Option		High Option	
Dental	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	-	-	5.00	60.00	-	-	9.61	115.32
Employee + Child	8.45	101.40	36.56	438.72	10.32	123.84	26.10	313.20
Employee + Children	11.50	138.00	43.78	525.36	na	na	na	na
Employee + Spouse	8.57	102.84	37.49	449.88	22.93	275.16	45.97	551.64
Employee + Family	30.88	370.56	59.87	718.44	34.80	417.60	64.93	779.16
Two Employee: Family					11.88	142.56	38.18	458.16

Vision	**Month**	**Annual**
Employee Only	6.00	72.00
Employee + Child	11.61	139.32
Employee + Children	na	na
Employee + Spouse	11.86	142.32
Family	17.79	213.48

Roanoke County Public Schools
Health Insurance Comparison with Neighbors
2023-2024 School Year

Franklin County

	HSA	KeyCare 30 / 5000	KeyCare 30 / 2000	KeyCare 30 / 1000
HRA Contributions	$500	na	na	na
Deductible	$3,000 / $6,000	$5,000 / $10,000	$2,000 / $4,000	$1,000 / $2,000
Maximum OOP	$5,000 / $10,000	$6,600 / $13,200	$5,500 / $11,000	$4,500 / $9,000
Office Visit	20% after deductible	$20.00	$20.00	$20.00
Coinsurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription Retail	20% after deductible	$10 / $40 / $60	$10 / $40 / $60	$10 / $40 / $60
Prescription Mail (90-day)	20% after deductible	$25 / $100 / $175	$25 / $100 / $175	$25 / $100 / $175

Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	26.00	312.00	29.00	348.00	117.00	1,404.00	201.00	2,412.00
Employee + 1 Child	333.00	3,996.00	383.00	4,596.00	504.00	6,048.00	613.00	7,356.00
Employee + Children	566.00	6,792.00	574.00	6,888.00	798.00	9,576.00	926.00	11,112.00
Employee + Spouse	730.00	8,760.00	827.00	9,924.00	995.00	11,940.00	1,130.00	13,560.00
Employee + Family	878.00	10,536.00	999.00	11,988.00	1,185.00	14,220.00	1,333.00	15,996.00
Two Employees + Married	na	na	na	na	na	na	na	na
Two Employees + Family	na	na	na	na	na	na	na	na

Medical Non-Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	46.00	552.00	49.00	588.00	137.00	1,644.00	221.00	2,652.00
Employee + 1 Child	353.00	4,236.00	403.00	4,836.00	524.00	6,288.00	633.00	7,596.00
Employee + Children	586.00	7,032.00	594.00	7,128.00	818.00	9,816.00	946.00	11,352.00
Employee + Spouse	770.00	9,240.00	867.00	10,404.00	1,035.00	12,420.00	1,170.00	14,040.00
Employee + Family	918.00	11,016.00	1,039.00	12,468.00	1,225.00	14,700.00	1,373.00	16,476.00
Two Employees + Married	na	na	na	na	na	na	na	na
Two Employees + Family	na	na	na	na	na	na	na	na

Dental	**Month**	**Annual**
Employee Only	36.00	432.00
Employee + Child	65.00	780.00
Employee + Children	89.00	1,068.00
Employee + Spouse	73.00	876.00
Employee + Family	112.00	1,344.00
Two Employee: Family	na	na

Vision	**Month**	**Annual**
Employee Only	7.64	91.68
Employee + Child	12.29	147.48
Employee + Children	13.83	165.96
Employee + Spouse	12.29	147.48
Family	19.48	233.76

Roanoke County Public Schools
Insurance Comparison with Neighbors
2023-2024 School Year

	Montgomery County		
	HSA	**HMO POS**	**PPO**
HRA Contributions	$1,650 / $3,300	na	na
Deductible	$1,650 / $3,300	$500 / $1,000	$750 / $1,500
Maximum OOP	$3,925 / $7,850	$3,000 / $6,000	$3,000 / $6,000
Office Visit	20% after deductible	$15.00	$15.00
Coinsurance	20% after deductible	out-of-network only	20% after deductible
Prescription Retail	$10 / $40 / $70	$10 / $25 / $50	$10 / $25 / $50
Prescription Mail (90-day)			

Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	-	-	25.00	300.00	107.94	1,295.28
Employee + 1 Child	116.32	1,395.84	374.66	4,495.92	516.94	6,203.28
Employee + Children	116.32	1,395.84	374.66	4,495.92	516.94	6,203.28
Employee + Spouse	169.51	2,034.12	491.04	5,892.48	677.12	8,125.44
Employee + Family	563.91	6,766.92	1,094.50	13,134.00	1,382.98	16,595.76
Two Employees + Married	na	na	na	na	na	na
Two Employees + Family	-	-	249.91	2,998.92	538.39	6,460.68

Medical Non-Wellness
Employee Only
Employee + 1 Child
Employee + Children
Employee + Spouse
Employee + Family
Two Employees + Married
Two Employees + Family

	Standard		**PPO**	
Dental	**Month**	**Annual**	**Month**	**Annual**
Employee Only	36.44	437.28	33.20	398.40
Employee + Child	84.80	1,017.60	77.60	931.20
Employee + Children	84.80	1,017.60	77.60	931.20
Employee + Spouse	69.84	838.08	63.72	764.64
Employee + Family	108.12	1,297.44	118.20	1,418.40
Two Employee: Family				

Vision	**Month**	**Annual**
Employee Only	10.13	121.56
Employee + Child	18.57	222.84
Employee + Children	na	na
Employee + Spouse	20.09	241.08
Family	28.53	342.36

Roanoke County Public Schools
Insurance Comparison with Neighbors
2023-2024 School Year

Roanoke City Public Schools

	HDHP, HSA	HRA	Traditional
HRA Contributions	See Below	$1,000 / $2,000	na
Deductible	$3,000 / $6,000	$2,000 / $4,000	$500 / $1,000
Maximum OOP	$5,000 / $10,000	$4,000 / $8,000	$2,000 / $4,000
Office Visit	20% after deductible	$25.00	$20.00
Coinsurance	20% after deductible	20% after deductible	20% after deductible
Prescription Retail	20% after deductible	$10 / $30 / $60	$10 / $20 / $40
Prescription Mail (90-day)	20% after deductible	$20 / $60 / $120	$20 / $40 / $80

Medical Wellness	**Pay**	**Annual**	**Pay**	**Annual**	**Pay**	**Annual**
Employee Only	(83.00)	(1,660.00)	23.00	460.00	207.00	4,140.00
Employee + 1 Child	(87.00)	(1,740.00)	44.00	880.00	408.00	8,160.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(84.00)	(1,680.00)	86.00	1,720.00	718.00	14,360.00
Employee + Family	(91.00)	(1,820.00)	111.00	2,220.00	938.00	18,760.00
Two Employees + Married	(175.00)	(3,500.00)	53.00	1,060.00	304.00	6,080.00
Two Employees + Family	(175.00)	(3,500.00)	75.00	1,500.00	389.00	7,780.00

Medical Non-Wellness	**Pay**	**Annual**	**Pay**	**Annual**	**Pay**	**Annual**
Employee Only	(58.00)	(1,160.00)	48.00	960.00	232.00	4,640.00
Employee + 1 Child	(62.00)	(1,240.00)	69.00	1,380.00	433.00	8,660.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(59.00)	(1,180.00)	111.00	2,220.00	743.00	14,860.00
Employee + Family	(66.00)	(1,320.00)	136.00	2,720.00	963.00	19,260.00
Two Employees + Married	(125.00)	(2,500.00)	103.00	2,060.00	354.00	7,080.00
Two Employees + Family	(125.00)	(2,500.00)	125.00	2,500.00	439.00	8,780.00

	Low Plan		**High Plan**	
Dental	**Pay**	**Annual**	**Pay**	**Annual**
Employee Only	-	-	10.28	205.60
Employee + Child	9.24	184.80	25.90	518.00
Employee + Children	na	na	na	na
Employee + Spouse	9.24	184.80	25.90	518.00
Employee + Family	25.63	512.60	50.94	1,018.80
Two Employee: Family	4.10	82.00	31.35	627.00

Vision	**Pay**	**Annual**
Employee Only	3.61	72.20
Employee + Child	7.24	144.80
Employee + Children	na	na
Employee + Spouse	6.87	137.40
Family	10.95	219.00

Roanoke County Public Schools
Insurance Comparison with Neighbors
2023-2024 School Year

	Salem City				Roanoke County	
	HDHP, HSA		**KeyCare 30**		**HRA**	
HRA Contributions	$1,212 / $1,572		na		$500 / $1,000	
Deductible	$3,500 / $7,000		$2,000 / $4,000		$1,000 / $2,000	
Maximum OOP	$4,000 / $8,000		$5,000 / $10,000		$3,500 / $7,000	
Office Visit	0% after deductible		$30.00		20% after deductible	
Coinsurance	0% after deductible		20% after deductible		20% after deductible	
Prescription Retail	$10 / $30 / $50		$15 / $40 / $75		$10 / $25 / $40	
Prescription Mail (90-day)	$25 / $75 / $125		$38 / $100 / $188		$20 / $50 / $80	
Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	21.52	258.24	66.82	801.84	64.32	771.84
Employee + 1 Child	140.30	1,683.60	241.82	2,901.84	261.06	3,132.72
Employee + Children	409.60	4,915.20	735.36	8,824.32	na	na
Employee + Spouse	363.26	4,359.12	668.44	8,021.28	526.20	6,314.40
Employee + Family	468.54	5,622.48	834.76	10,017.12	623.98	7,487.76
Two Employees + Married	na	na	na	na	na	na
Two Employees + Family	43.04	516.48	133.64	1,603.68	389.98	4,679.76
Medical Non-Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	71.52	858.24	116.82	1,401.84	150.10	1,801.20
Employee + 1 Child	190.30	2,283.60	291.82	3,501.84	417.22	5,006.64
Employee + Children	459.60	5,515.20	785.36	9,424.32	na	na
Employee + Spouse	413.26	4,959.12	718.44	8,621.28	766.44	9,197.28
Employee + Family	518.54	6,222.48	884.76	10,617.12	900.86	10,810.32
Two Employees + Married	na	na	na	na	na	na
Two Employees + Family	143.04	1,716.48	233.64	2,803.68	na	na
Dental	**Month**	**Annual**			**Month**	**Annual**
Employee Only	-	-			8.64	103.68
Employee + Child	24.40	488.00			22.94	275.28
Employee + Children	na	na			na	na
Employee + Spouse	na	na			22.94	275.28
Employee + Family	59.50	1,190.00			47.64	571.68
Two Employee: Family	-	-			27.82	333.84
Vision					**Month**	**Annual**
Employee Only					5.94	71.28
Employee + Child					10.70	128.40
Employee + Children					na	na
Employee + Spouse					10.70	128.40
Family					17.20	206.40