

Roanoke County Public Schools
Health Insurance Comparison with Neighbors
Current Year Rates: 2024-2025 School Year

	Bedford County		Botetourt County	
	HSA / 3200	KeyCare 25 / 2000	Traditional / 2000	
HRA Contributions	From \$1,000 to \$1,900	<i>Closed to new employees</i>	na	
Deductible	\$3,200 / \$6,400	\$2,000 / \$4,000	\$2,000 / \$4,000	
Maximum OOP	\$3,200 / \$6,400	\$3,500 / \$7,000	\$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	0% after deductible	\$10 / \$50 / \$75	\$15 / \$50 / \$85	
Prescription Mail (90-day)	0% after deductible	\$20 / \$100 / \$150	\$38 / \$125 / \$213	
Medical Wellness	Month Annual	Month Annual	Month Annual	
Employee Only	42.00 504.00	102.00 1,224.00	- -	
Employee + 1 Child	143.00 1,716.00	318.00 3,816.00	215.54 2,586.48	
Employee + Children	287.00 3,444.00	578.00 6,936.00	na na	
Employee + Spouse	340.00 4,080.00	706.00 8,472.00	489.82 5,877.84	
Employee + Family	537.00 6,444.00	1,035.00 12,420.00	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	92.00 1,104.00	152.00 1,824.00		
Employee + 1 Child	193.00 2,316.00	368.00 4,416.00		
Employee + Children	337.00 4,044.00	628.00 7,536.00		
Employee + Spouse	390.00 4,680.00	756.00 9,072.00		
Employee + Family	587.00 7,044.00	1,085.00 13,020.00		
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	4.55 54.60			
Employee + Child	8.80 105.60			
Employee + Children	na na			
Employee + Spouse	8.99 107.88			
Family	13.49 161.88			

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Franklin County

	HSA / 3200	KeyCare 30 / 5000	KeyCare 30 / 2000	KeyCare 30 / 1000
HRA Contributions	\$500	na	na	na
Deductible	\$3,200 / \$6,400	\$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	7.13	85.56
Employee + Child	12.91	154.92
Employee + Children	12.91	154.92
Employee + Spouse	11.47	137.64
Family	18.17	218.04

Roanoke County Public Schools
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	Montgomery County					
	HSA / 1650		HMO POS / 500		PPO / 750	
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/ 20%		\$10 / \$25 / \$50		\$10 / \$25 / \$50	
Prescription Mail (90-day)	\$25 / \$100 / \$175/ 20%					
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	-	-	2.69	32.28		
Employee + Child	-	-	5.98	71.76		
Employee + Children	-	-	5.98	71.76		
Employee + Spouse	-	-	5.08	60.96		
Employee + Family	-	-	9.59	115.08		
Two Employee: Family						
Vision	Month	Annual				
Employee Only	10.13	121.56				
Employee + Child	18.57	222.84				
Employee + Children	18.57	222.84				
Employee + Spouse	20.09	241.08				
Family	28.53	342.36				

Roanoke County Public Schools
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Roanoke City Public Schools

	HDHP, HSA / 3300	HRA / 2000	Traditional / 500
HRA Contributions	See Below	\$1,000 / \$2,000	na
Deductible	\$3,300 / \$6,600	\$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 / \$80	\$10 / \$20 / \$40 / \$60
Prescription Mail (90-day)	20% after deductible	\$20 / \$60 / \$120	\$20 / \$40 / \$80

Medical Wellness	Pay	Annual	Pay	Annual	Pay	Annual
Employee Only	(75.00)	(1,500.00)	31.00	620.00	242.00	4,840.00
Employee + 1 Child	(79.00)	(1,580.00)	55.00	1,100.00	472.00	9,440.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(76.00)	(1,520.00)	104.00	2,080.00	827.00	16,540.00
Employee + Family	(82.00)	(1,640.00)	132.00	2,640.00	1,080.00	21,600.00
Two Employees + Married	(158.00)	(3,160.00)	70.00	1,400.00	357.00	7,140.00
Two Employees + Family	(158.00)	(3,160.00)	94.00	1,880.00	454.00	9,080.00

Medical Non-Wellness	Pay	Annual	Pay	Annual	Pay	Annual
Employee Only	(50.00)	(1,000.00)	56.00	1,120.00	267.00	5,340.00
Employee + 1 Child	(54.00)	(1,080.00)	80.00	1,600.00	497.00	9,940.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(51.00)	(1,020.00)	129.00	2,580.00	852.00	17,040.00
Employee + Family	(57.00)	(1,140.00)	157.00	3,140.00	1,105.00	22,100.00
Two Employees + Married	(108.00)	(2,160.00)	120.00	2,400.00	407.00	8,140.00
Two Employees + Family	(105.00)	(2,100.00)	144.00	2,880.00	501.00	10,020.00

	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
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	Salem City 1/1/25 - 12/31/25				Roanoke County Public Schools			
	HDHP, HSA / 3500		KeyCare 30 / 2000		HRA / 2000		HRA / 1000	
HRA Contributions	\$1,212 / \$1,572		na		\$500 / \$1,000		\$500 / \$1,000	
Deductible	\$3,500 / \$7,000		\$2,000 / \$4,000		\$2,000 / \$4,000		\$1,000 / \$2,000	
Maximum OOP	\$4,000 / \$8,000		\$5,000 / \$10,000		\$4,000 / \$8,000		\$3,500 / \$7,000	
Office Visit	0% after deductible		\$30.00		20% after deductible		20% after deductible	
Coinsurance	0% after deductible		20% after deductible		20% after deductible		20% after deductible	
Prescription Retail	\$10 / \$30 / \$50		\$15 / \$40 / \$75		\$10 / \$40 / \$80		\$10 / \$25 / \$40	
Prescription Mail (90-day)	\$25 / \$75 / \$125		\$38 / \$100 / \$188		\$20 / \$80 / \$160		\$20 / \$50 / \$80	
Medical Wellness	Month	Annual	Month	Annual	Month	Annual	Month	Annual
Employee Only	21.52	258.24	66.82	801.84	64.46	773.52	115.80	1,389.60
Employee + 1 Child	140.30	1,683.60	241.82	2,901.84	290.06	3,480.72	405.28	4,863.36
Employee + Children	409.60	4,915.20	735.36	8,824.32	na	na	na	na
Employee + Spouse	363.26	4,359.12	668.44	8,021.28	515.64	6,187.68	694.74	8,336.88
Employee + Family	468.54	5,622.48	834.76	10,017.12	644.56	7,734.72	868.44	10,421.28
Two Employees + Married	na	na	na	na	na	na	na	na
Two Employees + Family	43.04	516.48	133.64	1,603.68	402.86	4,834.32	578.96	6,947.52
Medical Non-Wellness	Month	Annual	Month	Annual	Month	Annual	Month	Annual
Employee Only	71.52	858.24	116.82	1,401.84	241.72	2,900.64	289.48	3,473.76
Employee + 1 Child	190.30	2,283.60	291.82	3,501.84	564.00	6,768.00	675.46	8,105.52
Employee + Children	459.60	5,515.20	785.36	9,424.32	na	na	na	na
Employee + Spouse	413.26	4,959.12	718.44	8,621.28	870.16	10,441.92	1,042.12	12,505.44
Employee + Family	518.54	6,222.48	884.76	10,617.12	1,044.20	12,530.40	1,250.54	15,006.48
Two Employees + Married	na	na	na	na	na	na	na	na
Two Employees + Family	143.04	1,716.48	233.64	2,803.68	na	na	na	na
Dental	Month	Annual			Month	Annual	Month	Annual
Employee Only	-	-			8.64	103.68	8.64	103.68
Employee + Child	24.40	488.00			22.94	275.28	22.94	275.28
Employee + Children	na	na			na	na	na	na
Employee + Spouse	na	na			22.94	275.28	22.94	275.28
Employee + Family	59.50	1,190.00			47.64	571.68	47.64	571.68
Two Employee: Family	-	-			27.82	333.84	27.82	333.84
Vision					Month	Annual	Month	Annual
Employee Only					5.94	71.28	5.94	71.28
Employee + Child					10.70	128.40	10.70	128.40
Employee + Children					na	na	na	na
Employee + Spouse					10.70	128.40	10.70	128.40
Family					17.20	206.40	17.20	206.40

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	Roanoke County Government			
	HRA / 2000		HRA / 1000	
HRA Contributions	\$500 / \$1,000		\$500 / \$1,000	
Deductible	\$2,000 / \$4,000		\$1,000 / \$2,000	
Maximum OOP	\$5,000 / \$10,000		\$3,500 / \$7,000	
Office Visit	20% after deductible		20% after deductible	
Coinsurance	20% after deductible		20% after deductible	
Prescription Retail	\$10 / \$40 / \$80		\$10 / \$25 / \$40	
Prescription Mail (90-day)	\$20 / \$80 / \$160		\$20 / \$50 / \$80	
Medical Wellness	Month	Annual	Month	Annual
Employee Only	55.24	662.88	119.42	1,433.04
Employee + 1 Child	204.20	2,450.40	297.08	3,564.96
Employee + Children	na	na	na	na
Employee + Spouse	381.16	4,573.92	509.50	6,114.00
Employee + Family	476.98	5,723.76	638.16	7,657.92
Two Employees + Married	na	na	na	na
Two Employees + Family	na	na	na	na
Dental	Month	Annual	Month	Annual
Employee Only	8.64	103.68	8.64	103.68
Employee + Child	22.94	275.28	22.94	275.28
Employee + Children	na	na	na	na
Employee + Spouse	22.94	275.28	22.94	275.28
Employee + Family	47.64	571.68	47.64	571.68
Two Employee: Family	27.82	333.84	27.82	333.84
Vision	Month	Annual	Month	Annual
Employee Only	5.93	71.16	5.94	71.28
Employee + Child	10.70	128.40	10.70	128.40
Employee + Children	na	na	na	na
Employee + Spouse	10.70	128.40	10.70	128.40
Family	17.19	206.28	17.20	206.40