Roanoke County Public Schools
Health Insurance Comparison with Neighbors
Current Year Rates: 2025-2026 School Year

	Bedford County				Botetourt County	
	HSA/3300		**KeyCare 25/2000**		**KeyCare/2000**	
HRA Contributions	From $1,000 to $1,900		*Closed to new employees*		na	
Deductible	$3,300 / $6,600		$2,000 / $4,000		$2,000 / $4,000	
Maximum OOP	$3,300 / $6,600		$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		$30 / $125 / $213	
Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	46.00	552.00	101.00	1,212.00	-	-
Employee + 1 Child	158.00	1,896.00	350.00	4,200.00	215.54	2,586.48
Employee + Children	238.00	2,856.00	635.00	7,620.00	na	na
Employee + Spouse	314.00	3,768.00	775.00	9,300.00	489.82	5,877.84
Employee + Family	490.00	5,880.00	1,140.00	13,680.00	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	101.00	1,212.00	156.00	1,872.00		
Employee + 1 Child	212.00	2,544.00	405.00	4,860.00		
Employee + Children	371.00	4,452.00	691.00	8,292.00		
Employee + Spouse	429.00	5,148.00	832.00	9,984.00		
Employee + Family	646.00	7,752.00	1,194.00	14,328.00		
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

Roanoke County Public Schools
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Franklin County

	HSA/3500	HealthKeepers 30/5000	HealthKeepers 30/2000	HealthKeepers 30/1000
HRA Contributions	$500	na	na	na
Deductible	$3,500 / $7,000	$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	29.00	319.00	32.00	352.00	125.00	1,375.00	215.00	2,365.00
Employee + 1 Child	355.00	3,905.00	408.00	4,488.00	536.00	5,896.00	652.00	7,172.00
Employee + Children	602.00	6,622.00	611.00	6,721.00	849.00	9,339.00	985.00	10,835.00
Employee + Spouse	778.00	8,558.00	881.00	9,691.00	1,059.00	11,649.00	1,202.00	13,222.00
Employee + Family	935.00	10,285.00	1,063.00	11,693.00	1,261.00	13,871.00	1,418.00	15,598.00
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	49.00	588.00	52.00	624.00	145.00	1,740.00	235.00	2,820.00
Employee + 1 Child	375.00	4,500.00	428.00	5,136.00	556.00	6,672.00	672.00	8,064.00
Employee + Children	622.00	7,464.00	631.00	7,572.00	869.00	10,428.00	1,005.00	12,060.00
Employee + Spouse	818.00	9,816.00	921.00	11,052.00	1,099.00	13,188.00	1,242.00	14,904.00
Employee + Family	975.00	11,700.00	1,103.00	13,236.00	1,301.00	15,612.00	1,458.00	17,496.00
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	396.00
Employee + Child	65.00	715.00
Employee + Children	89.00	979.00
Employee + Spouse	73.00	803.00
Employee + Family	112.00	1,232.00
Two Employee: Family	na	na

Vision	Month	Annual
Employee Only	7.13	78.43
Employee + Child	na	na
Employee + Children	12.91	142.01
Employee + Spouse	11.47	126.17
Family	18.17	199.87

Roanoke County Public Schools
Health Insurance Comparison with Neighbors
Current Year Rates: 2025-2026 School Year

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	10 / 15 / 30	10 / 15 / 30
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
Health Insurance Comparison with Neighbors
Current Year Rates: 2025-2026 School Year

Roanoke City Public Schools 1/1/2026-12/31/2026

	HDHP, HSA/3400	HRA/3000	Traditional/500
HRA Contributions	See Below	$1,000 / $2,000	na
Deductible	$3,400 / $6,800	$3,000 / $6,000	$500 / $1,000
Maximum OOP	$5,000 / $10,000	$4,000 / $8,000	$2,000 / $4,000
Office Visit	20% after deductible	25/$50	$20/$40
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	Month	Annual	Month	Annual	Month	Annual
Employee Only	(144.00)	(1,440.00)	110.00	1,100.00	524.00	5,240.00
Employee + 1 Child	(152.00)	(1,520.00)	178.00	1,780.00	1,018.00	10,180.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(146.00)	(1,460.00)	268.00	2,680.00	1,780.00	17,800.00
Employee + Family	(156.00)	(1,560.00)	342.00	3,420.00	2,324.00	23,240.00
Two Employees + Married	(302.00)	(3,020.00)	218.00	2,180.00	778.00	7,780.00
Two Employees + Family	(302.00)	(3,020.00)	292.00	2,920.00	984.00	9,840.00

Medical Non-Wellness	Month	Annual	Month	Annual	Month	Annual
Employee Only	(94.00)	(940.00)	160.00	1,600.00	574.00	5,740.00
Employee + 1 Child	(102.00)	(1,020.00)	228.00	2,280.00	1,068.00	10,680.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	(96.00)	(960.00)	318.00	3,180.00	1,830.00	18,300.00
Employee + Family	(106.00)	(1,060.00)	392.00	3,920.00	2,374.00	23,740.00
Two Employees + Married	(202.00)	(2,020.00)	318.00	3,180.00	878.00	8,780.00
Two Employees + Family	(202.00)	(2,020.00)	392.00	3,920.00	1,084.00	10,840.00

	Low Plan		High Plan	
Dental	Month	Annual	Month	Annual
Employee Only	-	-	21.32	213.20
Employee + Child	19.16	191.60	53.72	537.20
Employee + Children	na	na	na	na
Employee + Spouse	19.16	191.60	53.72	537.20
Employee + Family	53.15	531.50	105.65	1,056.50
Two Employee: Family	8.20	82.00	65.02	650.20

Vision	Month	Annual	Month	Annual
Employee Only	9.16	91.60	10.22	102.20
Employee + Child	16.28	162.80	18.18	181.80
Employee + Children	na	na	na	na
Employee + Spouse	15.56	155.60	16.80	168.00
Family	23.56	235.60	26.02	260.20

Roanoke County Public Schools
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	Salem City 1/1/26 - 12/31/26		Roanoke County Government	
	HDHP, HSA/3500	**KeyCare 30/2000**	**HRA/2000**	**HRA/1000**
HRA Contributions	o $1,572 (some granc	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	$5,000 / $10,000	$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	23.66	283.92	73.50	882.00	55.24	662.88	119.42	1,433.04
Employee + 1 Child	154.32	1,851.84	266.00	3,192.00	204.20	2,450.40	297.08	3,564.96
Employee + Children	450.56	5,406.72	808.90	9,706.80	na	na	na	na
Employee + Spouse	399.58	4,794.96	735.28	8,823.36	381.16	4,573.92	509.50	6,114.00
Employee + Family	515.38	6,184.56	918.24	11,018.88	476.98	5,723.76	638.16	7,657.92
Two Employees + Married	na	na	na	na	na	na	na	na
Two Employees + Family	47.32	567.84	147.00	1,764.00	na	na	na	na

Medical Non-Wellness	**Month**	**Annual**	**Month**	**Annual**
Employee Only	78.66	943.92	128.50	1,542.00
Employee + 1 Child	209.32	2,511.84	321.00	3,852.00
Employee + Children	505.56	6,066.72	863.90	10,366.80
Employee + Spouse	454.58	5,454.96	790.28	9,483.36
Employee + Family	570.38	6,844.56	973.24	11,678.88
Two Employees + Married	na	na	na	na
Two Employees + Family	157.32	1,887.84	257.00	3,084.00

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	5.93	71.16
Employee + Child	10.70	128.40
Employee + Children	na	na
Employee + Spouse	10.70	128.40
Family	17.19	206.28

Roanoke County Public Schools
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	Roanoke County Public Schools		
	HSA/3400 HMO	**HRA/2000 HMO**	**HRA/1000 PPO**
HRA Contributions	$1,200 / $2,400	$500 / $1,000	$500 / $1,000
Deductible	$3,400 / $6,800	$2,000 / $4,000	$1,000 / $2,000
Maximum OOP	$6,000 / $12,000	$5,000 / $10,000	$3,500 / $7,000
Office Visit	20% after deductible	20% after deductible	20% after deductible
Coinsurance	20% after deductible	20% after deductible	20% after deductible
Prescription Retail	$40 / $80 after dedu	$10 / $40 / $80	$10 / $25 / $40
Prescription Mail (90-day)	80 / $160 after ded	$20 / $80 / $160	$20 / $50 / $80

Medical Wellness	**Month**	**Annual**	**Month**	**Annual**	**Month**	**Annual**
Employee Only	-	-	93.14	1,117.68	185.00	2,220.00
Employee + 1 Child	222.00	2,664.00	361.72	4,340.64	499.50	5,994.00
Employee + Children	na	na	na	na	na	na
Employee + Spouse	444.00	5,328.00	630.28	7,563.36	814.00	9,768.00
Employee + Family	592.00	7,104.00	824.86	9,898.32	1,054.50	12,654.00
Two Employees + Married	na	na	na	na	na	na
Two Employees + Family	74.00	888.00	306.86	3,682.32	536.50	6,438.00

Dental	**Month**	**Annual**
Employee Only	8.64	103.68
Employee + Child	22.94	275.28
Employee + Children	na	na
Employee + Spouse	22.94	275.28
Employee + Family	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