



Roanoke City
PUBLIC SCHOOLS

2026 Benefit Rates

We Are One #RCPS Proud

2026 Benefit Rates

Because our students thrive when you do, RCPS is proud to offer benefit plans that support your health and well-being. We encourage you to explore your options and choose the coverage that best supports you and your family —so you can continue making a difference every day!

Your Cost or Contribution in 2026 (per pay period times 20 pay periods)

What You'll Pay Per Paycheck – Wellness-Non-Compliant Medical Rates Amounts shown in parentheses reflect RCPS's contribution to your HSA account.

Plan Name	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family	Two Employees + Married	Two Employees + Family
High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA)	\$(47.00)	\$(51.00)	\$(48.00)	\$(53.00)	\$(101.00)	\$(101.00)
Health Reimbursement Arrangement (HRA)	\$80.00	\$114.00	\$159.00	\$196.00	\$159.00	\$196.00
Traditional Health Plan (POS 500)	\$287.00	\$534.00	\$915.00	\$1,187.00	\$439.00	\$542.00

What You'll Pay Per Paycheck – Wellness-Compliant Medical Rates Amounts shown in parentheses reflect RCPS's contribution to your HSA account.

Plan Name	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family	Two Employees + Married	Two Employees + Family
High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA)	\$(72.00)	\$(76.00)	\$(73.00)	\$(78.00)	\$(151.00)	\$(151.00)
Health Reimbursement Arrangement (HRA)	\$55.00	\$89.00	\$134.00	\$171.00	\$109.00	\$146.00
Traditional Health Plan (POS 500)	\$262.00	\$509.00	\$890.00	\$1,162.00	\$389.00	\$492.00

How Your Monthly Medical Costs Compare: 2025 to 2026

Amounts shown in parentheses reflect RCPS's contribution to your HSA account.

	2025 Monthly Rates			2026 Monthly Rates		
Pay Over 10 Months, Stay Covered All Year – Wellness-Non-Compliant Insurance Rates						
Plan Name	Employee Share	RCPS Share	Plan Cost	Employee Share	RCPS Share	Plan Cost
HDHP w/HSA						
Employee Only	(\$100.00)	\$888.00	\$788.00	(94.00)	\$820.00	\$820.00
Employee + 1 Child	(\$108.00)	\$1,236.00	\$1,128.00	(\$102.00)	\$1,174.00	\$1,174.00
Employee + Spouse	(\$102.00)	\$1,672.00	\$1,570.00	(\$96.00)	\$1,634.00	\$1,634.00
Employee + Family	(\$114.00)	\$2,056.00	\$1,942.00	(\$106.00)	\$2,022.00	\$2,022.00
2 Employees + Married	(\$216.00)	\$1,786.00	\$1,570.00	(\$202.00)	\$1,634.00	\$1,634.00
2 Employees + Family	(\$216.00)	\$2,158.00	\$1,942.00	(\$202.00)	\$2,022.00	\$2,022.00
HRA						
Employee Only	\$112.00	\$1,108.00	\$1,220.00	\$160.00	\$1,110.00	\$1,270.00
Employee + 1 Child	\$160.00	\$1,592.00	\$1,752.00	\$228.00	\$1,596.00	\$1,824.00
Employee + Spouse	\$258.00	\$2,174.00	\$2,432.00	\$318.00	\$2,212.00	\$2,530.00
Employee + Family	\$314.00	\$2,690.00	\$3,004.00	\$392.00	\$2,734.00	\$3,126.00
2 Employees + Married	\$240.00	\$2,192.00	\$2,432.00	\$318.00	\$2,212.00	\$2,530.00
2 Employees + Family	\$288.00	\$2,716.00	\$3,004.00	\$392.00	\$2,734.00	\$3,126.00
Traditional						
Employee Only	\$534.00	\$1,492.00	\$2,026.00	\$574.00	\$1,534.00	\$2,108.00
Employee + 1 Child	\$994.00	\$1,920.00	\$2,914.00	\$1,068.00	\$1,964.00	\$3,032.00
Employee + Spouse	\$1,704.00	\$2,344.00	\$4,048.00	\$1,830.00	\$2,382.00	\$4,212.00
Employee + Family	\$2,210.00	\$2,792.00	\$5,002.00	\$2,374.00	\$2,830.00	\$5,204.00
2 Employees + Married	\$814.00	\$3,234.00	\$4,048.00	\$878.00	\$3,334.00	\$4,212.00
2 Employees + Family	\$1,008.00	\$3,994.00	\$5,002.00	\$1,084.00	\$4,120.00	\$5,204.00
Pay Over 10 Months, Stay Covered All Year – Wellness-Compliant Insurance Rates						
HDHP w/HSA						
Employee Only	(\$150.00)	\$938.00	\$788.00	(144.00)	\$820.00	\$820.00
Employee + 1 Child	(\$158.00)	\$1,286.00	\$1,128.00	(\$152.00)	\$1,174.00	\$1,174.00
Employee + Spouse	(\$152.00)	\$1,722.00	\$1,570.00	(\$146.00)	\$1,634.00	\$1,634.00
Employee + Family	(\$164.00)	\$2,106.00	\$1,942.00	(\$156.00)	\$2,022.00	\$2,022.00
2 Employees + Married	(\$316.00)	\$1,886.00	\$1,570.00	(\$302.00)	\$1,634.00	\$1,634.00
2 Employees + Family	(\$316.00)	\$2,258.00	\$1,942.00	(\$302.00)	\$2,022.00	\$2,022.00
HRA						
Employee Only	\$62.00	\$1,158.00	\$1,220.00	\$110.00	\$1,160.00	\$1,270.00
Employee + 1 Child	\$110.00	\$1,642.00	\$1,752.00	\$178.00	\$1,646.00	\$1,824.00
Employee + Spouse	\$208.00	\$2,224.00	\$2,432.00	\$268.00	\$2,262.00	\$2,530.00
Employee + Family	\$264.00	\$2,740.00	\$3,004.00	\$342.00	\$2,784.00	\$3,126.00
2 Employees + Married	\$140.00	\$2,292.00	\$2,432.00	\$218.00	\$2,312.00	\$2,530.00
2 Employees + Family	\$188.00	\$2,816.00	\$3,004.00	\$292.00	\$2,834.00	\$3,126.00
Traditional						
Employee Only	\$484.00	\$1,542.00	\$2,026.00	\$524.00	\$1,584.00	\$2,108.00
Employee + 1 Child	\$944.00	\$1,970.00	\$2,914.00	\$1,018.00	\$2,014.00	\$3,032.00
Employee + Spouse	\$1,654.00	\$2,394.00	\$4,048.00	\$1,780.00	\$2,432.00	\$4,212.00
Employee + Family	\$2,160.00	\$2,842.00	\$5,002.00	\$2,324.00	\$2,880.00	\$5,204.00
2 Employees + Married	\$714.00	\$3,334.00	\$4,048.00	\$778.00	\$3,434.00	\$4,212.00
2 Employees + Family	\$908.00	\$4,094.00	\$5,002.00	\$984.00	\$4,220.00	\$5,204.00

Vision

What You'll Pay for Vision Coverage – 20 Paycheck Deductions Per Year

Plan Name	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
No-Cost Basic Annual Eye Exam for UHC Members	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary Enhanced Base Plan	\$4.58	\$8.14	\$7.78	\$11.78
Voluntary Enhanced Buy-Up Plan	\$5.11	\$9.09	\$8.40	\$13.01

Dental

What You'll Pay for Dental Coverage – 20 Paycheck Deductions Per Year

Plan Name	Employee Only	Employee + 1 (Child or Spouse)	Employee + Family	2 Employees + Family
Low Plan	\$0.00	\$9.58	\$26.58	\$4.25
High Plan	\$10.66	\$26.86	\$52.82	\$32.51

How Your Monthly Dental (Low Plan) Costs Compare: 2025 to 2026

Dental Plan Covers Up to \$1,500 Annually After a \$25 Deductible	2025 Monthly Dental Rates			2026 Monthly Dental Rates		
	Employee Share	RCPS Share	Total Cost	Employee Share	RCPS Share	Total Cost
Employee Only	\$0.00	\$36.76	\$36.76	\$0.00	\$38.11	\$38.11
Employee + 1 (Child or Spouse)	\$18.48	\$40.66	\$59.14	\$19.16	\$42.16	\$61.32
Employee + Family	\$51.26	\$47.16	\$98.42	\$53.15	\$48.91	\$102.06
2 Employees +Family	\$8.20	\$90.22	\$98.42	\$8.50	\$93.56	\$102.06

How Your Monthly Dental (High Plan) Costs Compare: 2025 to 2026

No Deductible – Up to \$2,000 in Annual Coverage and \$1,500 Orthodontics (Lifetime)	2025 Monthly Dental Rates			2026 Monthly Dental Rates		
	Employee Share	RCPS Share	Total Cost	Employee Share	RCPS Share	Total Cost
Employee Only	\$20.56	\$35.82	\$56.38	\$21.32	\$37.14	\$58.46
Employee + 1 (Child or Spouse)	\$51.80	\$38.63	\$90.43	\$53.72	\$40.06	\$93.78
Employee + Spouse	\$51.80	\$48.60	\$90.43	\$53.72	\$40.06	\$93.78
Employee + Family	\$101.88	\$48.60	\$150.48	\$105.65	\$50.40	\$156.05
2 Employees +Family	\$62.70	\$87.78	\$150.48	\$65.02	\$91.03	\$156.05