

**Contribution Summary- Residents**  
**Benefits Deductions Effective Jan. 1, 2024**  
Deductions are per pay period.

<b>Carilion Clinic Medical Plan</b>		
	<b>Medical Plan with Basic Vision</b>	<b>Medical Plan with Comprehensive Vision</b>
<b>Coverage Level</b>		
<b>Employee Only</b>	\$23.50	\$26.08
<b>Employee + Child</b>	\$36.25	\$40.92
<b>Employee + Children</b>	\$48.00	\$52.67
<b>*Employee + Spouse/Domestic Partner</b>	\$55.50	\$60.17
<b>*Family</b>	\$81.00	\$88.50

\* A working spouse premium of \$50 per pay period will be added to your premium if you enroll your spouse/domestic partner who is eligible for medical coverage through his/her employer.

<b>Carilion Clinic Dental Plan</b>		
<b>Coverage Level</b>	<b>Basic Dental</b>	<b>Comprehensive Dental</b>
<b>Employee Only</b>	<b>Carilion pays for Basic Dental</b>	\$3.90
<b>Employee + Child</b>		\$6.93
<b>Employee + Children</b>		\$9.58
<b>Employee + Spouse/Domestic Partner</b>		\$7.81
<b>Family</b>		\$13.00

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Disability Insurance	
<b>Salary Continuation</b> Salary continuation replaces 100 percent of your base weekly salary through day 150.	<b>Long-Term Disability</b> Long-term disability coverage replaces 60 percent of your base monthly salary after 5 months disability, possibly to normal retirement age.
<b>Carilion-paid; no enrollment necessary</b>	<b>Carilion-paid; no enrollment necessary</b>

Life Insurance	
<b>Basic Life</b>	<b>Accidental Death and Dismemberment</b>
1.5 times base salary, up to a maximum benefit of \$420,000. <b>Carilion-paid; enrollment is automatic.</b>	Additional 2 times base salary, up to a maximum benefit of \$420,000. <b>Carilion-paid; enrollment is automatic.</b>

Supplemental Life Insurance
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To calculate the estimated cost of employee or spouse supplemental life insurance, first find you or your spouse's age in the table, then find the cost per coverage amount. For example, a 32-year old employee would spend \$0.25 per pay period for \$10,000 of life insurance coverage. Multiply the cost per coverage by the amount of coverage you want. For example, the 32-year old who wanted \$20,000 or employee supplemental coverage would pay \$0.50 per pay period.

Employee Supplemental		Spouse Supplemental		Child Supplement	
Employee's Age	Cost per \$10,000 of Life Insurance	Spouse's Age	Cost per \$5,000 of Life Insurance	Cost of Coverage Amount	
Less than 25 yrs	\$0.17	Less than 30 yrs	\$0.10	\$2,000	\$0.06
25-29	\$0.21	30-34	\$0.12	\$4,000	\$0.13
30-34	\$0.25	35-39	\$0.17		
35-39	\$0.29	40-44	\$0.29	\$6,000	\$0.19
40-44	\$0.33	45-49	\$0.52		
45-49	\$0.50	50-54	\$0.83	\$8,000	\$0.26
50-54	\$0.79	55-59	\$1.31		
55-59	\$1.29	60-64	\$2.01	\$10,000	\$0.32
60-64	\$1.58	65-69	\$3.20		
65-69	\$2.33	70-74	\$4.98		
70-74	\$3.95	75-79	\$4.98		
75+	\$7.68	80+	\$4.98		

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**Voluntary Benefits are administered by Aetna. You do not have to be enrolled in the medical plan to enroll in voluntary benefits. There are three different plans to choose from: Hospital Indemnity, Accident and Critical Illness. Premium amounts listed are per pay period.**

**Aetna Hospital Indemnity Plan**

<b>Coverage Level</b>	<b>Premium Amount Per Pay Period</b>
<b>Employee Only</b>	\$5.53
<b>Employee + Child(ren)</b>	\$9.46
<b>Employee + Spouse/Domestic Partner</b>	\$12.35
<b>Family</b>	\$15.65

**The Aetna Accident plan offers a low plan and high plan option.**

**Aetna Accident Plan**

<b>Coverage Level</b>	<b>Premium Amount Per Pay Period</b>	
	<b>Low Plan</b>	<b>High Plan</b>
<b>Employee Only</b>	\$2.65	\$4.17
<b>Employee + Child(ren)</b>	\$5.48	\$8.53
<b>Employee + Spouse/Domestic Partner</b>	\$5.03	\$7.84
<b>Family</b>	\$7.78	\$12.22

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The Aetna Critical Illness Plan has three face amount options to choose from: \$10,000, \$20,000 or \$30,000. There are non-tobacco user and tobacco user rates. The tobacco status is based solely on the employee's tobacco use status and not that of any covered dependents. Find your tobacco status, age band and face value option to see your rate per pay period.

<b>Aetna Critical Illness Plan Non-Tobacco User Rates</b>					
<b>Age Band</b>	<b>Face Amount</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse/Domestic</b>	<b>Family</b>
<20	\$10,000	\$1.00	\$1.00	\$1.97	\$1.97
	\$20,000	\$1.51	\$1.51	\$2.92	\$2.92
	\$30,000	\$2.05	\$2.05	\$3.88	\$3.88
20-24	\$10,000	\$1.14	\$1.14	\$2.20	\$2.20
	\$20,000	\$1.80	\$1.80	\$3.38	\$3.38
	\$30,000	\$2.50	\$2.50	\$4.58	\$4.58
25-29	\$10,000	\$1.37	\$1.37	\$2.54	\$2.54
	\$20,000	\$2.25	\$2.25	\$4.06	\$4.06
	\$30,000	\$3.18	\$3.18	\$5.58	\$5.58
30-34	\$10,000	\$1.66	\$1.66	\$3.00	\$3.00
	\$20,000	\$2.83	\$2.83	\$4.97	\$4.97
	\$30,000	\$4.03	\$4.03	\$6.90	\$6.90
35-39	\$10,000	\$2.10	\$2.10	\$3.71	\$3.71
	\$20,000	\$3.71	\$3.71	\$6.35	\$6.35
	\$30,000	\$5.32	\$5.32	\$8.95	\$8.95
40-44	\$10,000	\$2.85	\$2.85	\$4.96	\$4.96
	\$20,000	\$5.21	\$5.21	\$8.78	\$8.78
	\$30,000	\$7.51	\$7.51	\$12.55	\$12.55
45-49	\$10,000	\$4.09	\$4.09	\$6.96	\$6.96
	\$20,000	\$7.63	\$7.63	\$12.72	\$12.72
	\$30,000	\$11.15	\$11.15	\$18.51	\$18.51
50-54	\$10,000	\$6.14	\$6.14	\$10.24	\$10.24
	\$20,000	\$11.70	\$11.70	\$19.39	\$19.39
	\$30,000	\$17.29	\$17.29	\$28.43	\$28.43
55-59	\$10,000	\$9.18	\$9.18	\$15.28	\$15.28
	\$20,000	\$17.73	\$17.73	\$28.85	\$28.85
	\$30,000	\$26.23	\$26.23	\$42.68	\$42.68
60-64	\$10,000	\$12.96	\$12.96	\$21.19	\$21.19
	\$20,000	\$25.40	\$25.40	\$41.20	\$41.20
	\$30,000	\$37.74	\$37.74	\$61.05	\$61.05
65-69	\$10,000	\$18.55	\$18.55	\$29.72	\$29.72
	\$20,000	\$36.52	\$36.52	\$57.29	\$57.29
	\$30,000	\$54.34	\$54.34	\$85.11	\$85.11
70+	\$10,000	\$23.90	\$23.90	\$37.41	\$37.41
	\$20,000	\$47.31	\$47.31	\$72.84	\$72.84
	\$30,000	\$70.39	\$70.39	\$108.26	\$108.26

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<b>Aetna Critical Illness Plan Tobacco User Rates</b>					
<b>Age Band</b>	<b>Face Amount</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse/Domestic</b>	<b>Family</b>
<20	\$10,000	\$1.33	\$1.33	\$2.57	\$2.57
	\$20,000	\$2.17	\$2.17	\$4.12	\$4.12
	\$30,000	\$3.08	\$3.08	\$5.74	\$5.74
20-24	\$10,000	\$1.57	\$1.57	\$2.96	\$2.96
	\$20,000	\$2.66	\$2.66	\$4.90	\$4.90
	\$30,000	\$3.83	\$3.83	\$6.92	\$6.92
25-29	\$10,000	\$1.95	\$1.95	\$3.53	\$3.53
	\$20,000	\$3.42	\$3.42	\$6.04	\$6.04
	\$30,000	\$4.98	\$4.98	\$8.60	\$8.60
30-34	\$10,000	\$2.45	\$2.45	\$4.30	\$4.30
	\$20,000	\$4.40	\$4.40	\$7.58	\$7.58
	\$30,000	\$6.41	\$6.41	\$10.83	\$10.83
35-39	\$10,000	\$3.20	\$3.20	\$5.52	\$5.52
	\$20,000	\$5.91	\$5.91	\$9.86	\$9.86
	\$30,000	\$8.58	\$8.58	\$14.28	\$14.28
40-44	\$10,000	\$4.48	\$4.48	\$7.68	\$7.68
	\$20,000	\$8.32	\$8.32	\$13.90	\$13.90
	\$30,000	\$12.27	\$12.27	\$20.35	\$20.35
45-49	\$10,000	\$6.63	\$6.63	\$10.87	\$10.87
	\$20,000	\$12.47	\$12.47	\$20.50	\$20.50
	\$30,000	\$18.40	\$18.40	\$30.39	\$30.39
50-54	\$10,000	\$9.80	\$9.80	\$16.26	\$16.26
	\$20,000	\$19.40	\$19.40	\$31.90	\$31.90
	\$30,000	\$28.76	\$28.76	\$47.10	\$47.10
55-59	\$10,000	\$14.85	\$14.85	\$24.55	\$24.55
	\$20,000	\$29.45	\$29.45	\$48.01	\$48.01
	\$30,000	\$43.82	\$43.82	\$71.11	\$71.11
60-64	\$10,000	\$21.41	\$21.41	\$34.84	\$34.84
	\$20,000	\$42.48	\$42.48	\$68.70	\$68.70
	\$30,000	\$63.21	\$63.21	\$102.07	\$102.07
65-69	\$10,000	\$30.42	\$30.42	\$48.41	\$48.41
	\$20,000	\$61.12	\$61.12	\$95.64	\$95.64
	\$30,000	\$91.18	\$91.18	\$142.61	\$142.61
70+	\$10,000	\$39.96	\$39.96	\$61.37	\$61.37
	\$20,000	\$79.23	\$79.23	\$121.86	\$121.86
	\$30,000	\$118.22	\$118.22	\$181.62	\$181.62