

Contribution Summary- Residents
Benefits Deductions Effective Jan. 1, 2025
Deductions are per pay period and are twice per month.

Carilion Clinic Medical Plan		
	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Coverage Level		
Employee Only	\$13.33	\$16.12
Employee + Child	\$21.45	\$26.51
Employee + Children	\$28.60	\$33.66
*Employee + Spouse/Domestic Partner	\$34.13	\$39.19
*Family	\$50.05	\$58.18

* 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.

Carilion Clinic Dental Plan		
Coverage Level	Basic Dental	Comprehensive Dental
Employee Only	Carilion pays for Basic Dental	\$4.23
Employee + Child		\$7.51
Employee + Children		\$10.38
Employee + Spouse/Domestic Partner		\$8.46
Family		\$14.08

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

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

Supplemental Life Insurance

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	\$0.18	Less than 30 yrs	\$0.11	\$2,000	\$0.07
25-29	\$0.23	30-34	\$0.13	\$4,000	\$0.14
30-34	\$0.27	35-39	\$0.18		
35-39	\$0.31	40-44	\$0.31	\$6,000	\$0.21
40-44	\$0.36	45-49	\$0.56		
45-49	\$0.54	50-54	\$0.90	\$8,000	\$0.28
50-54	\$0.86	55-59	\$1.42		
55-59	\$1.40	60-64	\$2.18	\$10,000	\$0.35
60-64	\$1.71	65-69	\$3.47		
65-69	\$2.52	70-74	\$5.40		
70-74	\$4.28	75-79	\$5.40		
75+	\$8.32	80+	\$5.40		

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LegalEASE Legal Insurance	
Coverage Legal	Premium Amount per Pay Period
Employee + Family	\$7.79

Pet Insurance

Carilion Clinic offers two types of Pet Insurance you can enroll in regardless of employment status. For more information on the plans and how to enroll, visit the Benefits, Pay and Well-Being Hub on Inside Carilion.

Hospital Indemnity, Accident and Critical Illness Benefits are administered by Aetna. You do not have to be enrolled in the medical plan to enroll in voluntary benefits. Premium amounts listed are per pay period.

Aetna Hospital Indemnity Plan	
Coverage Level	Premium Amount Per Pay Period
Employee Only	\$5.99
Employee + Child(ren)	\$10.25
Employee + Spouse/Domestic Partner	\$13.38
Family	\$16.95

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

Aetna Accident Plan		
Coverage Level	Premium Amount Per Pay Period	
	Low Plan	High Plan
Employee Only	\$2.87	\$4.52
Employee + Child(ren)	\$5.94	\$9.24
Employee + Spouse/Domestic Partner	\$5.45	\$8.49
Family	\$8.43	\$13.24

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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.

Aetna Critical Illness Plan
Non-Tobacco User Rates

Age Band	Face Amount	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
<20	\$10,000	\$1.08	\$1.08	\$2.13	\$2.13
	\$20,000	\$1.64	\$1.64	\$3.16	\$3.16
	\$30,000	\$2.22	\$2.22	\$4.20	\$4.20
20-24	\$10,000	\$1.24	\$1.24	\$2.38	\$2.38
	\$20,000	\$1.95	\$1.95	\$3.66	\$3.66
	\$30,000	\$2.71	\$2.71	\$4.96	\$4.96
25-29	\$10,000	\$1.48	\$1.48	\$2.75	\$2.75
	\$20,000	\$2.44	\$2.44	\$4.40	\$4.40
	\$30,000	\$3.45	\$3.45	\$6.05	\$6.05
30-34	\$10,000	\$1.80	\$1.80	\$3.25	\$3.25
	\$20,000	\$3.07	\$3.07	\$5.38	\$5.38
	\$30,000	\$4.37	\$4.37	\$7.48	\$7.48
35-39	\$10,000	\$2.28	\$2.28	\$4.02	\$4.02
	\$20,000	\$4.02	\$4.02	\$6.88	\$6.88
	\$30,000	\$5.76	\$5.76	\$9.70	\$9.70
40-44	\$10,000	\$3.09	\$3.09	\$5.37	\$5.37
	\$20,000	\$5.64	\$5.64	\$9.51	\$9.51
	\$30,000	\$8.14	\$8.14	\$13.60	\$13.60
45-49	\$10,000	\$4.43	\$4.43	\$7.54	\$7.54
	\$20,000	\$8.27	\$8.27	\$13.78	\$13.78
	\$30,000	\$12.08	\$12.08	\$20.05	\$20.05
50-54	\$10,000	\$6.65	\$6.65	\$11.09	\$11.09
	\$20,000	\$12.68	\$12.68	\$21.01	\$21.01
	\$30,000	\$18.73	\$18.73	\$30.80	\$30.80
55-59	\$10,000	\$9.95	\$9.95	\$16.55	\$16.55
	\$20,000	\$19.21	\$19.21	\$31.25	\$31.25
	\$30,000	\$28.42	\$28.42	\$46.24	\$46.24
60-64	\$10,000	\$14.04	\$14.04	\$22.96	\$22.96
	\$20,000	\$27.52	\$27.52	\$44.63	\$44.63
	\$30,000	\$40.89	\$40.89	\$66.14	\$66.14
65-69	\$10,000	\$20.10	\$20.10	\$32.20	\$32.20
	\$20,000	\$39.56	\$39.56	\$62.06	\$62.06
	\$30,000	\$58.87	\$58.87	\$92.20	\$92.20
70+	\$10,000	\$25.89	\$25.89	\$40.53	\$40.53
	\$20,000	\$51.25	\$51.25	\$78.91	\$78.91
	\$30,000	\$76.26	\$76.26	\$117.28	\$117.28

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Aetna Critical Illness Plan Tobacco User Rates					
Age Band	Face Amount	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
<20	\$10,000	\$1.44	\$1.44	\$2.78	\$2.78
	\$20,000	\$2.35	\$2.35	\$4.46	\$4.46
	\$30,000	\$3.34	\$3.34	\$6.22	\$6.22
20-24	\$10,000	\$1.70	\$1.70	\$3.21	\$3.21
	\$20,000	\$2.88	\$2.88	\$5.31	\$5.31
	\$30,000	\$4.15	\$4.15	\$7.50	\$7.50
25-29	\$10,000	\$2.11	\$2.11	\$3.82	\$3.82
	\$20,000	\$3.71	\$3.71	\$6.54	\$6.54
	\$30,000	\$5.40	\$5.40	\$9.32	\$9.32
30-34	\$10,000	\$2.65	\$2.65	\$4.66	\$4.66
	\$20,000	\$4.77	\$4.77	\$8.21	\$8.21
	\$30,000	\$6.94	\$6.94	\$11.73	\$11.73
35-39	\$10,000	\$3.47	\$3.47	\$5.98	\$5.98
	\$20,000	\$6.40	\$6.40	\$10.68	\$10.68
	\$30,000	\$9.30	\$9.30	\$15.47	\$15.47
40-44	\$10,000	\$4.85	\$4.85	\$8.32	\$8.32
	\$20,000	\$9.01	\$9.01	\$15.06	\$15.06
	\$30,000	\$13.29	\$13.29	\$22.05	\$22.05
45-49	\$10,000	\$7.18	\$7.18	\$11.78	\$11.78
	\$20,000	\$13.51	\$13.51	\$22.21	\$22.21
	\$30,000	\$19.93	\$19.93	\$32.92	\$32.92
50-54	\$10,000	\$10.62	\$10.62	\$17.62	\$17.62
	\$20,000	\$21.02	\$21.02	\$34.56	\$34.56
	\$30,000	\$31.16	\$31.16	\$51.03	\$51.03
55-59	\$10,000	\$16.09	\$16.09	\$26.60	\$26.60
	\$20,000	\$31.90	\$31.90	\$52.01	\$52.01
	\$30,000	\$47.47	\$47.47	\$77.04	\$77.04
60-64	\$10,000	\$23.19	\$23.19	\$37.74	\$37.74
	\$20,000	\$46.02	\$46.02	\$74.43	\$74.43
	\$30,000	\$68.48	\$68.48	\$110.58	\$110.58
65-69	\$10,000	\$32.96	\$32.96	\$52.44	\$52.44
	\$20,000	\$66.21	\$66.21	\$103.61	\$103.61
	\$30,000	\$98.78	\$98.78	\$154.49	\$154.49
70+	\$10,000	\$43.29	\$43.29	\$66.48	\$66.48
	\$20,000	\$85.83	\$85.83	\$132.02	\$132.02
	\$30,000	\$128.07	\$128.07	\$196.76	\$196.76