

Employee Contribution Summary
Benefits Deductions Effective Jan. 1, 2026
Deductions are per pay period and are twice per month.

Carilion Clinic Medical Plan

Full Time,

Non-Exempt (Hourly) employees: \$15.00 per hour and less

Exempt (Salaried) employees: Annual Salary \$31,200 and less

Coverage Level	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Employee Only	\$44.42	\$47.21
Employee + Child	\$71.50	\$76.56
Employee + Children	\$95.33	\$100.39
Employee + Spouse/Domestic Partner	\$113.75	\$118.81
Family	\$166.83	\$174.96

Carilion Clinic Medical Plan

Full Time,

Non-Exempt (Hourly) employees: \$15.01 - \$25 per hour

Exempt (Salaried) employees: Annual Salary \$31,201 - \$52,000

Coverage Level	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Employee Only	\$76.92	\$79.71
Employee + Child	\$120.25	\$125.31
Employee + Children	\$160.33	\$165.39
Employee + Spouse/Domestic Partner	\$188.50	\$193.56
Family	\$273.00	\$281.13

Please note: Contribution rates displayed may vary slightly due to system rounding. These differences are minimal.

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Carilion Clinic Medical Plan		
Full Time, Non-Exempt (Hourly) employees: \$25.01 - \$48.07 per hour Exempt (Salaried) employees: Annual Salary \$52,001 - \$100,000		
Coverage Level	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Employee Only	\$101.83	\$104.63
Employee + Child	\$157.08	\$162.14
Employee + Children	\$208.00	\$213.06
Employee + Spouse/Domestic Partner	\$240.50	\$245.56
Family	\$351.00	\$359.13

Carilion Clinic Medical Plan		
Full Time, Non-Exempt (Hourly) employees: \$48.08 per hour and above Exempt (Salaried) employees: Annual Salary \$100,001 and above		
Coverage Level	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Employee Only	\$147.33	\$150.13
Employee + Child	\$232.92	\$237.98
Employee + Children	\$301.17	\$306.23
Employee + Spouse/Domestic Partner	\$334.75	\$339.81
Family	\$486.42	\$494.54

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Carilion Clinic Medical Plan		
Part Time (60-80% FTE)		
Coverage Level	Medical Plan with Basic Vision	Medical Plan with Comprehensive Vision
Employee Only	\$224.25	\$227.05
Employee + Child	\$352.08	\$357.14
Employee + Children	\$446.33	\$451.39
Employee + Spouse/Domestic Partner	\$501.58	\$506.64
Family	\$729.08	\$737.21

Carilion Clinic Dental Plan		
Coverage Level	Basic Dental	Comprehensive Dental
Employee Only	\$9.78	\$17.14
Employee + Child	\$17.77	\$30.44
Employee + Children	\$27.10	\$42.05
Employee + Spouse/Domestic Partner	\$19.74	\$34.29
Family	\$37.94	\$58.86

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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									
<p>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 \$0.27 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 of employee supplemental coverage would pay \$0.54 per pay period.</p>									
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	\$0.12	\$2,000	\$0.07				
25-29	\$0.23	30-34	\$0.14						
30-34	\$0.27	35-39	\$0.18	\$4,000	\$0.14				
35-39	\$0.32	40-44	\$0.32						
40-44	\$0.36	45-49	\$0.57	\$6,000	\$0.21				
45-49	\$0.54	50-54	\$0.90						
50-54	\$0.86	55-59	\$1.42	\$8,000	\$0.28				
55-59	\$1.40	60-64	\$2.19						
60-64	\$1.71	65-69	\$3.47	\$10,000	\$0.35				
65-69	\$2.52	70-74	\$5.40						
70-74	\$4.28	75-79	\$5.40						
75+	\$8.33	80+	\$5.40						

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Short-Term Disability Insurance

To estimate your Short-term Disability or your Short-Term Disability Buy-Up payroll deduction per pay period:

1. In the appropriate table, find the salary closest to yours. You may need to round your salary up or down to find the amount closest to yours.

2. Find the deduction for the salary that matches your employment status. This is your estimated deduction per pay period.

* The difference in plans is the waiting period before the benefit begins. Changes to STD coverage cannot be made during a qualifying event. Changes can be made during annual Open Enrollment.

Unless you are enrolling in Short Term Disability when you become first eligible, you may be subject to late enrollment penalties. Please review the Late Enrollment Penalty details on Inside Carilion.

Short-Term Disability			Short-Term Disability Buy- Up		
Annual Salary	Full-Time Employee	Regular-Part Time Employee	Annual Salary	Full-Time Employee	Regular-Part Time Employee
\$10,000	\$1.37	\$2.47	\$10,000	\$2.24	\$3.60
\$15,000	\$2.04	\$3.72	\$15,000	\$3.36	\$5.40
\$20,000	\$2.72	\$4.95	\$20,000	\$4.47	\$7.20
\$25,000	\$3.40	\$6.19	\$25,000	\$5.60	\$9.00
\$30,000	\$4.08	\$7.42	\$30,000	\$6.72	\$10.80
\$35,000	\$4.77	\$8.67	\$35,000	\$7.83	\$12.60
\$40,000	\$5.45	\$9.90	\$40,000	\$8.96	\$14.40
\$45,000	\$6.12	\$11.14	\$45,000	\$10.08	\$16.20
\$50,000	\$6.80	\$12.37	\$50,000	\$11.19	\$18.01
\$55,000	\$7.49	\$13.62	\$55,000	\$12.32	\$19.80
\$60,000	\$8.17	\$14.85	\$60,000	\$13.43	\$21.60
\$65,000	\$8.85	\$16.09	\$65,000	\$14.55	\$23.40
\$70,000	\$9.53	\$17.32	\$70,000	\$15.68	\$25.20
\$75,000	\$10.21	\$18.56	\$75,000	\$16.79	\$27.00
\$80,000	\$10.89	\$19.80	\$80,000	\$17.91	\$28.80
\$85,000	\$11.57	\$21.04	\$85,000	\$19.03	\$30.60
\$90,000	\$12.25	\$22.27	\$90,000	\$20.15	\$32.40
\$95,000	\$12.94	\$23.51	\$95,000	\$21.27	\$34.20
\$100,000	\$13.62	\$24.75	\$100,000	\$22.39	\$36.00

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Long-Term Disability Insurance

To estimate your Long-term Disability payroll deduction per pay period:

1. In the appropriate table, find the salary closest to yours. You may need to round your salary up or down to find the amount closest to yours.
2. Find the deduction for the salary that matches your employment status. This is your estimated deduction per pay period. *Please note: LTD coverage is subject to underwriting if not enrolling when first becoming eligible for the benefit. Changes to LTD coverage cannot be made during a qualifying event. Changes can be made during annual Open Enrollment.

Long-Term Disability

Replaces 60 percent of your base monthly salary after 5 months of disability, possibly to normal retirement age.

Annual Salary	Full-Time Employee	Regular Part-Time Employee
\$10,000	\$1.15	\$2.09
\$15,000	\$1.72	\$3.14
\$20,000	\$2.30	\$4.18
\$25,000	\$2.87	\$5.23
\$30,000	\$3.46	\$6.27
\$35,000	\$4.03	\$7.32
\$40,000	\$4.60	\$8.36
\$45,000	\$5.18	\$9.41
\$50,000	\$5.75	\$10.45
\$55,000	\$6.33	\$11.51
\$60,000	\$6.90	\$12.55
\$65,000	\$7.48	\$13.60
\$70,000	\$8.05	\$14.65
\$75,000	\$8.62	\$15.69
\$80,000	\$9.21	\$16.74
\$85,000	\$9.78	\$17.78
\$90,000	\$10.36	\$18.83
\$95,000	\$10.93	\$19.87
\$100,000	\$11.51	\$20.92

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LegalEASE Legal Insurance

Coverage Legal	Premium Amount per Pay Period
Employee + Family	\$7.27

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	\$6.00
Employee + Child(ren)	\$10.25
Employee + Spouse/Domestic Partner	\$13.38
Family	\$16.96

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	\$2.88	\$4.52
Employee + Child(ren)	\$5.94	\$9.25
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	Family
<20	\$10,000	\$1.08	\$1.08	\$2.13	\$2.13
	\$20,000	\$1.63	\$1.63	\$3.16	\$3.16
	\$30,000	\$2.22	\$2.22	\$4.20	\$4.20
20-24	\$10,000	\$1.23	\$1.23	\$2.38	\$2.38
	\$20,000	\$1.95	\$1.95	\$3.66	\$3.66
	\$30,000	\$2.70	\$2.70	\$4.96	\$4.96
25-29	\$10,000	\$1.48	\$1.48	\$2.75	\$2.75
	\$20,000	\$2.44	\$2.44	\$4.39	\$4.39
	\$30,000	\$3.44	\$3.44	\$6.04	\$6.04
30-34	\$10,000	\$1.80	\$1.80	\$3.24	\$3.24
	\$20,000	\$3.06	\$3.06	\$5.38	\$5.38
	\$30,000	\$4.36	\$4.36	\$7.47	\$7.47
35-39	\$10,000	\$2.27	\$2.27	\$4.02	\$4.02
	\$20,000	\$4.02	\$4.02	\$6.88	\$6.88
	\$30,000	\$5.76	\$5.76	\$9.69	\$9.69
40-44	\$10,000	\$3.08	\$3.08	\$5.37	\$5.37
	\$20,000	\$5.64	\$5.64	\$9.51	\$9.51
	\$30,000	\$8.13	\$8.13	\$13.59	\$13.59
45-49	\$10,000	\$4.43	\$4.43	\$7.54	\$7.54
	\$20,000	\$8.26	\$8.26	\$13.78	\$13.78
	\$30,000	\$12.07	\$12.07	\$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	\$30.79	\$30.79
55-59	\$10,000	\$9.95	\$9.95	\$16.55	\$16.55
	\$20,000	\$19.21	\$19.21	\$31.25	\$31.25
	\$30,000	\$28.41	\$28.41	\$46.23	\$46.23
60-64	\$10,000	\$14.04	\$14.04	\$22.95	\$22.95
	\$20,000	\$27.51	\$27.51	\$44.63	\$44.63
	\$30,000	\$40.88	\$40.88	\$66.14	\$66.14
65-69	\$10,000	\$20.10	\$20.10	\$32.19	\$32.19
	\$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	\$40.52	\$40.52
	\$20,000	\$51.25	\$51.25	\$78.90	\$78.90
	\$30,000	\$76.25	\$76.25	\$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	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	\$7.49	\$7.49
25-29	\$10,000	\$2.11	\$2.11	\$3.82	\$3.82
	\$20,000	\$3.70	\$3.70	\$6.54	\$6.54
	\$30,000	\$5.39	\$5.39	\$9.32	\$9.32
30-34	\$10,000	\$2.65	\$2.65	\$4.66	\$4.66
	\$20,000	\$4.76	\$4.76	\$8.21	\$8.21
	\$30,000	\$6.94	\$6.94	\$11.73	\$11.73
35-39	\$10,000	\$3.46	\$3.46	\$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	\$22.04	\$22.04
45-49	\$10,000	\$7.18	\$7.18	\$11.77	\$11.77
	\$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	\$17.61	\$17.61
	\$20,000	\$21.01	\$21.01	\$34.56	\$34.56
	\$30,000	\$31.15	\$31.15	\$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	\$46.01	\$46.01	\$74.42	\$74.42
	\$30,000	\$68.47	\$68.47	\$110.58	\$110.58
65-69	\$10,000	\$32.95	\$32.95	\$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	\$132.01	\$132.01
	\$30,000	\$128.07	\$128.07	\$196.75	\$196.75

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