

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

Carilion Clinic Medical Plan		
Full Time, Exempt (Salaried) employees: Annual Salary \$100,000 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	\$334.75	\$339.81
Family	\$486.42	\$494.54

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	\$501.58	\$506.64
Family	\$729.08	\$737.21

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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							
2 times base salary, up to a maximum benefit of \$800,000. Carilion-paid; enrollment is automatic.		Additional 2 times base salary, up to a maximum benefit of \$800,000. 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 or 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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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. The maximum annual salary is \$300,000.																										
Short-Term Disability Replaces 60 percent of your base weekly salary after 7 days of disability, up to 5 months.		Long-Term Disability Replaces 60 percent of your base monthly salary after 5 months of disability, possibly to normal retirement age.																								
Carilion-paid: enrollment is automatic.		<table border="1" style="width: 100%;"><thead><tr><th style="text-align: center; padding: 5px;">Annual Salary</th><th style="text-align: center; padding: 5px;">Employee Cost Per Pay Period</th></tr></thead><tbody><tr><td style="text-align: center; padding: 5px;">50,000</td><td style="text-align: center; padding: 5px;">\$13.27</td></tr><tr><td style="text-align: center; padding: 5px;">75,000</td><td style="text-align: center; padding: 5px;">\$19.91</td></tr><tr><td style="text-align: center; padding: 5px;">100,000</td><td style="text-align: center; padding: 5px;">\$26.54</td></tr><tr><td style="text-align: center; padding: 5px;">125,000</td><td style="text-align: center; padding: 5px;">\$32.97</td></tr><tr><td style="text-align: center; padding: 5px;">150,000</td><td style="text-align: center; padding: 5px;">\$39.81</td></tr><tr><td style="text-align: center; padding: 5px;">175,000</td><td style="text-align: center; padding: 5px;">\$46.45</td></tr><tr><td style="text-align: center; padding: 5px;">200,000</td><td style="text-align: center; padding: 5px;">\$53.08</td></tr><tr><td style="text-align: center; padding: 5px;">225,000</td><td style="text-align: center; padding: 5px;">\$59.72</td></tr><tr><td style="text-align: center; padding: 5px;">250,000</td><td style="text-align: center; padding: 5px;">\$66.35</td></tr><tr><td style="text-align: center; padding: 5px;">275,000</td><td style="text-align: center; padding: 5px;">\$73.00</td></tr><tr><td style="text-align: center; padding: 5px;">300,000+</td><td style="text-align: center; padding: 5px;">\$79.63</td></tr></tbody></table>	Annual Salary	Employee Cost Per Pay Period	50,000	\$13.27	75,000	\$19.91	100,000	\$26.54	125,000	\$32.97	150,000	\$39.81	175,000	\$46.45	200,000	\$53.08	225,000	\$59.72	250,000	\$66.35	275,000	\$73.00	300,000+	\$79.63
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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	
Coverage Level	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 Partner	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 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	\$7.49	\$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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