

Contribution Summary - Employees
Benefits Deductions Effective Jan. 1, 2021
Deductions are per pay period - 26 pay periods per year.

Carilion Clinic Medical Plan				
Full Time, \$13.45 per hour or less				
	Medical Plan with Basic Vision		Medical Plan with Comprehensive Vision	
Coverage Level	Employee Premium <i>Without</i> Tobacco Incentive	With Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive
Employee Only	\$91.00	\$41.00	\$93.58	\$43.58
Employee + Child	\$116.00	\$66.00	\$120.67	\$70.67
Employee + Children	\$138.00	\$88.00	\$142.67	\$92.67
*Employee + Spouse/Domestic Partner	\$155.00	\$105.00	\$159.67	\$109.67
*Family	\$204.00	\$154.00	\$211.50	\$161.50

Carilion Clinic Medical Plan				
Full Time, \$13.46 -\$25.00 per hour				
	Medical Plan with Basic Vision		Medical Plan with Comprehensive Vision	
Coverage Level	Employee Premium <i>Without</i> Tobacco Incentive	With Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive
Employee Only	\$116.00	\$66.00	\$118.58	\$68.58
Employee + Child	\$153.00	\$103.00	\$157.67	\$107.67
Employee + Children	\$187.00	\$137.00	\$191.67	\$141.67
*Employee + Spouse/Domestic Partner	\$211.00	\$161.00	\$215.67	\$165.67
*Family	\$284.00	\$234.00	\$291.50	\$241.50

* 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.

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Carilion Clinic Medical Plan				
Full Time, \$25.01 - \$48.07 per hour				
	Medical Plan with Basic Vision		Medical Plan with Comprehensive Vision	
Coverage Level	Employee Premium <i>Without</i> Tobacco Incentive	With Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive
Employee Only	\$137.00	\$87.00	\$139.58	\$89.58
Employee + Child	\$184.00	\$134.00	\$188.67	\$138.67
Employee + Children	\$228.00	\$178.00	\$232.67	\$182.67
*Employee + Spouse/Domestic Partner	\$256.00	\$206.00	\$260.67	\$210.67
*Family	\$351.00	\$301.00	\$358.50	\$308.50

Carilion Clinic Medical Plan				
Full Time, 48.08 per hour or more				
	Medical Plan with Basic Vision		Medical Plan with Comprehensive Vision	
Coverage Level	Employee Premium <i>Without</i> Tobacco Incentive	With Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive
Employee Only	\$176.00	\$126.00	\$178.58	\$128.58
Employee + Child	\$250.00	\$200.00	\$254.67	\$204.67
Employee + Children	\$308.00	\$258.00	\$312.67	\$262.67
*Employee + Spouse/Domestic Partner	\$337.00	\$287.00	\$341.67	\$291.67
*Family	\$467.00	\$417.00	\$474.50	\$424.50

* 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.

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Carilion Clinic Medical Plan				
Regular Part Time				
	Medical Plan with Basic Vision		Medical Plan with Comprehensive Vision	
Coverage Level	Employee Premium <i>Without Tobacco Incentive</i>	With Tobacco Incentive	Employee Premium <i>Without Tobacco Incentive</i>	<i>With Tobacco Incentive</i>
Employee Only	\$242.00	\$192.00	\$244.58	\$194.58
Employee + Child	\$352.00	\$302.00	\$356.67	\$306.67
Employee + Children	\$433.00	\$383.00	\$437.67	\$387.67
*Employee + Spouse/Domestic Partner	\$480.00	\$430.00	\$484.67	\$434.67
*Family	\$676.00	\$626.00	\$683.50	\$633.50

* 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.

Carilion Clinic Dental Plan		
Coverage Level	Basic Dental	Comprehensive Dental
Employee Only	\$8.69	\$15.22
Employee + Child	\$15.78	\$27.03
Employee + Children	\$24.06	\$37.35
Employee + Spouse/Domestic Partner	\$17.53	\$30.45
Family	\$33.69	\$52.28

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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					
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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Disability Insurance					
To estimate your Short-term Disability or 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.					
Short-Term Disability			Long-Term Disability		
Replaces 60 percent of your base weekly salary after 30 days of disability, up to 5 months.			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	Annual Salary	Full-Time Employee	Regular-Part Time Employee
10,000	\$0.83	\$1.50	10,000	\$1.18	\$2.15
15,000	\$1.24	\$2.25	15,000	\$1.77	\$3.22
20,000	\$1.65	\$3.00	20,000	\$2.36	\$4.29
25,000	\$2.06	\$3.75	25,000	\$2.95	\$5.37
30,000	\$2.48	\$4.51	30,000	\$3.54	\$6.44
35,000	\$2.89	\$5.26	35,000	\$4.13	\$7.51
40,000	\$3.30	\$6.01	40,000	\$4.72	\$8.58
45,000	\$3.72	\$6.76	45,000	\$5.31	\$9.66
50,000	\$4.13	\$7.51	50,000	\$5.90	\$10.73
55,000	\$4.54	\$8.26	55,000	\$6.49	\$11.80
60,000	\$4.96	\$9.01	60,000	\$7.08	\$12.88
65,000	\$5.37	\$9.76	65,000	\$7.67	\$13.95
70,000	\$5.78	\$10.51	70,000	\$8.26	\$15.02
75,000	\$6.19	\$11.26	75,000	\$8.85	\$16.10
80,000	\$6.61	\$12.01	80,000	\$9.44	\$17.17
85,000	\$7.02	\$12.77	85,000	\$10.03	\$18.24
90,000	\$7.43	\$13.52	90,000	\$10.62	\$19.32
95,000	\$7.85	\$14.27	95,000	\$11.21	\$20.39
100,000	\$8.26	\$15.02	100,000	\$11.80	\$21.46

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

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	\$2.65	\$4.17
Employee + Child(ren)	\$5.48	\$8.53
Employee + Spouse/Domestic Partner	\$5.03	\$7.84
Family	\$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.

Aetna Critical Illness Plan Non-Tobacco User Rates					
Age Band	Face Amount	Employee Only	Employee + Child(ren)	Employee + Spouse/Domestic	Family
<20	\$10,000	\$1.00	\$1.00	\$1.96	\$1.96
	\$20,000	\$1.50	\$1.50	\$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	\$2.49	\$2.49	\$4.58	\$4.58
25-29	\$10,000	\$1.37	\$1.37	\$2.53	\$2.53
	\$20,000	\$2.25	\$2.25	\$4.05	\$4.05
	\$30,000	\$3.18	\$3.18	\$5.58	\$5.58
30-34	\$10,000	\$1.66	\$1.66	\$2.99	\$2.99
	\$20,000	\$2.82	\$2.82	\$4.97	\$4.97
	\$30,000	\$4.02	\$4.02	\$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	\$5.31	\$5.31	\$8.94	\$8.94
40-44	\$10,000	\$2.84	\$2.84	\$4.96	\$4.96
	\$20,000	\$5.21	\$5.21	\$8.78	\$8.78
	\$30,000	\$7.50	\$7.50	\$12.54	\$12.54
45-49	\$10,000	\$4.09	\$4.09	\$6.96	\$6.96
	\$20,000	\$7.62	\$7.62	\$12.72	\$12.72
	\$30,000	\$11.14	\$11.14	\$18.50	\$18.50
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	\$28.42	\$28.42
55-59	\$10,000	\$9.18	\$9.18	\$15.28	\$15.28
	\$20,000	\$17.73	\$17.73	\$28.85	\$28.85
	\$30,000	\$26.22	\$26.22	\$42.67	\$42.67
60-64	\$10,000	\$12.96	\$12.96	\$21.18	\$21.18
	\$20,000	\$25.39	\$25.39	\$41.19	\$41.19
	\$30,000	\$37.74	\$37.74	\$61.05	\$61.05
65-69	\$10,000	\$18.55	\$18.55	\$29.71	\$29.71
	\$20,000	\$36.52	\$36.52	\$57.28	\$57.28
	\$30,000	\$54.34	\$54.34	\$85.10	\$85.10
70+	\$10,000	\$23.89	\$23.89	\$37.40	\$37.40
	\$20,000	\$47.31	\$47.31	\$72.83	\$72.83
	\$30,000	\$70.38	\$70.38	\$108.26	\$108.26

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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	\$1.32	\$1.32	\$2.56	\$2.56
	\$20,000	\$2.16	\$2.16	\$4.11	\$4.11
	\$30,000	\$3.08	\$3.08	\$5.74	\$5.74
20-24	\$10,000	\$1.57	\$1.57	\$2.96	\$2.96
	\$20,000	\$2.65	\$2.65	\$4.90	\$4.90
	\$30,000	\$3.83	\$3.83	\$6.91	\$6.91
25-29	\$10,000	\$1.95	\$1.95	\$3.52	\$3.52
	\$20,000	\$3.42	\$3.42	\$6.03	\$6.03
	\$30,000	\$4.97	\$4.97	\$8.60	\$8.60
30-34	\$10,000	\$2.44	\$2.44	\$4.30	\$4.30
	\$20,000	\$4.39	\$4.39	\$7.58	\$7.58
	\$30,000	\$6.40	\$6.40	\$10.82	\$10.82
35-39	\$10,000	\$3.19	\$3.19	\$5.52	\$5.52
	\$20,000	\$5.90	\$5.90	\$9.85	\$9.85
	\$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	\$12.26	\$12.26	\$20.34	\$20.34
45-49	\$10,000	\$6.62	\$6.62	\$10.86	\$10.86
	\$20,000	\$12.47	\$12.47	\$20.50	\$20.50
	\$30,000	\$18.40	\$18.40	\$30.38	\$30.38
50-54	\$10,000	\$9.80	\$9.80	\$16.25	\$16.25
	\$20,000	\$19.39	\$19.39	\$31.90	\$31.90
	\$30,000	\$28.75	\$28.75	\$47.10	\$47.10
55-59	\$10,000	\$14.85	\$14.85	\$24.55	\$24.55
	\$20,000	\$29.44	\$29.44	\$48.00	\$48.00
	\$30,000	\$43.81	\$43.81	\$71.11	\$71.11
60-64	\$10,000	\$21.40	\$21.40	\$34.83	\$34.83
	\$20,000	\$42.47	\$42.47	\$68.70	\$68.70
	\$30,000	\$63.20	\$63.20	\$102.07	\$102.07
65-69	\$10,000	\$30.41	\$30.41	\$48.40	\$48.40
	\$20,000	\$61.11	\$61.11	\$95.64	\$95.64
	\$30,000	\$91.18	\$91.18	\$142.60	\$142.60
70+	\$10,000	\$39.96	\$39.96	\$61.36	\$61.36
	\$20,000	\$79.22	\$79.22	\$121.86	\$121.86
	\$30,000	\$118.22	\$118.22	\$181.61	\$181.61