**Employee Contribution Summary**
**Benefits Deductions**
**Effective Jan. 1, 2019**
**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 *Without* Tobacco Incentive** | ***With* Tobacco Incentive** | **Employee Premium *Without* Tobacco Incentive** | ***With* Tobacco Incentive** |
| Employee Only | $89.00 | $39.00 | $91.58 | $41.58 |
| Employee + Child | $112.00 | $62.00 | $116.67 | $66.67 |
| Employee + Children | $133.00 | $83.00 | $137.67 | $87.67 |
| *Employee + Spouse/Domestic Partner | $150.00 | $100.00 | $154.67 | $104.67 |
| *Family | $196.00 | $146.00 | $203.50 | $153.50 |

| 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 *Without* Tobacco Incentive** | ***With* Tobacco Incentive** | **Employee Premium *Without* Tobacco Incentive** | ***With* Tobacco Incentive** |
| Employee Only | $110.00 | $60.00 | $112.58 | $62.58 |
| Employee + Child | $143.00 | $93.00 | $147.67 | $97.67 |
| Employee + Children | $174.00 | $124.00 | $178.67 | $128.67 |
| *Employee + Spouse/Domestic Partner | $196.00 | $146.00 | $200.67 | $150.67 |
| *Family | $262.00 | $212.00 | $269.50 | $219.50 |

*** 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 coverage through his or her employer.**

**Employee Contribution Summary**
**Benefits Deductions**
**Effective Jan. 1, 2019**
**Deductions are per pay period- 26 pay periods per year**

| 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 *Without* Tobacco Incentive** | ***With* Tobacco Incentive** | **Employee Premium *Without* Tobacco Incentive** | ***With* Tobacco Incentive** |
| Employee Only | $125.00 | $75.00 | $127.58 | $77.58 |
| Employee + Child | $166.00 | $116.00 | $170.67 | $120.67 |
| Employee + Children | $204.00 | $154.00 | $208.67 | $158.67 |
| *Employee + Spouse/Domestic Partner | $229.00 | $179.00 | $233.67 | $183.67 |
| *Family | $311.00 | $261.00 | $318.50 | $268.50 |

| 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 *Without* Tobacco Incentive** | ***With* Tobacco Incentive** | **Employee Premium *Without* Tobacco Incentive** | ***With* Tobacco Incentive** |
| Employee Only | $155.00 | $105.00 | $157.58 | $107.58 |
| Employee + Child | $216.00 | $166.00 | $220.67 | $170.67 |
| Employee + Children | $265.00 | $215.00 | $269.67 | $219.67 |
| *Employee + Spouse/Domestic Partner | $289.00 | $239.00 | $293.67 | $243.67 |
| *Family | $397.00 | $347.00 | $404.50 | $354.50 |

*** 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 coverage through his or her employer.**

**Employee Contribution Summary**
**Benefits Deductions**
**Effective Jan. 1, 2019**
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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 *Without* Tobacco Incentive** | ***With* Tobacco Incentive** | **Employee Premium *Without* Tobacco Incentive** | ***With* Tobacco Incentive** |
| Employee Only | $210.00 | $160.00 | $212.58 | $162.58 |
| Employee + Child | $301.00 | $251.00 | $305.67 | $255.67 |
| Employee + Children | $369.00 | $319.00 | $373.67 | $323.67 |
| *Employee + Spouse/Domestic Partner | $408.00 | $358.00 | $412.67 | $362.67 |
| *Family | $571.00 | $521.00 | $578.50 | $528.50 |

*** 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 coverage through his or her employer.**

| Carilion Clinic Dental Plan | | |
|---|---|---|
| **Coverage Level** | **Basic Dental** | **Comprehensive Dental** |
| Employee Only | $8.58 | $15.05 |
| Employee + Child | $15.61 | $26.73 |
| Employee + Children | $23.80 | $36.93 |
| Employee + Spouse/Domestic Partner | $17.34 | $30.11 |
| Family | $33.31 | $51.70 |

**Employee Contribution Summary**
**Benefits Deductions**
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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 your or your spouse's age in the table, then find the cost per coverage. 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 of employee supplemental coverage would pay $0.50 per pay period.

| Employee Supplemental | | Spouse Supplemental | | Child Supplemental | |
|---|---|---|---|---|---|
| **Employee's Age** | **Cost per $10,000 of Life Insurance** | **Spouse's Age** | **Cost per $5,000 of Life Insurance** | **Cost per Coverage Amount** | |
| Less than 25 years | $0.17 | Less than 30 years | $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 | $6,000 | $0.19 |
| 35 - 39 | $0.29 | 40 - 44 | $0.30 | $8,000 | $0.26 |
| 40 - 44 | $0.33 | 45 - 49 | $0.52 | $10,000 | $0.32 |
| 45 - 49 | $0.50 | 50 - 54 | $0.83 | | |
| 50 - 54 | $0.79 | 55 - 59 | $1.31 | | |
| 55 - 59 | $1.29 | 60 - 64 | $2.01 | | |
| 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 | | |

**Employee Contribution Summary**
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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

Replaces 60 percent of your base weekly salary after 30 days of disability, up to 5 months.

| Annual Salary | Full-time Employee | Regular Part-time Employee |
|---|---|---|
| 10,000 | $0.83 | $1.50 |
| 15,000 | $1.24 | $2.25 |
| 20,000 | $1.65 | $3.00 |
| 25,000 | $2.06 | $3.75 |
| 30,000 | $2.48 | $4.51 |
| 35,000 | $2.89 | $5.26 |
| 40,000 | $3.30 | $6.01 |
| 45,000 | $3.72 | $6.76 |
| 50,000 | $4.13 | $7.51 |
| 55,000 | $4.54 | $8.26 |
| 60,000 | $4.96 | $9.01 |
| 65,000 | $5.37 | $9.76 |
| 70,000 | $5.78 | $10.51 |
| 75,000 | $6.19 | $11.26 |
| 80,000 | $6.61 | $12.01 |
| 85,000 | $7.02 | $12.77 |
| 90,000 | $7.43 | $13.52 |
| 95,000 | $7.85 | $14.27 |
| 100,000 | $8.26 | $15.02 |

### 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 | $1.33 | $2.41 |
| 15,000 | $1.99 | $3.62 |
| 20,000 | $2.65 | $4.82 |
| 25,000 | $3.32 | $6.03 |
| 30,000 | $3.98 | $7.23 |
| 35,000 | $4.64 | $8.44 |
| 40,000 | $5.31 | $9.65 |
| 45,000 | $5.97 | $10.85 |
| 50,000 | $6.63 | $12.06 |
| 55,000 | $7.29 | $13.26 |
| 60,000 | $7.96 | $14.47 |
| 65,000 | $8.62 | $15.68 |
| 70,000 | $9.28 | $16.88 |
| 75,000 | $9.95 | $18.09 |
| 80,000 | $10.61 | $19.29 |
| 85,000 | $11.27 | $20.50 |
| 90,000 | $11.94 | $21.70 |
| 95,000 | $12.60 | $22.91 |
| 100,000 | $13.26 | $24.12 |