

Physician Contribution Summary

Benefit Deductions

Effective Jan. 1, 2019

Deductions are per period – 26 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.

Physician Contribution Summary

Benefit Deductions

Effective Jan. 1, 2019

Deductions are per period – 26 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 <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> 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 <i>Without</i> Tobacco Incentive	<i>With</i> Tobacco Incentive	Employee Premium <i>Without</i> Tobacco Incentive	<i>With</i> 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.

Physician Contribution Summary
Benefit Deductions
Effective Jan. 1, 2019
Deductions are per period – 26 periods per year

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

Physician Contribution Summary
Benefit Deductions
Effective Jan. 1, 2019
Deductions are per period – 26 periods per year

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					
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		

Physician Contribution Summary
Benefit Deductions
Effective Jan. 1, 2019
Deductions are per period – 26 periods per year

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. The maximum annual salary is \$300,000. 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 7 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.	
Carilion-paid; enrollment is automatic	Annual Salary	Employee Cost Per Pay Period
	50,000	\$15.31
	75,000	\$22.96
	100,000	\$30.62
	125,000	\$38.27
	150,000	\$45.92
	175,000	\$53.58
	200,000	\$61.23
	225,000	\$68.88
	250,000	\$76.54
	275,000	\$84.19
	300,000+	\$91.85