

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
JOHNS HOPKINS HOSPITAL HOUSE STAFF
AND
JOHNS HOPKINS BAYVIEW MEDICAL CENTER HOUSE STAFF
AS OF JULY 1, 2009 (All insurance benefits provided at no cost to House Officers)**

VACATION POLICY, STIPEND LEVELS, AND SUMMARY OF BENEFITS

VACATION POLICY

The vacation policy is 2 weeks to one month as determined by the training program director for Postgraduate year.

STIPEND POLICY

Postdoctoral Year in Program*

2009-2010

Annual Stipend

| | |
|-----|----------|
| 1st | \$45,973 |
| 2nd | 48,186 |
| 3rd | 50,204 |
| 4th | 52,412 |
| 5th | 54,978 |
| 6th | 56,910 |
| 7th | 58,636 |
| 8th | 61,824 |
| 9th | 64,176 |

*Not all prior postgraduate years of training count toward the year in program. Postgraduate year is determined by the Postdoctoral Office based on established criteria.

Complete descriptions of the dental insurance, health insurance, disability insurance, and life insurance plans are on the following website: <http://www.hopkinsmedicine.org/som/gme/residents/index.html>. You may also access information regarding the Parents in a Pinch Program, Dependent Care Flexible Spending Account, 403(b) Retirement Program, and the Summary of Benefits and Description of the House Staff Ambulatory Care Program from this website.

Descriptions of the benefit plans will be distributed to you with membership cards and insurance certificates

STUDENT HEALTH PROGRAM (SHP) (Effective date is determined by completion date of application)

For house officers, spouses, same-sex domestic partners and dependent children. Enrollment must take place within 30 days of appointment. Changes in enrollment can be made during the July open enrollment period or as a result of a "life event" provided application is made within 30 days of the qualifying event.

I. HOSPITALIZATION INSURANCE - STUDENT HEALTH PROGRAM (Through Johns Hopkins Employer Health Programs)

A. Hospitalization

All inpatient care - 30 day semi-private room at 100% of Reasonable & Customary charges; then 80% of Reasonable & Customary charges, after deductible
Outpatient Surgical Facility Charges – 100% of Reasonable & Customary charges

B. Out-of-Pocket Maximum- Calendar Year

Individual \$3,000
Family \$9,000

The out-of-pocket limit includes the deductible and coinsurance but does not include: penalties, prescription drug coinsurance and expenses; Program maximums; any charges for services which are not covered, or mental health and substance abuse charges, including treatment of alcoholism.

C. Diagnostic Tests

For diagnostic tests performed in a physician's office or hospital outpatient department:

1. X-ray examinations, radioisotope studies (made by qualified X-ray specialist or radiologist upon referral from another physician or by a specialist qualified to make such examination in his own field), electrocardiograms, and electroencephalograms.
2. Pathology examinations including the study of surgically removed tissue, blood tests, analysis of urine, spinal fluids, etc.

D. Prescription Plan

Benefits are paid for most prescription drugs, injectable insulin, diabetic supplies and other medicines and supplies. You can receive a 30 day supply. The prescription plan is a three tier formulary with a \$10, \$20 and \$35 co-pay for each 30 day supply. When you go to a pharmacy, show your membership card and pay only your portion of the cost of a prescription. A cost saving 90 day supply of medication may be obtained by mail with a 2 co-pay payment. Details on the mail order program are included in the Student Health Program brochure. Prescribed oral contraceptives are covered under the Prescription Plan.

E. Maximum Lifetime Benefit - \$1,000,000

Subject to a \$100 deductible per member (\$300 per family) per calendar year. The Program will pay 80% of Reasonable & Customary charges for all other covered expenses up to the \$1,000,000 lifetime maximum. (Except substance abuse care which has a \$250,000 lifetime maximum)

F. Outpatient Mental Health Services

The program provides benefits for outpatient mental health service when provided in a psychiatrist's office, or in a hospital outpatient department or clinic. These benefits are coordinated with the benefits available under the University Mental Health Program as discussed in the Summary of Health Benefits and Description of the House Staff Ambulatory Care Program.

G. Case Management Component

Elective (non-emergency) hospitalizations require certification by the Johns Hopkins Student Health Program prior to admission. Emergency care must be reported to the Johns Hopkins Student Health Program within 48 hours.

- H. Pre-Existing Condition Exclusion (applies only to subscribers who have not presented a valid Certificate of Health Coverage from a prior health plan)
Benefits will be limited to \$10,000 during the first year of the policy for any condition, except pregnancy, for which a new subscriber has received medical treatment in the 90 days preceding effective date of policy.
- II. AMBULATORY CARE PROGRAM (Coverage is effective date of Student Health Program enrollment)
The House Staff Ambulatory Care Program (HSACP) is designed to provide payment for comprehensive ambulatory health services to house officers, spouses, same-sex domestic partners and dependent children. The Ambulatory Care Program covers professional fees and, within certain guidelines, medical expenses not covered by the Student Health Program. Outpatient pediatric care is also supplemented under this program. The entire brochure is available on line as noted above.
- III. UNIVERSITY HEALTH SERVICES (UHS)
Adult ambulatory care services are provided by the University Health Services (UHS Health Center) to house staff, spouses and domestic partners. You may choose a pediatrician of your choice. Each house officer, spouse and domestic partner will be assigned a UHS Health Center primary care physician. House staff may choose a primary care physician of your choice under this plan. The UHS Health Center is located at 401 N. Caroline Street and their website is <http://www.hopkinsmedicine.org/uhs/>.
- IV. UNIVERSITY MENTAL HEALTH SERVICES (UMHS)
University Mental Health offers a confidential source for house staff and their spouses/same-sex domestic partners seeking mental health help. Services are rendered by physicians and professional staff of the Johns Hopkins Psychiatry Department. The mental health benefit provides unlimited visits if care is received through UMHS. The Student Health Program is billed for mental health visits with the balance supplemented by UHS/UMHS.
- V. FACULTY & STAFF ASSISTANCE PROGRAM (FASAP)
The FASAP program is available to house staff and their immediate families. Services include identification, assessment and diagnosis of personal problems, referral to appropriate service or treatment resources; brief counseling, preventive and educational sessions, and support and discussion groups. For a more complete description of services, see www.fasap.org.
- VI. DENTAL PLAN - Coverage effective first of the month following month of appointment
For house officers, spouses, same-sex domestic partners and dependent children. This is a basic CareFirst BlueCross BlueShield dental plan with a co-payment requirement for services rendered.
- VII. LONG TERM DISABILITY INSURANCE (House Officer Only)
Enrollment Form Required. Effective date is determined by completion date of application. Details of the plan will be mailed approximately 6 weeks after your enrollment form is received.
- A. The policy is non-cancellable and guaranteed renewable for your lifetime.
 - B. The monthly benefit of \$2,750 per month applies to new appointments 7/01/05 and beyond.
 - C. Benefits are payable after the 90th day of your disability.
 - D. The policy can be maintained (and increased) by you after you leave Hopkins by the continuation of premium payments.
- VIII. LIFE INSURANCE (House Officer only – Coverage is effective date of appointment. No enrollment form required; completion of beneficiary form required.)
\$100,000 of group life coverage under a policy underwritten by Unum Life Insurance Company of America.
- IX. RETIREMENT PLAN 403(b)
The institutions provide 1.5% of your annual salary to a retirement plan. In addition, this plan allows you to voluntarily tax shelter a portion of your taxable income received as compensation for services (i.e. salary/wages). That portion of income received in the form of fellowships (stipends) is excluded from 403(b) eligibility. The minimum voluntary contribution is \$15 per month and may not exceed \$16,500 of your taxable income for the 2009 calendar year. The effective date of your voluntary participation will be the first day of the month after all appropriate enrollment forms are received by the Benefits Service Center.
- X. DEPENDENT CARE ACCOUNT
A dependent care reimbursement plan allows house staff to use pre-tax dollars to pay for eligible dependent care expenses for children or dependent adults. Details are available in the Registrar's Office, Broadway Research Building, Suite 147. Internal Revenue Service regulations govern eligibility; you must receive a wage/salary to participate. Compensation received in the form of a fellowship stipend will be excluded from eligibility.
- XI. PARENTS IN A PINCH
Parents in a Pinch is a program designed to provide Sick, Emergency & Back-up Care. The cost of care is partially subsidized by Johns Hopkins for up to 10 placements a year. Additional unsubsidized placements are available. See website <http://www.hopkinsmedicine.org/som/gme/residents/index.html>.