

**ACGME SUBSPECIALTY FELLOWS  
THE JOHNS HOPKINS UNIVERSITY  
SCHOOL OF MEDICINE**

**VACATION POLICY, STIPEND LEVELS, AND SUMMARY OF BENEFITS  
AS OF JULY 1, 2009**

**VACATION POLICY**

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

**STIPEND LEVELS**

Stipend levels will be consistent with University guidelines for years of relevant experience using the NIH stipend levels as a minimum and the Johns Hopkins University School of Medicine stipends as a maximum. Training program directors will determine the exact stipend using these guidelines. The stipend policy is provided at the end of this document

**HEALTH INSURANCE COVERAGE POLICY FOR POSTDOCTORAL FELLOWS**

**All postdoctoral students, their spouses, and dependent children must be covered by hospitalization insurance. It is required that postdoctoral students subscribe to the School of Medicine student insurance plan. Spouses and dependent children may be covered under equivalent insurance, but all equivalent insurance plans must be reviewed and approved by the School of Medicine Registrar's Office. Foreign or Travel insurance is not accepted.**

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/fellows/index.html>. You may also access information regarding the 403(b) Retirement Program and the Summary of Health Benefits for Postdoctoral Fellows and Students from this website.

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

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

(Through Johns Hopkins Employer Health Programs (EHP))

For full-time and part-time fellows, 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 qualified "life event" provided application is made within 30 days of the qualifying event.

**I. HOSPITALIZATION INSURANCE – STUDENT HEALTH PROGRAM**

Preceptors are required to provide Individual health insurance for all fellows. The cost difference between Individual and 2-party or Family coverage is the responsibility of the fellow. Reasonable and Customary charges are determined by EHP

**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.

**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 eligible expenses up to the \$1,000,000 lifetime maximum. (Except substance abuse care which has a \$250,000 lifetime maximum)

- F. 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 Services program as described in the Summary of Health Benefits for Postdoctoral Fellows and Students brochure.
- 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. UNIVERSITY HEALTH SERVICE (Effective date of Student Health Program coverage)  
The University Health Service Health Center (UHSHC) offers comprehensive adult ambulatory medical services to eligible fellows, spouses, and same-sex domestic partners. Ambulatory care is provided for a dependent child through a pediatrician of your choice. To be eligible for these services spouses, same-sex domestic partners and dependent children **must** be covered by the Student Health Program. UHS Health Center services are provided by faculty and professional staff of the School of Medicine. Each adult will be assigned a UHS Health Center primary care physician. The UHS Health Center is located at 401 N. Caroline Street and their website is <http://www.hopkinsmedicine.org/uhs/>.

III. UNIVERSITY MENTAL HEALTH SERVICES (UMHS)  
University Mental Health offers a confidential source for fellows 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 University Mental Health Services. The Student Health Program is billed for mental health visits with the balance supplemented by UHS/UMHS.

IV. FACULTY & STAFF ASSISTANCE PROGRAM (FASAP)  
The FASAP program is available to fellows 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](http://www.fasap.org).

#### THE FOLLOWING BENEFITS APPLY TO THE POSTDOCTORAL FELLOW ONLY

- V. DENTAL PLAN (Provided at no cost to fellow; covers postdoctoral fellow only)  
Coverage is effective the first of the month following month of appointment.  
A basic CareFirst BlueCross BlueShield dental plan with a co-payment requirement. A membership card and summary of benefits will be mailed to your home.
- VI. LONG TERM DISABILITY INSURANCE (Provided at no cost to fellow; covers postdoctoral fellow 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 noncancellable 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.
- VII. LIFE INSURANCE (Provided at no cost to fellow; covers postdoctoral fellow only)  
Coverage is effective as of 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.
- VIII. RETIREMENT PLAN 403(b)  
The Johns Hopkins University has a voluntary retirement plan for postdoctoral fellows. This plan allows you to voluntarily tax shelter a portion of your taxable income received as taxable compensation (i.e. salary/wages). That portion of income received in the form of fellowships (stipends) is excluded from 403(b) eligibility. Any contribution you make is unmatched by the University. The minimum voluntary contribution is \$15 per month and may not exceed \$16,500 of your taxable compensation for the calendar year 2009. The effective date of your participation will be the first day of the month after the Benefits Service Center receives all appropriate enrollment forms. Enrollment forms are available in the Registrar's Office, Broadway Research Building, Suite 147, School of Medicine.
- IX. EXEMPTIONS  
Postdoctoral Fellows rotating to Johns Hopkins whose primary training appointment is in a non Johns Hopkins affiliated Baltimore metropolitan area hospital, fellows whose primary Johns Hopkins University appointment is not in a School of Medicine department and fellows on active military duty are exempt from these requirements as their primary institutions are responsible for their health care benefits. Some postdoctoral fellows may be exempted from the life insurance and disability insurance programs if equivalent coverage is provided by their funding agencies and such coverage is reviewed and approved by the Registrar's Office.

STIPEND POLICY  
 CLINICAL AND RESEARCH FELLOWS  
 SCHOOL OF MEDICINE

Minimum and maximum stipend levels are set annually for each postgraduate year. All postdoctoral fellows receiving stipends through the Johns Hopkins University payroll system must be paid at the level commensurate with their current postgraduate year of training. If an award paid directly to a fellow by a non-JHU entity exceeds the JHU maximum stipend level, the fellow is allowed to keep the full amount awarded. Any supplementation made through the University will be limited to the difference between the amount received direct and the maximum JHU stipend level for the individual.

Faculty preceptors are also required to provide individual health insurance for all fellows appointed in the School of Medicine.

Any exceptions to this policy must be approved by the Associate Dean for Postdoctoral Programs. No waiver will be given without adequate supporting data to justify the request.

The maximum and minimum stipend levels permitted for clinical and research postdoctoral fellows are as follows:

<u>PGY LEVEL</u>	<u>JHU/SOM MAXIMUM STIPEND LEVELS</u>	<u>NRSA/NIH MINIMUM (Effective 10/1/08)</u>	<u>JHU/SOM MINIMUM 2009-2010</u>
PGY-1	\$ 55,168	\$37,368 (0-1 yr.)	<b>\$37,368</b>
PGY-2	57,823	39,360 (1-2 yrs.)	<b>39,360</b>
PGY-3	60,245	42,204 (2-3 yrs.)	<b>42,204</b>
PGY-4	62,894	43,860 (3-4 yrs.)	<b>43,860</b>
PGY-5	65,974	45,504 (4-5 yrs.)	<b>45,504</b>
PGY-6	68,292	47,460 (5-6 yrs.)	<b>47,460</b>
PGY-7	70,363	49,344 (6-7 yrs.)	<b>49,344</b>
PGY-8	74,189	51,552 (7 yrs or more)	<b>51,552</b>
PGY-9	77,012		