## CAROLINAS MEDICAL CENTER GRADUATE MEDICAL EDUCATION SUMMARY OF BENEFITS AND FINANCIAL SUPPORT July 1, 2025 through June 30, 2026

|  | July 1, 2025 through   | gh June 30, 2026  | 6   |  |  |
|--|--|---|---|--|--|
| Salary Rates   | PGY-1  | \$70,528  | PGY-5 \$83,8  | 440  |  |
| ,  | PGY-2  | \$73,682  | PGY-6 \$86,9  |  |  |
|  | PGY-3  | \$76,718  | PGY-7 \$90,1  |  |  |
|  | PGY-4  | \$80,338  | PGY-8 \$94,0  |  |  |
|  | <u>ru1-4</u>   | φου,33ο   | PGY-9 \$97,5  |  |  |
|  |  |   |   | <u> </u>   |  |
| Paid Vacation  | Vacation days are approved  *Holiday block time (Decem   | by the program dirently ber-early January)  | every level, 20 weekdays* of pector.  weekdays count as vacation time ay block time and defer these days  | ne.  |  |
| Scholarly Expense Allowance  | CME maximum allowance of \$2200 per academic year. Up to five days per academic year for CME meetings.   |   |   |  |  |
| Health Insurance Plans   | For calendar year 2025, Atrium Health offers two health plan options for teammates (residents and fellows) to select from. Health insurance coverage begins on the resident/fellow physicians first day of employment and must be renewed annually by the trainee during open enrollment. Health insurance will continue through the final day of residency or fellowship training.  Option 1: LiveWell Health Savings Plan with a savings account (HSA): Coverage provided for residents/fellows and eligible dependents/spouse with premium paid by Atrium Health*  Option 2: LiveWELL Health Co-Pay Plan with spending account (FSA): Coverage provided for residents/fellows and eligible dependents/spouse. The plan has a significantly subsidized biweekly premiums paid by the resident/fellow (the difference in cost between the HSA plan and the FSA plan) through payroll deduction* |   |   |  |  |
|  | 2025 Medical Resident Insurance Biweekly Premiums  |   |   |  |  |
|  | 2025 Medi  | cal Resident Ins  | urance Biweekly Premium   | ns   |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-   | Co-Pay with Spending Account  | Non-Smoker/Non-  |  |
|  | Health Savings Plan with Savings<br>Account (HSA)<br>Teammate Only   | Non-Smoker/Non-<br>Tobacco User<br>\$0  | Co-Pay with Spending Account (FSA) Teammate Only  | Non-Smoker/Non-<br>Tobacco User<br>\$18.00   |  |
|  | Health Savings Plan with Savings<br>Account (HSA)<br>Teammate Only<br>Teammate + Spouse  | Non-Smoker/Non-<br>Tobacco User<br>\$0<br>\$0   | Co-Pay with Spending Account<br>(FSA)<br>Teammate Only<br>Teammate + Spouse   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20  |  |
|  | Health Savings Plan with Savings Account (HSA) Teammate Only Teammate + Spouse Teammate + Child(ren)   | Non-Smoker/Non-<br>Tobacco User<br>\$0  | Co-Pay with Spending Account<br>(FSA) Teammate Only Teammate + Spouse Teammate + Child(ren)   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05   |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-<br>Tobacco User<br>\$0<br>\$0<br>\$0  | Co-Pay with Spending Account (FSA) Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05<br>\$50.70  |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-<br>Tobacco User<br>\$0<br>\$0<br>\$0<br>\$0   | Co-Pay with Spending Account (FSA) Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05<br>\$50.70  |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-<br>Tobacco User<br>\$0<br>\$0<br>\$0  | Co-Pay with Spending Account (FSA) Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05<br>\$50.70  |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0   | Co-Pay with Spending Account (FSA) Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05<br>\$50.70<br>Biweekly Premium<br>\$6.80<br>\$12.91<br>\$17.65  |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-<br>Tobacco User<br>\$0<br>\$0<br>\$0<br>\$0<br>Biweekly Premium<br>\$0<br>\$0   | Co-Pay with Spending Account (FSA) Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only Teammate + Spouse   | Non-Smoker/Non-<br>Tobacco User<br>\$18.00<br>\$37.20<br>\$30.05<br>\$50.70<br>Biweekly Premium<br>\$6.80<br>\$12.91   |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 Biweekly Premium \$0 \$0 \$0 \$0 and the rese are available upon the selection of t  | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working seem   | Non-Smoker/Non-Tobacco User  |  |
| Dental Insurance   | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 Biweekly Premium \$0 \$0 \$0 \$0 \$0 and the probability of the rest are available upon the probability of the probability o | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working seem on request. Spouse with \$1500 maid by employer. Annual deductions  | Non-Smoker/Non-Tobacco User  |  |
| Vision Insurance   | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0   | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working seep pendents/spouse with \$1500 mand by employer. Annual deduce paid by teammate.   | Non-Smoker/Non-Tobacco User \$18.00 \$37.20 \$30.05 \$50.70  Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05  */tobacco user on spouse  aximum tible of  |  |
|  | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0   | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working so pendents/spouse with \$1500 maid by employer. Annual deduce paid by teammate.  | Non-Smoker/Non-Tobacco User \$18.00 \$37.20 \$30.05 \$50.70  Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05  **/tobacco user on spouse  aximum tible of                                       |  |
| Vision Insurance  Medical, Family/Maternity/Parental &                 | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0   | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working seep and by employer. Annual deduce paid by teammate.  gible dependents/spouse. Premite y and Atrium Health Policy HR aregiver leave available in keep functioning in the role of a house functioning in the role of a house paid by the same available in keep functioning in the role of a house function | Non-Smoker/Non-Tobacco User \$18.00 \$37.20 \$30.05 \$50.70  Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05  */tobacco user on spouse  aximum tible of  ums are paid by  4.09 ing with ACGME  |  |
| Vision Insurance  Medical, Family/Maternity/Parental & Caregiver Leave | Health Savings Plan with Savings   | Non-Smoker/Non-Tobacco User \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0   | Co-Pay with Spending Account (FSA)  Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)  Vision Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family  ident/fellow if they are a smoken on request. There is a working seep and by employer. Annual deduce paid by teammate.  gible dependents/spouse. Premite y and Atrium Health Policy HR aregiver leave available in keep functioning in the role of a house functioning in the role of a house paid by the same available in keep functioning in the role of a house function | Non-Smoker/Non-Tobacco User \$18.00 \$37.20 \$30.05 \$50.70  Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05  **/tobacco user on spouse  aximum tible of  ums are paid by  4.09 ing with ACGME |  |

REVISED: 2/10/2025

|                      | Additional coverage for Teammate and eligible dependents/spouse is available through enrollment with Voluntary Benefits; premiums paid by teammate through payroll deduction.   |   |                      |                                 |  |  |
|----------------------|---|---|----------------------|---------------------------------|--|--|
| Disability Insurance | Coverage (Short-Term and Long-Term) begins on the first day of orientation.  ***Pre-existing exclusions apply to disability plans***  |   |                      |                                 |  |  |
| 401(k)               | contributions.  After thre 401(k) Re compensa These con contribute Atrium He contribution   | <ul> <li>After three months of service, you automatically will be enrolled in the Atrium Health 401(k) Retirement Savings Plan at a pretax contribution rate of 3% of eligible compensation.</li> <li>These contributions will be matched by Atrium Health based on how much you contribute.</li> </ul> |                      |                                 |  |  |
|                      | 401(k) Contributions  | Contributions   | Your<br>Contribution | Atrium and Your<br>Contribution |  |  |
|                      | Basic   | 2% (regardless of whether you save through the plan)  | 0%                   | 2%                              |  |  |
|                      | Performance-Based   | 1 to 2%<br>(based on years of service and regardless of whether you<br>save through the plan  | 0%                   | 1%                              |  |  |
|                      | Match   | 4%  | 6%                   | 10%                             |  |  |
|                      | Total Annual<br>Contribution  | 7-8%  | 6% or more           | 13-14%                          |  |  |
| Lab Coats            | You will receive 3 lab coats in your 1 <sup>st</sup> year of training. One lab coat is allowed each subsequent academic year and can be ordered by your program coordinator. Laundry services are provided at no charge. Review the lab coat laundry service guidelines found in MedHub's GME policy and procedure manual for details.  |   |                      |                                 |  |  |
| Meals                | A meal allowance will be provided to <b>most</b> residents and fellows based on the call schedule of the trainee. The amount of the meal allowance is dictated by the program and uploaded quarterly to GEMPay by the Institutional Coordinator. Meal points DO NOT roll over if not used. Check with your Program Coordinator to confirm if your program receives meal points. |   |                      |                                 |  |  |