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

	July 1, 2025 throug					
Salary Rates	PGY-1	\$70,528	PGY-5 \$83,8	40		
·	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°			
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 day	e.		
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				
	Health Savings Plan with Savings Account (HSA)	Non-Smoker/Non- Tobacco User	Co-Pay with Spending Account (FSA)	Non-Smoker/Non-		
	Account (113A)			Tobacco User		
	Teammate Only	\$0	Teammate Only	\$18.00		
	Teammate Only Teammate + Spouse	\$0 \$0	Teammate Only Teammate + Spouse	\$18.00 \$37.20		
	Teammate Only	\$0	Teammate Only	\$18.00		
	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)	\$0 \$0 \$0 \$0 \$0	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren)	\$18.00 \$37.20 \$30.05 \$50.70		
	Teammate Only Teammate + Spouse Teammate + Child(ren)	\$0 \$0 \$0	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80		
	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse	\$0 \$0 \$0 \$0 \$0 Biweekly Premium \$0 \$0	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only Teammate + Spouse	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91		
	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only	\$0 \$0 \$0 \$0 \$0 Biweekly Premium \$0	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80		
Dental Insurance	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional pren both health plans. Those rate surcharge of \$50 per bi-wee Coverage provided for resid	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	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 supported by the spouse of the support of the suppo	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05		
	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional prentoth health plans. Those rates surcharge of \$50 per bi-weed Coverage provided for resid per person, per calendar years \$50 per person, \$150 per family	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	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 smoker on request. There is a working some on the spouse with \$1500 mand by employer. Annual deducted paid by teammate.	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05		
Vision Insurance	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional premboth health plans. Those rates surcharge of \$50 per bi-week Coverage provided for resid per person, per calendar yea \$50 per person, \$150 per fam Vision Insurance is offered for the resident.	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	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 seependents/spouse with \$1500 mand by employer. Annual deduce paid by teammate. gible dependents/spouse. Premium	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05 Attobacco user on spouse eximum tible of		
Vision Insurance Medical, Family/Maternity/Parental & Caregiver Leave	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional premboth health plans. Those rates surcharge of \$50 per bi-week Coverage provided for resid per person, per calendar yea \$50 per person, \$150 per fam Vision Insurance is offered for the resident. Per the Graduate Medical Edu Paid Medical, Family/Mater policy, eligible day one of electrical process.	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	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 smoker on request. There is a working some on the spouse with \$1500 mand by employer. Annual deducted paid by teammate.	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05 */tobacco user on spouse		
Vision Insurance Medical, Family/Maternity/Parental &	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional premboth health plans. Those rates surcharge of \$50 per bi-week Coverage provided for resid per person, per calendar yea \$50 per person, \$150 per fam Vision Insurance is offered for the resident. Per the Graduate Medical Edu Paid Medical, Family/Mater policy, eligible day one of electrical process.	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only Teammate + Spouse Teammate + Spouse Teammate + Child(ren) Family ident/fellow if they are a smoker on request. There is a working so a spendents/spouse with \$1500 may and by employer. Annual deduce a paid by teammate. gible dependents/spouse. Premiusely and Atrium Health Policy HR are giver leave available in keeping functioning in the role of a house the standard of the spouse.	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05 Atobacco user on spouse aximum tible of ams are paid by 4.09 ing with ACGME		
Vision Insurance Medical, Family/Maternity/Parental & Caregiver Leave	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Dental Plan Teammate Only Teammate + Spouse Teammate + Child(ren) Family *There is an additional premboth health plans. Those rates surcharge of \$50 per bi-week Coverage provided for reside per person, per calendar yeak \$50 per person, \$150 per fam Vision Insurance is offered for the resident. Per the Graduate Medical Edu Paid Medical, Family/Mater policy, eligible day one of end.	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Teammate Only Teammate + Spouse Teammate + Child(ren) Teammate + Spouse + Child(ren) Vision Plan Teammate Only Teammate + Spouse Teammate + Spouse Teammate + Child(ren) Family ident/fellow if they are a smoker on request. There is a working so a spendents/spouse with \$1500 may and by employer. Annual deduce a paid by teammate. gible dependents/spouse. Premiusely and Atrium Health Policy HR are giver leave available in keeping functioning in the role of a house the standard of the spouse.	\$18.00 \$37.20 \$30.05 \$50.70 Biweekly Premium \$6.80 \$12.91 \$17.65 \$20.05 Arithmetic for the state of the sta		

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	 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. These contributions will be matched by Atrium Health based on how much you contribute. 				
	401(k) Contributions	Contributions	Your Contribution	Atrium and Your Contribution		
	Basic	2% (regardless of whether you save through the plan)	0%	2%		
	Performance-Based	1 to 2% (based on years of service and regardless of whether you save through the plan	0%	1%		
	Match	4%	6%	10%		
	Total Annual Contribution	7-8%	6% or more	13-14%		
Lab Coats	You will receive 3 lab coats in your 1 st 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 most 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.					