

Benefits for Clinical Fellows

The following is a brief description of the benefits that are offered to benefits-eligible employees. To be eligible for benefits you must be regularly scheduled to work at least 87 hours per month at a standard Hospital salary of at least \$833.34 per month.

Matriculants have 30 days from the date of hire to make benefit elections; coverage is effective as of your hire date. Each year during the annual benefits open enrollment period, you will have the opportunity to change your coverage for the next calendar year. In addition, you may make mid-year changes in response to new "life events".

Flex Program

The Flex program is designed to give you the flexibility to customize a benefits program that meets your current needs and the needs of your family. The Hospital provides core benefit coverage as well as "Credits", which you may use towards the purchase of additional benefits to best address your needs.

Medical Coverage

There are a variety of plans from which you may choose, including a selection of Blue Cross/Blue Shield plans, Harvard Pilgrim Health Care and Tufts Health Plan. You can enroll for coverage for yourself and for your dependents. Your portion of the cost of the plan you select is deducted from your monthly paycheck on a pre-tax basis.

You will receive an additional Medical Credit allocation (only if you elect medical coverage) toward the purchase of health coverage, which varies depending on your level of coverage. Please note that if you elect not to be insured by the Hospital, you will be asked to show evidence that you are appropriately insured through another means.

Life Insurance

Basic group term life insurance coverage equal to one times your annual salary is provided at no cost to you. You may also choose to purchase additional insurance for yourself and your dependents.

Long Term Disability

We offer a free long term disability program to protect you and your family against the loss of future earnings due to disability.

Dental and Vision Coverage

Dental and/or vision coverage is available to you and your dependents. If you choose to enroll in dental or vision coverage, your portion of the cost of the plan(s) you select is deducted from your monthly paycheck on a pre-tax basis.

Flexible Spending Accounts

You may establish reimbursement accounts for health care and/or dependent care expenses. These accounts are used to set aside pre-tax dollars to reimburse out-of-pocket dependent care expenses and/or uninsured medical, dental and/or vision care expenses. The annual maximum for the Health Care Account is \$3000.00, and the maximum for the Dependent Care account is \$5000.00 per family. (The IRS prohibits using reimbursement accounts to reimburse you for expenses incurred by domestic partners or their dependent children)

Retirement

The Hospital offers two types of 403(b) Tax Sheltered Annuity (TSA) accounts through which you can voluntarily save money for retirement through salary reduction. You may make pre-tax contributions through the Traditional TSA and/or after-tax contributions through the Roth TSA Program. These are completely employee-funded. There is a choice of investment providers available from which you may choose.