

Geisinger System Services on behalf of its affiliate entities under the common corporate control of the Geisinger Health System Foundation, collectively referred to as Geisinger provides various levels of benefits to all regular full-time House Staff Members and regular part-time House Staff Member who are in positions budgeted at 50% FTE or higher or who work at least 1,000 hours during a payroll year.

Geisinger's comprehensive program includes opportunities for education and development, competitive compensation and benefits, and supports work life balance. Geisinger offers a flexible benefit plan where the costs are shared between the employer and the employee. House Staff Members may elect benefits immediately upon employment. Benefits enrollment is completed using Workday, online on our intranet.

House Staff Members should be prepared to make their Benefit choices. You will have time during your first days of orientation to enroll.

This is a summary of existing or current benefit plans and policies, which may be subject to change. Where this summary and the official contracts, plan documents and policies vary in the descriptions of the plans, the contract, the plan documents and policies are the final authority. Highlights of each of the benefit plans follow:

## **Health Plan Options**

### **Medical**

Employees can choose between the Geisinger Enhanced, Value and Essential plans. Each plan provides immediate coverage with no pre-existing condition clause. Employees will be responsible for a contribution to participate in the medical coverage.

The Enhanced plan covers one extensive network that includes two groups of providers: Geisinger providers and providers in the GHP network. You will pay varying copays and other out-of-pocket costs depending on where you receive care. Visit [go.geisinger.org/providersearch](https://go.geisinger.org/providersearch) to find out which group your provider is in.

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#### Geisinger Enhanced

Annual Deductible:

Group 1 providers: \$500 individual / \$1,000 two person / \$1,500 family

Group 2 providers: \$2,000 individual / \$4,000 two person / \$6,000 family

Primary care physician visit:

Group 1 providers: \$10

Group 2 providers: \$50

Specialist visit:

Group 1 providers: \$30

Group 2 providers: \$90 (\$50 if primary diagnosis is mental health or substance abuse)

Preventive Services - 100% coverage

\$250 emergency room copay

\$10 outpatient mental health copay per visit

Maternity care:

Group 1: 100% coverage prenatal visits, including diagnostics; mother and newborn hospitalizations: after deductible, 100% coverage

Group 2 providers: 100% coverage for prenatal visits; other diagnostics, deductible applies, mother and newborn hospitalizations, after deductible 20% coinsurance

Other services may require a copay

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#### Geisinger Essential

Members are not required to designate a single primary care physician with the PPO plan. You have the freedom of

choice to use physicians and hospitals within the Geisinger Health Plan (GHP) provider network or go outside of the network to use the services of other physicians and hospitals.

When accessing providers outside the GHP network, the financial costs for which you will be responsible will be much higher than using the providers within the GHP network.

#### Group 1 - In Network

\$1,500 individual / \$3,000 two person / \$4,500 family deductible  
\$5,500 individual / \$11,000 family coinsurance maximum

#### Group 2 - In Network

\$2,000 individual / \$4,000 two person / \$6,000 family deductible  
\$7,350 individual / \$14,700 family coinsurance maximum

#### Out of Network

\$3,000 individual / \$6,000 two persons / \$9,000 family deductible  
\$9,100 individual / \$18,200 family coinsurance maximum

#### Physician Services

##### Group 1 - In Network

\$20 copay - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
\$40 copay - specialty services  
Deductible and coinsurance apply after copay

##### Group 2 - In Network

\$50 copay - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
\$90 copay - specialty services (\$50 if diagnosis is mental health or substance abuse)  
Deductible and coinsurance apply after copay

#### Out of Network

30% coinsurance after deductible - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
30% coinsurance after deductible - specialty services

#### Preventive Services

100% coverage

Pays 100% of certain preventive services, including annual exams, vaccinations and health screenings. See the Benefits Guide for details.

Emergency Room - \$250 copay

Mental Health - \$10 copay (deductible and coinsurance apply)

#### Maternity Care and Hospitalization

Group 1: 100% coverage prenatal visits, other diagnostic services, deductible & 10% coinsurance applied;  
Group 2: 100% coverage prenatal visits, other diagnostic services, deductible & 20% coinsurance applied;  
Out of Network: 30% after deductible for prenatal visits, other diagnostic services, deductible & 30% coinsurance applied

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#### Geisinger Value

Members are not required to designate a single primary care physician with this plan. You have the freedom of choice to use physicians and hospitals within the Geisinger Health Plan (GHP) provider network or go outside of the network to use the services of other physicians and hospitals.

When accessing providers outside the GHP network, the financial costs for which you will be responsible will be much higher than using the providers within the GHP network.

#### Group 1

\$2,000 individual / \$4,000 family deductible  
\$4,000 individual / \$8,000 family out of pocket maximum

#### Group 2

\$3,000 individual / \$6,000 family deductible  
\$7,000 individual / \$14,000 family out of pocket maximum

Out of Network

\$5,000 individual / \$10,000 family deductible  
\$10,000 individual / \$20,000 family out of pocket maximum Physician Services

Group 1

\$20 copay after deductible - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
\$40 copay after deductible - specialty services

Group 2

\$50 copay after deductible - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
\$90 copay after deductible - specialty services (\$50 if diagnosis is mental health or substance abuse)

Out of Network

30% coinsurance after deductible - primary care services (via pediatrician, family practitioner, general internist or obstetrician)  
30% coinsurance after deductible - specialty services

Preventive Services

100% coverage  
Pays 100% of certain preventive services, including annual exams, vaccinations and health screenings. See the Benefits Guide for details.

Emergency Room - \$250 copay after deductible

Mental Health - \$20 copay after deductible

Maternity Care and Hospitalization

Group 1: 10% coinsurance after deductible  
Group 2: 20% coinsurance after deductible  
Out of Network: 30% coinsurance after deductible

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## MyHealth Rewards Program

MyHealth Rewards Program is designed to encourage and support employees to identify and follow a pathway to better health for themselves and their families. Key elements of this program include:

Enroll in this incentive-based program by visiting <https://gh.wellness.geisinger.org/> to register.

Take the health assessment (HA) by the established due date. This HA provides you with a broad snapshot of your current health and will determine if you are at risk for certain health conditions.

Attend one of many health screenings that will be held conveniently throughout the health system. You will be screened for body mass index, blood pressure, cholesterol and blood glucose levels. You will also be asked if you are "tobacco-free."

If you met all the predetermined health goals (based on national standards), you will receive a reduction in your health benefit contributions in 2026.

If you did not meet your measure(s), you will be referred to a health coach, who will help you meet your goals by September. The Employee Wellness team will provide additional assistance and support to all employees, whether they are maintaining or trying to meet their goals.

If you indicated you were not tobacco-free, you will be directed to participate in a free tobacco cessation program through Geisinger that will be open to employees and spouses/domestic partners.

You have to register and meet your goals by September 2025 to receive a discount on your health benefit contributions in 2026.

The sooner you enroll, the longer you have to meet your goals! Mental Health and Substance Abuse GHP manages behavioral health services for participants of the Geisinger Enhanced, Value and Essential plans. For pre-authorization, please call GHP at (888) 839-7972.

## **Accessories Program**

As a member of Geisinger Health Plan you have access to a variety of discounted, health related products and services. Fitness center discounts are included in the program. Discounts ranging from 15-60% depending on the service selected are offered through partnerships with outside contracted vendors. No referrals are necessary, and premium is not affected. American Specialty Health network offers a 25% discount of the provider's usual fee for acupuncture, chiropractic care and massage therapy. In addition, members can also receive a discount of 15-40% on more than 2,400 health and wellness-oriented products. Find out what services and discounts are available through GHP's Accessories Program at [www.thehealthplan.com](http://www.thehealthplan.com).

## **Prescription**

When a House Staff Member chooses Health Insurance through Geisinger they are automatically enrolled in the prescription drug plan. With the Enhanced and Essential plans, once a \$100 per individual / \$150 family deductible per calendar year is met, you are responsible for a copay per prescription.

Certain generic and brand name drugs are free (after meeting the deductible) for hypertension, diabetes, depression and CAD (coronary artery disease, i.e. high cholesterol) only at Geisinger Pharmacies (GMC Outpatient, Geisinger Retail and Mail-Order pharmacies) with the Enhanced and Essential plans.

## **Enhanced and Essential Plan Prescription Drug Copays**

### **Tier 1 Generic Drugs**

Geisinger Retail Pharmacy (30-day supply): You pay up to \$15  
Other Retail Pharmacy (30-day supply): You pay up to \$20  
Geisinger Mail Order Pharmacy (90-day supply): You pay up to \$30

### **Tier 2 Preferred Brand Name Drugs**

Geisinger Retail Pharmacy (30-day supply): You pay up to \$35  
Other Retail Pharmacy (30-day supply): You pay up to \$50  
Geisinger Mail Order Pharmacy (90-day supply): You pay up to \$70

### **Tier 3 Non-Preferred Brand Name Drugs**

Geisinger Retail Pharmacy (30-day supply): You pay up to \$65  
Other Retail Pharmacy (30-day supply): You pay up to \$90  
Geisinger Mail Order Pharmacy (90-day supply): You pay up to \$130

### **Tier 4 Specialty Drugs**

Geisinger Retail Pharmacy (30-day supply): 10% coinsurance  
Other Retail Pharmacy (30-day supply): 10% coinsurance  
Geisinger Mail Order Pharmacy (90-day supply): Not applicable

If a prescription drug costs less than the copay, you will be charged the cost of the drug. Select medications are subject to GHP formulary rules.

Copays apply after the deductible has been met.

Deductible is \$100 for individual, \$125 for two-person and \$150 for 2 person or family coverage.

Non-Geisinger Retail Pharmacy - Limited to a 30-day supply and will only fill twice before the maintenance drug prescription must be filled through Geisinger Mail Order Pharmacy.

Mail Order Pharmacy - Provides a 90-day supply for two "Geisinger Retail Pharmacy" copays. Certain drugs may only be available through mail order. All maintenance drugs must be filled through Mail Order Pharmacy.

When the prescribed drug cost is less than the copay, the cost of the drug will be charged.

Diabetic supplies: test strips and syringes are free at Geisinger Pharmacies under the free medication program.

Cosmetic drugs are not covered.

Fertility drug costs, including dispensing fees, are covered up to \$5,000 per year.

Prescriptions written by a physician for himself/herself or his/her family members are not covered.

The following medications and supplements: Folic Acid, Low Dose Aspirin, Iron Supplements for children and Oral Fluoride are covered at no cost to you if you provide a doctor's prescription when purchasing.

### **Value Plan Prescription Drug Information**

You don't have to pay a separate deductible for prescription drugs . Your Group 1 deductible and out-of-pocket maximum apply . This means that for most drugs, you must spend your full Group 1 deductible above (between \$2,000 and \$4,000) before Geisinger begins paying any of your prescription costs .

Prescription copays after Group 1 deductible

Tier 1: Generic Rx copay: \$15

Tier 2: Brand Preferred Rx copay: \$35

Tier 3: Brand Non-Preferred Rx copay: \$65

Tier 4: Specialty 10% coinsurance (mail order excluded)

Geisinger Mail Order Pharmacy - Provides a 90-day supply for two "Geisinger Retail Pharmacy" copays. Certain drugs may only be available through mail order. All maintenance drugs must be filled through Mail Order Pharmacy.

You must meet your deductible prior to prescriptions copays going into effect, Exception: Even before you've met your deductible, you can receive certain Safe Harbor drugs by paying only the copay. The Pharmacy Customer Care team can tell you more. Check to see if your prescription drugs are on the Safe Harbor list on the HR Benefits SharePoint site.

### **Dental**

Geisinger offers two dental plan options through Delta Dental: Basic and Enhanced. All covered dental procedures, except diagnostic and preventive services, are subject to an annual per person deductible for In-Network and Out-of-Network dentists. The deductible is waived for diagnostic and preventive services. There is an \$1,800 In-Network annual maximum per person for services provided by Delta Dental PPO participating dentists and \$1,500 annual maximum per person for services provided by non-participating dentists.

The following payment schedule shows the co-insurance percentages involved with each covered procedure, in accordance with the Delta Dental payout level.

#### Basic Dental

In Network/Out-of-network

Class 1 services (excluded from annual max unless otherwise noted)

Examinations, X-Rays, Cleanings: 100% Coverage

Class II services (excluded from annual max unless otherwise noted)

Basic restorative: 75% Coverage

Class III services

Inlays, onlays, crowns, prosthetics, implants: 50% coverage Orthodontics (dependent child(ren) up to age 19)

Orthodontics: Pre-orthodontic treatment visits only; orthodontic exam will be paid at \$50 for the first three exams

Deductibles and maximums.

#### *Deductible per member*

Class 1 services & orthodontics excluded: \$75/person

\$225 (In-Network) and \$100/person \$300 (Out of Network)/family annual program maximum per person

In network: \$1,800

Out-of-network: \$1,500

Lifetime Orthodontics maximum None

#### Enhanced Dental

In Network/Out-of-network

Class 1 services (excluded from annual max unless otherwise noted)

Examinations, X-Rays, Cleanings: 100% Coverage

Class II services

Basic restorative: 90% Coverage

Class III services

Inlays, onlays, crowns, prosthetics, implants: 60% coverage Orthodontics (adults and dependent child(ren) up to age 26)

Orthodontics: 50% up to \$1,500 in-network, \$1000 out-of-network lifetime (per member)

*Deductible per member*

Class 1 services & orthodontics excluded: \$50/person in-network \$150/family in-network; \$100/person out-of-network, \$300/family out-of-network Annual program maximum per person.

In network: \$1,800

Out-of-network: \$1,500

Lifetime orthodontics maximum-\$1,500 in-networks; \$1000 out-of-network

To obtain a list of PPO and Premier dentists in your area, go to [www.deltadentalins.com/geisinger](http://www.deltadentalins.com/geisinger), select "Find A Dentist."

\*Additional charges may apply if Delta's payment is not accepted as full payment.

**Vision**

Geisinger offers a vision benefit through VSP. Employees and their eligible dependents who elect this benefit receive an annual vision exam, \$200 frame allowance every other year, \$130 contacts allowance every year and discounts on laser vision correction at contracted facilities.

2025 Rate Chart (Basic Rates, Salary Level 2)  
Cost for Health, Prescription, Dental & Vision

Coverage Biweekly Paid Summary

Enhanced/Rx

Employee

Employee Contribution \$97.84

Geisinger Contribution \$438.68

Employee + Child(ren)

Employee Contribution \$198.44

Geisinger Contribution \$568.53

Employee + Spouse/Dom. Part.

Employee Contribution \$226.43

Geisinger Contribution \$894.17

Family

Employee Contribution \$278.35

Geisinger Contribution \$1,312.57

Value/Rx

Employee

Employee Contribution \$65.66

Geisinger Contribution \$307.44

Employee + Child(ren)

Employee Contribution \$130.16

Geisinger Contribution \$403.19

Employee + Spouse/Dom. Part.

Employee Contribution \$150.85

Geisinger Contribution \$628.40

Family

Employee Contribution \$201.19

Geisinger Contribution \$905.12

Essential/Rx

Employee

Employee Contribution \$52.53

Geisinger Contribution \$292.37

Employee + Child(ren)

Employee Contribution \$102.80

Geisinger Contribution \$390.23

Employee + Spouse/Dom. Part.

Employee Contribution \$119.83

Geisinger Contribution \$600.53

Family

Employee Contribution \$161.74

Geisinger Contribution \$860.95

Basic Dental

Employee

Employee Contribution \$2.76

Geisinger Contribution \$8.09

Employee + Child(ren)

Employee Contribution \$4.98

Geisinger Contribution \$17.73

Employee + Spouse/Dom. Part.

Employee Contribution \$5.42

Geisinger Contribution \$15.14

Family

Employee Contribution \$8.18

Geisinger Contribution \$29.09

**Enhanced Dental**

Employee

Employee Contribution \$5.73

Geisinger Contribution \$8.09

Employee + Child(ren)

Employee Contribution \$19.54

Geisinger Contribution \$17.73

Employee + Spouse/Dom. Part.

Employee Contribution \$10.72

Geisinger Contribution \$15.14

Family

Employee Contribution \$26.09

Geisinger Contribution \$29.09

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**Vision**

Employee

Employee Contribution \$3.03

Geisinger Contribution \$0

Employee + Child(ren)

Employee Contribution \$6.50

Geisinger Contribution \$0

Employee + Spouse/Dom. Part.

Employee Contribution \$6.06

Geisinger Contribution \$0

Family

Employee Contribution \$10.39

Geisinger Contribution \$0

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Coverage under our health, prescription, dental and vision plans is available to house staff and their eligible dependents including domestic partners. All covered dependent must be verified through a dependent verification process in Workday once your add to coverage.

"Domestic Partner" is defined as an individual who is: (i) eighteen (18) years of age or older and the same sex or opposite sex as the Subscriber; (ii) not related to the Subscriber by marriage or blood in a way that would bar marriage; (iii) involved with the Subscriber in a committed lifetime relationship; and (iv) financially interdependent with the Subscriber for a period of not less than (6) months.

You will have two choices when enrolling a domestic partner: taxable or qualified domestic partner . Your contributions and premiums for your domestic partner and their children are taxable unless they qualify as dependents under IRS Code Section 105.

For your domestic partner to be considered qualified, the following conditions must be met: The domestic partner is a member of your household and has his or her principal place of residence in your home . Your relationship with the domestic partner does not violate local law .



## **Life, Disability and Liability**

Full-time and part-time House Staff Members are covered by Group Term Life Insurance. Coverage is equal to 1.5 times annual salary, subject to a limit of \$1,000,000.

Group Term Life Insurance automatically includes Accidental Death and Dismemberment (AD&D) coverage which has an additional death benefit of two times the Group Term Life policy. Dismemberment coverage provides financial protection if an employee suffers the loss of a limb, eyesight, etc. Full-time and part-time House Staff Members may elect to purchase Optional Life Insurance up to six times salary capped at \$1,500,000. Employees will choose between Optional Life Insurance as a Tobacco user or a Non-Tobacco user. The cost of the Optional Life Insurance is based on tobacco use and age.

Full and part-time House Staff Members electing Optional Life Insurance may elect to purchase Spouse/Domestic Partner Life Insurance up to \$150,000 in \$10,000 increments and Dependent Children Life Insurance up to \$25,000 in \$5,000 increments. The cost of Spouse/Domestic Partner Insurance is based on tobacco use and age of the employee.

As a Geisinger House Staff Member, you are automatically covered for Business Travel Accident Insurance, including Life Flight® coverage. This insurance covers all house staff members of Geisinger when traveling on official business of the Health System other than to/from home and your regular work location. Coverage is equal to five times base annual salary, with a \$500,000 cap. The maximum payout is \$5 million per accident. This insurance coverage is automatic and requires no election or contribution by the staff member.

**Long-Term Disability Insurance** is available to full and part-time House Staff Members. Eligible full-time House Staff Members get 60% salary replacement. Eligible part-time House Staff Members will automatically receive 50% salary replacement. Long-Term Disability coverage is designed to cover any lengthy disability that continues for more than six months. A pre-existing condition limitation applies to newly hired House Staff Members. Full-time House Staff Members are given benefit credits with which they may purchase LTD coverage that would provide 60% of the current salary, should they become disabled on a long-term basis. This means the House Staff Member would receive 60% of their salary as a benefit; that benefit would be tax-free.

## **Professional Liability Insurance**

You are insured with Professional Liability Insurance coverage for incidents within the scope of your employment at Geisinger Health System. In addition to the mandatory \$1.2 million combined CAT Fund and primary coverage, Geisinger has in place excess insurance coverage. Your Geisinger attorney can provide you with the details of the primary, CAT Fund and excess coverage applicable to your particular case.

Being named in a lawsuit or identified as a witness and called as a deponent in a lawsuit is not grounds for adverse action in regard to your position with the Geisinger Health System. It is understood that professional liability lawsuits occur and that individuals involved in providing care may be named in lawsuits or drawn into lawsuits as witnesses.

## **Worker's Compensation**

Medical care plus partial income is available if a House Staff Member is disabled by a work-related injury. The partial pay benefit goes into effect after a seven-calendar-day waiting period.

## **Flexible Spending Account (FSA)**

This benefit offers you the option to redirect a portion of your pay, through payroll deduction, into Flexible Spending Accounts (FSAs). The money that is deposited into your FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay taxes on the money that is contributed to an FSA, you decrease your taxable income and potentially increase your take-home pay. The plan limits for 2025 are \$3,200 for health care and \$5,000 for dependent day care.

The Healthcare Flexible Spending Account (HFSA) provides you with the ability to set aside money on a pre-tax basis for any IRS-allowed health care expenses not covered by your health coverage. These expenses include deductibles, copays, coinsurance payments, routine physicals, uninsured dental expenses, vision care expenses, hearing care expenses and orthodontia.

Certain Over-The-Counter (OTC) medications are eligible for reimbursement through a Healthcare FSA. Please visit this link for a list of eligible/non-eligible items, please visit <https://fsastore.com/fsa-eligibility-list> for details.

Note: Federal tax rules prohibit the Health Care Account from being used for expenses incurred by your domestic partner and your domestic partner's dependents unless they are also your dependents.

For a complete list of eligible health care expenses view Publication 502 at [www.irs.gov](http://www.irs.gov).

The Dependent Care Flexible Spending Account (DFSA) provides you with the ability to set aside money on a pre-tax basis for dependent care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of caring for children under 13 years of age or children 13 or over who are physically or mentally unable to care for themselves. A spouse or elderly parent residing in your home, who is physically or mentally unable to care for himself or herself, also qualifies. In addition, in order to qualify for reimbursement, the expenses must enable you and your spouse (if applicable) to work full-time, seek employment or attend school on a full-time basis.

### **Health Savings Account (HSA)**

To open an HSA, you must be enrolled in the Geisinger Value plan. The HSA is an account you can use to pay for qualified medical and other healthcare expenses this year. Eligible medical expenses for you and your dependents, including: Payments for services like deductibles, copays and coinsurance. Other eligible medical, prescription drug, dental, vision care expenses and items such as hearing aids, over-the-counter drugs, eyeglasses and laser vision corrections. You can elect up to \$3,700 for the year (individual) and may only be enrolled in the Limited Purpose Flexible Spending Account.

When you open your HSA as a Geisinger Value plan member, Geisinger will contribute \$600 (\$1,200 for families) a year to your account spread over each paycheck. Geisinger Value plan is a high-deductible health plan, which means you'll have to spend your full deductible (\$2,000 to \$4,000) - including paying the full cost of doctors' visits and some prescriptions - before the plan begins paying any of your costs. To help offset your out-of-pocket costs, Geisinger is giving you this credit, which you can use (alongside any money you contribute) to pay any qualifying medical expenses.

Once you reach a balance of \$2,000 in your HSA, you can place your money in different investment funds with Charles Schwab. You can view your investment performance online at [myflexdollars.com](http://myflexdollars.com).

### **Limited Purpose Flexible Spending Account**

An account you can use to pay for qualified dental and vision expenses this year. If you're enrolled in the Geisinger Value plan and have a health savings account (HSA), you can only open a limited purpose FSA. Only to be used for dental and vision expenses and you can elect up to \$3,200 for the year. If you don't use the money by March 15, 2026, you lose it. You must incur your expenses by March 15, 2026 and submit claims by April 30, 2026.

### **The Benefits Card**

The Benefits Card is a special-purpose Visa® card allowing for electronic access to your pre-tax FSA dollars. You may use the Benefits Card at healthcare providers and facilities, dependent care providers and participating merchants who are able to identify FSA-eligible items at the point of sale. The card works similar to a debit card, deducting eligible expenses from the available funds in your account (annual election amount for an HFSA and current account balance for a DFSA).

When using the Benefits Card, you will automatically pay for qualified healthcare and dependent care expenses each time you swipe your card. When you enroll in an HFSA and/or DFSA, you will automatically receive two Benefits Cards in your name (i.e., the employee's name). You may request additional Benefits Cards for your dependents (a \$5 fee is charged for each additional set).

You may elect to participate in either, or both, the Health Care Account - FSA or the Dependent Day Care Account - FSA for child/dependent day care expenses, while allowing you to save money on your taxes.

Plan carefully, you must use the money for expenses incurred by March 15th of the following year that it's deposited or - under IRS rules - the money left in your account will be forfeited.

Go to [www.vantagenllc.com/resources-forms/](http://www.vantagenllc.com/resources-forms/) for more information. The amount you elect will be deducted in even amounts from each of your paychecks and contributed to your account(s).

### **Retirement Programs**

#### **Tax Sheltered Annuity - 403(b)**

Geisinger Health System's tax-sheltered annuity (TSA) - 403(b) is a retirement savings plan that enables House Staff to contribute part of their income to a deferred annuity. The minimum amount you can contribute is 3%, up to \$23,500 in 2025. House Staff may direct their personal contributions made to the retirement plan to a variety of investment options with Fidelity Investments. The investment options include Fidelity and Non-Fidelity funds, which cover a range of risk and return characteristics to help you build a retirement portfolio from conservative short-term funds to aggressive stock

mutual funds.

## **Guidance Resources**

Geisinger Health System offers counseling and guidance to individuals who may need confidential assistance with personal problems. Guidance Resources may be reached at 1-888-327-4623 or you can access the website at [www.guidanceresources.com](http://www.guidanceresources.com) and use Access Code: GHSEAP.

## **Family-friendly support**

- Adoption assistance: We provide up to \$5,000 toward the cost of a finalized adoption.
- Parental leave pay: We provide parents with up to 80 hours of paid leave following the arrival of a child through birth, adoption, legal guardianship or foster care placement.
- Free referrals for family care: Referral specialists from Guidance Resources can help you find trusted providers for childcare, elder care, movers, home repair and more.
- Military leave pay: Members of the armed forces are eligible for up to 80 hours of paid military training leave. You may use the paid leave for annual trainings, encampments and drills.
- Free Care.com membership: Care.com is the world's largest marketplace for caregiving and family support to help you find the services you need. You'll also get discounts on family services and products, including LifeMart Discounts, and you'll be eligible for 15 days of discounted Back-up Care when your regular caregiver is unavailable (copay is \$6 per hour for in-home care and \$10 per day for in-center care).

## **Sick and Family Medical Leave of Absence (FMLA)**

All House Staff Members who have completed twelve (12) months of service and worked 1,250 hours in the twelve (12) month period immediately prior to the communication of the need for leave are eligible for family and medical leave for one or more of the following reasons up to the amount of leave authorized each leave year:

To care for the employee's child after birth, or placement for adoption or foster care within one (1) year of the child's birth or placement.

To care for the employee's spouse (not boyfriend, girlfriend, fianc  or domestic partner), son or daughter (under the age of 18 or 18 or older and incapable of self-care because of mental or physical disability and not in-law), or parent (not in-law), who has a serious health condition;

For a serious health condition that makes the employee unable to perform at least one essential function of his/her job. For certain reasons related to the military service of a qualifying family member, as described in the Addendum. Benefits and job guarantee are maintained during any absence qualifying under the Family Medical Leave Act (FMLA). If a House Staff Member qualifies for FMLA due to their own serious health condition, they are eligible for full pay for up to 130 days.

## **EDUCATIONAL BENEFITS**

### **House Staff Salaries (subject to increase after contract is signed)**

PGY1 \$65,603  
PGY2 \$68,307  
PGY3 \$70,519  
PGY4 \$72,839  
PGY5 \$75,922  
PGY6 \$77,662  
PGY7 \$80,639  
PGY8 \$81,577

### **Scholarly Activity**

Geisinger encourages house staff members to engage in scholarly activities leading to the publication and presentation of their research at meetings. Geisinger will assist with expenses up to \$1500 incurred in the presentation of original papers and posters that have been approved by the Education Department for external submission.

### **Educational Funds and Meeting days**

PGY 1 residents may access up to \$750 for reimbursement of expenses for educational materials such as journals, books, and dues. \$500 may be carried over to the next year.

PGY 2 and above residents receive five days per year to attend approved professional development activities and conferences. Up to \$2,500 per year is available to cover these and other educational expenses such as journals, books, and dues. \$1000 may be carried over to the next year.

Fellows in their first year of employment at Geisinger receive ten days per year to attend approved professional development activities and conferences. Fellows in their second year of employment or beyond at Geisinger will receive fifteen days per year to attend approved professional development activities and conferences. Up to \$3,000 per year is available for Fellows to cover these and other educational expenses such as journals, books, and dues. \$1000 may be carried over to the next year.

Required Skills Courses such as: ACLS, ATLS, and PALS are provided by the program.

### **Paid Time Off**

House Staff Members receive fifteen days off per year.

House Staff Members are granted one extra vacation day for each Health System recognized holiday they work (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.)

House Staff Members are encouraged to take vacation time that is allocated to them at each level.

### **Relocation Days**

All House Staff Members at the onset of training at Geisinger are given five relocation days, which can be used for moving, job interviews, and fellowship interviews during their residency or fellowship. The five days of relocation time will be given once to each house staff member during their tenure at Geisinger.

### **Other Benefits/Services**

White lab coats/Scrubs (allocations are program dependent).

USMLE Step 3/COMLEX 3 exam fee is paid by the residency program. The exam fee is only paid once and must be paid for using a Geisinger Corporate Credit Card after the resident contract start date.

Resident and fellow on call rooms available.

Free employee designated parking available.

Residents and Fellows receive an \$2000 Well-Being stipend at the beginning of the Academic Year. These funds are to support well-being activities and on-call meals throughout the year.