

## DEPARTMENT OF NEUROLOGY FACULTY & PROVIDERS – 2023-2024



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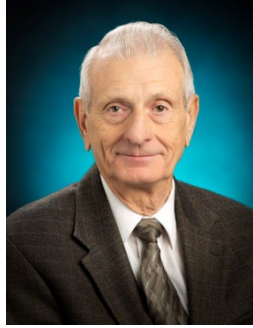
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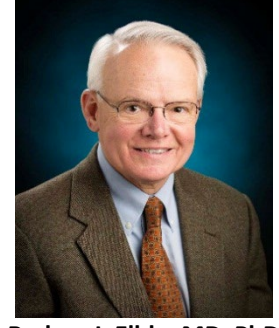
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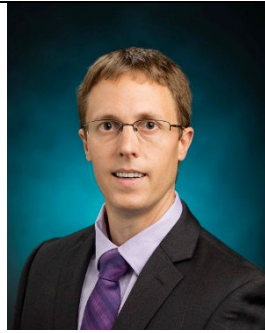


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Rev. 08.10.2023

## 2023-2024-Neurology Residents/Fellow

### PGY-4 and Chiefs



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### PGY-3



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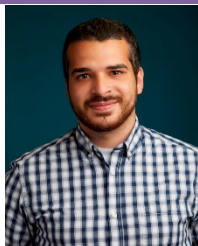


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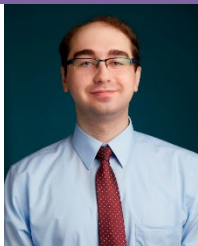
### PGY-2



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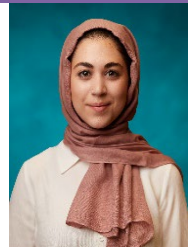


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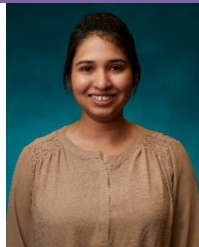


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### PGY-1



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**Mahnoor Jadoon, MD**  
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### Fellow Movement Disorders



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## **AGREEMENT WITH PHYSICIAN 2023-2024**

THIS AGREEMENT (“Agreement”), made and entered into on \_\_\_\_\_ by the BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, for and on behalf of Southern Illinois University School of Medicine, hereinafter referred to as the “School of Medicine,” and ST. JOHN’S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, SPRINGFIELD, ILLINOIS, a not for profit corporation of the State of Illinois, located at Springfield, Illinois, hereinafter referred to as the “Affiliated Hospital”. The School of Medicine is also affiliated with Memorial Medical Center, dba Springfield Memorial Hospital, an Illinois not-for-profit corporation and an affiliate of Memorial Health System, dba Memorial Health. Both HSHS St. John’s Hospital and Springfield Memorial Hospital shall hereinafter be collectively referred to as “Affiliated Hospitals” and \_\_\_\_\_, a graduate of \_\_\_\_\_, class of \_\_\_\_\_, hereinafter referred to as the “Physician.”

### WITNESSETH THAT:

The Physician hereby accepts the position of \_\_\_\_\_, in the Department of \_\_\_\_\_ at the School of Medicine. The term of this Agreement shall be for one (1) year (“Initial Term”) commencing on \_\_\_\_\_, hereinafter referred to as the “commencement date,” and terminate on \_\_\_\_\_ and shall renew automatically for additional one (1) year periods (“Renewal Term(s)”), anticipated to end \_\_\_\_\_, at completion of the Physician’s Residency or Fellowship Program, hereinafter referred to as the “Residency Program,” subject to adequate progression of the Physician through the Residency Program, as determined by the School of Medicine and Affiliated Hospital, or unless notice of non-renewal or termination of the Agreement is provided to the Physician. The Initial Term and Renewal Term(s) shall be collectively referred to herein as the Term.

When appropriate, in the sole discretion of the Affiliated Hospital and School of Medicine, promotion of Physician will be evidenced by a letter provided by the School of Medicine and signed by Physician, affirming the Renewal Term(s). Notwithstanding the foregoing, the issuance and execution of any such letter is not a guarantee of continuation of this Agreement to the next Renewal Term. If the Affiliated Hospital and School of Medicine determine, in their sole discretion, after the execution of such letter that advancement in the Residency Program is no longer appropriate, warranted, or feasible, for any reason, this Agreement may be immediately terminated, so long as such action is in accordance with School of Medicine, Graduate Medical Education policy and Accreditation Council for Graduate Medical Education (ACGME) standards.

This Agreement and any renewal hereof is contingent upon, without limitation, the following: proof acceptable to the School of Medicine and Affiliated Hospital that the Physician (i) has been issued a temporary or permanent license from the Illinois Department of Financial and Professional Regulation no later than three weeks after the commencement date; until said license has been issued, the Physician is only permitted to and shall only participate in orientation activities; (ii) can provide verification of U.S. employment authorization in the United States at the commencement of employment; (iii) satisfactorily completed prerequisites such as credentialing, a pre-employment health and drug screen, criminal background check, and other routine employment processing as required by the Affiliated Hospital; and (iv) met the qualifications for resident eligibility as outlined in the School of Medicine Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion And Dismissal Of Residents Policy, as amended from time to time, and as determined by the Accreditation Council for Graduate Medical Education (ACGME) ((i) through (iv) above are collectively referred to as the “Requirements”). Anything to the contrary herein notwithstanding, in the event that such Requirements are not met or provided by the Physician to the Program Director by the commencement date of this Agreement or any Renewal Term, this Agreement may be terminated without advance notice at the joint discretion of the Affiliated Hospital and the School of Medicine. In consideration of the Physician’s acceptance of the aforesaid position, and of the covenants and agreements herein contained, the parties hereto do mutually agree as follows:

A. THE AFFILIATED HOSPITAL SHALL:

1. Employ the Physician and pay him or her total annual compensation of \_\_\_\_\_ (\$\_\_\_\_\_) for the term of this Agreement, which compensation shall be prorated and paid on a bi-weekly basis. The amount of compensation to be paid to the Physician will be subject to adjustment on July 1 based on any standard changes in the rate of physician compensation authorized by the Affiliated Hospital during the term of this Agreement.
2. Provide health, dental, disability, and life insurance benefits for the Physician under the employee insurance program of the Affiliated Hospital, as provided by the Affiliated Hospital's Plan Benefits, as amended from time to time. Health insurance benefits shall begin on the first recognized day of training. The Affiliated Hospital shall have the right to change such Plan Benefits during the term of this Agreement if said changes are consistent with changes made in the Plan Benefits of the Affiliated Hospital. The Physician shall have the option to include immediate family members under said insurance program at the Physician's own expense.
3. Provide designated sleeping quarters and meals for the Physicians during in-house call.
4. Provide the Physician with vacation (paid time off), educational leave, medical leave (sick), parental leave, caregiver leave, bereavement leave, and job search leave according to the School of Medicine Vacation and Other Leaves of Absence Policy, as amended from time to time.
  - a. In the event that the Physician accumulates a total of more than \_\_\_\_\_ calendar days of absence per year from the Residency Program during the term of this Agreement (including vacation [paid time off], educational, medical (sick), parental, caregiver, and bereavement leave, suspension [with or without pay] or other absence), the Physician shall be notified in writing by the Program Director as to whether such absence necessitates remedial work in order to fulfill the requirements of the Residency Program. Such notification shall be provided to the Physician prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the Physician to exceed this limit on absence from the Residency Program.
5. Provide the Physician with confidential counseling, medical and psychological support services and measures to address physician wellness and impairment, including that due to substance abuse as described in the School of Medicine Impairment Policy, as amended from time to time.
6. Provide the Physician with such other benefits (including military leave), which are not inconsistent with the provisions of this Agreement, as are provided by the Affiliated Hospital through its existing policies, as applicable and amended from time to time.

B. THE SCHOOL OF MEDICINE SHALL:

1. Establish and provide general supervision, guidance, and evaluation to the Physician as well as an educational program within each Department which complies with the education requirements as determined by the ACGME.
2. Provide program direction and select faculty who determine resident proficiency to perform clinical duties and the degree of supervision necessary in the management and treatment of patients.
3. If approved by the School of Medicine, consult with and seek approval of the Affiliated Hospital prior to any change, expansion or extension of the Residency Program outside the facilities of the Affiliated Hospitals.
4. Adhere to the Institutional Policy for Clinical and Work Hours which complies with the appropriate institutional and program ACGME requirements.
5. Adhere to the Institution and Program Closure/Reduction Policy of the Graduate Medical Education Committee (GMEC).
6. Adhere to the ACGME requirement to not require the Physician to sign a non-competition guarantee.

C. THE PHYSICIAN SHALL:

1. Perform such duties as may be assigned to the Physician by the Program Director in accordance with the description of the Residency Program prepared by the Program Director and subject to the approval of the Affiliated Hospital, which duties shall be performed by the Physician conscientiously, to the best of the Physician's ability and under the highest personal bond of professional morals and ethics. If participating in a program with ACGME Osteopathic Recognition, the physician shall, in addition, perform the responsibilities specific to Osteopathic Recognition requirements.

As the position of the Physician involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the Physician shall be evaluated by the Program Director and Clinical Competency Committee on a regular basis with a record of the evaluation being held in the Physician's program file. Physician must demonstrate satisfactory progress in the position throughout the Term of this Agreement. Such evaluation will be part of the quality assurance program established for the purposes of reducing mortality and morbidity within the Affiliated Hospital.

Under the supervision of approved credentialed attending teaching staff, the Physician shall:

- a. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
  - b. Demonstrate medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care
  - c. Participate in practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
  - d. Practice interpersonal and communication (both oral and written) skills that result in effective information exchange and teaming with patients, their families, and other health professionals
  - e. Exhibit professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
  - f. Adhere to Social Media Guidelines and Policies set forth by the School of Medicine and Affiliated Hospitals, as amended from time to time.
  - g. Participate in systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value
  - h. Participate fully in the educational and scholarly activities of his /her program and, as required, assume responsibility for teaching and supervising other residents and students
  - i. Participate in appropriate institutional committees and councils whose actions affect residents' education and/or patient care
  - j. At least annually submit to the Chair of the GMEC (through the Office of Graduate Medical Education) a confidential written evaluation of the program faculty and of the educational experiences
  - k. Regularly, or at a minimum every other day, log on and review electronic mail on the Physician's School of Medicine electronic mail account
  - l. Document cases, procedures and clinical and educational work hours accurately and in a timely fashion.
2. Abide by and at all times conform to the Corporate and Medical Staff Bylaws, Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), the Illinois Department of Public Health (IDPH) infection control policies, and other rules, regulations, policies, practices, procedures, and ethical and religious directives of the Affiliated Hospitals and of the School of Medicine and all other general guidelines and moral

codes, both stated and published, governing the practice of medicine; and the statutes, rules and regulations of the State of Illinois, including without limitation the Medical Practice Act and any and all other laws, rules and regulations relating to the licensing of physicians in training and the practice of medicine in the State of Illinois.

3. Accept no responsibilities for professional activities outside the scope of the Residency Program provided herein (including, but not limited to "moonlighting") unless approved in writing by the Affiliated Hospital and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. With regard to those residency programs in which outside professional activities may be permitted, the Physician shall adhere to the policy on professional activities outside the scope of residency training as approved by the GMEC (Moonlighting Policy).
  4. Must be able to meet the physical and environmental standards set forth in Attachment A, which is incorporated herein by reference.
  5. Ethical and Religious Directives. Physician, the School of Medicine and Affiliated Hospitals acknowledge that Affiliated Hospital is operated in accordance with the *Ethical and Religious Directives for Catholic Healthcare Services* as promulgated, from time to time, by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church ("Ethical and Religious Directives"), and that the principles and beliefs of the Roman Catholic Church are a matter of conscience to Affiliated Hospital. It is the intent and agreement of the parties that neither this Agreement nor any part hereof shall be construed to require Affiliated Hospital to violate said Ethical and Religious Directives in its operation and all parts of this Agreement must be interpreted in a manner that is consistent with said Ethical and Religious Directives.
- D. Physician will be provided with professional liability coverage. Said professional liability coverage, whether by enrollment in a program of self-insurance, inclusion under a professional liability insurance policy or a combination thereof, shall extend to the Physician while the Physician is performing professional duties and responsibilities as a part of the Physician's Residency Program, provided, however, that said professional liability coverage shall not apply to professional acts performed outside the scope of the Residency Program. Said professional liability coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Residency Program, if the alleged acts or omissions of the Physician were within the scope of the Residency Program, in accordance with the applicable self-insured trust and liability policy. Professional liability coverage details will be provided to Physician prior to the commencement date of the appointment. Physician will also be notified of any material changes to the details of their professional liability coverage.
- E. Medical Specialty Board requirements applicable to the Residency Program specify that the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_-month period. If the resident is required to complete a preliminary year governed by another Medical Specialty Board, the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_-month period for that year of training. Anything in this Agreement to the contrary notwithstanding, it is understood and agreed by the Physician that if, because of approved leave or other absence, the Physician does not meet said Board requirements, it may be necessary for the Physician to extend the duration of the Residency Program until said Board requirements have been satisfied.
- F. The Physician agrees to abide by a risk management and quality control program which shall provide, without limitation, for the following:
1. The joint review of the Physician's credentials by the Affiliated Hospital and the School of Medicine.

2. The joint indoctrination of the Physician with respect to the Physician's responsibilities to the patient, the School of Medicine, and the Affiliated Hospital.
  3. The suspension of the Physician for an indefinite period of time, for failure to comply with this Agreement or for reasonable cause, by the appropriate officials of the School of Medicine or the Affiliated Hospital. If such an event occurs, the Physician may be suspended from training and clinical duties without compensation as identified herein.
  4. Compliance by the Physician with the School of Medicine's policy regarding licensing examinations (USMLE/COMLEX Exam Policy).
  5. Compliance by the Physician with regulations regarding completion of medical records at the Affiliated Hospitals and the School of Medicine.
  6. Compliance by the Physician with regulations regarding completion of time records at the Affiliated Hospitals and the School of Medicine.
  7. Compliance with all required education modules including on-line modules as proscribed by the Affiliated Hospitals and/or the School of Medicine.
  8. Compliance with required certifications (i.e. BLS, ACLS, etc.)
- G. In accordance with applicable School of Medicine policy, this Agreement may be terminated at any time, during the Term, by joint decision of the Affiliated Hospital and the School of Medicine, in which case the Physician's compensation specified herein will be prorated to the date of termination and the Physician will be paid for vacation (paid time off) earned but not used prior to the date of termination. In the event that a request for review is filed by the Physician under the Due Process and Resident Complaint Policy, as amended from time to time, pay and benefits may be continued at the discretion of the Affiliated Hospital. Decisions regarding promotion in the program will be made in accordance with the Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy, as amended from time to time. If a decision has been made the Physician will not be promoted to the next level of training for the following year, the Physician shall be notified in writing by the Program Director that the Physician's contract may be extended at the current PGY level or will not be renewed at the next Renewal Term. The Program Director shall use its best efforts to provide at least 60 days' notice of extension at the current PGY level or non-renewal prior to the expiration of the then current Term.
- H. In the event the Physician's contract is terminated early or not renewed during either the Initial Term or any Renewal Term(s) for any reason other than non-promotion of Physician to the next level of training, the Program Director shall notify the Physician in writing. Such non-renewal or early termination shall be subject to the approval of the Affiliated Hospital and any applicable policy. Any notice required to be given to the Physician shall be in accordance with the applicable policy which governs the dismissal or non-renewal of the Physician's participation in the Residency Program. If the applicable policy does not provide for a specified notice period, such notice period shall be at the discretion of the School of Medicine and the Affiliated Hospital.
- I. The Physician shall notify the Program Director and the Affiliated Hospital, in writing, in the event the Physician does not intend to continue training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the then current Term.
- J. If, in the sole discretion of the Affiliated Hospital and School of Medicine, the Physician is not suitable for advancement to the next PGY level, but continued progression of the Physician through the Residency Program and extension of the Physician's time in the Residency Program is appropriate, the School of Medicine may provide an extension letter, allowing the Physician time to remediate under the current PGY level. Academic deficiencies and remediation are governed by the GMEC Academic Deficiency Policy.



- K. It is the policy of the School of Medicine and the Affiliated Hospitals to maintain an environment which is free from all forms of harassment based on a person's legally protected status (including race, sex, national origin, religion, military status, age and disability) and sexual harassment (herein after referred to as harassment), improprieties and intimidation. The Physician is entitled to the protections afforded by these policies while serving as a resident hereunder.

The Physician agrees to abide by the School of Medicine's and the Affiliated Hospitals' respective policies regarding equal employment, sexual harassment and harassment on the basis of other protected status as set forth above. The Physician acknowledges that failure to abide by these policies may result in immediate termination of this Agreement. Allegations of discrimination and/or harassment will be addressed in accordance with the applicable policies of the School of Medicine or the Affiliated Hospital.

- L. The Physician agrees to abide by all standards outlined in the (225 ILCS 60/) Medical Practice Act of 1987. Any violations of that Act, including but not limited to Section 22, or other instances of ethical or moral turpitude is grounds for immediate termination and therefore cannot be requested for review under the Due Process and Resident Complaint Policy as amended from time to time.
- M. Unless otherwise mutually agreed by the Physician and the Program Director, at least sixty (60) days' advance notice of intent to resign from the Residency Program during the Initial Term or any Renewal Term must be given, in writing, by the Physician to the Program Director.
- N. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof; supersedes all prior agreements, written or oral, between the parties with respect to such subject matter and except for renewal, non-renewal, or extensions may be modified only by a written agreement signed by all of the parties. If any provision of this Agreement conflicts with any provision of any other document, agreement, policy, or guideline, the provisions in this Agreement shall prevail over any other conflicting provisions.
- O. The validity, interpretation and effect of this Agreement shall be governed by the laws of the State of Illinois. The parties hereby consent to the jurisdiction of the appropriate courts located in Illinois for the resolution of any dispute arising hereunder.
- P. In the event that one or more of the provisions of this Agreement is or are declared illegal, void or unenforceable, that shall not affect the validity of the remaining provisions of this Agreement.
- Q. The Physician shall not have the right to request a review their failure to successfully pass the post-offer drug test.
- R. The School of Medicine policies referenced in Witnesseth paragraph 3, Sections A.5, A.6, B.4, B.5, C.1.f, C.3, E.4-6, F, I, J, and K, each as amended from time to time, are available on the School of Medicine website at <https://www.siumed.edu/gme/gme-policies-and-procedures>.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed the day and year first written above.

PHYSICIAN:

\_\_\_\_\_

Printed Physician Name \_\_\_\_\_  
Illinois License No \_\_\_\_\_

BOARD OF TRUSTEES OF  
SOUTHERN ILLINOIS UNIVERSITY

HSHS ST. JOHN'S HOSPITAL  
SPRINGFIELD, ILLINOIS

\_\_\_\_\_  
Jerry Kruse, MD, MSPH  
Dean and Provost, SIU School of Medicine, and  
Chief Executive Officer, SIU Medicine for  
Austin A. Lane, Chancellor  
Southern Illinois University Carbondale

\_\_\_\_\_  
Matthew Fry, MHA, MBA, FACHE  
President and Chief Executive Officer

RECOMMENDED BY:

\_\_\_\_\_

Residency Program Director

Amended and Approved by GMEC February 17, 2023

## ATTACHMENT A

In order to satisfactorily perform the resident position, Physician must be able to meet the requirements set forth below. These requirements may be achieved with or without reasonable accommodations.

### Work Hours

- Compliance with ACGME, SIU SOM and program clinical and educational work hour policies and requirements, including the ability to:
  - Work within typical business hours, beyond typical business hours, night shift hours, unpredictable hours, or a combination of all
  - Work up to 80 hours per week, averaged over a four-week period, inclusive of all in-house call, clinical and educational activities, and clinical work done from home
  - Work multiple consecutive days including weekends with a minimum of one day in seven, free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call
  - Return to work after eight hours off between scheduled clinical work and education periods (excluding in-house call)
  - Work a maximum of 24 hours of continuous duty in the hospital followed by up to an additional 4 hours on-site for patient safety, education, and effective transitions of care
  - Assignment of in-house call as often as every third night (when averaged over a four-week period)

### Additional Physical Standards

- Physical Standards vary by specialty and year of training. In general, physical standards are as follows:
  - Stand for long periods of time
  - Sit for long periods of time
  - Be physically active for long periods without getting tired or out of breath
  - See details of objects that are less than a few feet away, with or without corrective lenses
  - Maintain focus on required tasks despite distractions
  - Use hands to handle, control, or feel objects, tools, or controls
  - Use fingers to grasp, move, or assemble very small objects
  - Perform repetitive movements
  - Enter information into an electronic health record



## **AGREEMENT WITH PHYSICIAN 2023-2024**

THIS AGREEMENT, made and entered into on \_\_\_\_\_ by the BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, for and on behalf of Southern Illinois University School of Medicine, hereinafter referred to as the “School of Medicine,” and MEMORIAL MEDICAL CENTER, dba SPRINGFIELD MEMORIAL HOSPITAL, SPRINGFIELD, ILLINOIS, an Illinois not-for-profit corporation and an affiliate of Memorial Health System, dba Memorial Health, hereinafter referred to as the “Affiliated Hospital”. The School of Medicine is also affiliated with HSHS St. John’s Hospital, a not for profit corporation located in Springfield, Illinois. Both HSHS St. John’s Hospital and Springfield Memorial Hospital shall hereinafter be collectively referred to as “Affiliated Hospitals” and \_\_\_\_\_, a graduate of \_\_\_\_\_, class of \_\_\_\_\_, hereinafter referred to as the “Physician.”

### WITNESSETH THAT:

The Physician hereby accepts the position of \_\_\_\_\_, in the Department of \_\_\_\_\_ at the School of Medicine. The term of this Agreement shall be for one (1) year (“Initial Term”) commencing on \_\_\_\_\_, hereinafter referred to as the “commencement date,” and terminate on \_\_\_\_\_ and shall renew automatically for additional one (1) year periods (“Renewal Term(s)”), anticipated to end \_\_\_\_\_, at completion of the Physician’s Residency or Fellowship Program, hereinafter referred to as the “Residency Program,” subject to adequate progression of the Physician through the Residency Program, as determined by the School of Medicine and Affiliated Hospital, or unless notice of non-renewal or termination of the Agreement is provided to the Physician. The Initial Term and Renewal Term(s) shall be collectively referred to herein as the Term.

When appropriate, in the sole discretion of the Affiliated Hospital and School of Medicine, promotion of Physician will be evidenced by a letter provided by the School of Medicine and signed by Physician, affirming the Renewal Term(s). Notwithstanding the foregoing, the issuance and execution of any such letter is not a guarantee of continuation of this Agreement to the next Renewal Term. If the Affiliated Hospital and School of Medicine determine, in their sole discretion, after the execution of such letter that advancement in the Residency Program is no longer appropriate, warranted, or feasible, for any reason, this Agreement may be immediately terminated, so long as such action is in accordance with School of Medicine, Graduate Medical Education policy and Accreditation Council for Graduate Medical Education (ACGME) standards.

This Agreement and any renewal hereof is contingent upon, without limitation, the following: proof acceptable to the School of Medicine and Affiliated Hospital that the Physician (i) has been issued a temporary or permanent license from the Illinois Department of Financial and Professional Regulation no later than three weeks after the commencement date; until said license has been issued, the Physician is only permitted to and shall only participate in orientation activities; (ii) can provide verification of U.S. employment authorization in the United States at the commencement of employment; (iii) satisfactorily completed prerequisites such as credentialing, a pre-employment health and drug screen, criminal background check, and other routine employment processing as required by the Affiliated Hospital; and (iv) met the qualifications for resident eligibility as outlined in the School of Medicine Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion And Dismissal Of Residents Policy, as amended from time to time, and as determined by the Accreditation Council for Graduate Medical Education (ACGME) ((i) through (iv) above are collectively referred to as the “Requirements”). Anything to the contrary herein notwithstanding, in the event that such Requirements are not met or provided by the Physician to the Program Director by the commencement date of this Agreement or any Renewal Term, this Agreement may be terminated without advance notice at the joint discretion of the Affiliated Hospital and the School of Medicine. In consideration of the Physician’s acceptance of the aforesaid position, and of the covenants and agreements herein contained, the parties hereto do mutually agree as follows:

A. THE AFFILIATED HOSPITAL SHALL:

1. Employ the Physician and pay him or her total annual compensation of \_\_\_\_\_ (\$\_\_\_\_\_) for the term of this Agreement, which compensation shall be prorated and paid on a bi-weekly basis. The amount of compensation to be paid to the Physician will be subject to adjustment on July 1 based on any standard changes in the rate of physician compensation authorized by the Affiliated Hospital during the term of this Agreement.
2. Provide health, dental, disability, and life insurance benefits for the Physician under the employee insurance program of the Affiliated Hospital, as provided by the Affiliated Hospital's Plan Benefits, as amended from time to time. Health insurance benefits shall begin on the first recognized day of training. The Affiliated Hospital shall have the right to change such Plan Benefits during the term of this Agreement if said changes are consistent with changes made in the Plan Benefits of the Affiliated Hospital. The Physician shall have the option to include eligible dependents, as defined by the medical plan documents, at Physician's own expense.
3. Provide designated sleeping quarters and meals for the Physicians during in-house call.
4. Provide the Physician with vacation (paid time off), educational leave, medical leave (sick), parental leave, caregiver leave, bereavement leave, and job search leave according to the School of Medicine Vacation and Other Leaves of Absence Policy, as amended from time to time.
  - a. In the event that the Physician accumulates a total of more than \_\_\_\_\_ calendar days of absence per year from the Residency Program during the term of this Agreement (including vacation [paid time off], educational, medical (sick), parental, caregiver, and bereavement leave, suspension [with or without pay] or other absence), the Physician shall be notified in writing by the Program Director as to whether such absence necessitates remedial work in order to fulfill the requirements of the Residency Program. Such notification shall be provided to the Physician prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the Physician to exceed this limit on absence from the Residency Program.
5. Provide the Physician with confidential counseling, medical and psychological support services and measures to address physician wellness and impairment, including that due to substance abuse as described in the School of Medicine Impairment Policy, as amended from time to time.
6. Provide the Physician with such other benefits (including military leave), which are not inconsistent with the provisions of this Agreement, as are provided by the Affiliated Hospital through its existing policies, as applicable and amended from time to time.

B. THE SCHOOL OF MEDICINE SHALL:

1. Establish and provide general supervision, guidance, and evaluation to the Physician as well as an educational program within each Department which complies with the education requirements as determined by the ACGME.
2. Provide program direction and select faculty who determine resident proficiency to perform clinical duties and the degree of supervision necessary in the management and treatment of patients.
3. If approved by the School of Medicine, consult with and seek approval of the Affiliated Hospital prior to any change, expansion or extension of the Residency Program outside the facilities of the Affiliated Hospitals.
4. Adhere to the Institutional Policy for Resident Clinical and Work Hours which complies with the appropriate institutional and program ACGME requirements.
5. Adhere to the Institution and Program Closure/Reduction Policy of the Graduate Medical Education Committee (GMEC).
6. Adhere to the ACGME requirement to not require the Physician to sign a non-competition guarantee.

C. THE PHYSICIAN SHALL:

1. Perform such duties as may be assigned to the Physician by the Program Director in accordance with the description of the Residency Program prepared by the Program Director and subject to the approval of the Affiliated Hospital, which duties shall be performed by the Physician conscientiously, to the best of the Physician's ability and under the highest personal bond of professional morals and ethics. If participating in a program with ACGME Osteopathic Recognition, the physician must also perform the responsibilities specific to Osteopathic Recognition requirements.

As the position of the Physician involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the Physician shall be evaluated by the Program Director and Clinical Competency Committee on a regular basis with a record of the evaluation being held in the Physician's program file. Physician must demonstrate satisfactory progress in the position throughout the Term of this Agreement. Such evaluation will be part of the quality assurance program established for the purposes of reducing mortality and morbidity within the Affiliated Hospital.

Under the supervision of approved credentialed attending teaching staff, the Physician shall:

- a. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
  - b. Demonstrate medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care
  - c. Participate in practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
  - d. Practice interpersonal and communication (both oral and written) skills that result in effective information exchange and teaming with patients, their families, and other health professionals
  - e. Exhibit professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
  - f. Adhere to Social Media Guidelines and Policies set forth by the School of Medicine and Affiliated Hospitals, as amended from time to time.
  - g. Participate in systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value
  - h. Participate fully in the educational and scholarly activities of his /her program and, as required, assume responsibility for teaching and supervising other residents and students
  - i. Participate in appropriate institutional committees and councils whose actions affect residents' education and/or patient care
  - j. At least annually submit to the Chair of the GMEC (through the Office of Graduate Medical Education) a confidential written evaluation of the program faculty and of the educational experiences
  - k. Regularly, or at a minimum every other day, log on and review electronic mail on the Physician's School of Medicine electronic mail account
  - l. Document cases, procedures and clinical and educational work hours accurately and in a timely fashion.
2. Abide by and at all times conform to the Corporate and Medical Staff Bylaws, Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), the Illinois Department of Public Health (IDPH) infection control policies, and other rules, regulations, policies, practices, procedures, and ethical and religious directives of the Affiliated Hospitals and of the School of Medicine and all other general guidelines and moral

codes, both stated and published, governing the practice of medicine; and the statutes, rules and regulations of the State of Illinois, including without limitation the Medical Practice Act and any and all other laws, rules and regulations relating to the licensing of physicians in training and the practice of medicine in the State of Illinois.

3. Accept no responsibilities for professional activities outside the scope of the Residency Program provided herein (including, but not limited to "moonlighting") unless approved in writing by the Affiliated Hospital and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. With regard to those residency programs in which outside professional activities may be permitted, the Physician shall adhere to the policy on professional activities outside the scope of residency training as approved by the GMEC (Moonlighting Policy).
  4. Must be able to meet the physical and environmental standards set forth in Attachment A, which is incorporated herein by reference.
- D. Physician will be provided with professional liability coverage. Said professional liability coverage, whether by enrollment in a program of self-insurance, inclusion under a professional liability insurance policy or a combination thereof, shall extend to the Physician while the Physician is performing professional duties and responsibilities as a part of the Physician's Residency Program, provided, however, that said professional liability coverage shall not apply to professional acts performed outside the scope of the Residency Program. Said professional liability coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Residency Program, if the alleged acts or omissions of the Physician were within the scope of the Residency Program, in accordance with the applicable self-insured trust and/or liability policy. Professional liability coverage details will be provided to Physician prior to the commencement date of the appointment. Physician will also be notified of any material changes to the details of their professional liability coverage.
- E. Medical Specialty Board requirements applicable to the Residency Program specify that the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_ -month period. If the resident is required to complete a preliminary year governed by another Medical Specialty Board, the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_ -month period for that year of training. Anything in this Agreement to the contrary notwithstanding, it is understood and agreed by the Physician that if, because of approved leave or other absence, the Physician does not meet said Board requirements, it may be necessary for the Physician to extend the duration of the Residency Program until said Board requirements have been satisfied.
- F. The Physician agrees to abide by a risk management and quality control program which shall provide, without limitation, for the following:
1. The joint review of the Physician's credentials by the Affiliated Hospital and the School of Medicine.
  2. The joint indoctrination of the Physician with respect to the Physician's responsibilities to the patient, the School of Medicine, and the Affiliated Hospital.
  3. The suspension of the Physician for an indefinite period of time, for failure to comply with this Agreement or for reasonable cause, by the appropriate officials of the School of Medicine or the Affiliated Hospital. If such an event occurs, the Physician may be suspended from training and clinical duties without compensation as identified herein.
  4. Compliance by the Physician with the School of Medicine's policy regarding licensing examinations (USMLE/COMLEX Exam Policy).
  5. Compliance by the Physician with regulations regarding completion of medical records at the Affiliated Hospitals and the School of Medicine.
  6. Compliance by the Physician with regulations regarding completion of time records at the

Affiliated Hospitals and the School of Medicine.

7. Compliance with all required education modules including on-line modules as proscribed by the Affiliated Hospitals and/or the School of Medicine.
  8. Compliance with required certifications (i.e. BLS, ACLS, etc.)
- G. In accordance with applicable School of Medicine policy, this Agreement may be terminated at any time, during the Term, by joint decision of the Affiliated Hospital and the School of Medicine, in which case the Physician's compensation specified herein will be prorated to the date of termination and the Physician will be paid for vacation (paid time off) earned but not used prior to the date of termination. In the event that a request for review is filed by the Physician under the Due Process and Resident Complaint Policy, as amended from time to time, pay and benefits may be continued at the discretion of the Affiliated Hospital. Decisions regarding promotion in the program will be made in accordance with the Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy, as amended from time to time. If a decision has been made the Physician will not be promoted to the next level of training for the following year, the Physician shall be notified in writing by the Program Director that the Physician's contract may be extended at the current PGY level or will not be renewed at the next Renewal Term. The Program Director shall use its best efforts to provide at least 60 days' notice of extension at the current PGY level or non-renewal prior to the expiration of the then current Term.
- H. In the event the Physician's contract is terminated early or not renewed during either the Initial Term or any Renewal Term(s) for any reason other than non-promotion of Physician to the next level of training, the Program Director shall notify the Physician in writing. Such non-renewal or early termination shall be subject to the approval of the Affiliated Hospital and any applicable policy. Any notice required to be given to the Physician shall be in accordance with the applicable policy which governs the dismissal or non-renewal of the Physician's participation in the Residency Program. If the applicable policy does not provide for a specified notice period, such notice period shall be at the discretion of the School of Medicine and the Affiliated Hospital.
- I. The Physician shall notify the Program Director and the Affiliated Hospital, in writing, in the event the Physician does not intend to continue training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the then current Term.
- J. If, in the sole discretion of the Affiliated Hospital and School of Medicine, the Physician is not suitable for advancement to the next PGY level, but continued progression of the Physician through the Residency Program and extension of the Physician's time in the Residency Program is appropriate, the School of Medicine may provide an extension letter, allowing the Physician time to remediate under the current PGY level. Academic deficiencies and remediation are governed by the GMEC Academic Deficiency Policy.
- K. It is the policy of the School of Medicine and the Affiliated Hospitals to maintain an environment which is free from all forms of harassment based on a person's legally protected status (including race, sex, national origin, religion, military status, age and disability) and sexual harassment (herein after referred to as harassment), improprieties and intimidation. The Physician is entitled to the protections afforded by these policies while serving as a resident hereunder.

The Physician agrees to abide by the School of Medicine's and the Affiliated Hospitals' respective policies regarding equal employment, sexual harassment and harassment on the basis of other protected status as set forth above. The Physician acknowledges that failure to abide by these policies may result in immediate termination of this Agreement. Allegations of discrimination and/or harassment will be



addressed in accordance with the applicable policies of the School of Medicine or the Affiliated Hospital.

- L. The Physician agrees to abide by all standards outlined in the (225 ILCS 60/) Medical Practice Act of 1987. Any violations of that Act, including but not limited to Section 22, or other instances of ethical or moral turpitude is grounds for immediate termination and therefore cannot be requested for review under the Due Process and Resident Complaint Policy as amended from time to time.
- M. Unless otherwise mutually agreed by the Physician and the Program Director, at least sixty (60) days' advance notice of intent to resign from the Residency Program during the Initial Term or any Renewal Term must be given, in writing, by the Physician to the Program Director.
- N. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof; supersedes all prior agreements, written or oral, between the parties with respect to such subject matter and except for renewal, non-renewal, or extensions may be modified only by a written agreement signed by all of the parties. If any provision of this Agreement conflicts with any provision of any other document, agreement, policy, or guideline, the provisions in this Agreement shall prevail over any other conflicting provisions.
- O. The validity, interpretation and effect of this Agreement shall be governed by the laws of the State of Illinois. The parties hereby consent to the jurisdiction of the appropriate courts located in Illinois for the resolution of any dispute arising hereunder.
- P. In the event that one or more of the provisions of this Agreement is or are declared illegal, void or unenforceable, that shall not affect the validity of the remaining provisions of this Agreement.
- Q. The Physician shall not have the right to request a review of their failure to successfully pass the post-offer drug test.
- R. The School of Medicine policies referenced in Witnesseth paragraph 3, Sections A.5, A.6, B.4, B.5, C.1.f, C.3, E.4-6, F, I, J, and K, each as amended from time to time, are available on the School of Medicine website at <https://www.siumed.edu/gme/gme-policies-and-procedures>.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed the day and year first written above.

PHYSICIAN:

\_\_\_\_\_

Printed Physician Name  
Illinois License No \_\_\_\_\_

BOARD OF TRUSTEES OF  
SOUTHERN ILLINOIS UNIVERSITY

SPRINGFIELD MEMORIAL HOSPITAL  
SPRINGFIELD, ILLINOIS

\_\_\_\_\_

Jerry Kruse, MD, MSPH  
Dean and Provost, SIU School of Medicine, and  
Chief Executive Officer, SIU Medicine for  
Austin A. Lane, Chancellor  
Southern Illinois University Carbondale

\_\_\_\_\_

Kevin R. England  
Senior Vice President & Chief Administrative Officer  
Memorial Health

RECOMMENDED:

\_\_\_\_\_

Residency Program Director

Amended and Approved by GMEC February 17, 2023

## ATTACHMENT A

In order to satisfactorily perform the resident position, Physician must be able to meet the requirements set forth below. These requirements may be achieved with or without reasonable accommodations.

### Work Hours

- Compliance with ACGME, SIU SOM and program clinical and educational work hour policies and requirements, including the ability to:
  - Work within typical business hours, beyond typical business hours, night shift hours, unpredictable hours, or a combination of all
  - Work up to 80 hours per week, averaged over a four-week period, inclusive of all in-house call, clinical and educational activities, and clinical work done from home
  - Work multiple consecutive days including weekends with a minimum of one day in seven, free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call
  - Return to work after eight hours off between scheduled clinical work and education periods (excluding in-house call)
  - Work a maximum of 24 hours of continuous duty in the hospital followed by up to an additional 4 hours on-site for patient safety, education, and effective transitions of care
  - Assignment of in-house call as often as every third night (when averaged over a four-week period)

### Additional Physical Standards

- Physical Standards vary by specialty and year of training. In general, physical standards are as follows:
  - Stand for long periods of time
  - Sit for long periods of time
  - Be physically active for long periods without getting tired or out of breath
  - See details of objects that are less than a few feet away, with or without corrective lenses
  - Maintain focus on required tasks despite distractions
  - Use hands to handle, control, or feel objects, tools, or controls
  - Use fingers to grasp, move, or assemble very small objects
  - Perform repetitive movements
  - Enter information into an electronic health record



**Hospital Sisters**  
HEALTH SYSTEM

# Medical Resident Benefits Guide 2023



# Your Benefits

*For 2023, the medical, prescription drug, dental & vision plans stay the same and there is no increase to your contributions.*

## Annual Enrollment:

### November 7 – November 21

Enroll or make changes in Workday. An Open Enrollment benefit task will be deployed to your Workday inbox on November 7.

To help you prepare to enroll in your benefits, use this guide to:

- Learn about your 2023 benefit choices.
- Know where to find resources and support.

For more details about your 2023 HSHS benefits, check out the interactive 2023 Virtual Benefits Fair <https://www.virtualfairhub.com/hshs>



#### Availability of Summary Health Information

HSHS offers two medical coverage options. As required by the Patient Protection and Affordable Care Act, your plan makes available a Summary of Benefits and Coverage (SBC) for each option. SBCs can be found on the HSHS Virtual Benefits Fair - [virtualfairhub.com/hshs](https://www.virtualfairhub.com/hshs). You can also request a paper copy, free of charge, by contacting the HR Service Center.

## Inside this Guide

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## Medical Plan Benefit Highlights



Visit the HSHS Virtual Benefits Fair and find the Medical Residents booth. It is designed just like an in-person benefit fair! Here you can learn about your benefits, find helpful resources, and get your benefit questions answered.

Visit the Virtual Benefits Fair at [www.virtualfairhub.com/hshs](http://www.virtualfairhub.com/hshs)

### Medical and Prescription Drug Coverage

You have two medical options through Aetna:

- Health Maintenance Organization (HMO) – **In Network Only**
- Preferred Provider Organization (PPO)

For many covered services, you must first meet a deductible before the PPO plan options begin to pay benefits. After you meet the deductible, the plans pay a percentage of the cost of services, and you pay the remaining amount. **Preventive care, such as annual routine physical exams and screenings, are covered at 100% when you visit Aetna providers.**

#### *HMO & PPO Plan: In-Network Providers*

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from certain providers. When you use in-network providers, you receive:

- Protection against unexpected charges above reasonable and customary (R&C), since network providers charge preferred rates well within R&C limits.
- Freedom from claim forms, since network providers file claims and bill the plan for payment — as a result, your money isn't tied up waiting for reimbursement.
- Savings through lower rates for services negotiated by Aetna, the network administrator.

#### *PPO Plan Only: Out-of-Network Providers*

When you visit providers who are considered out-of-network, you receive a lower level of benefit and pay more. If your out-of-network provider's charge exceeds the R&C rate, you will be responsible for paying the amount above R&C, as well as the deductible and/or coinsurance amount that applies to the medical option you select.

Additional information about in-network and out-of-network providers can be found at **[aetna.com](http://aetna.com)**.

### *Find a Provider*

To locate an in-network provider, go to the Aetna Member Website at **[aetna.com](http://aetna.com)**.

### *The Aetna Health<sup>SM</sup> App*

The Aetna Health<sup>SM</sup> app provides a seamless way to manage your benefits, connect to care, and get health care support. Here are some examples of what you can do with the app:

- View your health plan summary and get detailed information about what's covered.
- View claims details and pay claims for your whole family.
- Search for providers, procedures, and medications.
- Get cost estimates before you get care.

Download the Aetna Health<sup>SM</sup> app today by texting "**AETNA**" to **90156** for a link to download the app. Message and data rates may apply.\*

### *Get Support from Aetna*

For assistance, call 1-844-362-0931. An Aetna customer service representative will be available to answer your questions.





To learn more about your prescription drug coverage, call toll-free at 1-888-792-3862. If you need the help of a telephone device for the deaf, call 1-877-833-2779.



**Visit an HSHS Pharmacy**

HSHS pharmacies can be found in select HSHS facilities and elsewhere in the communities we serve. You can save time in your day by getting your prescription filled at or close to your work location. Experience the ease and convenience of using an HSHS pharmacy.

**Prescription Drug Coverage**

When you enroll in an Aetna medical option, you will automatically have prescription drug coverage through in-network pharmacies.

When filling a prescription, you have two options:

- Fill up to a 30-day supply at an in-network retail pharmacy.
- Fill up to a 90-day supply using a CVS Caremark® mail order service.

To find out if a retail pharmacy is part of the Aetna network, ask your pharmacy or visit **aetna.com** during enrollment.

**How to get started with CVS Caremark® home delivery:**

1. Call or go online: Call 1-888-792-3862 or login to the member website at **aetna.com**.
2. Request home delivery: By phone, online, or mail an order form.
3. Get refills your way: It's easy to reorder online, by phone, or by mail.

**What will I pay?**

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

**Know the Cost of Your Medication Ahead of Time**

**How?** – Log in to your member website at **aetna.com**. Select Manage Prescriptions, then click on “Pharmacy Coverage and Costs.” Choose “Estimate drug costs” to see what you’ll pay and get the most value from your plan.



## Compare Your Medical Plan Options

	HMO	PPO	
	In Network	In Network	Out of Network
<b>Annual Medical Deductible</b>			
Per Individual	None	\$500	\$1,000
Family Limit	None	\$1,000	\$2,000
<b>Annual Medical Out-of-Pocket Maximum</b>			
Per Individual	\$1,500	\$3,000	\$5,000
Family Limit	\$3,000	\$6,000	\$10,000
<b>Preventative Care</b>	Covered in Full	Covered in Full	40%*
<b>Office Visits</b>			
PCP	\$25	\$25	40%*
Specialist	\$50	\$50	40%*
Walk-In Clinics	\$25	\$25	40%*
<b>Lab and Imaging</b>			
Diagnostic Lab Services	Covered in Full	20%*	40%*
Diagnostic Imaging (X-ray / Advanced)	\$50	20%* / \$150*	40%*
<b>Hospital</b>			
Inpatient	\$350	20%*	40%*
Outpatient	\$50	20%*	40%*
<b>Emergency Room (waived if admitted)</b>	\$300, no coverage if non-emergency	\$300 50%* if non-emergency	\$300 50%* if non-emergency
<b>Ambulance<sup>1</sup></b>	Covered in Full	20%*	20%*
<b>Urgent Care</b>	\$100 copay, no coverage if non-urgent	\$100 copay 50%* if non-urgent	40%* 50%* if non-urgent
<b>Mental Health / Substance Abuse</b>			
Inpatient	\$350	20%*	40%*
Office Visits	\$50	\$50	40%*
Other Services	Covered in Full	Covered in Full	40%*
<b>Skilled Nursing Facility<sup>2</sup></b>	\$350	20%*	40%*
<b>Home Health Care<sup>3</sup></b>	Covered in Full	\$50*	40%*
<b>Telemedicine</b>	\$25	\$25	40%*
<b>Rehabilitation Services - Outpatient<sup>4</sup></b>	\$50	\$50	40%*
<b>Spinal Manipulation<sup>5</sup></b>	\$50	\$50	40%*
<b>Durable Medical Equipment</b>	20%	20%*	40%*
<b>Other Covered Services</b>	\$50	20%*	40%*
<b>Lifetime Benefit Maximum</b>	Unlimited	Unlimited	
<b>Pharmacy</b>			
Retail Drugs (30-day supply)			
Preferred Generic	Tier 1 \$10	Tier 1A \$3 Tier 1 \$10	20%*
Preferred Brand Name	\$35	\$35	20%*
Non-Preferred	\$60	\$60	20%*
Specialty (preferred / non-preferred)	10%/20%	\$150 / \$300	20%*
Mail Order Drugs (90-day supply)			
Preferred Generic	Tier 1 \$25	Tier 1A \$7.50 Tier 1 \$25	Tier 1A N/A Tier 1 20%*
Preferred Brand Name	\$87.50	\$87.50	20%*
Non-Preferred	\$150	\$150	20%*
Specialty	N/A	N/A	N/A

\* after Annual Medical Deductible is met

<sup>1</sup> no coverage if non-emergency

<sup>2</sup> limited to 60 days per year

<sup>3</sup> limited to 60 visits per year

<sup>4</sup> for HMO plan – limited to 60 visits per year, for PPO plan - limited to 20 visits per year

<sup>5</sup> for PPO plan – limited to 20 visits per year

## More benefits for you and your family

### More Health Support for You

#### Anytime Care Virtual Visits

Have a medical question? You have access to a doctor, 24/7, using Anytime Care. Visit with a doctor online or via telephone about many conditions, including allergies, asthma, cold and flu symptoms, rashes, and sinus infections. The service is available online at **www.anytimecare.com**, or you can call 1-844-391-4747 and speak with a provider.

The Anytime Care program is available to plan participants in all 50 states.

#### HSHS Discount Program

**PerkSpot** gives you access to exclusive discounts on:

- Automotive
- Beauty & Fragrance
- Books & Media
- Financial & Life Services
- Health & Wellness

Check out the discounts at <https://hshs.perkspot.com/login>.

## Employee Assistance Program

The Employee Assistance Program (EAP) provides you and your eligible dependents with support to manage the stress and challenges of life. The program is available to all HSHS colleagues without enrollment, and there is no cost to you.

All services are confidential and provided by professional counselors. The EAP team includes family therapists, clinical social workers, marriage and family therapists, professional counselors and clinical psychologists.

Services include support for:

- Physical and emotional illness
- Marital, relationship and family concerns
- Grief and bereavement
- Career and job issues
- Stress
- Drug and alcohol abuse
- Gambling

For more information or to schedule an appointment, contact ComPsych at 1-877-327-7429, or visit **www.guidanceresources.com** (enter "HSHS4U" for the organization web ID).

## Identity Theft Protection

HSHS offers you the opportunity to purchase **Identity Theft Protection** for you and your family. Allstate Identity Protection Pro Plus offers:

- Proactive monitoring to help you see, manage, and protect personal data
- Financial activity monitoring, credit monitoring and alerts, credit assistance, cyber bullying protection, social media monitoring, sex offender alerts, and more
- Physician NPI data, DEA, and other license monitoring

To learn more, visit the new HSHS Virtual Benefits Fair:  
[www.virtualfairhub.com/hshs](http://www.virtualfairhub.com/hshs)



## Dental Coverage



The plan provides two dental plan options to help you care for your teeth and gums:

- Basic Option.
- High Option.

The dental options provide coverage for preventive and diagnostic services and basic and major care. When you enroll in the High Option, orthodontia is also covered for you and your eligible dependents.

### Compare Your Dental Plan Options

Dental Option	BASIC	HIGH
Annual Deductible	\$50/person, up to \$150/family maximum	\$25/person, up to \$75/family maximum
Annual maximum benefit	\$1,000/person	\$2,000/person (not including orthodontia)
Preventive care and diagnostic services, including: <ul style="list-style-type: none"> <li>• Up to two exams per calendar year</li> <li>• Up to two cleanings per calendar year</li> <li>• Complete set of x-rays in a 36-month period</li> <li>• Up to two fluoride treatments for children under age 19 in a 12-month period</li> </ul>	100% no deductible	100% no deductible
Basic care services, including: <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Extractions</li> <li>• Root canal therapy</li> <li>• Oral surgery</li> <li>• Repair of dentures and bridges</li> </ul>	85% after deductible	85% after deductible
Major care services, including: <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> <li>• <b>Implants – High Plan only</b></li> </ul>	50% after deductible Implants Not Covered	50% after deductible
Orthodontia	Not Covered	50% after annual deductible and additional \$25 charge \$1,500/person lifetime maximum benefit

All dental charges are subject to Reasonable and Customary (R&C)

## Vision Coverage

You can receive vision coverage through the VSP Vision Plan, or as part of your dental or medical coverage. The VSP Vision Plan provides coverage for eye exams, lenses, frames and contact lenses, plus discounts on many vision services and products. No deductible applies to VSP vision benefits.

	VSP Network Providers	Other Providers
<b>Vision Exams</b> (once every calendar year)	Covered in full after \$15 copay	Up to \$45 reimbursement
<b>Lenses</b> (once every calendar year)		Reimbursement
<ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Progressive Bifocals                             <ul style="list-style-type: none"> <li>- Standard</li> <li>- Premium</li> <li>- Custom</li> </ul> </li> <li>• UV Coating</li> <li>• Tint</li> <li>• Scratch Resistance</li> <li>• Anti-reflective (standard)</li> <li>• Basic Polycarbonate</li> </ul>	Covered in full Covered in full Covered in full Covered in full \$0 copay \$95-\$105 copay \$150-\$175 \$16 copay \$0-\$15 copay \$17 copay \$41 copay Children: \$0 copay Adults: \$31-\$35 copay 20% - 25% discount	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50 Up to \$50 Up to \$50 Not covered Not covered Not covered Not covered Not covered
<b>Frames</b> (once every calendar year)	\$150 allowance \$170 allowance for featured frames 20% off balance \$150 Costco allowance	Up to \$70 reimbursement
<b>Contact Lenses</b> (once every calendar year in lieu of frames and lenses)		Reimbursement
<ul style="list-style-type: none"> <li>• Medically Necessary</li> <li>• Elective</li> <li>• Fit &amp; Follow up</li> </ul>	\$0 copay \$130 allowance \$0 copay	Up to \$210 Up to \$105 Not covered
<b>Other</b>	<ul style="list-style-type: none"> <li>• Prescription sunglasses: 20% discount</li> <li>• Low vision aid: 75% of cost up to \$1,000 every 2 years</li> <li>• Laser surgery: 15% discount off regular price (5% off promotional price) at select providers</li> </ul>	Not available



### Cigna and EyeMed Vision Discount Programs

Colleagues who enroll in dental coverage have the Cigna Vision discount program. Additionally, if you are enrolled in the Aetna Medical Insurance, you have access to the EyeMed Vision Discount through participating providers. The vision discount programs provide savings on routine eye exams and purchases of frames and lenses, including contacts. To view discount information for vision care services for Cigna Vision, visit the Cigna Dental Booth @ [www.virtualfairhub.com/hshs](http://www.virtualfairhub.com/hshs)

## Flexible Spending Accounts (FSAs)



Flexible spending accounts, or FSAs, help you save by letting you set aside money — on a tax-free basis — to pay for certain eligible out-of-pocket expenses.

**Health Care Flexible Spending Account (FSA)** – You can contribute up to the IRS limits to your Health Care FSA each year. You can use the money in the account to cover expenses that are not covered by your medical, dental, and vision plans.

**Dependent Care Flexible Spending Account (FSA)** – The Dependent Care FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult) when you're working, looking for a job, or attending school on a full-time basis. You can set aside up to \$5,000 to pay for eligible dependent day care expenses (\$2,500 if you're married and filing separate tax returns).

### *About the Dependent Care FSA and Taxes*

As you consider a Dependent Care FSA, think about what works best for you: the FSA or the dependent care tax credit provided by federal law.

It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In most cases, the Dependent Care FSA provides more savings than the tax credit.

### *How FSAs Work*

Using an FSA is easy and saves you money, but requires careful planning. With an FSA, you put aside money to pay for annual expenses through tax-free payroll deductions, which fund your account(s). By making tax-free contributions, you're reducing your taxable income — **which means more money in your pocket.**

#### *Use your Benny Card for eligible Health Care FSA expenses:*

*Health Care FSA participants will be able to use the FSA Benny card for easy and convenient payment of out-of-pocket expenses. If you receive a service that does not accept the FSA debit card, save your receipt and file a paper claim for reimbursement from your account.*

For information about eligible expenses, see IRS Publication 502 (for Health Care FSA-eligible expenses) or IRS Publication 503 (for Dependent Care FSA-eligible expenses), available at [www.IRS.gov](http://www.IRS.gov), or visit Tri-Star Systems' website at [www.tri-starsystems.com](http://www.tri-starsystems.com).

**Please note abortions, sterilizations, contraceptives, sexual reassignment, in-vitro fertilization, artificial insemination, or embryonic implantation procedures are not considered eligible Health Care FSA expenses due to HSHS ethics/philosophy.**

**Check out the new updates to the Supplemental Life and AD&D benefit options for you and your family!**

## Life and AD&D Insurance

When the unexpected happens, you and your family are protected.

### Basic Life and Accidental Death and Dismemberment (AD&D) Coverage

You automatically receive basic coverage of \$50,000.

You are not required to provide evidence of insurability — or proof of good health — for basic life and AD&D coverage.

### Voluntary Accidental Death and Dismemberment (AD&D) Coverage

In addition to the basic AD&D insurance coverage provided by HSHS, you can purchase more coverage separate from life insurance for you and for your family through Securian. Your cost for voluntary AD&D coverage is paid on a pre-tax basis.

You may purchase voluntary AD&D insurance for yourself in a coverage amount ranging from \$50,000 to \$500,000. You can also purchase additional coverage for your family in the following coverage amounts:

- **You and spouse only:** Your legal spouse is covered for 60% of your coverage amount.
- **You, spouse and children:** Your legal spouse is covered for 50% of your coverage amount and each child is covered for 15% of your coverage amount.
- **You and children only:** Each child is covered for 20% of your coverage amount.

### Supplemental Life Insurance Coverage

You also have additional life insurance options you can purchase on an after-tax basis through Securian, including:

- **Supplemental life insurance for you** from one to eight times your pay, up to \$1 million in additional coverage.
- **Supplemental life insurance for your legal spouse** in \$5,000 increments from \$5,000 to \$100,000. If your spouse is also an HSHS colleague and eligible for basic life insurance, you cannot elect supplemental life insurance for your spouse.
- **Supplemental life insurance for your eligible dependent children** is improved to \$20,000 for each child. When you select supplemental children's life insurance, each child from live birth is covered for the same amount — \$20,000.



### Living Care Benefit

The living care benefit can provide financial assistance if you become terminally ill by letting you receive a part of your life insurance benefit while you are living.

For more information about your life and AD&D benefits, including when evidence of insurability is required, visit the Virtual Benefits Fair [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs) and check out the Life & AD&D booth.

## Disability Coverage and Retirement



Disability benefits help protect you and your family by providing a portion of your income if you become disabled and are unable to work because of a personal illness or injury. HSHS provides long-term disability insurance for your financial protection.

### Long-Term Disability (LTD)

If your disability extends beyond 26 weeks, you may be eligible for long-term disability benefits.

#### LTD Coverage

<b>Benefit</b>	Up to 60% of monthly earnings
<b>When benefits begin</b>	After 180 days of disability
<b>Minimum benefit</b>	10% of your gross benefit or \$100, whichever is greater
<b>Maximum benefit</b>	\$10,000/month

For more information about your disability benefits, visit the virtual benefits fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs).



### Retirement Program

To help you save for the future, HSHS provides a retirement program that includes a 403(b) Retirement Savings Plan.

HSBS automatically enrolls you at 4% of salary if no action is taken by your 60<sup>th</sup> day of employment. This program allows you to set aside before or after-tax dollars toward your retirement savings.

For additional information about eligibility, call Fidelity Member Services at 1-800-343-0860 or visit <https://nb.fidelity.com/public/nb/atwork/home>.

#### *Get One-on-One Help Planning for Retirement.*

Meet with a Fidelity Retirement Solutions retirement planning consultant to learn how your retirement plan can help you achieve your retirement savings goals. Visit the retirement booth at [www.virtualfairhub.com/hshs](https://www.virtualfairhub.com/hshs) to schedule your appointment today!

## Cost of Coverage

You and HSHS share the cost of your benefits.

<p><i>HSHS pays for:</i></p> <ul style="list-style-type: none"> <li>Basic Life and AD&amp;D Insurance</li> <li>Long-Term Disability Coverage</li> </ul>	<p><i>HSHS pays for:</i></p> <ul style="list-style-type: none"> <li>Employee Assistance Program</li> <li>HSHS 403(b) Plan</li> </ul>	<p><i>You pay for:</i></p> <ul style="list-style-type: none"> <li>Vision</li> <li>Flexible Spending Accounts</li> <li>Voluntary AD&amp;D</li> <li>Supplemental Life</li> <li>Anytime Care Program</li> <li>Identity Theft Protection</li> </ul>	<p><i>While HSHS pays the majority of the cost, you and HSHS share the cost of:</i></p> <ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> </ul>
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You pay your share of most benefit costs before federal, state and Social Security taxes are calculated.

If you elect supplemental life insurance for yourself, your spouse or your child(ren), you pay for this coverage with after-tax deductions. Premiums for supplemental life coverage for you and your spouse are age-based; for children, the premiums are a flat amount, regardless of the number of children.

*See the following charts for your 2023 medical, dental and vision coverage costs.*

Medical	2023 Biweekly Colleague Medical Insurance Deductions	
	Colleague Only	Colleague + Spouse + Child(ren)
HMO	\$18.02	\$52.67
PPO	\$17.58	\$52.45

Dental	2023 Biweekly Colleague Dental Plan Deductions			
	Colleague Only	Colleague + Spouse	Colleague + Child(ren)	Colleague + Spouse + Child(ren)
Basic	\$1.92	\$16.48	\$12.33	\$26.84
High	\$8.08	\$29.12	\$30.72	\$51.73

Vision	2023 Biweekly Colleague Vision Plan Deductions			
	Colleague Only	Colleague + Spouse	Colleague + Child(ren)	Colleague + Spouse + Child(ren)
VSP	\$3.55	\$7.09	\$7.59	\$12.12



## Contact Information

If you have questions about ...	Contact ...
Enrolling	HR Service Center MyHR@hshs.org
Medical <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Claim information</li> <li>• ID cards</li> <li>• Prior authorization</li> <li>• Teladoc</li> </ul>	Aetna www.aetna.com 1-844-362-0931  www.teladoc.com/aetna 1-855-835-2362
Prescription Drugs	Aetna www.aetna.com 1-888-792-3862
Dental <ul style="list-style-type: none"> <li>• Claim information</li> <li>• Dental providers</li> </ul>	Cigna HealthCare www.cigna.com 1-800-244-6224
Vision	Vision Service Plan (VSP) www.vsp.com 1-800-877-7195
Flexible Spending Accounts <ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• Dependent Care FSA</li> </ul>	Tri-Star Systems www.tri-starsystems.com 1-800-727-0182 (phone) 1-800-315-0737 (fax)
Disability Insurance <ul style="list-style-type: none"> <li>• Long-Term Disability</li> </ul>	UNUM www.unum.com 1-866-295-3007, Monday – Friday, 7 a.m.- 7 p.m. CST
HSHS 403(b) Plan	Fidelity https://nb.fidelity.com/public/nb/atwork/home 1-800-343-0860
Employee Assistance Program	ComPsych www.guidanceresources.com (enter “HSHS4U” for the organization web ID) 1-877-327-7429
HSHS Discount Program	https://hshs.perkspot.com/login

This guide is intended to be only an overview of benefits for Medical Residents. More details about how the benefits work are included in the summary plan descriptions for those benefits. Hospital Sisters Health System reserves the right to change, suspend, freeze or end benefit plans at any time.



HR Service Center  
MyHR@hshs.org

 Updated  
June 16, 2023

# 2023

## Benefits Guide

R E S I D E N T S



 Memorial  
Health



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# Care for your health and well-being

Our mission at Memorial Health is to improve lives and build stronger communities through better health. That important task begins with our workforce.

Memorial Health offers an array of benefits to help ensure your physical, mental and financial well-being. If you need more information about the benefits described in this book, please reach out to our Benefits team.

Thank you for all you do to provide compassionate care. As you serve our patients and communities, don't forget to care for yourself as well.

# Enroll in your Memorial Health benefits

## PREPARE

Read this Benefits Guide

Share with your family

Explore available tools and resources

## ENROLL

See the [quick reference guide on Memorial Central](#) for additional instructions.

1

Log in to [Colleague Self Service \(CSS\)](#)

2

Click on the Benefits link under Bookmarks tab

3

Select Benefits Enrollment

4

Elect benefits that match the needs of you and your family



**Open Enrollment is the only time to enroll in your benefits plans unless you experience a qualifying event described below.**

## QUALIFYING EVENTS

A qualifying event is a change in your life that may affect your eligibility or your dependents' eligibility for benefits. A qualifying event includes the loss or gain of coverage by you or your dependents, or one of the following examples:

### Legal Marital Status

- Marriage
- Divorce
- Spouse/Partner Death
- Legal Separation

### Dependent Changes

- Birth
- Adoption
- Death
- Ineligible Age

The colleague must notify the Benefits department of a qualifying life event within 31 days.

Complete a [Benefits Change form](#)

Attach supporting documentation



**Failure to do so will prohibit your ability to change your benefits.**

*The information provided in this guide is a summary provided for your convenience. For more details about each of your benefits plans, please refer to the Summary Plan Description located on CSS.*



**Questions?** Contact the Benefits department. 844-225-7550 | [MHSBenefits@mhsil.com](mailto:MHSBenefits@mhsil.com)

# Dependent eligibility

Eligible colleagues may elect to cover eligible family members. Eligible family members include:

Legal Spouse/  
Civil Union Partner

Dependents up  
to age 26

Dependents older than 26 with  
permanent or total disability.

**!** Colleagues must provide documentation to verify a newly enrolled dependent's eligibility under the plan.

## DEPENDENT VERIFICATION PROCESS

If you add a dependent that has not been verified through a prior dependent eligibility audit, you will be contacted by the Memorial Health Benefits department to verify your dependent's eligibility. When you receive this request, be sure to promptly respond or your dependents will be automatically dropped from coverage. Some documents you may be asked to provide include:

- Marriage Certificate
- Civil Union Certificate
- Birth Certificate
- Adoption Certificate
- Tax Return

### Dependent remains eligible for coverage if:

- Required documents are submitted promptly.
- Verification of eligible status is confirmed.



If you fail to submit the required documentation within Memorial Health Benefits department's time frame or if a dependent is found to be ineligible, the affected dependent will automatically be removed from the plan(s).

The colleague will be asked to repay the plan for benefits paid on the ineligible dependent.

Memorial Health will perform periodic audits on the benefits plan enrollment. Falsifying dependent information to obtain or continue coverage is considered a fraudulent act and is subject to serious penalties, including termination of employment.





# Choose from a comprehensive benefits portfolio

## BENEFITS OPTIONS



Medical and Prescription Drug



Dental



Vision



Life Insurance and Accidental Death & Dismemberment



Flexible Spending Accounts



Accident Insurance



Critical Illness Insurance



Hospital Indemnity Insurance



Whole Life Insurance



Identity Theft Protection Services



Group Long-Term Disability Insurance



Pet Insurance



## KEY TERMS

### **Copay:**

Amount you pay upfront for your visit.

### **Deductible:**

Amount you pay before the plan starts to pay coinsurance.

### **Coinsurance:**

Amount you pay for covered services after you pay the deductible. For example, if your plan has coinsurance of 20 percent and you have already paid the deductible, the plan pays 80 percent of the costs and you pay 20 percent.

### **Out-of-Pocket Maximum:**

The most you will pay for covered medical expenses in a year. Once you reach your out-of-pocket maximum, the plan pays 100 percent of the allowed benefits covered by the plan for the remainder of the year.

### **Covered Services:**

Services deemed by your plan to be medically necessary.

## SIGN UP FOR A BENEFITS CONSULTATION

If you are a benefits-eligible colleague, you have access to one-on-one benefits counseling. A team of benefits communication specialists is available to provide a personal way for you to understand the full range of benefits offered at Memorial Health.

### **Each benefits communication specialist will be available to:**

Schedule a convenient one-on-one meeting.

Educate you on core benefits.

Help you enroll in guaranteed-issue voluntary benefits.

Assist and advise on selecting benefits that best meet specific needs.



**Schedule a one-on-one consultation.** 844-225-7550 | [MHSBenefits@mhsil.com](mailto:MHSBenefits@mhsil.com)

# Medical plan overview



BlueCross BlueShield  
of Illinois

844-266-8797  
bcbsil.com

Memorial Health offers two medical coverage options through Blue Cross Blue Shield of Illinois so you can select the best plan for you and your family. The two options are the Quality Plan and the Quality Plus Plan. Both plans provide four different levels of coverage to choose: colleague only, colleague and spouse, colleague and children or family coverage. Each of these coverage levels offers the lowest colleague contribution rate for non-nicotine users. A nicotine-user surcharge will apply to colleagues and their spouses identified as nicotine users.

Neither plan requires a deductible to be met before benefits are paid. You will be responsible for the copay amounts listed in the benefits grid on the next page. You will continue to pay copays until you have reached your out-of-pocket maximum. The out-of-pocket maximum for in-network services is \$1,500 per person, per year, or \$3,000 per family, per year. Your prescription drug copays apply toward your out-of-pocket maximum. The Quality Plus Plan includes a \$1,200 Health Reimbursement Account (HRA) to be used on qualifying medical and prescription expenses. This enhancement will add \$10 per pay to premium costs. Highlights of both plans are outlined below.

Take advantage of these features to help you and your covered dependents stay healthy and reduce healthcare costs.

## LIMITED ACCESS REIMBURSEMENT PROGRAM

Until a contract agreement is signed between Springfield Clinic and Blue Cross and Blue Shield of Illinois, Memorial Health will offer the Limited Access Reimbursement Program to assist colleagues and their families enrolled in the medical plan who need care with limited in-network access options. Key details about the Limited Access Reimbursement Program include:

### Specifically for professional services at Springfield Clinic in the following specialties:

Obstetrics/Gynecology

Hematology Oncology

Radiation Oncology

Allergy Immunology

Participants will submit Springfield Clinic bills to the Memorial Health Benefits department

Once out-of-network deductible is met, Memorial Health will reimburse member equal to up to 80% of charge, paid tax-free via direct deposit

To participate, member MUST be enrolled in the Quality Plus Plan.

## MEMORIAL CHOICE

Memorial Choice offers a variety of services at Memorial Care and SIU Medicine with no copay or coinsurance.



### Primary Care and Urgent Care Visits

When you see an a Memorial Care or SIU Medicine primary care provider (excludes specialists) or visit a Memorial Care urgent care location, you'll receive the most common services for free. For your visit and select lab tests and X-rays there will be...

- NO Copay
- NO Deductible
- NO Coinsurance

A list of covered services is located on [Memorial Central](#).



### Memorial Care Telehealth

With [Memorial Care telehealth](#), you can have virtual access to expert care from a local Memorial Care provider at no cost. It is a convenient and effective way to treat non-emergency illnesses such as cold, cough, flu-like symptoms, sore throat, fever, skin rashes and more without leaving home.



### Nurse Concierge Service

The nurse concierge can help you schedule appointments and answer questions about your care by phone. Contact the nurse concierge by calling 217-862-0669.



### Care Coordination

Members who have a chronic condition and qualify to participate in Memorial Care Coordination Services will receive outreach and support from the Care Coordination team. Contact Care Coordination by calling 217-862-0137.



Please review the benefits summary below for specific details for each plan. For a more detailed benefits summary, refer to your Summary of Benefits and Coverage (SBC).

	QUALITY & QUALITY PLUS PLANS		
	Memorial Choice	In-Network	Out-of-Network
<b>Annual Deductible</b>			
<b>Individual</b>	None	None	None
<b>Family</b>	None	None	None
<b>Annual Out-of-Pocket Limit</b>			
<b>Individual</b>	\$0	\$1,500	Unlimited
<b>Family</b>	\$0	\$3,000	Unlimited
<b>Visits</b>			
<b>Office Visit/Exam</b>	\$0	\$30 copay	50% coinsurance
<b>Specialist Visit</b>	N/A	\$35 copay	50% coinsurance
<b>Urgent Care</b>	\$0 Memorial Care	All other sites \$75 copay	All other sites 50%
<b>Telehealth</b>	\$0 Memorial Care	(not covered)	
<b>Nurse Concierge</b>	\$0	(not covered)	
<b>Memorial Care Coordination</b>	\$0	(not covered)	
<b>X-Ray/Radiology Services</b>			
<b>X-ray &amp; Lab</b>	\$0 Select Labs, Chest X-ray; EKG	\$0 copay	50% coinsurance
<b>MRI &amp; CT Scan</b>		\$250 copay	50% coinsurance
<b>Hospital Services</b>			
<b>Inpatient Hospitalization</b>		\$250 copay	50% coinsurance
<b>Outpatient Surgery— Physician's Office</b>		\$200 copay	50% coinsurance
<b>Outpatient Surgery—Hospital</b>		\$200 copay	50% coinsurance
<b>Emergency Room</b>		\$150 copay	

# Prescription drug coverage



844-266-8797  
bcbsil.com

Prescription drug coverage is included with your medical plan election. Prime Therapeutics® is the prescription drug provider.

The plan summary below displays a snapshot of the prescription drug coverage at each retail tier level. You will notice there is a separate coverage level for specialty drugs. With specialty drugs, you will pay 20 percent coinsurance up to your out-of-pocket maximum.

For brand-name drugs dispensed when a generic equivalent is available, and there is no medical reason that a generic equivalent cannot be used, the covered person will pay an additional \$20 for each brand-name prescription in addition to the copayment amount. Certain high-cost medications will not be covered when there is a less expensive and widely accepted alternative available.

	QUALITY & QUALITY PLUS PLANS	
	In-Network	Out-of-Network
<b>Retail Tier 1 Generic—30-day fill</b>	Greater of \$10 or 15%	Not Covered
<b>Retail Tier 2 Preferred Brand—30-day fill</b>	30% with a \$50 max if no generic substitute available	Not Covered
<b>Retail Tier 3 Non-Preferred Brand—30-day fill</b>	50% with a \$100 max if no generic substitute available	Not Covered
<b>Specialty Prescription Drugs</b>	20%	Not Covered

## MAINTENANCE MEDICATIONS

Medication prescribed and taken on a regular/recurring basis for chronic, long-term conditions such as high blood pressure, high cholesterol and diabetes must be filled with a 90-day supply in order for the plan to cover a portion of the cost.

## STEP THERAPY

Under this program, a “step” approach is required to receive coverage for certain medications. This means that you must first try a proven, less expensive, equally safe and effective medication before a more costly treatment is covered.

## MAIL-ORDER PRESCRIPTION DRUG COVERAGE

You may get a 90-day supply of medications if you are enrolled in either plan. You can get a 90-day supply of Tier 1 (generic) drugs for only two copays. If you fill Tier 2 drugs with mail order, you will only pay 20 percent coinsurance up to a \$100 maximum.

## COVERAGE EXCLUSIONS

Certain drugs available over-the-counter are excluded from coverage in the plan. If you have questions about mail order, step therapy or coverage exclusions, contact Prime Therapeutics at 844-266-8797 or visit [bcbsil.com](http://bcbsil.com).



Generic drugs are the least expensive and have the same active chemical ingredients and therapeutic effect as their brand-name equivalents.

# Control your healthcare costs

You are encouraged to be an active participant with your healthcare provider and take steps to prevent disease. Seek early healthcare screenings and work with health coaches to address specific concerns.

## SEEK CARE AT APPROPRIATE SETTINGS

Develop a relationship with a primary care provider so you have a physician who can see you when you experience non-life-threatening conditions. Become familiar with [Memorial Care urgent care, telehealth](#) and walk-in services. The cost for non-life-threatening conditions is much higher in an emergency room than at an urgent care center or a physician's office.

## TAKE CARE OF YOURSELF—CHOOSE HEALTH

Eat healthy and exercise. If you have a health condition, follow your doctor's orders and manage that condition. You will likely lower future health expenses and improve your quality of life. Control your prescription medication expenses; generic prescriptions and prescriptions on lower tiers of the pharmacy formulary (i.e., tier 1) generally cost less. Ask your physician if other medications may be used to treat your condition.

## PARTICIPATE IN CARE COORDINATION PROGRAM

Memorial Care Coordination Services provide outreach and support for at-risk health plan participants. Selected plan participants are automatically enrolled in this program when medical claims data indicates a chronic medical condition exists or is at risk of developing. By enrolling in either medical plan option, you authorize the health plan to use and disclose medical claims data, which may contain protected health information and highly protected health information (e.g., mental health, AIDS, drug abuse), for identification, care and treatment in the Care Coordination Services program. Protected health information collected as part of the Care Coordination Services program will be kept confidential and will not be shared with your employer. Although participation is voluntary, active engagement in the program can help you set personal goals and see measurable improvements in your health status.

To learn more about care coordination, call 217-862-0137.

## USE MEMORIAL CARE TELEHEALTH

### Healthcare with Your Smartphone, Laptop or Tablet

Stop a minor illness from becoming a major inconvenience with a fast, easy virtual healthcare assessment from Memorial Care telehealth. Hours are 8 a.m. to 8 p.m. every day, and your virtual visit will be at no cost with Memorial Choice if you are enrolled in either Quality plan.

[Download the Memorial App](#) so you are ready when you need it.

## USE THE MEMORIAL CARE APP TO MANAGE YOUR HEALTH



### Schedule Appointments

You can use the free [Memorial Care App](#), available from Apple or Google Play stores, to schedule appointments with many Memorial Care providers.

### On My Way Check-In

If you are headed to a Memorial urgent care location, save time and check in before leaving home. Once you have set up your family within the app, you just press a button.

### Memorial Care Telehealth

Within the app, Memorial Care telehealth appointments are seamless. Schedule a two-way telehealth video visit for access to a care provider from the comfort of home.

### Check My Health

Check My Health is a short questionnaire that creates a snapshot of your current health and offers goals and strategies to improve overall well-being.

### Patient Portal

Use FollowMyHealth® to access your health records, view test and lab results, request prescription renewals, talk to your doctor and more.



## Nicotine-user surcharge

Colleagues or spouses/civil union partners identified as being nicotine users will have a \$30-per-month surcharge added to their medical plan premium.

**!** During enrollment, you will attest that you and your spouse/partner are nicotine users or non-nicotine-users. Colleagues and spouses who attest to using nicotine products will each be assessed a \$30-per-month user surcharge applied on their 2023 paychecks.

Colleague



\$30 monthly medical plan surcharge

Spouse or Civil Union Partner



\$30 monthly medical plan surcharge

Applicable to individuals on the Memorial Health medical plan

### AVOID THE SURCHARGE

Nicotine users (colleagues and spouses/partners) can complete the Nicotine-Free Program to avoid the surcharge—and improve your health.

1

Enroll in the [Nicotine-Free Program](#)

2

Successfully complete four online learning modules

3

Receive the discounted rate at the next feasible pay period through the end of the plan year

4

Be reimbursed for the surcharge paid during the plan year



Learn more about the program by calling Memorial Wellness Center. 217-788-3948

# Health Reimbursement Account (HRA)










800-669-3539  
 NaviaBenefits.com  
 MyNavia Mobile app

An HRA is used for medical services and prescriptions drug expenses subject to the deductible. HRA dollars cannot be used for dental or vision expenses.


In 2023, Memorial Health will contribute to an HRA for the Quality Plus Plan.

DETAILS	QUALITY PLAN	QUALITY PLUS PLAN
Amount	none	\$1,200
Additional premium cost	n/a	\$10 per pay

## COMMON QUESTIONS

-  Who can contribute?  
 Memorial Health. Colleagues cannot make voluntary contributions.
-  How much can I contribute on my own?  
 \$0
-  What can I use the money in my HRA account for?  
 Eligible medical expenses, copays and prescription drug expenses subject to the deductible.
-  Does the money earn interest?  
 No.
-  Can I take the unused balance with me if I leave the company?  
 No.
-  Can I roll over unused dollars from year to year?  
 No.
-  Must I report my account on my federal income tax form?  
 No.

-  HRA dollars will be preloaded on a Navia Benefits Card—similar to a debit card—and available on Jan. 1, 2023.
-  You will be able to use the same card if you are enrolled in both the HRA and healthcare FSA.
-  In 2023, claims can be submitted and reviewed via [NaviaBenefits.com](https://NaviaBenefits.com) or the MyNavia Mobile app.

 **Your funds will NOT roll over. Please be sure to use your funds during the calendar year. (Any funds not used by the end of the plan year will be forfeited.)**

# Flexible Spending Account (FSA)



800-669-3539  
NaviaBenefits.com  
MyNavia Mobile app

A flexible spending account (FSA) can save you money by allowing you to set aside pre-tax dollars from your paycheck to cover qualified expenses that you would normally pay out of your pocket with after-tax dollars. You pay no federal income, state income or Social Security taxes on the money you place in your FSA.

There are two types of FSA accounts: a healthcare account for reimbursement of healthcare expenses and a dependent care account for child or adult day care reimbursement.

## DEPENDENT CARE

Eligible dependent care/day care expenses for children under 13 or dependents of any age if unable to care for themselves due to mental or physical handicap

Pre-tax deferrals to IRS maximum of \$5,000 (\$2,500 if married and file separate tax returns)

Expenses must be incurred by Dec. 31, 2023 and submitted for reimbursement by March 31, 2024.

To receive reimbursement for your dependent care expenses, you must submit them using the reimbursement form at [NaviaBenefits.com](https://NaviaBenefits.com).

### Examples of dependent care FSA-eligible expenses:

- Cost of child or adult day care
- Nursery school
- Preschool (excluding kindergarten)

## HEALTHCARE

- Eligible medical, prescription drug, dental and vision expenses
- Benefits card transactions
- Pre-tax deferrals to IRS maximum of \$2,750

Expenses must be incurred by March 15, 2024 and submitted for reimbursement by March 31, 2024.

Colleagues who enroll in the healthcare FSA are issued a Navia Benefits card (similar to a debit card) for added convenience. You can use your FSA Benefits card at approved providers to instantly access your account, automatically deducting the amount from your FSA. If you are enrolled in a the Quality Plus Plan with HRA dollars, those will be included on your FSA Benefits card so only one card is needed. If you choose not to use your Benefits card, you can submit a reimbursement form.

### Examples of healthcare FSA-eligible expenses:

- Doctor's visit copays
- Prescription drugs
- Medical and dental deductibles
- Over-the-counter medications (with written prescription)
- Hearing aids
- Eyeglasses



Any expense reimbursed through your FSA is not eligible to be claimed as a deduction or credit on your tax return.

**FOR PLAN YEAR ENDING IN 2023**

Plan participants have until Dec. 31, 2023, to incur dependent care expenses and March 15, 2024, to incur healthcare expenses. They have until March 31, 2024, to submit for reimbursement for either.

**2023 Flexible Spending Accounts**

*(includes Healthcare and Dependent Care accounts)*

Incur Expenses  
& Submit Expenses  
**DEPENDENT CARE**



Incur Expenses  
& Submit Expenses  
**HEALTHCARE**



**Submit Expenses Only**





## How the Healthcare FSA and HRA work together

HRA participants can also enroll in the company's Healthcare FSA to apply pre-tax dollars to healthcare expenses during the plan year. For individuals who have both the HRA and FSA, the HRA will reimburse for any applicable healthcare expense subject to the deductible first before the FSA is utilized. In addition, you can use your FSA to cover copays, dental and vision expenses.

### FLEXIBLE SPENDING ACCOUNT CALCULATOR

The table can help you determine your annual election. First, determine amount you will set aside for each pay period, then multiply that number by the number of pay periods remaining in the calendar year. The result is the annual election you will set aside in your FSA. There are two FSAs so if you want to put money in both accounts, you will need to determine the annual election for each.

	AMOUNT TO DEDUCT PER PAY PERIOD	# PAY PERIODS	ANNUAL ELECTION
Healthcare FSA <sup>1</sup>	\$	X	= \$
Dependent Care FSA <sup>2</sup>	\$	X	= \$

<sup>1</sup> \$2,850 annual maximum    <sup>2</sup> \$5,000 annual maximum



# Dental

Two dental plan options are available: Base Plan and Buy-Up Plan. Base Plan has a lower monthly premium and offers basic dental coverage. Buy-Up Plan has a higher monthly premium with added orthodontia coverage, a higher annual maximum and no deductible. [Delta Dental of Illinois](#) administers both dental plans.

BENEFITS	BASE PLAN	BUY-UP PLAN
Individual Deductible	\$25	\$0
Family Deductible	\$75 family maximum (3 deductibles per family)	\$0 family maximum
Preventive Services	100%	100%
Primary Services	80% after deductible	80%
Periodontal Services	80% after deductible	80%
Major Services	50% after deductible	50%
Orthodontia Services	Not covered	50%
Orthodontia Lifetime Maximum	Not covered	\$1,000 lifetime limit, adult or child
Annual Maximum	\$1,000	\$2,000

## PREVENTIVE SERVICES

### Covered at no cost

- Oral examination (*no more than twice per year*)
- Cleaning of teeth (*no more than twice per year*)
- Topical fluoride treatment (*no more than twice per year for members age 18 and younger*)
- Palliative emergency treatment for relief of dental pain

After you meet deductible, the plan will pay the benefits described in the benefit summary until you have reached your annual maximum.

After the annual maximum is met, you will be responsible for all other costs associated with dental care.

## PRIMARY SERVICES

### Covered at 80% after deductible in the Base Plan

- Dental X-rays
- Fillings—silver amalgam, plastic, etc.
- Complete periodontal services (*dealing with cutting, shaping or repositioning gum and bone tissue*)
- Oral surgery
- Root canal therapy
- Repair of full or partial dentures
- Space maintainers (*for members under the age of 19*)

After you meet the deductible, the plan will pay the benefits described in the benefit summary until you have reached your annual maximum.

After the annual maximum is met, you will be responsible for all other costs associated with dental care.

## MAJOR SERVICES

### Covered at 50% for members over the age of 5:

- Inlays, onlays and crowns
- Bridgework (*fixed and removable*)
- Removable dentures (*full and partial, including relining*)

For members who select the Buy-Up Plan, orthodontia services (*braces and retainers*) are covered at 50 percent.

All members have a lifetime maximum reimbursement of \$1,000 for the cost of their orthodontia treatment.

*You can choose a dental provider in one of Delta Dental's two networks and receive services at a discounted rate. The Delta Dental PPO offers the deepest discounts, but the Delta Dental Premier network has more participating dentists and orthodontists. If you see a dentist who does not participate in either of these two networks, your claims will be paid for eligible services, but the services will not be discounted. You will be responsible for the remaining balance. Delta Dental will reimburse the participant, and you will have to pay the dentist directly.*



800-323-1743  
DeltaDentalil.com

# Vision

Eye doctors detect problems in vision and overall eye health. Vision care benefits through [EyeMed](#) offer a full array of coverage and deep discounts with in-network providers at a low bi-weekly rate. Select the InSight Network option to view participating providers at EyeMed.com.



866-804-0982  
EyeMed.com

## Freedom Pass Benefit

Eyeglass frames are free at [Target Optical](#). Get the [Freedom Pass flyer on Memorial Central](#) to redeem this offer (offer code: 755288).

## Laser Vision Correction Benefit

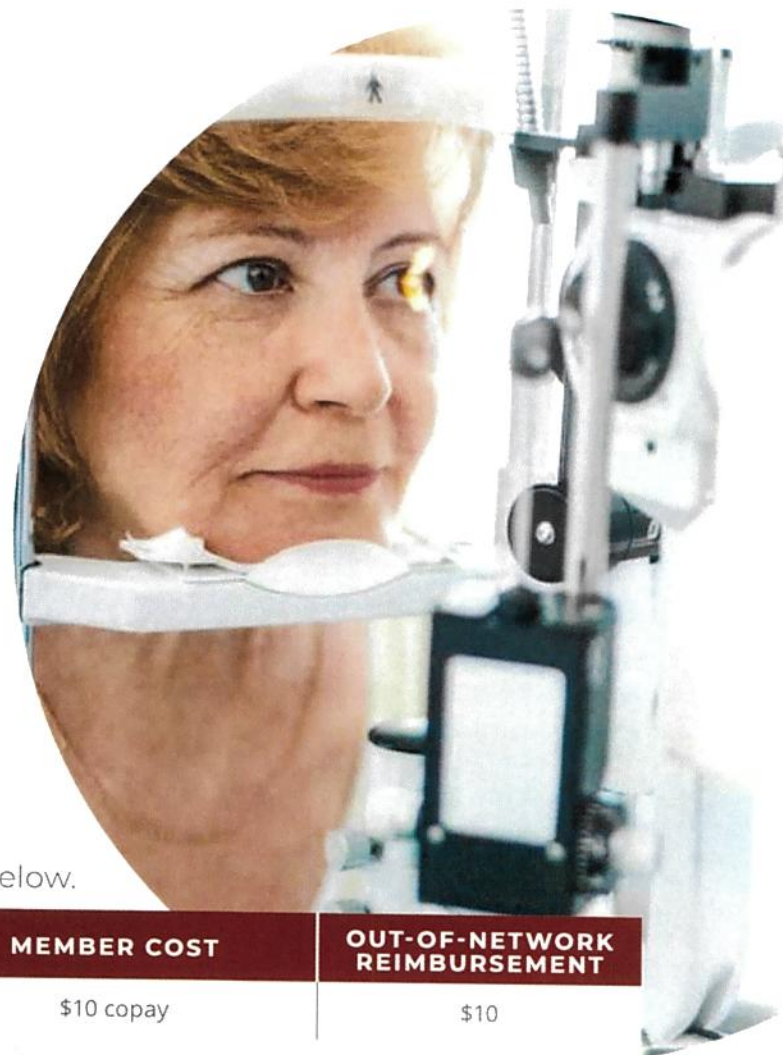
If receiving Lasik or PRK from U.S. Laser Network, you will receive 15 percent off retail price or 5 percent off promotional price just by having coverage through EyeMed.

## Additional Pairs Benefit

Members receive a 40-percent discount on complete pair eyeglass purchases and a 15-percent discount on conventional contact lenses once the funded benefit has been used.

## Hearing Aid Discount

Receive discounts on hearing exams and hearing aids through [Amplifon](#).



Please review the additional plan details below.

VISION CARE SERVICES	MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam with Dilation as necessary	\$10 copay	\$10
<b>Exam Options</b>		
Members under 19: Standard Contact Lens Fit and Follow-Up	\$0 copay, paid in full and two follow-up visits	\$37
Members under 19: Premium Contact Lens Fit and Follow-Up	\$0 copay, 10% off retail prices, then apply \$55 allowance	\$37
Adults: Standard Contact Lens Fit and Follow-Up	Up to \$55	N/A
Adults: Premium Contact Lens Fit and Follow-Up	10% off retail price	N/A
Frames (Any available frame at provider location)	\$0 copay; \$130 allowance, 20% off balance over \$130	\$70

<b>VISION CARE SERVICES</b>	<b>MEMBER COST</b>	<b>OUT-OF-NETWORK REIMBURSEMENT</b>
<b>Standard plastic lenses</b>		
Single Vision	\$25 copay	\$28
Bifocal	\$25 copay	\$42
Trifocal	\$25 copay	\$56
Lenticular	\$25 copay	\$70
Standard Progressive Lens	\$90	\$42
<b>Lens Options</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Members under 19	\$0 copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Photochromic / Transitions Plastic—Adults	\$75	N/A
Photochromic / Transitions Plastic—Members under 19	\$0	\$5
Other Add-Ons	20% off retail price	N/A
<b>Contact lenses (Contact lens allowance includes materials only)</b>		
Conventional	\$0 copay; \$120 allowance, 15% off balance over \$120	\$96
Disposable	\$0 copay; \$120 allowance, plus balance over \$120	\$96
Medically Necessary	\$0 copay, paid in full	\$225
<b>Frequency (Members ≥ 19 Years of Age)</b>		
Examination	Once every 12 months	
Lenses (in lieu of contact lenses)	Once every 12 months	
Contact Lens (in lieu of lenses)	Once every 12 months	
Frame	Once every 24 months	

If child's (members under 19 years of age) prescription changes within the benefit period, the member is entitled to an additional standard eyeglass lens benefit.

# Basic life insurance

Memorial Health provides basic life insurance at no cost to you to provide financial protection in the event of your death. Your coverage is equal to one time your annual salary to a maximum of \$300,000. Annual salary is determined by your base salary on your hire date, newly eligible date or Oct. 1, 2022. Your life insurance benefit also includes an equal amount of accidental death and dismemberment benefits.

Your basic life insurance benefit will be reduced upon attainment of certain ages. This is based on your age as of your hire date, newly eligible date or Jan. 1 of each plan year.

Please see grid below for the age reduction amounts:

AGE	REDUCTION FACTOR
65	35%
70	Additional 15% of original amount

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate on the Colleague Self Service beneficiary designation page. This core life insurance coverage is fully insured by MetLife.

## IMPUTED INCOME

Under IRS rules, you must pay income taxes on the IRS-determined value of your basic life insurance above \$50,000. This value is called imputed income and becomes part of your taxable income reported on your W-2 form.

# Group supplemental life insurance

You may purchase voluntary supplemental life insurance at competitive group rates. This is group term life insurance; it has no cash value, and premiums will be deducted after tax. If you terminate employment or become ineligible for this coverage, you may have portability or conversion options available to you. MetLife will send any options to your address on file if you leave the organization. Voluntary supplemental life insurance can be purchased in the following options:

## NEW FOR 2023

Colleague supplemental life coverage can be purchased up to the lesser of 9x or \$900,000 and 1.5x or \$150,000 for a spouse.

Minimum: \$10,000 /

Maximum: lesser of 9x or \$900,000

Annual salary is your base salary on your hire date, newly eligible date or Oct. 1, 2022.

Your supplemental life insurance benefit will be reduced upon attainment of certain ages. This is based on your age as of your hire date, newly eligible date or Jan. 1 of each plan year. Please see the grid below for the age reduction amounts.

AGE	REDUCTION FACTORS
65	35%
70	Additional 25% of original amount
75	Additional 15% of original amount



**Statement of Health (SOH) will be required if you have elected a life insurance increase of more than 4x your annual salary or coverage exceeding \$300,000. For spouse life insurance, any multiple increase or coverage exceeding \$50,000 will require a SOH. MetLife will send instructions to your work email on how to complete the SOH. Failure to complete the SOH will result in your life insurance not increasing to the desired election.**





# Group long-term disability insurance

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave you may have.

**Eligibility:** All regular full-time colleagues are eligible for this employer-paid coverage.

**Maximum Monthly Benefit:** 60 percent of salary up to \$15,000 per month.

**Maximum Benefit Duration:** To age 65/reduced benefit duration.

**Elimination Period:** You must be disabled 90 days prior to collecting disability benefits.

**Other restrictions may apply.** Please contact the Benefits department for additional information.

## Voluntary benefits

### VOLUNTARY SPOUSE LIFE INSURANCE

You can elect voluntary life insurance coverage for your spouse from the benefit options listed below. The colleague must purchase supplemental life for himself or herself to be eligible to purchase spouse coverage. According to state of Illinois regulation, no spouse or dependent can have a life insurance amount that exceeds 100 percent of the colleague's life coverage.

Minimum: \$5,000  
Maximum: 1.5x or \$150,000  
Coverage ends at age 70.

### VOLUNTARY DEPENDENT LIFE INSURANCE

You can purchase dependent child life coverage in the amounts shown below. Dependents are eligible from birth through age 26 as long as they remain unmarried.

#### DEPENDENT BENEFIT OPTIONS

\$2,500
\$5,000
\$7,500
\$10,000

Coverage ends on date the child reaches the limiting age.

### VOLUNTARY WHOLE LIFE INSURANCE (VOYA)

Unlike term life insurance, whole life insurance protects your family for an entire lifetime. In addition to providing death benefits, whole life insurance can also build cash value you can use while you are still alive. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty.

You buy only the amount that is right for your needs.

Premiums are paid through convenient payroll deduction.

As long as your premium continues to be paid, your rate is guaranteed to never increase, and your benefit can never decrease.

Coverage is available for you, your spouse, child(ren) and grandchild(ren).

Keep in mind, voluntary whole life insurance is individually owned coverage, which means you can take your policy with you if you retire or leave the company.



Meet with a Benefits Communication Specialist to enroll. 844-225-7550 | MHSBenefits@mhsil.com

## VOLUNTARY GROUP ACCIDENT INSURANCE (THE HARTFORD)

With Accident insurance, you will receive a cash benefit for each covered injury and related services. You may use the payment in any way you choose—from expenses not covered by your major medical plan to day-to-day costs of living such as mortgage or utility bills.

This benefit can provide support to:

- Pick up remaining expenses when out-of-pocket expenses add up quickly and only cover part of the tab

- Help ease the unplanned financial burden of an accident

- Complement other insurance you may have including major medical and disability coverage

- Provide an additional layer of financial protection, making a difference at a time when you and your family need it most

Coverage is available for you, your spouse and/or your child(ren).

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## VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE (THE HARTFORD)

With Critical Illness insurance, you will receive a lump-sum payment when a covered illness is diagnosed. You may use the payment in any way you choose. A major illness—such as cancer, a heart attack or stroke—can leave you emotionally, physically and financially overwhelmed.

Critical Illness insurance can help:

- Relieve financial impact of an illness so you can focus on recovery

- Enhance your traditional medical plan

- Ensure that you will be better prepared to cover out-of-pocket expenses in the event of a serious illness when combined with Accident or Disability insurance

Benefits are paid tax-free in a lump sum and available in \$5,000 increments up to \$30,000. Coverage is available for you, your spouse and/or your child(ren).

## VOLUNTARY HOSPITAL INDEMNITY INSURANCE (THE HARTFORD)

Hospital Indemnity insurance provides a cash benefit in the event of an unexpected illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and length of your stay. You may use the payment in any way you choose—from medical expenses like deductibles, to everyday costs, like housekeeping and child care. This benefit can provide:

- Assistance to help cover costs incurred by a hospital stay
- Help with additional expenses attached to time away from home, like meals, travel and lodging for loved ones
- Peace of mind to focus on what is most important—recovery

The option of electing spouse and/or dependent coverage is also available.

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## VOLUNTARY IDENTITY THEFT PROTECTION SERVICES (ALLSTATE)

Identity theft protection services are designed to provide proactive identity and credit monitoring that help give you peace of mind and promote your financial well-being. These services are focused on preventing and detecting any suspicious activity and restoring your information, if necessary.

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## PET INSURANCE (METLIFE)

Pets are important members of our family. You can now cover them with pet insurance offered through MetLife. Choose from flexible coverage options and manage your pet's claims and health records through the MetLife Pet mobile app.

To enroll, call 800-GET-MET8 or visit [Metlife.com/memorialhealthpet](https://www.Metlife.com/memorialhealthpet).



800-789-2720  
MyAIP.com/MHS



866-547-4205  
TheHartford.com/Benefits/MyClaim



800-GET-MET8  
Metlife.com/memorialhealthpet



800-537-5024  
Presents.Voya.com/EBRC/Home/MHS

# Colleague wellness

Memorial offers all colleagues, spouses/civil union partners and dependents, regardless of insurance plan, services to help maintain physical and mental well-being.

## HEALTH CONVERSATIONS WITH CHATBOT

Health conversations are initiated by the Memorial Wellness Center via text to identify ways to assist you and direct you to useful resources that meet your needs.

## HEALTHY YOU

Healthy You is a lifestyle change program that meets every week to support you as you build healthy new habits that last a lifetime. You'll learn, laugh, share stories and try new things, all while lowering your weight and improving your health.

## CULINARY MEDICINE

Culinary Medicine classes involve preparing several recipes to learn basic culinary techniques while engaging in conversation related to the food-medicine connection. Participants taste the recipes the group has prepared and then set goals for using their new skills at home.

Join the Memorial Health & Wellness group on Workplace to learn and engage in conversations about well-being. More information about services offered through the Memorial Wellness Center can be found at [memorial.health/medical-services/wellness-care/services](http://memorial.health/medical-services/wellness-care/services).

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

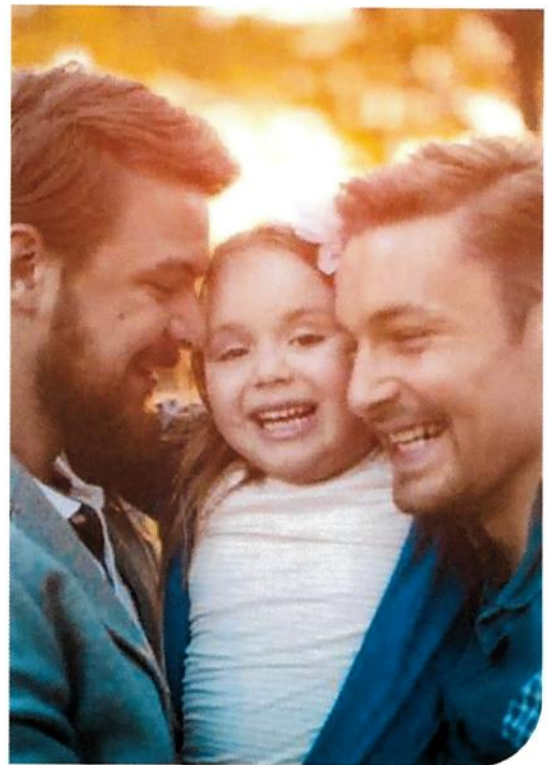
No one is immune to personal concerns, and when left unaddressed, they can impact your emotional well-being. Memorial EAP is designed to help you resolve personal concerns before they become more serious and difficult to manage.

You, your spouse/civil union partner and your dependent children can receive short-term professional counseling to address a wide variety of topics. Memorial EAP also provides access to information and resources including financial or legal consultation, advance care planning, wellness consultation, eldercare assessment and much more.

All of these resources are at no cost and can be accessed by calling 217-788-9345 or visiting [memorial.health/MemorialEAP](http://memorial.health/MemorialEAP).

# Adoption assistance

Memorial wants to support colleagues in balancing their workplace demands with their personal and family needs, and to do so, we provide generous paid time off and leave policies. We also recognize the particular investment of time and financial resources normally necessitated by the adoption process. As a result, Memorial has established an Adoption Assistance Plan to provide financial assistance for adoption-related expenses.



# BenefitHub

Memorial colleagues and their families can benefit from many discounts, rewards and perks on products and services from thousands of local to international brands.

Get started:

- Go to [mhs.benefithub.com](http://mhs.benefithub.com)
- Enter referral code **G4LHQB**
- Create an account
- Save your login information





### A NOTE ABOUT MEDICARE

Medicare will pay primary, secondary or last to the extent stated in federal law. When Medicare is to be the primary payer, the Memorial Health medical plan will base its payment upon benefits that would have been paid by Medicare under Parts A and B, regardless of whether or not the person was enrolled under any of these parts.

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### ALL DEPENDENTS ENROLLED IN THE HEALTH PLAN ARE REQUIRED TO FOLLOW THE HEALTH PLAN'S DESIGN.

If dependents live out of the area (e.g., college students), it is recommended they seek services at a Memorial Health facility and/or a provider within the Memorial Health custom network, where they will receive the deepest discounts and the best coverage through our medical plan. Out-of-network services may be covered, but only at 50 percent of the allowed amount after the out-of-network deductible has been met.

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### THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Group health plans that provide medical and surgical benefits for a mastectomy must also provide the following benefits: reconstruction of the affected breast, surgery and reconstruction of the other breast for symmetrical appearance and prostheses and treatment of physical complications.

## Important notices

[Health Plan Notices](#)

[CHIP Notice](#)

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## Important reminders

This document is intended to highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.



# 2023 Memorial Health benefits per pay rate schedule

<b>MEDICAL</b>	<b>COLLEAGUE ONLY</b>	<b>COLLEAGUE + SPOUSE</b>	<b>COLLEAGUE + CHILDREN</b>	<b>FAMILY</b>
<b>Non-Nicotine User</b>				
Quality Plan	\$27.44	\$67.81	\$61.64	\$83.57
Quality Plus Plan	\$37.44	\$77.81	\$71.64	\$93.57
If you or your spouse/civil union partner are nicotine users, a \$30 per month (\$13.85 per pay period) nicotine-user surcharge will be added to the medical plan rate shown above. A nicotine surcharge will apply separately for you and your spouse/partner.				
<b>VISION</b>	<b>COLLEAGUE ONLY</b>	<b>COLLEAGUE + SPOUSE</b>	<b>COLLEAGUE + CHILDREN</b>	<b>FAMILY</b>
Vision	\$2.59	\$4.92	\$5.18	\$7.62
<b>DENTAL</b>	<b>COLLEAGUE ONLY</b>	<b>COLLEAGUE + SPOUSE</b>	<b>COLLEAGUE + CHILDREN</b>	<b>FAMILY</b>
Base Plan	\$3.42	\$8.00	\$6.96	\$14.01
Buy-Up Plan	\$9.14	\$19.77	\$33.51	\$48.00



# Contact information

BENEFIT	PHONE NUMBER	WEBSITE	APP
Benefits Communication Specialists	844-225-7550	N/A	N/A
Medical Plan—Blue Cross Blue Shield of Illinois	844-266-8797	<a href="http://bcbsil.com">bcbsil.com</a>	
Prescription Drug Plan—Prime Therapeutics	844-266-8797	<a href="http://bcbsil.com">bcbsil.com</a>	
Dental Plan—Delta Dental of Illinois	800-323-1743	<a href="http://DeltaDentalIL.com">DeltaDentalIL.com</a>	
Vision Plan—EyeMed	866-804-0982	<a href="http://EyeMed.com">EyeMed.com</a>	
Flexible Spending Account(s) and Health Reimbursement Account—Navia	800-669-3539	<a href="http://NaviaBenefits.com">NaviaBenefits.com</a>	
Basic Life / AD&D—MetLife	800-638-6420 (prompt #2)	N/A	N/A
Whole Life Insurance—Voya	800-537-5024	<a href="http://Presents.Voya.com/EBRC/Home/MHS">Presents.Voya.com/EBRC/Home/MHS</a>	N/A
Accident / Critical Illness Insurance / Hospital Indemnity Insurance—The Hartford	866-547-4205	<a href="http://TheHartford.com/Benefits/MyClaim">TheHartford.com/Benefits/MyClaim</a>	N/A
Identity Theft Protection Services—Allstate	800-789-2720	<a href="http://MyAIP.com/MHS">MyAIP.com/MHS</a>	N/A
Pet Insurance—MetLife	800-GET-MET8	<a href="http://Metlife.com/memorialhealthpet">Metlife.com/memorialhealthpet</a>	
BenefitHub	866-664-4621 or <a href="mailto:customer care@benefithub.com">customer care@benefithub.com</a>	<a href="http://MHS.BenefitHub.com">MHS.BenefitHub.com</a>	



## 2023-2024 RESIDENT FACT SHEET (for Springfield Programs)

### 2023-2024 STIPENDS:

PGY I	\$61,760	PGY V	\$70,120
PGY II	\$63,142	PGY VI	\$73,122
PGY III	\$64,231	PGY VII	\$76,036
PGY IV	\$67,264		

### PAID LEAVE (Vacation / Sick / Bereavement / Education)

All trainees (residents and fellows) will be granted the following paid leave annually, however Specialty Board requirements may restrict all of the paid leave from being used per contract year. See the specific program Leave Policy.

- 3 weeks of vacation
- 2 weeks of sick leave
- 1 week of educational leave
- 3 calendar days of bereavement leave

### PARENTAL, CAREGIVER OR MEDICAL LEAVE

The resident may be permitted to take up to twelve (12) weeks per year of family and medical leave (includes paid and unpaid leave) in accordance with the Family and Medical Leave Act (FMLA) of 1993, state law, and the policies of the employing Affiliated Hospital. Should the reason for leave meet eligibility under FMLA, paid leave will run concurrently with FML.

Parental, Caregiver or Medical Leave (PCML) will be granted upon request to all residents (including birth and non-birth parents) for the birth of a child or placement of a child with the resident for adoption or foster care (“parental leave”); care of an immediate family member with a serious health condition (“caregiver leave”); or the resident’s own serious health condition (“medical leave”). At least once during the duration of the training program the resident will be afforded a minimum of six (6) weeks of paid time away from training for purposes of PCML, while preserving at least one (1) week of additional paid time away from training, without extending training, in accordance with the existing policies of the employing Affiliated Hospital and the individual specialty Board requirements.

See the [GMEC Leaves of Absence Policy](#) and the program specific leave policy for more details on leave time.

### WORK HOURS

Each program will have work hours optimal to the care of patients and in compliance with the general and special requirements of the ACGME.

### PARKING / SLEEP ROOMS/ MEALS

- Free parking
- Secured sleeping rooms are furnished for all trainees who are on in-house call and nap rooms are available to residents/fellows at both hospitals.
- Trainees have access to food twenty-four hours per day at both hospitals.

### BENEFITS\*

Residents and fellows are employed by either Springfield Memorial Hospital or HSHS St. John’s Hospital, and are provided benefits through their employing hospital.

- Health insurance is provided at a minimal charge; an optional family plan can be purchased.



**2023-2024 RESIDENT FACT SHEET**  
*(for Springfield Programs)*

- Dental insurance is provided for the resident/fellow and family for a small fee.
- A Vision Plan is offered.
- Group Term Life insurance is provided at no cost; additional coverage may be purchased.
- Long Term Disability insurance is provided at no cost.
- 403(b) Retirement Plan is offered.

**PROFESSIONAL LIABILITY INSURANCE**

Residents and fellows are provided professional liability coverage. It will provide legal defense and protection against awards from claims reported or filed during and after the completion of the training program if the alleged acts or omissions of the trainee were within the scope of the program.

\*Programs may provide additional varying benefits, reimbursements, or incentives.



Policy Title:	<b>Selection, Evaluation, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy</b>
Owner:	
Department:	Graduate Medical Education
Origination Date:	October 16, 1998
Last approved date:	February 17, 2023
Approved By:	Graduate Medical Education Committee

**I. Scope**

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

**II. Definitions**

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

**III. Purpose**

The purpose of this document is to outline expectations regarding resident recruitment practices, evaluation of resident performance, and promotional consideration.

**IV. Procedure**

RECRUITMENT, ELIGIBILITY AND SELECTION

Programs must engage in recruitment practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, faculty, and other members of their academic community. The School of Medicine will participate in the National Resident Matching Program as an Institution.

The selection of residents in each program shall be carried out by the Residency Program Director with the assistance of the teaching staff. Programs will select applicants who are eligible for appointment to accredited residency programs. (See *Policy on Resident Eligibility and Employment Authorization*)

Programs will select applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, integrity and coachability. Programs will not discriminate with regard to race, religion, national origin, citizenship, sex, age, disability, sexual orientation or other factors prohibited by law.

EVALUATION

Each residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance.

This plan should include:

1. The use of assessment methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Input and guidance from the Clinical Competency Committee (CCC).
3. Assessment of residents' achievement of specialty-specific Milestones.
4. Mechanisms for providing regular and timely performance feedback to residents that includes at least:
  - Regular verbal and written Feedback;
  - Written semiannual evaluation that is communicated to each resident in a timely manner;
  - Maintenance of a record of evaluation for each resident that is accessible to the resident;
  - A process that uses the results of multiple assessment instruments and evaluators to achieve progressive improvements in residents' competence and performance, and to appropriately allow for the assumption of graded responsibility and authority. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.

With input from the CCC, the program director must provide a final evaluation for each resident who exits the training program early or completes the program. The evaluation must, for graduating residents, verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must be shared with the resident on completion of the program and become part of the resident's permanent record maintained by the institution.

#### GRADED RESPONSIBILITY

The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's needs. The privilege of progressive authority and responsibility, conditional autonomy, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards.

#### PROMOTION / NON-PROMOTION

Each program must establish written policies describing the program requirements for promotion to the next level of training. The program director, with input from the program's CCC, will determine at least annually whether each resident has progressed satisfactorily to advance to the next level of training and/or demonstrated the skills necessary to supervise junior residents.

For all programs, the criteria for advancement is based upon the following broad parameters, all of which need to be judged as competent for each level of advancement. More detailed program-specific criteria and requirements for promotion will be delineated by individual programs.

PGY 1 to PGY 2:

1. Acceptable progress in specialty specific competencies and Milestones
2. Acceptable progress in the program goals and objectives and other program-specific criteria and requirements for promotion
3. Ability to meet the Work Hours and Additional Physical Requirements as outlined in *Appendix A of the Agreement with Physician*, with or without reasonable accommodations
4. Ability to fulfill essential role functions and competency requirements as outlined in *Attachment 1: Resident Essential Role Functions*, appropriate to level of training, with or without reasonable accommodations
5. Compliance with all contractual requirements
6. Ability to supervise/teach appropriate learners
7. Ability to act with limited autonomy

PGY 2 to PGY X:

1. Items 1-5 above
2. Ability to act with increasing autonomy

PGY X to Graduation:

1. Items 1-5 above
2. Ability to act autonomously

Program policies with respect to promotion/non-promotion to the subsequent year of training shall comply with all ACGME Institutional, Common and Program Requirements, and be in accordance with the *Academic Deficiency Policy*. The decision for promotion or non-promotion shall be made by the Residency Program Director with consultation from the CCC. A decision to withhold advancement or deny reappointment shall be taken only after documented counseling of the resident apprising them of the reason for such potential action, and documentation that the deficiencies have not been sufficiently corrected within a reasonable time. If a resident believes that they have been dealt with unfairly in the above process, redress may be sought through the *Due Process and Resident Complaint Policy*.

DISMISSAL

Dismissal, non-renewal of contract or non-promotion of a resident whose performance is unsatisfactory will be communicated in writing to the resident-in accordance with GMEC policies on academic deficiencies and corrective action. Appeals of dismissal actions shall be handled through the *Due Process and Resident Complaint Policy*.

**V. References**

**VI. Attachments**

*Resident Essential Role Functions*


**VII. Periodic Review**

**VIII. Reviewed by**

Graduate Medical Education Committee

**IX. Office of Responsibility**

Graduate Medical Education

	Attachment 1: <b>Resident Essential Role Functions</b>	
	Last Approval Date: <b>February 17, 2023</b>	Effective Date: <b>February 17, 2023</b>

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program. The position of resident involves a combination of supervised, progressively more complex and independent patient evaluation and/or management functions, formal educational, quality or patient safety and scholarly activities. Provision of patient care and other professional services provided by the resident is commensurate with the resident’s level of advancement and competence, under the general supervision of appropriately privileged attending teaching faculty. This document outlines basic resident role functions. Individual medical or surgical specialties may have additional competency performance standards.

### **Qualifications (Eligibility Criteria)**

The resident must have graduated from a recognized allopathic or osteopathic medical school, be able to obtain ECFMG certification in advance of training start date if an international medical graduate and completed pre-requisite GME training if applicable. All residents must provide proof of the legal right to work as required by federal law.

### **Essential Role Functions**

The resident is both a learner and a member of the healthcare team. Responsibilities (essential role functions) of a resident include:

- Satisfactory progress in training program as measured by program goals and objectives and milestones as applicable
- Meeting Technical Performance Standards
- Participation in safe, effective and compassionate patient care
- Development of an understanding of the ethical, socioeconomic, population health and medical/legal issues that affect health care and of how to apply high value measures in the provision of patient care
- Participation in institutional orientation, the educational activities of the training program, and other required education programs, within the institution or at participating sites
- Assumption of responsibility for teaching and supervising other residents and students and participation in other activities involving the clinical staff, as appropriate
- Participation in program or institutional committees to which the resident is appointed or invited
- Maintenance of certification (BLS, ACLS, PALS, ATLS, etc.) as required by employing hospital and enrolled training program
- Maintenance of the appropriate licensure and work authorization
- Accurate and timely documentation of cases and procedures as directed by the enrolled training program and mandated accreditation body
- Accurate and timely documentation of clinical and educational work hours
- Performance of duties in accordance with the established practices, procedures, and policies of training programs, clinical departments, SIU SOM, the resident’s employing hospital and all participating sites to which the resident is assigned
- Recognition of personal conditions or situations which may affect patient safety or progress in training, and communication of this to program leadership



## **Competency-Based Performance Standards**

To fulfill resident role functions, residents must demonstrate the ability to meet the following performance standards. These competency requirements may be achieved with or without reasonable accommodations.

### Patient Care and Procedural Skills

- Provide safe patient care under the supervision of faculty
- Gain competence and progressive autonomy, progressing from direct supervision to more indirect and oversight supervision as training progresses
- Understand and interpret complex healthcare information
- Synthesize information acquired in person and via remote technology
- Interpret causal connections and make accurate, fact-based conclusions based on available data and information
- Formulate a hypothesis, investigate the potential answers and outcomes, and reach appropriate and accurate conclusions
- Identify emergency situations and respond in a timely manner
- Meet applicable safety standards for the environment and follow infection control and universal precaution procedures

### Medical Knowledge

- Learn through a variety of modalities, including, but not limited to, providing patient care under the supervision of faculty, didactic instruction, simulation and other laboratory instruction, physical demonstrations, team and collaborative activities, individual study, preparation and presentation of reports, and use of technology, and demonstrate appropriate medical knowledge for level of training

### Practice Based Learning & Improvement

- Demonstrate capacity for self-reflection and life-long learning
- Set learning and improvement goals
- Demonstrate progress on educational milestones
- Incorporate formative feedback into daily practice

### Interpersonal and Communication Skills

- Demonstrate effective communication and collaboration in person and in writing
- Perceive, appropriately interpret, and respond to another's emotional state, including verbal and non-verbal communication
- Communicate publicly, including teaching and group presentations

### Professionalism

- Demonstrate independent prioritization of conflicting or simultaneous demands
- Perform or direct complex, varied or multiple tasks simultaneously
- Maintain confidentiality of information
- Work effectively within multidisciplinary and inter-professional teams
- Exercise good judgment
- Complete all responsibilities in a timely manner
- Adapt to changing environments and function in the face of uncertainties inherent in healthcare
- Demonstrate compassion, integrity, and concern for others
- Demonstrate appropriate self-regulation

- Work with colleagues and provide healthcare for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status
- Understand, and function within the legal and ethical aspects of professional practice
- Display ethical and moral behaviors commensurate with the role of a professional in all interactions with patients, faculty, staff, peers, learners and the public
- Document cases and procedures in an accurate and timely manner
- Document Clinical and Educational Work hours in an accurate and timely manner
- Recognize personal conditions or situations which may affect patient safety or progress in training, and communicate this to program leadership

#### Systems-based Practice

- Learn and comprehend processes and procedures
- Recognize safety hazards in the clinical environment, e.g., infection risk, needle sticks, and follow standard processes and procedures to mitigate risk
- Recognize errors or near misses and follow standard processes and procedures to report same
- Develop an understanding of the ethical, socioeconomic, population health and medical/legal issues that affect health care and of how to apply high value measures in the provision of patient care



Policy Title:	Leaves of Absence
Owner:	
Department:	GME
Origination Date:	03/18/2022
Last approved date:	06/16/2023
Approved By:	Graduate Medical Education Committee

## I. Scope

Using the institutional guidelines set forth in this policy, each program must have a program specific leave of absence policy based on the specific parameters established by the specialty Board and in accordance with the employing Affiliated Hospital(s) Each year, GMEC will review programs' implementation of Leaves of Absence policies.

Residency initial employment and renewal agreements are typically for a maximum of one year. If the physician appointment is terminated in the middle of the year, the leave the resident has available will be pro-rated by month. Residents who leave mid-contract will not have access to all three (3) weeks of vacation. The resident shall not be entitled to accumulate unused vacation, educational, job search, or bereavement leave from one period of appointment to the next. Nor shall the resident be entitled to any allowance or compensation for such leave not used during the contract period in which it is earned.

## II. Definitions

The term "resident" is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term "program" is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

## III. Purpose

The purpose of this document is to provide an overview of: the types of leave available to residents, the allowable parameters for taking time away from the training program, and the process required for submitting and approving requests for leave.

## IV. Procedure

### a. Additional Time to Complete Training

If any specialty Board requirements for time away from training are more stringent than the leave time outlined in this policy, then the respective Board requirements shall govern and supersede these. In the event that the resident accumulates a total of more than the maximum allowable days of absence from the training program (including vacation, sick, parental, caregiver, medical, educational, bereavement, job search, military, suspension [with or without pay] or other absence), the resident shall be notified in writing by the Program Director as to whether such absence necessitates extension of training in order to fulfill the requirements of the Residency Program and specialty Board. Such notification shall be provided to the resident prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the resident to exceed this limit of absence from the training program.

### b. Types of Leave

This policy provides all SIU School of Medicine residents with vacation, sick leave, family and medical leave, parental leave, educational leave, bereavement leave, job search leave, and military leave; as outlined below. The number of days in one (1) week of leave time will be determined by the respective residency program in their program policy. For example, an ambulatory based program such as Dermatology may define a week as five (5) days (Monday – Friday), which would provide a total of 15 days for "3 weeks" of vacation. An inpatient based program such as Internal Medicine may define a week as seven (7) days (includes Saturday and Sunday), which would provide a total of 21 days for "3 weeks" of vacation.

i. Vacation

The resident may be permitted to take up to three (3) weeks per year of paid vacation leave. Use of vacation leave shall be subject to approval in advance by the Program Director. In determining whether to grant the resident's request for vacation, the Program Director may take into consideration patient care and the operational needs of the training program. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by the requested vacation; such arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins vacation.

Residents who leave the country for vacation or other reasons and are then unable to return to the United States are at risk of not having their position held beyond the approved vacation time granted by the Program Director, at the sole discretion of the Program Director and the employing Affiliated Hospital.

ii. Sick Leave

The resident will be afforded up to two (2) weeks per year of paid sick leave. Unless specifically proscribed by the employing Affiliated Hospital\*, if the resident is successful in being reappointed to the training program, sick leave may be accumulated and carried to successive appointment years. Sick days shall be documented by the program coordinator and an up to date report of the number of sick days used by the resident shall be available from the training program. All paid sick leave not taken is forfeited and is not compensated upon termination of the resident's contract.

\*Alton Family & Community Medicine: Please refer to program specific policy & procedures.

iii. Parental, Caregiver, or Medical Leave

The resident may be permitted to take up to twelve (12) weeks per year of family and medical leave (includes paid and unpaid leave) in accordance with the Family and Medical Leave Act (FMLA) of 1993, state law, and the policies of the employing Affiliated Hospital. Should the reason for leave meet eligibility under FMLA, paid leave will run concurrently with FML. A year is calculated from the date of first FMLA leave usage measured forward twelve (12) months.

Parental, Caregiver or Medical Leave (PCML) will be granted upon request to all residents (including birth and non-birth parents) for the birth of a child or placement of a child with the resident for adoption or foster care ("parental leave"); care of an immediate family member with a serious health condition ("caregiver leave"); or the resident's own serious health condition ("medical leave"). At least once during the duration of the training program the resident will be afforded a minimum of six (6) weeks of paid time away from training for purposes of PCML, with at least one (1) week of additional paid time away from training, without extending training, in accordance with the existing policies of the employing Affiliated Hospital and the individual specialty Board requirements. The one week of additional paid time away must occur in the same contract year, but can occur prior to the requested PCML. If a resident

takes their vacation time prior to the PCML, this will satisfy the requirement of 1 week of additional paid time away and an additional week of paid time will not be granted if is not already accrued. PCML will be available to the resident on the first day of their employment contract or term of appointment. The PCMLs described below pertain to an initial PCML, and then any subsequent requests during training in the same program.

1. Initial Parental, Caregiver or Medical Leave: A minimum of six (6) weeks of an initial PCML will be paid by using any combination of eligible sick leave (including that accrued from previous years) and vacation leave with at least one (1) week of sick or vacation being available within the same contract year of the PCML. A resident requesting PCML is required to apply this eligible paid leave before entering unpaid leave. If a resident does not have sufficient sick and vacation leave to total six (6) weeks of paid leave and one (1) additional week of paid leave, the resident may borrow against sick leave for future training years. If the resident does not have sufficient time left in the program to accumulate repayment of the borrowed sick days, the sick leave debt will be forgiven. If a resident has accumulated sick leave beyond that needed to reach the minimum, this may be applied to extend the paid leave beyond six (6) weeks. Once available sick and vacation leave are exhausted within these guidelines, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Health insurance and other benefits will be continued during a PCML, as long as the resident continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the resident needs to pay their share of the premium out of pocket (versus payroll deduction).
2. Subsequent Parental, Caregiver or Medical Leaves: Subsequent PCMLs will be paid by using any combination of eligible available or accumulated sick leave and vacation leave. Once eligible sick and vacation leave is exhausted, the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Borrowed sick time will not be applied for any PCML taken beyond the first leave or LOA. Health insurance and other benefits will be continued during a PCML, as long as the resident continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the resident needs to pay their share of the premium out of pocket (versus payroll deduction).

A PCML can be for a continuous or intermittent leave of absence based upon operational needs. Continuous leave is defined as uninterrupted time away from the training program. Intermittent leave is defined as sporadic time away versus full time participation in the training program, this might include participation in the training program with reduced work hours.

The resident should notify the Program Director as soon as possible regarding the need for PCML. The resident and Program Director should develop a plan regarding timing and duration of PCML. If PCML is requested for more than twelve (12) weeks, approval for return to the training program will be at the discretion of the Program Director. Residents will be notified when supporting medical documentation is required and where to

present medical documentation for parental, caregiver or medical leave after such leave is requested.

The Program Director will provide the resident with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's projected eligibility to participate in examinations by the specialty Board. Decisions regarding the impact of a PCML on projected time of program completion will be based on the length of time away from training, requirements of the individual specialty Board, and the determination of the program's Clinical Competency Committee regarding achievement of Competencies, Milestones, and readiness for autonomous practice. Leave which exceeds that period of time defined by the resident's specialty Board as a leave of absence for which time need not be made up, must be made up via an extension of training. Upon return to work the resident will be reinstated without loss of training status, provided that their return is on the date previously approved by the Program Director. In those cases where a resident must make up time missed in order to fulfill Board requirements, the resident will be paid for days worked and the institution will continue benefit coverage during the extension of training. Schedule accommodations will meet the needs of the resident and the program (including other residents) so that special requirements of that discipline are met.

iv. Education Leave

The resident may be permitted to take up to one (1) week per contract year of paid educational leave at the discretion of the Program Director. Use of educational leave shall be subject to approval in advance by the Program Director. In determining whether to grant the resident's request for educational leave, the Program Director may take into consideration patient care, the operational needs of the residency program and the educational value to the resident of the requested educational leave. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by requested educational leave, such arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins educational leave.

v. Bereavement

The resident may be permitted to take up to three (3) calendar days per contract year of paid bereavement leave for a member of their immediate family, subject to approval in advance by the Program Director. For these purposes, the immediate family is defined as spouse or significant other, child, parent, sibling, grandparent, grandchild, and corresponding in-laws.

vi. Job Search

Successful career placement of the resident is a goal of the training program. The Program Director may grant up to six (6) calendar days total during the last two years of training for this purpose, using prudent discretion. If approved by the specialty Board, this time may be counted as work days when tabulating days for credit.

vii. Military Leave

All Affiliated Hospitals have current policies regarding military leave for their employees which preserve the employee's position and coordinate benefits, such

as health insurance. In the event that it becomes necessary for a resident to be called into active duty, the policy of the employing hospital will become effective. It will be the responsibility of the resident to work with the appropriate employing Affiliated Hospital to ensure that the necessary paperwork is completed before the resident leaves for duty.

c. Submitting and approving requests for leave

The procedure for requests for leave shall be defined by institutional protocols and the individual program specific leave policies. All requests must be approved by the resident's Program Director or their designee. If any days off for a resident exceeds two (2) weeks in duration, an institutional Request for Extended Leave of Absence Form must be submitted to OGME by the program once the Program Director approves the absence. This assists the institution in tracking absences that may lead to an extension of training and/or may be reportable to the Illinois Department of Financial and Professional Regulations, as required by law.

**V. References**

**VI. Attachments**

**VII. Periodic Review**

**VIII. Reviewed by**

**IX. Office of Responsibility**  
GME



Policy Title:	USMLE/COMLEX Exam Policy
Owner:	
Department:	GME
Origination Date:	9/13/2002
Last approved date:	06/18/2021
Approved By:	

## **I. Scope**

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

## **II. Definitions**

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether in a residency or fellowship program. . The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

## **III. Purpose**

To define licensing exam requirements.

## **IV. Procedure**

### **a. Residents with MD Degree**

- i. All MD applicants to residency programs at SIU School of Medicine are required to pass Steps I and II of the United States Medical Licensing Exam (USMLE) before beginning a PGY-1 position. In response to the discontinuation of the USMLE Step 2 Clinical Skills (CS) Exam, ECFMG developed alternate pathways that will allow a qualified international medical graduate to meet the requirements for ECFMG certification.
- ii. During the PGY-I or PGY-II year, all MD residents in SIU School of Medicine training programs must pass Step III of the USMLE. Progression to the PGY-III year will not be allowed until the exam has been passed. All exam attempts must be recorded in New Innovations.

If a resident’s contract ends due to not meeting this requirement, the program can choose to hold a position for the resident for up to three months. In order to return to the program, an exam transcript of scores must be provided reflecting all attempts and the passing score. The program can then offer a PGY-III contract. If the resident has not passed the exam within the three month deadline, the program must seek approval from the Designated Institutional Official (DIO) to continue to hold the position.

### **b. Residents with DO Degree**

- i. All DO applicants to residency programs at SIU School of Medicine are required to pass either Parts I and II (CE and PE) of the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX) or Steps I and II of the United States Medical Licensing Exam (USMLE) before beginning a PGY-1 position.



- ii. During the PGY-I or PGY-II year, all DO residents in SIU School of Medicine training programs must pass Part III of the COMLEX or Step III of the USMLE. Progression to the PGY-III year will not be allowed until the exam has been passed. All exam attempts must be recorded in New Innovations.

If a resident's contract ends due to not meeting this requirement, the program can choose to hold a position for the resident for up to three months. In order to return to the program, an exam transcript of scores must be provided reflecting all attempts and the passing score. The program can then offer a PGY-III contract. If the resident has not passed the exam within the three month deadline, the program must seek approval from the Designated Institutional Official (DIO) to continue to hold the position.

- c. Transferring Residents
  - i. Residents transferring from another program to a residency or fellowship program at SIU School of Medicine at the PGY-III level or higher are required to have passed USMLE Step III or Part III of the COMLEX prior to starting their position. A transcript of all exam attempts must be provided.
- d. Fellows
  - i. All applicants to fellowship programs at SIU School of Medicine are required to pass USMLE Step III or Part III of the COMLEX before beginning a fellowship position.

**V. References**

**VI. Attachments**

**VII. Periodic Review**

**VIII. Reviewed by**

**IX. Office of Responsibility**  
GME



Policy Title:	Resident Eligibility and Employment Authorization
Owner:	
Department:	GME
Origination Date:	10/18/2019
Last approved date:	10/18/2019
Approved By:	

**I. Scope**

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

**II. Definitions**

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

**III. Purpose**

Employment in an affiliated hospital is a required component of the residency program and, thus, all applicants accepted for admission into the Residency Programs will be required by law to provide verification of employment authorization in the United States at the commencement of employment as a resident with an affiliated hospital.

**IV. Procedure**

Southern Illinois University School of Medicine does not discriminate on the basis of race, religion, national origin, citizenship, gender, sexual orientation, marital status, age, disability or other factors prohibited by law in its Residency Programs. Eligible applicants must be graduates of medical schools accredited by the LCME, graduates of colleges of osteopathic medicine accredited by the AOA, or medical school graduates holding a valid certificate from the ECFMG. Additionally, applicants for advanced GME positions or fellowships must meet all ACGME requirements for pre-requisite GME training. The School of Medicine and its affiliated hospitals do not, as a matter of policy or practice, sponsor residents for H visas or benefits, except under extraordinary circumstances that would provide an appreciable benefit to the affiliated hospitals, as determined by the affiliated hospitals and the Office of Graduate Medical Education.

**V. References**

**VI. Attachments**

**VII. Periodic Review**

**VIII. Reviewed by**

**IX. Office of Responsibility**

GME



Policy Title:	Medical License Policy for Residents
Owner:	
Department:	GME
Origination Date:	09/16/2016
Last approved date:	11/18/2022
Approved By:	

**I. Scope**

This Policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

**II. Definitions**

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

**III. Purpose**

All residents at SIU training programs are required to obtain and maintain an active medical license. It is the resident’s responsibility to maintain an active license. PGY-1 and PGY-2 residents must obtain a temporary medical license and are required to apply for the license in a timely fashion once agreeing to start at SIU. Residents cannot practice until they have been issued an active license.

**IV. Procedure**

The Office of Graduate Medical Education (OGME) will provide the affiliated hospitals with a printout from the Illinois Department of Financial and Professional Regulations (IDFPR) online verification page when a license is issued. The OGME will provide a license, printed from the IDFPR online portal, to the respective training program and one will be placed in the resident’s institutional file.

If a resident or fellow separates from their program for any reason prior to its conclusion, the OGME will prompt the appropriate program to notify IDFPR in accordance with state law by submitting a Medical Mandatory Report form. Separation is defined by IDFPR as 1) any interruption exceeding 45 days, whether continuous or aggregate, in any 365-day period with the exception of approved leaves for training, parental leave, vacation, and sick leave; 2) non-renewal of a person’s contract.

Residents at level PGY-3 or above may either obtain a temporary medical license or a permanent license. Once a resident obtains a permanent license, the resident is required to also obtain state and federal DEA numbers. Programs will notify the OGME if a resident moves from a temporary to a permanent license.

Although many individuals at the program level and the OGME assist residents in remembering that a license will expire, it is ultimately the residents’ responsibility to

maintain an active license. Residents who fail to do so cannot practice and will be immediately suspended without pay until a license is reissued.

**V. References**

**VI. Attachments**

**VII. Periodic Review**

**VIII. Reviewed by**

**IX. Office of Responsibility**  
GME



## **American Board of Psychiatry and Neurology, Inc.**

A Member Board of the American Board of Medical Specialties (ABMS)

### **CERTIFICATION EXAMINATION IN NEUROLOGY**

The American Board of Psychiatry and Neurology, Inc. (ABPN) is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and continuing certification processes.

The ABPN designs and develops the initial neurology certification examination to assess the knowledge and reasoning skills needed to provide high quality patient care in the broad domain of the specialty. It utilizes two-dimensional content specifications. Within the two-dimensional format, one dimension is comprised of disorders and topics while the other is comprised of competencies and mechanisms that cut across the various disorders of the first dimension. By design, the two dimensions are interrelated and not independent of each other. All of the questions on the examination will fall into one of the disorders/topics and will be aligned with a competency/mechanism. For example, an item on ischemic stroke could focus on treatment, or it could focus on systems-based practice.

Candidates should use the detailed content specifications as a guide to prepare for a certification examination. Scores for these examinations will be reported in a standardized format rather than the previous percent correct format.

For more information, please contact us at [questions@abpn.com](mailto:questions@abpn.com) or visit our website at [www.abpn.com](http://www.abpn.com).

# General Requirements

The ABPN requires that throughout the initial certification and maintenance of certification processes, physicians must have a valid, unexpired, and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If more than one license is held, all licenses must all be unrestricted to meet this requirement.

Additionally, physicians who are board certified by the ABPN (called ABPN Diplomates) must have successfully completed an approved training program and an evaluation process assessing their ability to provide quality patient care in a specialty and/or subspecialty. These evaluation processes formulate the core of our business and are encompassed in our initial certification examinations and Maintenance of Certification Program.

More information on the ABPN licensure and exceptions policy, the maintenance of certification process, and other requirements for Board certification, may be found on this website.

There are many organizations involved in taking active measures to ensure high standards of individual physicians' and health-care organizations' quality of care to the public. Some of these organizations may be able to provide patients and their families with information via their websites. The ABPN website provides [links to other websites](#) that contain information published by institutions and organizations independent of the ABPN. For patient information about physician board certification and what it means, the American Board of Medical Specialties (ABMS) provides a website — [Certification Matters](#) — as a resource to the public to learn more about how continuous board certification goes above and beyond basic medical licensure.

## **To qualify to sit for examination, an applicant must:**

1. Be a graduate of an accredited medical school in the United States or Canada or of an international medical school listed by the [World Health Organization](#).
2. Complete all training in either a U.S. program accredited by the ACGME or approved by the ABPN or in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada as well as meet the other requirements specified in the reciprocity agreement. Details of the reciprocity agreement are outlined in the 'Canadian Training Program' section of the Information for Applicants booklet on the website, if applicable.
3. Have an active, full, unrestricted medical license\* in the U.S. or Canada as defined in the separate [General Information and Board Policies](#) on this website. Applicants are required to update their active, full, unrestricted medical licenses in their [ABPN Physician Portal](#) account.
4. Professionalism forms the basis of medicine's contract with society. The ABPN is concerned with those aspects of professionalism that are demonstrated through a physician's clinical competence, commitment to lifelong learning and professional improvement, interpersonal skills, and ethical understanding and behavior. In its credentialing, certification, and CC programs, the ABPN seeks to assess and document that its candidates and diplomates possess and maintain these aspects of professionalism. To show evidence of professional standing, all diplomates must continuously hold an active, full, and unrestricted allopathic and/or osteopathic license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or Canada. All licenses held by a physician must be unrestricted. An active, full, unrestricted license must be maintained even if the physician is out of the country for extended periods of time. Full details of licensure requirements can be found in the [General Information and Board Policies](#) on this website. Licenses must be kept up-to-date in an [ABPN Physician Portal account](#).
5. Have satisfactorily completed the Board's specialized training requirements described in the Information for Applicants (IFA) book posted on the corresponding specialty or subspecialty section of the website.
6. Apply online and submit an application through the [ABPN Physician Portal](#). Required documents should be emailed, mailed or faxed to 847.229.6600 separately.

See the specific Information for Applicants document for information on each exam. These Information for Applicants documents contain our requirements for admissions to examinations, examination procedures, specific training requirements, and content descriptions.

All training must be confirmed either by way of the ABPN preCERT® system or by submitting documentation noting the completion of training requirement.

If you are unable to activate your ABPN Physician Portal account, you may need to submit a request to apply for the examination. This process may take up to three business days. Therefore, we encourage applicants to allow enough time to submit the request prior to the deadline for applications. The deadline for submission of a completed application depends on the specialty or subspecialty. See more information on this website.

\*Applicants for specialty certification examinations who do not yet have an unrestricted medical license because they are in training are not required to submit a copy of their medical license at the time of application for the examination. However, such applicants must submit a copy of their active, full, unrestricted medical license with expiration date no later than September 1 of the year of the examination. If the Board office does not receive the medical license by September 1, the application will be denied and the Board will retain the application fee and any late application fee.

## **PERSONAL MOBILE DEVICE NOTIFICATION**

SIU School of Medicine and its affiliated hospitals have implemented a paging system that is administered via an app on a personal mobile device. It is therefore a requirement that all incoming residents and fellows have a smart phone with a United States cellular service carrier prior to their start date of training. The device must be compatible with the IOS or Android Operating Systems listed below. This information is current as of August 2023.

### **Apple:**

- symplr Clinical Communications' (Halo) iOS App can be ran only on iPhone or iPod touch
- iPhone Devices Supported - please reference Apple's support page [here](#)
  - iPhone 6s and up
- iOS Version - iOS 15 and up (latest version is recommended)
- iPod Touch: 7th generation or later

### **Android:**

- Devices supported - Samsung, Google Pixel, Zebra, Spectralink
  - please reference Android's support page [here](#)
- OS Version - 7 or later
- Recommended minimum hardware specifications
  - CPU: Quad-Core at minimum
  - RAM: 2GB at minimum
  - Screen size: 720 x 1280 pixels (XHDPI) at minimum
  - Tablets: Most versions supported; call Halo Support to confirm

### **Web: Web Browser Minimum Requirements**

- Microsoft Edge, current version
- Chrome, current version
- Firefox, current version
- Safari, current version







Policy Title:	Away Rotations/Elective and Required
Owner:	
Department:	GME
Origination Date:	10/18/2002
Last approved date:	07/01/2021
Approved By:	GMEC

**I. Scope**

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

**II. Definitions**

**Resident:** The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program.

**Program:** The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

**Elective Away Rotation:** The time limited experience is valuable to the resident, but is not essential to meet RRC requirements. In addition, it is not available at the local sites established by the training program.

**Required Away Rotation:** The time limited experience is essential to meet RRC Requirements and is not available at the local sites established by the training program. If the request is for a required rotation, the PD letter must include why the rotation is necessary to meet RRC requirements.

**III. Purpose**

Away rotations at SIU School of Medicine are a time limited experience that must meet unique educational goals which are not available at the local sites established by the training program. A program’s training sites are approved by the employing hospitals as an integral and recurring component of the program to meet accreditation requirements, and an agreement or contract has been established outlining the terms of this affiliation.

**IV. Procedure**

The requests outlined in this policy fall outside of the established training sites and must be submitted by the Program Director, according to the following guidelines.

1. The Program Director must approve any away rotation (required or elective) and submit a written request to the Office of Graduate Medical Education (OGME), which will then be brought before the GMEC for review. This request must contain all of the required components outlined in this policy. Once the request packet is complete, it must be submitted to OGME as follows:
  - a. Springfield Programs: minimum of four months prior to the start date of the rotation.

- b. Affiliate Programs: minimum of three months prior to the start date of the rotation.
2. Throughout the course of the training period outlined in the Resident Agreement, a resident employed by a Springfield hospital is limited to one month total of away rotation training. The maximum number of months for away rotations for the affiliate programs is at the discretion of the program and employing hospital.
3. The minimum length of any away rotation is two weeks. If a resident would like to visit a site less than two weeks, it will need to be done as an observership.
4. The GMEC will review the request. If the committee approves the educational value of the rotation, it will designate the rotation as elective or required. An OGME representative will notify the program of the committee's decision after the meeting. There are additional requirements for Springfield programs, addressed under **SPRINGFIELD ONLY**.
5. Residents participating in away rotations should consult with the HR department of their employing hospital before departure to verify health insurance coverage. Residents are responsible for obtaining verification documentation from HR if the receiving institution requires any (i.e. proof of background check, vaccination records, training verification, etc.).
6. Resident rotations outside of the United States must comply with the International Travel for Away Rotations Policy.

#### **Required Components for all Away Rotation Requests**

1. A letter from the Program Director to the GMEC Chair, which includes the following:
  - i. Indicates whether the program considers the request an elective or required away rotation.
  - ii. Dates of rotation.
  - iii. Location of experience, including the address of the facility or facilities where the training will take place.
  - iv. Description of the rotation, including a rationale for why the educational goals cannot be obtained in the core training program.
  - v. Verification that the experience provides sufficient clinical credit so that additional time to complete the program will not be required.
  - vi. Verification that copies of all required program and institutional affiliation agreements have been provided to OGME with the request packet. The resident is responsible for obtaining drafts of all required agreements prior to OGME submission, and must verify the requirements with the receiving institution. If these are not provided in their entirety, the rotation is at risk of being cancelled despite GMEC approval. If an institutional agreement is required by the employing hospital or the receiving institution, it must indemnify the employing hospital, unless waived by the employing hospital. There is a SIUSOM institutional affiliation agreement template that can be implemented if the receiving institution will accept it.
  - vii. Minimally, the programs must have a Program Letter of Agreement that verifies appropriate supervision.
2. Goals and objectives: Must be included with the PLA.
3. A CV from the site supervisor/local director (SIU Faculty only exception).
4. The program director should be present at the GMEC meeting at which the rotation is presented.

#### **Springfield Only**

After GMEC approves and designates the request as an elective or required rotation, the request must then be reviewed by the Institutional Residency Affairs Coordinating Committee (IRACC)\*. If IRACC approves the rotation request, the subsequent information and procedures will apply.

For Springfield residents, an Institutional Agreement that indemnifies the employing hospital must be in place for all Away Rotations, whether Elective or Required.

- i. Elective Away Rotations:
  1. The employing hospital will continue the resident's stipend and fringe benefits while on the elective rotation, not including malpractice insurance.
  2. Malpractice Insurance: The resident, the resident's program, or the receiving institution must provide malpractice insurance that meets the receiving institution's minimum requirements for the rotation and provide evidence of such coverage to OGME a minimum of 30 days prior to the start date of the rotation.
- ii. Required Away Rotations:
  1. The employing hospital will continue the resident's stipend and fringe benefits while on the required rotation.
  2. Malpractice Insurance:
    - a. The program director and resident should make every effort to obtain malpractice insurance through the receiving institution. If secured in this manner, evidence of coverage must be provided to the OGME and the Institutional Agreement must indemnify the employing hospital.
    - b. If the receiving institution is unwilling or unable to provide malpractice insurance, the employing hospital will provide malpractice insurance for the resident while on the required rotation. A certificate of insurance will be generated for the receiving institution.

\*A finite amount of resources are available for support of resident away elective rotations. For priority consideration, all requests for away elective rotations in the upcoming academic year should be submitted by April 1st. If the number of requests that receive educational approval by GMEC exceeds the available funding, requests will be prioritized according to the following criteria.

Decisions regarding prioritization of request will be made by GMEC prior to IRACC consideration.

1. Higher preference will be given to rotations with:
2. Unique content/experience that is not available locally.
3. Clinical/academic/scholarly experiences that are not locally available and that are instrumental in earning an advanced degree (i.e. MPH, MPHE, etc.)
4. A unique research experience that is not available locally.

Lower priority will be given to:

1. Rotations for which medical mission is the primary goal.
2. "Audition" electives where one of the primary aims is to improve the resident's competitiveness for a fellowship position.

If an elective request is approved educationally by GMEC, and funds are not available to provide stipend and benefits, the resident is at liberty to pursue the elective utilizing vacation and educational leave.

## **V. References**



- VI. Attachments**  
Request for Away Rotation Form
  
- VII. Periodic Review**
  
- VIII. Reviewed by**
  
- IX. Office of Responsibility**  
GME