

FELLOWS AND RESIDENTS: JULY 2025 – JUNE 2026 BENEFIT COSTS

Biweekly Deductions (26 pay periods per year)

This information is intended solely as a summary to explain the basic provisions of the benefit plans offered to fellows and residents by Children's Hospital of Philadelphia (CHOP). If there is any conflict between the following descriptions and the plan documents, the terms of the plan documents will rule. CHOP reserves the right to modify its insurance and personnel policies from time to time at its discretion. Although employment with CHOP may mean you are eligible for participation in these programs, your participation is not a contract of employment. CHOP does not reimburse employees if they choose not to select benefits.

COVERAGE LEVELS

- **Employee Only:** Only you, as the employee
- **Employee + Child(ren):** You, as the employee, and one or more dependent children
- **Employee + Spouse:** You, as the employee, and your legal spouse
- **Employee + Family:** You, as the employee, your legal spouse, and one or more dependent children

MEDICAL*	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
CHOP Preferred Care Plan	\$84.37	\$96.62	\$100.39	\$104.62
Consumer Directed Health Plan	\$79.22	\$89.25	\$92.86	\$96.96
Keystone/AmeriHealth HMO	\$88.91	\$111.74	\$116.22	\$121.26

**With the completion of the well-being incentive (complete the Health Assessment and reach Level 1 by earning 2,000 points in Personify Health), per-pay-period deductions will be reduced by \$45. This does not include the \$60 biweekly spousal surcharge.*

DENTAL	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Aetna PPO	\$2.13	\$11.88	\$12.71	\$14.90
Aetna DMO	\$1.04	\$4.67	\$4.98	\$5.84

VISION	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
UnitedHealthcare Vision	\$2.96	\$5.92	\$5.16	\$7.13