



Berkshire
Health Systems

2026 Resident Benefits

March 2026



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2026/2027 Resident Salaries

Below are the resident salaries for the academic year starting on July 1, 2026, and ending June 30, 2027.

Resident Salaries

PGY 1	\$75,000
PGY 2	\$78,500
PGY 3	\$82,125
PGY 4	\$86,500
PGY 5	\$91,025





Welcome to Berkshire Health Systems!

Berkshire Health Systems (BHS) believes that you and your family deserve great care, and great care is our business. We offer innovative benefit plans designed to promote the health and well-being of our employees.

As a new employee with Berkshire Health Systems, some of your benefits become available on the first of the month following your date of hire. Therefore, we strongly encourage you to access the BHS Benefits website **within 14 days of your hire date** to complete your benefit enrollment. This will ensure that your coverage is effective on time. **Please note:** a late enrollment may delay your coverage and your ability to seek services under your plans.

Full-time Benefit Eligible Employees

- If your new job is a scheduled position with a weekly commitment of 30 or more hours:
 - Medical (with prescription), dental and vision coverage is effective on the 1st day of the month following your date of hire.
 - Life and disability benefits will begin after 90 days of employment.

Part-time Benefit Eligible Employees

- If your new job is a scheduled position with a weekly commitment of 22.5 to 29 hours:
 - Medical (with prescription), dental and vision coverage is effective on the 1st day of the month following your date of hire.
- If your new job is a scheduled position with a weekly commitment of 15 to 22 hours:
 - Medical (with prescription) coverage is effective on the 1st day of the month following your date of hire.

403b Pension Plan for All Employees

- A New Hire will be automatically enrolled in the 403b BHS Pension Plan 45 days after your hire date.
- You will receive information about your pension plan through your BHS email account within a few weeks from your date of hire.
- Employees are eligible for **Employer Contributions**, at age 21 and after satisfying both one year of employment and 1,000 hours of service.
 - If the qualifying criteria are met on your one-year anniversary, BHS will begin to make employer contributions the following month; otherwise, your hours of service will be reviewed at the end of each year.
- **Transamerica** Contact Information: Call → (800) 755-5801

Accessing the BHS Benefits Center & Enrolling

- By logging into our **HR, Payroll, and Benefits Platform**, on the left hand side, click "**Benefits**", then "Manage My Benefits", this will bring you automatically to the **Benefits Center**.
- Benefit eligible employees are required to actively participate in selecting or declining benefits.
 - Elect or waive each benefit in the order they are offered.

Enrolling Eligible Dependents

- You will be prompted to enroll your eligible dependents.
- **Who are eligible dependents?**
 - "Legal" Spouse, and Eligible Children

- A “Legal” Spouse – does NOT include ex-spouse, domestic partner, common law marriage or court order for an ex-spouse.
 - Eligible Children – Biological, Stepchild, Adopted, Legal Guardianship, Disabled child
- Please be prepared to provide information such as names, birthdates, and social security numbers.
- You will be asked to provide documentation verifying your dependent’s eligibility.
 - Refer to the Documentation Requirements chart below.
- **Your enrollment will not be complete until you upload the appropriate documentation to the BHS Benefits Center portal within 30 days of your hire date.**
 - If required documentation is not provided, your unverified dependent may be removed from coverage.
- **Spousal Wrap**
 - This benefit program will reimburse out-of-pocket medical costs that an employee’s spouse incurs while being covered under the spouse’s employer’s medical plan.
 - Spouses who are eligible for coverage under another employer’s plan will no longer be eligible for coverage with BHS.
 - **Eligibility**
 - If you are legally married, and
 - Your spouse works on average 30 hours or more and will be offered medical insurance through their employer for the 2026 plan year, and
 - You are eligible for full-time BHS medical insurance, and
 - You enroll in a BHS medical plan
 - Your spouse will be enrolled in the Spousal Wrap.
 - If the eligibility criteria above does not apply to your family situation, then your spouse will be eligible for coverage in the BHS medical plan.

DOCUMENTATION REQUIREMENTS	
If you are a newly hired or newly eligible team member, you have 30 days from your date of hire or date of status change to provide Dependent Verification documentation. If you do not provide valid documentation prior to the deadline date, your dependent(s) may not be covered.	
DEPENDENT ELIGIBILITY VERIFICATION	
Please reference the table below for information on eligible dependent types and required documentation.	
ELIGIBLE DEPENDENTS	REQUIRED DOCUMENTATION
Legal Spouse*	Most Recent Joint 1040 Tax Return <u>OR</u> Marriage Certificate - Only accepted if married <u>within the last 12 months</u> . * "Legal Spouse" does NOT include ex-spouse, domestic partner, common law marriage or court order for an ex-spouse
Child - Biological	Birth Certificate <u>OR</u> Hospital Letter <u>OR</u> Most Recent 1040 Tax Return
Child - Stepchild **	Spouse's Divorce Decree ** (showing that your spouse is responsible to cover their children) <u>AND</u> Birth Certificate <u>OR</u> Hospital Letter <u>OR</u> Most Recent 1040 Tax Return
Child - Adopted	Finalized Adoption Paperwork <u>OR</u> Amended Birth Certificate
Child - Legal Guardianship	Court Issued Guardianship <u>OR</u> Custody Documents
Child - Disabled Child	Birth Certificate <u>AND</u> Letter of Disability
Domestic Partner***	Affidavit of Domestic Partnership *** BHS does not provide coverage for domestic partners (with the exception of Voluntary Spouse Life Insurance)

Questions about your Berkshire Health Systems' Benefits?

- Speak with a Benefits Administrator at the BHS Benefits Center
 - Monday – Friday, 8:00 am to 11:00 pm → **Call:** 866-753-7184

2026 Medical Comparison Chart

Plan Name	Health New England	Network Blue New England	Blue Care Elect Saver with Health Savings Account	Blue Care Elect
Plan Type	HMO	HMO	PPO	PPO
2026 Health Savings Account contribution provided by BHS			\$500 Employee Only	
			\$1,000 Emp. + Spouse; Emp. + Child(ren); and Family	
Premiums (30+ Hours)	\$53.16 Employee Only	\$68.76 Employee Only	\$42.43 Employee Only	\$121.46 Employee Only
	\$135.57 Emp + Spouse	\$175.34 Emp + Spouse	\$115.40 Emp + Spouse	\$282.86 Emp + Spouse
	\$115.64 Emp + Child(ren)	\$149.55 Emp + Child(ren)	\$98.43 Emp + Child(ren)	\$241.26 Emp + Child(ren)
	\$166.89 Family	\$207.66 Family	\$136.69 Family	\$359.45 Family
Network	Western Massachusetts	New England	National	National

			In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible*	\$250 Employee Only	\$250 Employee Only	\$1,700 Employee Only		\$250 Employee Only	\$250 Employee Only
	\$500 Emp. + Spouse; Emp. + Child(ren); and Family	\$500 Emp. + Spouse; Emp. + Child(ren); and Family	\$3,400 Emp. + Spouse; Emp. + Child(ren); and Family		\$500 Emp.+ Spouse; Emp.+ Child(ren); and Family	\$500 Emp.+ Spouse; Emp.+ Child(ren); and Family
Referrals for In-Network Specialists	No	Yes	No	Not applicable	No	Not applicable
Preventive Care Visits						
Well Child Visits	\$0 copay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%
Routine Adult Exams and Tests (e.g. annual physicals, immunizations and mammograms)	\$0 copay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%
Annual OB-GYN Exam	\$0 copay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%
Preventive Hearing Exam	\$0 copay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%
Preventive Vision Exam	\$0 copay	\$0 copay	\$0 copay	Deductible then 20%	\$0 copay	Deductible then 20%

Family Planning (genetic testing)	\$0 copay	\$25 copay	\$25 copay	Deductible then 20%	\$25 copay	Deductible then 20%
Office Visits						
Office Visits with Primary Physician (i.e. General Practitioner, Pediatrician, etc. (including BHS practices)	\$15 copay	\$15 copay	Deductible then \$15 copay	Deductible then 20%	\$15 copay	Deductible then 20%
Specialty Office Visit	\$15 copay	\$15 copay	Deductible then \$25 copay	Deductible then 20%	\$15 copay	Deductible then 20%
Mental Health Office Visit	\$15 copay	\$15 copay	Deductible then \$15 copay	Deductible then 20%	\$15 copay	Deductible then 20%
Chiropractor (visit limits may apply)	\$15 copay	\$15 copay	Deductible then \$25 copay	Deductible then 20%	\$15 copay	Deductible then 20%
Emergency Services						
Urgent Care	BHS: \$15 copay Non-BHS: Deductible then \$15 copay	BHS: \$15 copay Non-BHS: Deductible then \$15 copay	Deductible then \$25 copay	Deductible then 20%	BHS: \$15 copay Non-BHS: Deductible then \$15 copay	Deductible then 20%
Emergency Room (waived if admitted)	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then \$100 copay	Deductible then 20%	Deductible then \$100 copay	Deductible then 20%
Physical, Speech and Occupational Therapy:	60 visits per calendar year	60 visits per calendar year	60 visits per calendar year		100 visits per calendar year	
Physical Therapy, Speech Therapy or Occupational Therapy visits	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$15 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$15 copay	Deductible then \$25 copay	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$15 copay	Deductible then 20%
Diagnostic X-Rays & Lab Tests:						
X-Rays & Lab Tests Situational based on where tests are performed <i>(waived for emergency situations only)</i>	BHS: \$0 copay Non-BHS: \$25 copay	BHS: \$0 copay Non-BHS: \$25 copay	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then 20%	BHS: \$0 copay Non-BHS: \$25 copay	Deductible then 20%
High Tech Imaging:						

Advanced Imaging (MRI, CT, etc) Situational based on where tests are performed <i>(waived for emergency situations only)</i>	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$150 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$150 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$150 copay	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$150 copay	Deductible then 20%
Surgery in Ambulatory facility:						
Outpatient Surgery	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$250 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$250 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$250 copay	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$250 copay	Deductible then 20%
Cardiac Catheterization only	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then \$0 copay (BHS and Non- BHS facilities)	Deductible then 20%	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then 20%
Inpatient Care:						
Inpatient Services <i>(*copay is waived for emergency situations and services not available at BHS)</i>	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay *	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay *	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay *	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay *	Deductible then 20%
Inpatient Mental/Substance Abuse:						
All facilities	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then \$0 copay (BHS and Non- BHS facilities)	Deductible then 20%	Deductible then \$0 copay (BHS and Non-BHS facilities)	Deductible then 20%
Inpatient Rehab Hospital:						

Inpatient Rehab services	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	Deductible then 20%
Skill Nursing facility:						
Services at a skilled nursing facility	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	Deductible then 20%	BHS: Deductible then \$0 copay Non-BHS: Deductible then \$500 copay	Deductible then 20%
Acupuncture	\$15 copay	\$15 copay	\$25 copay	Deductible then 20%	\$15 copay	Deductible then 20%
Durable Medical Equipment	Deductible then 20% copay	Deductible then 20% copay	Deductible then 20% copay		Deductible then 20% copay	
Prescription Drugs						
Prescriptions Filled at BMC Pharmacy	\$5/\$5/\$15 copay only based on tier	\$5/\$5/\$15 copay only based on tier	Deductible then \$5/\$5/\$15 copay based on tier		\$5/\$5/\$15 copay only based on tier	
Prescriptions Filled at Retail Pharmacy	\$30/\$60/\$90 copay only based on tier	\$30/\$60/\$90 copay only based on tier	Deductible then \$30/\$60/\$90 copay based on tier		\$30/\$60/\$90 copay only based on tier	
90 Day Supply @ BMC Community Pharmacy Only	\$15/\$15/\$45 copay only based on tier	\$15/\$15/\$45 copay only based on tier	Deductible then \$15/\$15/\$45 copay based on tier		\$15/\$15/\$45 copay only based on tier	
Healthy Incentives						
Fitness	\$150 reimbursement per plan	\$150 reimbursement per plan	\$150 reimbursement per plan		\$150 reimbursement per plan	
Weight Watchers	\$150 reimbursement per member	\$150 reimbursement per member	\$150 reimbursement per member		\$150 reimbursement per member	
Employee Out of Pocket Maximum	\$1,000/Member \$2,000/Family	\$1,000/Member \$2,000/Family	\$3,000/Member \$6,000/Family		\$1,000/Member \$2,000/Family	\$1,250/Member \$2,500/Family
Pharmacy Out of Pocket Maximum	\$1,000/Member \$2,000/Family	\$1,000/Member \$2,000/Family	Combined with Medical Out of Pocket		\$1,000/Member \$2,000/Family	
*Under Blue Care Elect Saver plan, the entire family deductible must be met on a family contract before benefits will be provided for any one member. **Out of network services will be paid at reasonable and customary charges. Member may be subject to balance billing by the provider if charges exceed this amount.						

The following descriptions of available benefits are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary. BHS assumes no responsibility for, nor shall it be obligated to pay for or provide benefits under, any of the benefit options described in this summary.

BHS Benefit Eligibility Overview

The following chart shows:

- Benefit eligibility for newly hired senior managers
- When participation in the benefit plan begins
- Whether coverage is BHS Employer Paid (automatically set-up) or Voluntary
- Who pays for coverage, and how it is paid

Benefit Plan	Eligibility (Based on Weekly Commitment)	Coverage Begins	BHS Employer Paid (Automatically Set Up)	Voluntary Benefits Elections	Who Pays	How You Pay
Health care						
Medical with Prescription Coverage	15+ Hours	1st Day of the Month following your Date-of-Hire		√	You and BHS	Pre-Tax
Health Savings Account (Only Available with Blue Care Elect Saver Plan)	15+ Hours	1st Day of the Month following your Date-of-Hire		√	You and BHS	Pre-Tax based on IRS Limits
Spousal Wrap Reimbursement Program	15+ Hours	1st Day of the Month following your Date-of-Hire		√	BHS	N/A
Dental	22.5+ Hours	1st Day of the Month following your Date-of-Hire		√	You and BHS	Pre-Tax
Vision - Eyewear Reimbursement	22.5+ Hours	1st Day of the Month following your Date-of-Hire		√	You	Pre-Tax
Spending Accounts						
Health FSA	22.5+ Hours	1st Day of the Month following your Date-of-Hire		√	You	Pre-Tax based on IRS Limits
Dependent Care FSA	22.5+ Hours	1st Day of the Month following your Date-of-Hire		√	You	Pre-Tax based on IRS Limits
Income Protection						
Short-Term Disability	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Core Long Term Disability	30+ Hours	90 Days from your Date-of-Hire	√		BHS	N/A
Voluntary Long-Term Disability	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Basic Life and AD&D	30+ Hours	90 Days from your Date-of-Hire	√		BHS	N/A
Voluntary Life	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Voluntary AD&D	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Spouse Life	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Child Life	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Critical Illness	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
Accident	30+ Hours	90 Days from your Date-of-Hire		√	You	Post-Tax
403(b) Pension Plan	All employees	45 Days from your Date-of-Hire Set up with Transamerica	√		You Only for the first year of employment BHS Employer Contribution Eligibility*	Pre-Tax or Roth based on IRS Limits

* Pension Plan BHS Employer Contribution Eligibility for 403(b) Only - details on the next page

*** BHS Employer Contribution Eligibility for 403(b)**

At age 21 and after satisfying both one year of employment and 1,000 hours of service.

If qualifying criteria are met on your one-year anniversary, BHS will begin to make employer contributions the following month; otherwise, your hours of service will be reviewed at the end of each year.

Once eligible, BHS will contribute a half percent match for every 1% of salary contributed by the employee, up to the first 4% of the employee contribution.

The BHS Employer Core Contribution - BHS may choose to make, per payroll period, a nonelective contribution. If so, the amount credited will be equal to 2.5% of your salary.

2026 DENTAL BLUE COMPARISON CHART

Non-Bargaining Unit & SEIU LPN Employees

Effective 1/1/2026

	Low Option (Base)		High Option	
	Employee Only	Family	Employee Only	Family
Weekly Premiums (22.5+ Hours)	\$2.65	\$16.49	\$5.99	\$25.81
Annual Benefit Per Covered Member	\$1,500		\$2,000	
<u>Level 1 Preventive:</u> Routine cleaning X-Rays Fluoride treatment	100%		100%	
<u>Level 2 Basic:</u> Filling Tooth extractions Root removal Repair of partial or complete dentures, crowns, and bridges	80% after deductible		90%	
<u>Level 3 Major:</u> Complete or partial dentures Permanent (fixed) bridges Crowns, once each 60 months	50% after deductible		60%	
<u>Children under 13:</u> Coverage for preventative, basic, and major services until the annual maximum is met (excludes orthodontia)	100% coverage		100% coverage	
Orthodontia for Children to Age 21	\$1,500 Lifetime Maximum		\$1,500 Lifetime Maximum	
Deductible	\$25 per member/ \$75 per Family		None	

You will be responsible for a higher percentage of the claim's costs for Level 2 and 3 services if you chose an out of network provider. Reference the plan document for full out-of-network claim details.

Limited Liability Insurance

Each academic year, Berkshire Medical Center(BMC) provides limited liability insurance to its residents.

Maximum Coverage Benefits per contract year (July 1st - June 30th)

\$1 Million per claim

\$3 Million per aggregate claims per single policy year.

The coverage is written on an occurrence-like basis so that BMC Resident is protected from claims arising during their participation in the Program(s), even if those claims are not asserted until after the Resident leaves the Program. However, the availability of the coverage is contingent upon BMC Resident's reasonable cooperation in the defense of covered claims.

Disability Insurance

Starting after 90 days of employment each resident will receive at no cost to them:

- Basic Life and Accidental Death & Dismemberment
- Long-Term Disability Insurance

Massachusetts State Leaves/ Leave of Absence Coverage

Massachusetts offers several types of leave protections and benefits for employees, including medical residents. These programs ensure job security and financial support during critical life events such as illness, childbirth, or family care.

1. Paid Family and Medical Leave (PFML)

- **Eligibility:** All BHS employees are eligible to apply for MA PFML (there is no minimum weekly hours requirement)
- **Benefits:**
 - Up to **20 weeks** of paid medical leave for personal serious health conditions.



- Up to **12 weeks** of paid family leave to bond with a new child or care for a seriously ill family member.
- Up to **26 weeks** total per benefit year.
- **2025 Weekly Benefit Cap: \$1,170.64.**
- **Funding:** Through payroll contributions shared by employers and employees.
- **Job and Benefit Protection:** Guaranteed during PFML leave.
- **7 Day waiting period:** Earn time can be used for the first week of leave.

2. Parental Leave (State Law)

- **Eligibility:** Applies to employers with **6 or more employees**.
- **Benefit:** Up to **8 weeks unpaid** per parent for birth or adoption.
- **Note:** If both parents work for the same employer, they share the 8-week entitlement.

Resident Educational Allowance

Each academic year, July 1st through Jun 31st, each resident will receive the following funds to be used for the purchase of books, journals, professional dues, and other educational resources.

PGY- I	\$1500 per year	PGY- IV	\$1,500 per year
PGY- II	\$1500 per year	PGY-V	\$1,500 per year
PGY- III	\$1500 per year		

In the final qualifying year for specialty board examinations, each resident shall be entitled to an additional \$1,000 for Board Review Course(s) approved by the Program Director. The monies are only for the review course and not for the Board fees.

Please contact your program coordinator for further instructions on how to submit reimbursement for educational resources.



Employee Assistance Program (EAP)

Berkshire Medical Center offers its employees two mental health service options: in-person counseling at our EAP office and virtual counseling through Talkspace.

Talkspace

Employees and dependents ages 13 and over have access to completely free and convenient online therapy through Talkspace. This includes unlimited messaging, as well as the option to use two 30-minute live video sessions with your Talkspace therapist each month.

EAP

The EAP program will work with its staff to match residents with providers who are not involved with any residency program at Berkshire Medical Center. For more information on EAP, please see the next page.

All residents will be scheduled for an opt-out counseling appointment within the first six months of their training.

Vacation Time

- Residents may take up to four weeks of paid vacation per contract year.
- Any unused balance does not carry over to the subsequent year.
- Vacation time does not have any impact on length of training.
- Individual programs will maintain policies and procedures for vacation requests. These policies and procedures will be shared with residents and faculty.

Sick Time

- Residents earn sick leave at the rate of 1.25 days per month, or 15 days per year, starting from the first day the resident is required to report.
- Any unused balance does not carry over to the subsequent year.
- Residents may attend medical, mental health, and dental appointments, including those scheduled during their working hours. These hours do not count towards sick days.
- Individual programs will maintain policies and procedures for sick day requests. These policies and procedures will be shared with residents and faculty.

