

FY25 NAVY ACTIVE COMPONENT MEDICAL CORPS SPECIAL PAY GUIDANCE

1. Accession Bonus

a. Eligibility. To be eligible for Accession Bonus (AB), an individual must:

(1) Be a graduate of an American Medical Association (AMA) or American Osteopathic Association (AOA)-accredited school of medicine and possess a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree.

(2) Be fully qualified to hold a commission or appointment as a commissioned officer in an Active Component (AC) of the Medical Corps.

(3) Be fully qualified in the specialty to which appointed in the Medical Corps.

(4) Have a current, valid, unrestricted license.

(5) At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the Department of Defense in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the Corps/specialty. This includes, but is not limited to, participants and former participants of commissioning and pre-commissioning programs, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, Seaman to Admiral-21 (STA-21), and any commissioning programs.

(6) Execute a written agreement to accept a commission or appointment as an officer of the Military Services to serve on active duty for a specific period. An individual who holds an appointment as an officer in either the Active or Reserve Component (To include IRR), of any branch of service is not eligible for an AB. A former officer who no longer holds an appointment or commission, and is otherwise qualified and eligible must have been honorably discharged or released from uniformed service at least 24 months prior to executing the written agreement to receive AB.

b. Accession Bonus Amounts. Physicians who meet the conditions in subparagraphs 1a(1) through 1a(6) of this pay plan are eligible for an AB payable for written agreements in the amounts in Table 1.

c. Service Obligations. During the discharge of the service obligation associated with AB, individuals are eligible for Incentive Pay (IP), and Board Certification Pay (BCP), provided they meet the eligibility criteria for those pays. Any additional obligation incurred by these pays shall be served concurrently. During the discharge of the service obligation associated with AB, individuals are not eligible for a Retention Bonus (RB).

d. Authorized Accession Bonus. The Commander, Navy Recruiting Command may, upon acceptance of the written agreement, approve AB to an eligible individual in the amount in Table 1 for a four year obligation. Eligible individuals who sign a written agreement to serve on active duty or in an active status in exchange for receiving AB are authorized to receive AB. Based on Service-unique requirements, the Commander, Navy Recruiting Command may decline to offer an AB to an applicant.

Note: For Specialties listed as eligible for RB in Table 2, and an Accession Bonus is not available for the specialty, a member is eligible upon reporting to the first command after reporting to active duty, and after attending Officer Development School (ODS), to enter a minimum 4 year RB agreement, effective the date meeting all other eligibility requirements listed in this Pay Guidance.

2. Incentive Pay (IP):

a. Eligibility. A Physician is eligible for IP if he or she meets the below eligibility criteria, which includes being licensed, privileged, and practicing, and has completed the qualifying training listed in subsection 2e:

(1) Is serving in the Medical specialty for which the IP is being paid, unless terminated.

(a) For Active Component: active duty for a period of not less than one year.

(b) For Reserve Component: active duty for a period of more than 30 days, where the officer's orders state the officer's billet while on active duty is the same specialty for which the IP is being requested. If the orders do not state the same specialty, the officer must obtain written verification of privileged and practicing the specialty at a Military Treatment Facility, while on active duty for eligibility, and the eligibility date is the date privileges are granted while on AD.

(2) Executes a written agreement, to remain on active duty for a minimum period of one year beginning the date the agreement is executed, by submitting the appropriate template on the Bureau of Medicine and Surgery (BUMED) Special Pays website to request the IP.

(a) For those whose RB ends, and the IP rate does not change, submission of a new IP request/agreement is not required.

(b) For those whose RB ends, and the IP rate is now different at the without RB rate, submission of an IP request/agreement is required. The new agreement is for a minimum period of one year.

(c) Once an individual has executed an IP agreement for a specific rate, there is no requirement to submit another IP request/agreement, unless the officer loses eligibility, or becomes eligible for a different IP rate.

(3) Possesses an unrestricted license. Member must continue to be credentialed, privileged, and practicing at a facility designated by the Surgeon General as an authorized medical facility, in the Medical specialty for which the IP is being paid.

(a) Physicians attending Internship are considered to be licensed, privileged and practicing to be eligible for the Internship rate IP.

(b) Eligibility for residency and General Medical Officer (GMO) IP requires the physician to be licensed, privileged and practicing to be eligible for the IP, which those attending residency are considered to be privileged and practicing while in the residency provided the physician is successfully meeting the requirements of the residency to be eligible for the Residency IP.

(c) The Chief, BUMED may also approve recommendations on a case by case basis for IP payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. In such cases the member may submit a request to Chief, BUMED for a waiver of the requirements, which will be reviewed on an individual basis. Format of the request is a standard Navy formatted letter, and routed through the member's chain of command for recommendation.

(d) Flag officers at the rank of O-7 and above are eligible for the GMO IP rate.

b. Monthly Payments. Annual payment amounts for IP are listed in Table 2, and will be paid in equal monthly installments. After the initial one-year agreement the IP payments will continue, at the rate in the agreement, with no requirement for additional IP agreements or requests unless the officer becomes eligible for a different IP rate.

c. Not Under Retention Bonus Agreement. Subject to acceptance by the Chief, BUMED, a Physician not under an RB agreement, who becomes eligible for a higher IP rate, may request to terminate and renegotiate for the higher rate IP. The new agreement will be for a minimum of one year from date of renegotiation.

d. Under Retention Bonus Agreement. Physicians who enter an RB contract shall receive IP, at the IP with RB rate listed in the Navy's Fiscal Year Pay Guidance in effect at the time the RB contract is effective, and will continue for the duration of the RB agreement. If the IP with RB agreement authorized the physician a higher IP rate, upon termination/completion of the RB agreement the physician is required to submit an IP request/agreement for the new lower rate IP, per paragraph 1a (2) above, or Chief, BUMED will terminate the IP in its entirety.

(1) Specialties where there is an increase, or new IP, may submit for the increase as early as 1 October 2024, provided the member meets the eligibility for IP, and has not, or does not, submit for a resignation, or retirement, less than one year after the effective date of change in IP amount. A member must obligate for a period of at least one year of active duty from the start date of the new IP rate.

(2) For those under an RB/IP agreement to receive the new IP rate the member must terminate and renegotiate for a new RB/IP agreement obligating for a period longer than is remaining on the existing agreement, or will have to wait until the RB/IP agreement ends, and then submit for the IP only obligating for a minimum of one year from the start date of the IP agreement.

Example: A member who has submitted for resignation/retirement effective prior to 30 September 2025 is not eligible to submit for the increase in IP, since the date of resignation/retirement is less than one year from the earliest eligible effective date of 1 October 2024.

e. Completion of Qualifying Training. The effective date of IP shall be calculated from the completion of the qualifying training plus three months. Qualifying training is defined as Medical School, Internship, Residency and Fellowship.

(1) Internship IP – Eligibility is three months after completing Medical School, and on Active Duty.

(2) Residency IP – Eligibility is three months after completing Internship, and must be licensed, and attending Initial Residency. Example, completes internship 30 June 2024, eligibility for residency IP is 30 September 2024, provided officer is licensed by 30 September 2024. If not then eligibility for the IP is date officer is licensed after 30 September 2024.

(3) GMO IP – Eligibility is three months after completing internship, and must be licensed, same example as above for Residency IP. Medical Corps officers who complete initial residency on active duty are eligible for the GMO IP the day after completing residency. For those who complete residency, not on active duty, eligibility is the date reported to first permanent command, if less than three months after completing residency.

(4) Specialty IP – Eligibility is three months after completion of residency or fellowship, must be licensed, and reported to next command where privileged and practicing specialty, and continue to remain licensed, privileged and practicing from that date forward to be eligible for IP. Research time in a residency, or fellowship, is considered part of the qualifying training. Example, an officer attends a fellowship, and receives a fellowship certificate, but remains in the training program for research, is still considered attending the fellowship, until the research period is completed.

3. Retention Bonus (RB):

a. Eligibility. To be eligible for the Active Duty RB, a Physician must be on permanent active duty (SelRes on temporary Recall is not eligible for RB), and meet same eligibility requirements as the active duty for IP, and the below listed requirements:

(1) Be below the grade of O-7.

(2) Must have completed:

(a) Any, and all, active duty service commitment incurred for participating in a commissioning, or pre-commissioning program, Career Intermission Program (CIP), or any program(s) where government funding was provided prior to reporting to active duty as Medical Corps officer, also

(b) The active duty service obligation (ADSO) for AB or Accession Health Professions Loan Repayment Program (HPLRP) is paid as an accession incentive, and must be served prior to eligibility for a RB.

Note: Commissioning and pre-commissioning programs include, but are not limited to Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, Health Services Collegiate Program, Seaman to Admiral (STA-21), and any other programs funded by the government.

(3) Have completed qualification for the specialty or subspecialty for which the RB is being paid before the beginning of the fiscal year during which an agreement is executed, but no earlier than 3 months after completing the qualifying training.

(4) Execute a written agreement, accepted by the Chief, BUMED, to remain on active duty in the specialty for which the RB is being paid. To enter into an agreement, the individual submits a request to Chief, BUMED, with Commanding Officer endorsement using appropriate template on BUMED Special Pays webpage. BUMED Special Pays will prepare an agreement and return it to the member who will need to accept or decline the agreement and return the acceptance/declination letter to BUMED Special Pays to complete the processing.

(5) Have a current, valid, unrestricted license or approved waiver, and subject to acceptance by the Chief, BUMED, must be currently credentialed, privileged, and practicing at a facility designated by the Navy as an authorized medical facility, in the Medical Specialty for which the RB is being paid, and maintain those for the length of the agreement. The Chief, BUMED may also approve recommendations on a case by case basis for RB payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions or in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. Requests for waivers may be submitted by the member per paragraph 2a(3)(b) above.

b. Service-Unique Requirements. The Chief, BUMED may decline to offer an RB to Physicians or may restrict the length of an RB contract based on service needs or requirements.

c. Termination and Renegotiation of Prior Retention Bonus. Subject to acceptance by the Chief, BUMED, a Physician with an existing RB contract as authorized in this attachment, may request termination of that contract, to enter into a new RB contract, with an equal or longer obligation than remains on the existing agreement, at the RB annual rate in effect at the time of execution of the new RB contract. The new obligation period shall not retroactively cover any portion or period that was executed under the old contract.

d. Active Duty Service Obligation. ADSOs for RB shall be established in accordance with subparagraphs 3d(1) through 3d(4) of this Pay Guidance.

(1) ADSOs for education and training and previous RB agreements shall be served before serving the RB ADSO.

(2) When no education and training ADSO exists at the time of an RB contract execution, the RB ADSO shall be served concurrently with the RB contract period and all non-education and training ADSOs. Also, if the RB contract is executed before the start date of residency/fellowship training and no other education and training ADSO exists, the RB ADSO shall be served concurrently with the RB contract period. However, if the RB contract is executed on or after the start date of residency/fellowship, the Physician is obligated for the full residency/fellowship period and the RB ADSO shall begin one day after the residency/fellowship ADSO is completed. Once a Physician has begun to serve an RB ADSO, he or she shall serve it concurrently with other future ADSO obligations for other special pay agreements (excluding HPLRP) or medical education and training obligations incurred after the execution date for that particular RB contract.

(3) Obligations for an RB may be served concurrently with other service obligation, to include IP, Board Certified Pay (BCP), promotion, Blended Retirement System (BRS) Continuation Pay, and non-Medical military specific education/training.

e. Annual Pay Amounts for Multi-year RB. Annual payment amounts for multi-year RB contracts are contained in Table 2. The RB shall be paid in lump sum annually on the anniversary date of the contract.

4. Board Certified Pay (BCP). Medical Specialists are eligible to receive BCP at the annual rate as indicated in Table 3 paid in equal monthly amounts. To be eligible for BCP, an officer must:

- a. Be certified by a recognized board in the clinical specialty as listed in Table 4.
- b. Possess a current, valid, unrestricted license or approved waiver.
- c. Executes a written agreement to remain on active duty beginning on the date the contract is executed, for a minimum period of one year.

d. Members can only be paid one BCP, regardless how many board certifications a member has.

e. BCP eligibility is the later of, date of certification, date of license, date assigned the qualifying specialty, or date reported to active duty.

Note: For reimbursement of board expenses email packages to Navy Medicine Leader & Development Command (NML&PDC) usn.bethesda.navmedleadprodevcmd.mbx.nmlpdc-cme-funding@health.mil

5. Payment

a. IP and BCP shall be paid monthly and reflect on the LES as SAVED PAY. RB and AB shall be paid in annual installments for the length of the agreement. Upon acceptance by the Chief, BUMED, the total amount paid under the agreement shall be fixed during the length of the agreement. The amount of each bonus or pay is listed in Tables 1-3.

b. Physician who enters into a written agreement is eligible to the full amount of the bonus or pay earned provided the Service member is fulfilling the conditions for such bonus or pay during the length of the agreement. Specified conditions may include a service obligation and the eligibility requirement described above.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
AMA	American Medical Association
AOA	American Osteopathic Association
ADSO	Active Duty Service Obligation
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CSP	Consolidated Special Pay
DO	Doctor of Osteopathic Medicine
HPLRP	Health Professions Loan Repayment Program
IP	Incentive Pay
MD	Doctor of Medicine
MP	Multi-year Pay
RB	Retention Bonus

PART II. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to Title 37, Chapter 5, section 335 paragraphs (a)(1) and (a)(2).

Board Certification Pay (BCP). A pay authorized to health professions officer who earns board certification by an approved certifying agency. Pay authorized under Title 37, Chapter 5, Section 335 paragraph (c).

Credentialed. A qualification held by a health professions officer constituting evidence of qualifying education, training, licensure, experience, current competence, etc.

Fellowship. A period of Medical education & training after completing a specialty residency program.

Incentive Pay (IP). A pay authorized to a health professions officer serving on active duty in a designated health profession specialty for a healthcare related skill. Pay authorized under USC Title 37, Chapter 5 section 335 paragraph (b).

Medical Corps officer. An officer of the Medical Corps of the Navy designated as a medical officer.

Medical education and training. The period of time from entry into an AMA/AOA-accredited school(s) of medicine until completion and award of a MD or DO degree. Multi-year Pay (MP). Pay given for obligated service of two, three, or four years.

Physician. An Active Duty Naval Officer assigned to the Medical Corps.

Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as Military Service Academy, Reserve Officers Training Corps, Armed Forces Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of the Health Sciences, or any other commissioning programs.

Practicing. Meeting the practicing requirements to maintain privileges by the Privileging Authority.

Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution or billet. Clinical privileges define the scope and limits of practice for individual providers and are based on the capability of the healthcare facility, the provider's licensure, relevant training and experience, current competence, health status, and judgment.

Residency. Advanced education training program accredited by the AMA or AOA awarding qualifications of a specialty physician.

Retention Bonus (RB). A bonus paid to obligate an officer for a specified period of time (two, three, or four years) authorized under USC Title 37, Chapter 5 section 335 paragraph (a)(3).

Table 1: MEDICAL CORPS CRITICALLY SHORT WARTIME SPECIALTY ACCESSION BONUS (CSWSAB) ¹

<u>Medical Specialty</u>	<u>CWSAB 4-year Obligation</u>
Aerospace Medicine	\$300,000 \$300,000
Anesthesia	\$600,000 \$600,000
Cardiology	\$325,000 \$325,000
Cardio-Thoracic Surgery	\$600,000 \$600,000
Diagnostic Radiology	\$375,000 \$375,000
Emergency Medicine	\$400,000 \$400,000
Family Medicine	\$275,000 \$275,000
General Surgery	\$600,000 \$600,000
Internal Medicine	\$250,000 \$250,000
Infectious Diseases	\$200,000 \$200,000
Neurosurgery	\$600,000 \$600,000
Ophthalmology	\$225,000 \$225,000
Orthopedics	\$600,000 \$600,000
Preventive Medicine	\$300,000 \$300,000
Psychiatry	\$600,000 \$600,000
Pulmonary Medicine	\$400,000 \$400,000
Trauma/Critical Care Surgery	\$600,000 \$600,000
Urology	\$300,000 \$300,000
Vascular Surgery	\$600,000 \$600,000

Table 2: MEDICAL CORPS IP & RB ^{2,3,4}

MEDICAL CORPS				Incentive Pay Rate (prorated monthly)	
INTERNSHIP (FYGME)				\$1,200	
INITIAL RESIDENCY (Post-Graduate Year 2)				\$8,000	
GENERAL MEDICAL OFFICER				\$20,000	
GENERAL MEDICAL OFFICER (GMO) WITH AVIATION MEDICINE OR UNDERSEA MEDICAL OFFICER TRAINING*				\$25,000	
POST RESIDENT or FELLOW GRADUATE (initial residency is the first residency completed)	Fully Qualified IP Annual rate (prorated monthly)	RB 2- year rate (paid annually)	RB 3- year rate (paid annually)	RB 4- year rate (paid annually)	RB 6-year rate (paid annually)
Aerospace Medicine (RAM)	\$43,000	\$20,000	\$30,000	\$40,000	-
Anesthesiology	\$59,000	\$40,000	\$55,000	\$105,000	\$125,000

Cardiology- Adult/PEDS	\$59,000	\$26,000	\$39,000	\$76,000	\$95,000
Dermatology	\$43,000	\$17,000	\$25,000	\$43,000	-
Emergency Medicine	\$49,000	\$26,000	\$39,000	\$76,000	\$95,000
Family Medicine	\$43,000	\$20,000	\$28,000	\$48,000	\$60,000
Gastroenterology - Adult/PEDS	\$49,000	\$25,000	\$36,000	\$58,000	-
General Internal Medicine	\$43,000	\$13,000	\$23,000	\$40,000	-
General Surgery	\$57,000	\$50,000	\$65,000	\$105,000	\$125,000
Neonatology	\$50,000	\$24,000	\$34,000	\$63,000	\$78,000
Neurology- Adult/PEDS	\$43,000	\$13,000	\$19,000	\$30,000	\$40,000
Neurosurgery	\$65,000	\$75,000	\$100,000	\$150,000*	-
Gynecologic Surgery & Obstetrics	\$54,000	\$20,000	\$30,000	\$46,000	\$58,000
Ophthalmology	\$51,000	\$15,000	\$21,000	\$32,000	-
General Orthopedics	\$59,000	\$43,000	\$58,000	\$95,000	\$115,000
Otolaryngology	\$53,000	\$22,000	\$30,000	\$43,000	-
Pathology	\$43,000	\$13,000	\$20,000	\$35,000	-
Pediatrics	\$43,000	\$15,000	\$20,000	\$35,000	-
Physical Medicine	\$43,000	\$12,000	\$13,000	\$20,000	-
Preventive/Occupational Medicine	\$43,000	\$13,000	\$20,000	\$35,000	-
Psychiatry - Adult/PEDS	\$43,000	\$19,000	\$31,000	\$65,000	\$85,000
Pulmonary/Critical Care (Adult/Pediatric)	\$50,000	\$27,000	\$37,000	\$63,000	\$78,000
Radiology - Diagnostic/Therapeutic/Oncology	\$59,000	\$34,000	\$49,000	\$76,000	-
Urology	\$51,000	\$20,000	\$30,000	\$55,000	-
Subspecialty CAT I (Note 1)	\$59,000	\$50,000	\$65,000	\$110,000	\$130,000
Subspecialty CAT II (Note 2)	\$51,000	\$12,000	\$18,000	\$32,000	-
Subspecialty CAT III (Note 3)	\$46,000	\$18,000	\$25,000	\$43,000	\$55,000
Subspecialty CAT IV (Note 4)	\$46,000	\$20,000	\$28,000	\$48,000	\$60,000
Subspecialty CAT V (Note 5)	\$59,000	\$26,000	\$36,000	\$55,000	-

*The annual IP amount for the 4 year Neurosurgery retention agreement is \$80,000.

Note 1: Requires primary specialty in general surgery or as listed – Cardio-thoracic surgery, colon-rectal surgery, oncology surgery, pediatric surgery, plastic surgery, organ transplant, trauma/critical care surgery, vascular surgery, fellowship trained orthopedic surgeons.

Note 2: Internal medicine nuclear medicine physicians only.

Note 3: All internal medicine/pediatric fellowship subspecialties not listed separately.

Note 4: All family medicine fellowship trained subspecialties.

Note 5: Physicians who are fellowship trained in ophthalmology, otolaryngology, obstetrics/gynecology, and urology.

Table 3:

Board Certification Pay (BCP) 1-year rate (prorated monthly) ^{2,3}	\$8,000
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Recognized Boards

American Board of Medical Specialties - ABMS

American Osteopathic Association Specialty Certifying Boards - AOA

Footnotes:

¹ Must be a graduate of an American Medical Association or American Osteopathic Association - accredited school of medicine and possess a Doctor of Medicine or Doctor of Osteopathic Medicine degree. Medical Corps CSWSAB lists Health Professions Officer (HPO) specialties designated by the Secretary of Defense as critical to meet a Military Department's healthcare wartime missions. Justification for a critical designation consists of the criticality of the HPO skill, officer shortages due to recent force structure changes, or extremely high replacement or training cost.

² As a Health Care Provider, AC HPOs must be currently credentialed, privileged, and practicing at a facility designated by the Military Department, in the Medical specialty for which the IP and RB is being paid. The Secretary of the Military Department concerned may also approve recommendations on a case by case basis for IP and RB payments to Physicians assigned to positions requiring a substantial portion of time performing military-unique duties under adverse conditions, in remote locations outside the United States, or that preclude the ability to spend appropriate time in a clinical setting. General/Flag officers at the rank of O-7 and above are eligible for the General Medical Officer IP rate and BCP.

³ To be paid IP and BCP under the 1/30th rule, RC HPOs must be credentialed by the Military Department in the specialty for which the incentive is being paid.

⁴ To be eligible for a retention bonus, member must have completed graduate medical education approved by the Military Department Surgeon General in one of the listed clinical specialties.