

**UNITED STATES AIR FORCE
FISCAL YEAR 2022
MEDICAL CORPS
CONSOLIDATED SPECIAL PAY (CSP) PLAN**

SUMMARY OF REVISIONS: Minor format changes, the elimination of higher Incentive Pay (IP) with 4-yr or 6-yr Retention Bonuses (RB) for select specialties and a corresponding increase in the 4-yr or 6-yr RB rates for the same specialties (net change from FY21 CSP plan is zero), an increase in the 4-yr Retention Bonus and an addition of a 6-year Retention Bonus for Cardiologists. This pay plan should be read in its entirety to determine eligibility.

GENERAL INFORMATION.

1.1. Purpose. To publish pay rates and policies for the FY22 Medical Corps Consolidated Special Pay Plan. These instructions are effective 1 December 2021 and will remain until superseded by a new Special Pay Plan.

1.2. Applicability. The provisions of this pay plan apply to officers of the Active Component Air Force Medical Corps and Reserve Component officers on Title 10 orders for a period of 1- year or more. The Reserve Component has a separate pay plan to address Medical Special Pays for officers serving for periods of less than 1-year.

1.3. General Eligibility.

1.3.1. To be eligible for Special & Incentive (S&I) pay, an individual must be an officer of (or in case of an accession bonus (AB), agree to accept a commission into) the Air Force designated as a Medical Corps (MC) officer.

1.3.2. Officers must meet retainability requirements to complete the active duty service commitment (ADSC) incurred upon signing and submitting any contract. The officer's signature on a special pay contract authorizes Air Force Personnel Center (AFPC) to extend the officer's ADSC provided it does not exceed a mandatory date of separation (DOS) based on age, commissioned years of service, or other force management tools.

1.3.3. Upon reaching age 61, officers who wish to remain on active duty beyond age 62, but not to exceed age 68, must obtain an approved age waiver and submit the waiver with the special pay contract. NOTE: Officers in the rank of lieutenant colonel and below may request DOS waivers and age waivers through the appropriate assignments office at AFPC Non-Line Officer Management Division. DOS changes and age waivers for officers in the rank of colonel and above are managed by AF/A1LO (Colonels) and AF/DPG(Generals).

1.3.4. In accordance with Air Force Instruction (AFI) 36-3203, *Service Retirements*, Table 4.1., 10 United States Code (U.S.C.) § 633, *Retirement for years of service: regular lieutenant colonels and commanders*, and 10 U.S.C. § 634, *Retirement for years of service: regular colonels and Navy captains*, officers cannot exceed commissioned years of service limits unless approved for continuation by a selective continuation board. Officers in the rank of lieutenant colonel cannot enter

into a special pay agreement that results in an ADSC that surpasses 28 years of total active commissioned service.

Officers in the rank of colonel cannot enter into a special pay agreement that results in an ADSC that surpasses 30 years of total active commissioned service.

1.4. Administration. DoDI 6000.13, DAFI 41-110, *Medical Health Care Professions Scholarship Programs*, provides in-depth guidance on the administration of the CSP plans.

1.4.1. All CSP pay types require a contract to initiate pay. Details on contract durations and rates are provided later in the Pay Plan.

1.4.2. Contract Effective Date.

1.4.2.1. Contract may be effective as early as the first day of the month in which the officer signed the contract (no backdating to the previous month or further) as long as:

1.4.2.1.1. The officer was eligible on the date to be used as the effective date,

1.4.2.1.2. The authorized endorser's signature is dated within 1-month of the officer's signature, and

1.4.2.1.3. The contract is submitted to myPers/received by AFPC Medical Special Pays within 2-months of the officer's signature.

1.4.3. Contract Submission.

1.4.3.1. Contracts should be scanned and submitted via myPers no earlier than 60 days prior to the requested effective date. All contracts are binding upon signature and submission to AFPC Medical Special Pays. Officers with extenuating circumstances may contact AFPC Medical Special Pays office to request approval for early submission, however, approval is on a case by case basis and contracts will not be processed any earlier. Extenuating circumstances may include inability to access internet services/scanners while deployed.

1.4.3.2. Individual officers must submit their own contract via myPers to ensure appropriate tracking and payment.

1.4.3.3. Contract submissions are only accepted via the myPers website. Contracts should not be emailed to the organizational email box, faxed, or sent via USPS. MC contracts must be submitted via: https://mypers.af.mil/app/answers/detail/a_id/29357

1.4.3.4. Contract submission guidance and additional references (to include Air Force Medical Special Pay Plans, contracts, Frequently Asked Questions, additional guidance, etc.) are also available on the myPers webpage.

1.4.4. Each officer is responsible for requesting/monitoring his/her Medical Special Pays and obligations. Officers should maintain a copy of the pay plan and signed contract(s) for record. Processed

contracts in the Personnel Records Display Application (PRDA) via AFPC Secure.

1.4.5. All payments are subject to the availability of funds and state and federal taxes. Lump sum payments (AB and RB) are taxed at the rate in effect at the time they are paid.

1.4.6. Upon acceptance of a written contract, the rate shall be fixed for the length of the contract.

1.4.7. Officers must be awarded the Air Force Specialty Code (AFSC) for which they're requesting Medical Special Pay prior to submitting a contract(s). AFPC Medical Special Pays is not responsible for updating AFSCs, prefixes, or suffixes. The officer must work with the unit Commander's Support Staff (CSS) or equivalent to update his/her military record for board and specialty designators on AF Form 2096, *Classification/On-The-Job Training Action*.

1.4.7.1. An officer may be paid at the rate for any specialty for which he/she is currently credentialed, but the specialty must be the same for all contracts.

1.4.7.2. Officers are eligible for pay based on their primary, secondary, or tertiary AFSC. Pay cannot be earned based on a duty AFSC.

1.4.8. While in training for a secondary residency, physicians who meet all eligibility criteria are allowed to apply for Incentive Pay (IP) or coupled IP/RB (Retention Bonus). Physicians must be licensed and credentialed in a primary specialty. Directors of Medical Education (DME) are designated as the authorized endorsers for those undergoing training in a secondary fellowship or secondary residency. (refer to paragraph 1.5 for ADSC rules).

1.4.9. The Air Force Deputy Surgeon General (AF/DSG) may approve recommendations for special pay to fully qualified officers assigned to positions requiring a substantial portion of time performing military unique duties under adverse conditions, or in a remote location outside the continental United States (OCONUS), or that preclude the ability to spend appropriate time in a clinical setting. A request for special pay under these conditions must be approved by AF/DSG under Option III of the contract. When requesting AF/DSG endorsement, a copy of the officer's license must accompany the contract submitted to myPers.

1.5. Active Duty Service Commitments (ADSC).

1.5.1. ADSC rules vary by type of pay. Specific rules for each special pay are detailed in sections 2-4.

1.5.2. AB ADSCs will run consecutive to other accession and retention tool ADSCs.

1.5.3. Incentive Pay (IP) ADSC will run concurrent with all other ADSCs.

1.5.4. RB ADSCs will run consecutive with other accession and retention tool ADSCs.

1.5.5. Board Certification Pay (BCP) does not incur an ADSC.

1.5.6. The ADSC for a multi-year special pay contract (RB) entered into prior to the start date of secondary residency/fellowship training will be served concurrently with residency/fellowship training

and the training ADSC.

1.5.7. The ADSC for a multi-year special pay contract (RB) entered into on or after the start date of secondary residency/fellowship training will be served consecutively with the residency/fellowship training ADSC. The special pay ADSC will begin the day after the residency/fellowship ADSC is completed (refer to 4.3.3. and 4.3.4.).

1.5.8. Consecutive ADSCs are served in the order in which they are incurred.

1.6. Contract Renegotiation.

1.6.1. Subject to acceptance of the contract, an officer with an existing contract may terminate that contract to enter into a new (renegotiated) multi-year contract with a longer obligation at the pay rate in effect at the time of execution of the new contract. Any unearned portion of the terminated contract will be recouped. Contracts may not be renegotiated to obtain a shorter ADSC or for purposes of assignment or separation.

1.6.2. Renegotiation of a contract must result in a longer ADSC (contract). Because bonuses are provided in 1 year increments, this means a renegotiation must provide “at least one additional year” of ADSC. Otherwise, providing a member a new contract with a higher rate of pay without any additional consideration for the Government (ADSC) would be tantamount to an unauthorized gift.

1.6.3. Single year contract renegotiation.

1.6.3.1. IP-only contracts can only be renegotiated to an IP/RB or a new IP-only contract with a higher rate of pay.

1.6.3.2. IP-only contracts require at least 1-year of retainability.

1.6.3.3. IP-only contracts will continue to pay out on a monthly basis indefinitely unless renegotiated with an IP/RB or an IP-only contract with a higher pay rate. This does not apply to General Medical Officer (GMO) IP contracts which must be re-submitted annually.

1.7. Contract Termination. For more in-depth guidance, please refer to DoDI 6000.13, DAFI 41-110.

1.7.1. The Medical Special Pay program should not be used as a means to address noncompliance with military standards or behavioral issues. Other mechanisms, such as administrative and judicial (Uniform Code of Military Justice (UCMJ)), should be used to address noncompliance with standards and/or misconduct. However, if a commander believes the officer’s unprofessional conduct has, or could have, a detrimental effect on the safety and welfare of patients and staff or significantly impacts the integrity of the Air Force Medical Service (AFMS), it is appropriate to initiate clinical adverse action proceedings against the officer. In taking such clinical action, commanders (authorized endorsers of Medical Special Pay contracts) may then recommend the Air Force Surgeon General terminate, and/or recoup Medical Special Pay based on evidence of a significant breach of professional practice standards and/or conduct that adversely affects professional practice. If the officer is thus precluded from performing the functions for which special pays had been awarded,

a withholding or termination of those pays would be appropriate.

1.7.2. The circumstances that may result in termination and/or withhold of a contract and repayment/recoupment of any unearned portion of the bonus or pay are outlined in Department of Defense Directive (DoDD) 5124.02, *Under Secretary of Defense for Personnel and Readiness*, 37

U.S.C. § 373, Chapter 2 of Volume 7A of the DoD Financial Management Regulation (FMR), and Directive Type Memo (DTM) *Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends*.

1.7.3. AF/SG is the termination and/or withhold authority for all contracts. Exception: cases of statutory ineligibility (e.g. expired or restricted license/board certification). AFPC Medical Special Pays has the authority to terminate contracts and recoup unearned special pay once notified and lapse in licensure/certification is verified. Military treatment facility (MTF) commanders and officers must notify AFPC Medical Special Pays of any lapse.

1.7.3.1. Reasons for termination include but are not limited to: loss of privileges, court-martial conviction, violations of the UCMJ, failure to maintain required certification or licensure, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with Air Force professional practice standards, substandard performance, or reasons that are in the best interest of the Air Force.

1.7.3.2. Any failure to fulfill the conditions specified in a contract may result in termination of the contract and the officer's repayment of any unearned portion of the pay in accordance with 37 U.S.C. § 373.

1.7.3.3. Endorsing officials are encouraged to endorse special pay contracts if/when an officer remains in the patient care setting until privileges have been revoked by the AF/SG or court martial has made a ruling.

1.7.3.4. If/when an officer's privileges have been officially revoked by the AF/SG, or they are found guilty and/or discharged from active duty by court martial the MTF commander must notify AFPC Medical Special Pays in writing of the privileging/UCMJ action in order to terminate and/or recoup officer's special pay.

1.8. Recoupment/Repayment. In accordance with 37 U.S.C. § 303a, *Special pay: general provisions* and §335i, *Special bonus and incentive pay authorities for officers in health professions*, an officer who fails to maintain all eligibility requirements during the period for which the payment is made or does not complete the period of active duty specified in the agreement shall be subject to recoupment. In most cases, any unearned portion of the terminated contract will be recouped. Only a pro-rated portion of the monies paid are collected, commensurate with the portion of time not yet served or deemed ineligible.

The period for which the payment is made may extend beyond the contract dates if consecutive commitments exist. Eligibility (licensure, rank below grade of O-7, etc.) must be maintained for the duration of the ADSC incurred as a result of a special pay contract.

1.9. Bankruptcy. As indicated in 37 U.S.C. § 303a and 37 U.S.C. § 373, a discharge in bankruptcy under Title 11 entered into less than five years after the termination of any special pay agreement does not discharge a person from a debt or ADSC arising from such an agreement. This provision applies to any case commenced under Title 11 and after 1 October of the current year.

2. ACCESSION BONUS (AB).

2.1. Eligibility. To be eligible for AB, an officer must:

2.1.1. 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.

2.1.2. Be fully qualified to hold a commission or appointment as a commissioned officer in the Active Component of the USAF MC.

2.1.3. Be fully qualified in the specialty to which appointed in the MC.

2.1.4. Have a current, valid, unrestricted license.

2.1.5. At the time of commission or appointment, have completed all mandatory service obligations if financial assistance was received from the DoD in order to pursue a course of study to become an officer, or pursue a course of study leading towards appointment in the MC/ specialty. This includes, but is not limited to, participants and former participants of a United States Air Force Academy (USAFA), Reserve Officers' Training Corps (ROTC), Armed Forces Health Professions Scholarship Program (HPSP), Financial Assistance Program (FAP), Uniformed Services University of the Health Sciences (USUHS), and other commissioning programs.

2.1.6. Execute a written agreement to accept a commission or appointment as an AF officer to serve on active duty for a specific period (4-years). An individual who holds an appointment as an officer in either the Active or Reserve Component 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.

2.1.6.1. AB Amounts. Some physicians are considered a Critically Short Wartime Specialty pursuant to 37 U.S.C. § 335. MC officer accessions who meet conditions in sections 2.1.1. through 2.1.6. of this pay plan may be eligible for an AB payable for approved contracts in the amounts listed in Attachment 2, Table 1.

2.1.6.2. Officers who sign an AB contract are not eligible to simultaneously earn an RB, and vice versa. Officers may elect whether to execute an AB or RB contract, but not both.

2.1.6.3. ADSC. During the discharge of the AB ADSC, individuals are eligible for IP. Any

additional obligation incurred for IP shall be served concurrently. During the discharge of the AB ADSC, individuals are not eligible for an RB.

2.1.6.4. Authorized AB. 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. AB authorization is dependent on accession quota and needs of the AF. Otherwise eligible accessions may be declined or not offered AB. AF/SG1/8, Medical Force Management Division, determines AB quotas. Accessions in excess of AB quotas require AF/SG1/8 approval.

3. INCENTIVE PAY (IP).

3.1. Eligibility. A MC officer is eligible for IP if he/she:

3.1.1. Is serving in the medical specialty (AFSC) for which the IP is being paid, unless special pay contract is terminated by AF/SG (see paragraph 1.7. for details).

3.1.2. Executes a written contract to remain on active duty beginning the contract effective date for a period of not less than 1-year.

3.1.3. Must possess an unrestricted license. Officer must be credentialed, privileged, and practicing at a facility designated by the AF, in the medical specialty for which the IP is being paid. Officers working outside the MTF may consult DoDI 6000.13, DAFI 41-110 for endorsing official guidance. See section 1.4.10. of this pay plan for officers assigned to duties that preclude the ability to spend appropriate time in a clinical setting requesting a IP.

3.1.4. Officers with/without an established DOS may renegotiate or sign a new IP/RB or IP-only contract if they meet all eligibility criteria and have retainability.

3.1.5. Completion of Qualifying Training. The effective date of IP shall be calculated IAW current DoDI 6000.13 guidance. Qualifying training for Medical Corps IP is:

3.1.5.1. Medical school for Intern IP rate.

3.1.5.2. Internship for Resident IP rate.

3.1.5.3. Internship for GMO IP rate.

3.1.5.4. Residency or fellowship for fully qualified IP rates.

3.1.6. It is the officer's responsibility to notify AFPC Medical Special Pays if they fail to remain eligible for the pay. Pay earned while not eligible will be recouped once identified.

3.2. IP for retirement/separation pending officers

3.2.1. Officers retiring with less than 12 months of retainability following the expiration of a multi-year contract and prior to a mandatory retirement/separation date must sign a single year retirement IP contract prior to the conclusion of the multi-year contract in order to avoid losing

pay. This contract should be signed as soon as retirement orders are received. Retirement orders must be submitted in conjunction with contract.

3.2.2. Officers planning to retire/separate with less than 12 months of retainability following the expiration of a multi-year contract and prior to a desired retirement/separation date (not based on a mandatory date of separation/retirement) will lose pay. In order not to lose pay, the officer must sign a single year IP contract and agree to at least 1 (one) additional year of retainability. Officer will not receive IP unless they sign a contract.

3.2.3. Officers retiring/separating with less than 12 months of retainability following the expiration of a multi-year contract and who have an ADSC due to consecutive commitments (a “tail”) are required to sign an IP-only contract prior to the conclusion of the existing multi-year contract in order for their IP to continue. The IP-only rate will be paid for the remainder of the “tail” period. The contract must be submitted at least 30 days prior to the conclusion of the multi-year contract in order for the pay to continue.

3.3. IP Payments and Rates.

3.3.1. IP shall be paid at the annual pay rates listed in Attachment 2, Table 2. IP shall be paid in equal monthly installments starting on the effective date. General/Flag officers at the rank of O-7 and above are eligible for the General Medical Officer (GMO) IP rate.

3.3.2. Not Under RB Agreement. MC Officers not under an RB agreement, who become eligible for a higher IP rate, may request to terminate and renegotiate for the higher rate IP (see 3.1.5. for effective date guidance).

3.3.2.1. Residency Trained Physicians. Once an IP-only contract is processed, the IP will continue to be paid monthly until a renegotiated contract (IP/RB or higher rate IP) is submitted/processed.

3.3.2.2. GMOs. GMO IP-only contracts must be renewed annually. GMOs beginning a residency training program should renegotiate their GMO IP-only contract with an Initial Residency rate IP contract. The unearned portion of the IP paid at the GMO rate will be recouped effective the training start date.

3.3.2.3. An IP contract can only be renegotiated with an IP/RB contract or an IP contract with a higher pay rate, except as noted in 3.3.2.2.

3.3.3. Under RB Agreement. MC Officers who enter an RB contract shall continue IP eligibility at the IP rate in effect at the time the RB contract is effective, and will continue for the duration of the RB agreement. IP will expire when the IP/RB contract completes and a new IP/RB or IP only contract will be required.

3.3.4. Multi-year contracts resulting in a consecutive ADSC (a tail) will not continue to pay IP during the tail period. The officer must submit an IP-only contract at least 30 days prior to completion of multi-year contract in order to re-start IP-only payments and avoid a lapse in pay.

3.3.5. IP and RB pays will expire at the same time. A new IP/RB or IP only contract will be required to restart pay.

3.3.5.1. Officers with/without an established DOS may renegotiate or sign a new IP/RB contract if they meet all eligibility criteria and have retainability.

3.3.5.2. Officers retiring less than 12-months after the conclusion of an IP/RB contract and with a mandatory DOS must contact AFPC Medical Special Pays within 60 days of the IP/RB contract conclusion to ensure IP pays out until retirement.

3.4. It is the officer's responsibility to notify AFPC Medical Special Pays if they fail to remain eligible for the pay. Pay earned while not eligible will be recouped once identified.

4. RETENTION BONUS (RB).

4.1. Eligibility. To be eligible for RB, a MC officer must:

4.1.1. Be below the grade of O-7. In the event of promotion to O-7, any unearned RB will be recouped on a pro-rata basis based on the length of the remaining ADSC. The recoupment will include the ADSC for any existing consecutive commitments regardless of when the payments were received (i.e., extended commitments commonly referred to as a 'tail').

4.1.2. Have completed either:

4.1.2.1. Any ADSC incurred for participating in a pre-commissioning/commissioning program (see definition in Attachment 1), or

4.1.2.2. The ADSC for AB or Health Professions Loan Repayment Program (HPLRP) paid as an accession incentive. Accessions eligible for AB and/or HPLRP may decline the AB/HPLRP (not sign/submit a contract(s)) and accept the RB.

4.1.3. Have completed specialty qualification for which the RB is being paid prior to the beginning of the fiscal year (1 October) during which a written agreement is executed, but no earlier than 3 months after completing qualifying training.

4.1.3.1. Qualifying training is defined as:

4.1.3.1.1. Medical school to qualify for the Intern rate.

4.1.3.1.2. Internship to qualify for the Resident rate.

4.1.3.1.3. Internship to qualify for the GMO rate.

4.1.3.1.4. Residency and/or fellowship to qualify for the Fully Qualified rate.

4.1.4. Execute a written contract to remain on active duty in the specialty for which the RB is being paid for 2, 3, 4 or 6-years.

4.1.5. Have a current, valid, unrestricted license. The provider must be currently credentialed, privileged, and practicing at a facility designated by the AF, in the specialty for which the RB is being paid. Officers working outside the MTF shall consult DoDI 6000.13, DAFI 41-110 for endorsing official guidance. See section 1.4.10. of this pay plan for officers assigned to positions that preclude the ability to spend appropriate time in a clinical setting requesting RB.

4.2. Multi-Year Contract Renegotiation.

4.2.1. MC Officers with an existing multi-year contract may request termination of that contract to enter into a new IP/RB contract with a longer ADSC (of at least one year) at the pay rates in effect at the time of execution of the new contract. The new obligation period shall not retroactively cover any portion or period that was executed under the old contract.

4.3. ADSCs. ADSCs for RB shall be established in accordance with subparagraphs 4.3.1. through 4.3.5. of this pay plan.

4.3.1. ADSCs for existing education and training and previous multi-year special pay contracts shall be served before serving the RB ADSC (consecutive ADSC).

4.3.2. The ADSC for a multi-year special pay contract entered into prior to the start date of secondary residency/fellowship training will be served concurrently with residency/fellowship training and the training ADSC.

4.3.3. Except as noted in 4.3.5., the ADSC for a multi-year special pay (AB, RB, and/or MSP) contract entered into on or after the start date of a Graduate Professional Education (GPE) program (i.e. a secondary residency, a fellowship, or a health-related advanced degree program) will be served consecutively with the GPE ADSC. The special pay ADSC will begin the day after the GPE ADSC is completed.

4.3.4. The ADSC for a multi-year special pay contract will be served consecutively to the ADSC incurred for Career Intermission Program.

4.3.5. Obligations for an RB shall be served concurrently with any other ADSC, including but not limited to, IP, promotion, non-medical military schooling (ACSC, AWC, etc.), force management/development fellowships, permanent change of station (PCS), Tuition Assistance (TA), Transfer of Education Benefits (TEB), Montgomery/GI bill, or Continuation Pay connected with the Blended Retirement System.

4.4. RB Payments and Rates. Annual payment amounts for multi-year RB contracts shall be in the amounts in Attachment 2, Table 2. The RB shall be paid annually on the anniversary date of contract.

5. BOARD CERTIFICATION PAY (BCP).

5.1. To be eligible for BCP, an officer must:

5.1.1. Be certified by a recognized board in the clinical specialty as listed in Attachment 2, Table 4.

5.1.2. Possess a current, valid, unrestricted license.

5.1.3. Submit a BCP contract and copy of board certificate with start date (or notification letter) via myPers. BCP is a contract based pay and does not allow backdating. Contract effective date may be no earlier than the first day of the month in which the contract was signed, or the start date of certification, whichever is later.

5.1.3.1. To avoid losing pay, MC Officers are advised to sign BCP contracts in the month they complete their certification process. Contracts should not be submitted to AFPC until member can provide verification of board certification.

5.1.3.2. MC Officers must maintain certification and licensure to continue receiving pay. Failure to maintain eligibility will result in recoupment of pay.

5.2. BCP Payments and Rates.

5.2.1. MC Officers are eligible to receive BCP at the annual rate as indicated in Attachment 2, Table 3 paid in equal monthly amounts.

5.2.2. BCP is an indefinite contract and will continue to be paid monthly.

5.2.2.1. Member must notify AFPC Medical Special Pays if certification lapses in order to stop pay. Any payments made after certification lapses and/or in error will be recouped

5.2.2.2. If an MTF/CC becomes aware of a lapse in board certification, he/she should notify AFPC Medical Special Pays.

5.2.2.3. AFPC Medical Special Pays will perform routine audits to ensure payments are not made to individuals with expired certifications. Officers are encouraged to keep board certification information updated in their CCQAS credentials file to ensure certification validation.

6. PAYMENT

6.1. Monthly payments are made for: IP, BCP.

6.2. Annual payments are made for: AB, RB.

6.3. The AB may also be paid as a lump sum.

6.4. The total amount paid under the agreement shall be fixed during the length of the contract. The amount of each bonus or pay is listed in Attachment 2 Table 2.

6.5. A MC officer who enters into a written contract in agreement for meeting conditions for receipt of a bonus or pay is eligible to the full amount of the bonus or pay earned for fulfilling the conditions for such bonus or pay. Specified conditions may include an ADSC and the eligibility requirements described in this pay plan.

7. OFFICER'S RESPONSIBILITIES.

7.1. Officers are responsible for reading and understanding each year's pay plan to determine if eligibility requirements are met prior to submitting special pay contract(s). Each officer is responsible for requesting and monitoring his/her Medical Special Pay(s) and obligations. Officers should maintain a copy of the pay plans, signed contracts, and confirmation of receipt notification for records.

7.2. Officers must submit contracts on their own behalf via myPers.

7.3. Officers must notify AFPC Medical Special Pays if/when certification and/or licensure lapse and/or privileges are revoked.

8. COMMANDER'S VERIFICATION. Eligibility determination for special pay recommendations resides with the command authority at the local level in accordance with DoDI 6000.13, DAFI 41-110.

9. CONTACT INFORMATION.

9.1. myPers. For more information, to download the most current pay plans/contracts, ask questions, view FAQs, and submit contracts consult the myPers Medical Special Pays link: https://mypers.af.mil/app/answer/details/a_id/29350. Contracts can no longer be submitted by any other method.

9.2. Email address. The Medical Special Pays team organizational email box can be reached at: AFPC.DP2SSM.MedicalSpecialPay@us.af.mil, however officers are encouraged to utilize myPers or the Total Force Service Center with questions.

9.3. Phone number. The Total Force Service Center can be reached at 1-800-525-0102 with questions related to Medical Special Pays. Tier 2 questions will then be referred to the Medical Special Pays team.

ATTACHMENT 1: GLOSSARY

PART 1. ABBREVIATIONS AND ACRONYMS

AB	Accession Bonus
ACSC	Air Command and Staff College
ADSC	Active Duty Service Commitment
AWC	Air War College
AF	Air Force
AFI	Air Force Instruction
AMA	American Medical Association
AOA	American Osteopathic Association
AFMS	Air Force Medical Service
AFSC	Air Force Specialty Code
AFPC	Air Force Personnel Center
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BCP	Board Certification Pay
CSP	Consolidated Special Pay
CSS	Commander's Support Staff
CSWS	Critically Short Wartime Skills
CY	Calendar Year
DME	Director of Medical Education
DSG	Deputy Surgeon General
DO	Doctor of Osteopathic Medicine (degree)
DoD	Department of Defense
DoDD	Department of Defense Directive
DOS	Date of Separation
DTM	Directive Type Memo
EAD	Extended Active Duty
FAP	Financial Assistance Program
FMR	Financial Management Regulation
FY	Fiscal Year
GMO	General Medical Officer
GPE	Graduate Professional Education
HPSP	Armed Forces Health Professions Scholarship Program
IP	Incentive Pay
MC	Medical Corps
MD	Doctor of Medicine (degree)
MP	Multi-year Pay
MPS	Military Personnel Section
MSPD	Medical Service Pay Date
MTF	Military Treatment Facility
NBPAS	National Board of Physicians & Surgeons
OCONUS	Outside the Continental United States
PCS	Permanent Change of Stations

PGY	Postgraduate Year
PRDA	Personnel Records Display Action
RB	Retention Bonus
ROTC	Reserve Officers' Training Corps
S&I	Special & Incentive
SG	Surgeon General
TA	Tuition Assistance
UCMJ	Uniform Code of Military Justice
USAFA	United States Air Force Academy
U.S.C.	United States Code
USUHS	Uniformed Services University of Health Sciences

PART 2. DEFINITIONS

Accession Bonus (AB). Bonus paid upon accession pursuant to paragraphs (a)(1) and (a)(2) of 37 U.S.C. § 335 in agreement for commissioned service.

Authorized Endorser. Individual responsible for signing Medical Special Pay contracts validating requesting officer's eligibility for pay. The authorized endorser within an MTF is most often the MDG/CC. See DoDI 6000.13, DAFI 41-110 for further details on appropriate authorized endorsers in various settings.

Board Certification Pay (BCP). A pay authorized to health professions officer who earns board certification by an approved certifying agency. Pay authorized under paragraph (c) of 37 U.S.C. Chapter 5, Subchapters I and II.

Concurrent (ADSC). Concurrent service commitments are those in which the pay is earned at the same point in time the service commitment for the pay is paid off.

Consecutive (ADSC). Consecutive service commitments are those in which the pay is earned however the service commitment for that pay is added to existing service commitments. For example: when an officer has an existing education and training ADSC and signs an RB contract, the ADSC for pay is added to/consecutive to the ADSC for education and training.

Consolidated Special Pay (CSP). Pays authorized by 37 U.S.C. Chapter 5 Subchapter II (specifically, 37 U.S.C. § 335), DoDI 6000.13, and implemented in accordance with HA Policy.

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

Effective Date. The date an officer becomes eligible for special pay by meeting all eligibility criteria, as outlined by this pay plan. Payment may or may not be made on this date based on processing time. This is the date the contract goes into effect for payment purposes, however the obligation date may be different based on existing ADSCs (consecutive commitment).

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

Graduate Professional Education (GPE). The education that begins after completion of the basic professional degree and is comprised of internships, residencies, and fellowships completed by physicians, dentists, veterinarians, or other health care specialists in their respective professional fields.

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 paragraph (b) of 37 U.S.C. § 335.

Medical Corps officer. An Air Force physician who meets the criteria in the Officer Classification Directory to be in the Medical Corps.

Multi-year Pay. Pay given for obligated service of 2, 3, 4 or 6 years.

Option III Contract. A contract option for fully qualified officers requiring a substantial portion of time performing military unique duties and who are not credentialed at an MTF. To receive medical special pay, the officer's contract must be approved by the AF/DSG prior to processing.

Pre-Commissioning/Commissioning Program. Any program of education or training funded by the government authorizing commissioning, such as but not limited to USAFA, ROTC, HPSP, FAP, USUHS, or any other commissioning programs. This should be considered the Corps specific degree awarding program providing minimum accession standards.

Practicing. Participating in clinical care or services as assigned by AFPC Non-Line Officer Management.

Privileged. Permission/authorization for an independent provider to provide medical or other patient care services in the granting institution. 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 (2, 3, 4 or 6 years) authorized under paragraph (a)(3) of 37 U.S.C. § 335.

PART 3. REFERENCES

10 U.S.C., *Armed Forces* 11 U.S.C., *Bankruptcy*

37 U.S.C., *Pay and Allowances of the Uniformed Services*

AF Form 2096, *Classification/On-The-Job Training Action* (26 Mar 14)

AFI 36-3203, *Service Retirements* (18 Sep 15),

DoDI 6000.13, DAFI 41-110, *Medical Health Care Professions Scholarship Programs* (23 Dec 20)

ASD(HA) Policy, *Health Professions Officers Special and Incentive Pay Plan* (Aug 20)

DOD FMR 7000.14-R, Volume 7A, Chapter 2, *Military Pay Policy – Active Duty and Reserve Pay* (Apr 21)

DoDD 5124.02, *Under Secretary of Defense for Personnel and Readiness (USD(P&R))* (23 Jun 08)

Principal Deputy Under Secretary of Defense (Personnel & Readiness) DTM, *Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends* (May 20)

ATTACHMENT 2: MEDICAL CORPS OFFICER SPECIAL PAY TABLES

Table 1
Critical Wartime Skills Accession Bonus
(Specialties eligible for the AB. Total value paid for a 4-year ADSC.)

Medical Specialty	Quota*	CSWSAB Rate for a 4-Year Obligation
Anesthesia (45A)	0	\$400,000
Cardiology (44MB)	0	\$325,000
Emergency Medicine (44E)	0	\$300,000
Family Practice (44F)	0	\$275,000
Flight Surgeon (48R)	0	varies
General Surgery (45S3)	0	\$400,000
Psychiatry (44P)	0	\$300,000
Pulmonary Medicine (44MG)	0	\$300,000
Trauma/Critical Care Surgery (45SK)	0	\$400,000
Vascular Surgery (45SE)	0	\$400,000

*Accession quotas are determined by AF/SG1/8 annually and AB funds may be re-allocated if additional requirements arise after approval of this pay plan. Re-allocated AB may not exceed approved funding. AB in excess of approved funds require approval from SG1/8 and SAF/FM.

Table 2
Incentive Pay/Retention Bonus Pay Rates

(Specialties eligible for the IP and IP/RB. Annual value paid for a 1, 2, 3, 4 or 6-year ADSC.)

AFSC	MEDICAL SPECIALTY	IP (prorated monthly)	RB 2-Year (paid annually)	RB 3-Year (paid annually)	RB 4-Year (paid annually)	RB 6-Year (paid annually)
	Intern (GME)	\$1,200				
	Initial Residency (PGY2)	\$8,000				
44B	Preventive Medicine	\$43,000	\$13,000	\$20,000	\$30,000	
44D	Pathology & all shreds	\$43,000	\$13,000	\$20,000	\$30,000	
44EA	Emergency Services	\$49,000	\$21,000	\$30,000	\$54,000	\$69,000
44F	Family Medicine & all shreds	\$43,000	\$17,000	\$25,000	\$38,000	\$50,000
44G/4 8G/V	General Medical Officer	\$20,000				
44H	Nuclear Medicine (Cat II)	\$51,000	\$12,000	\$18,000	\$27,000	
44J	Clinical Genetics	See AFSC rate of initial residency training*				
44K	Pediatrics	\$43,000	\$13,000	\$20,000	\$30,000	
44KA	- Adolescent Med (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44KB	- Cardiology	\$59,000	\$26,000	\$39,000	\$66,000	\$85,000
44KC	- Developmental Peds (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44KD	- Endocrinology (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44KE	- Neonatology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44KF	- Peds Gastroenterology	\$49,000	\$25,000	\$36,000	\$53,000	
44KG	- Hematology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44KH	- Neurology	\$43,000	\$13,000	\$19,000	\$25,000	
44KJ	- Pediatric Pulmonology	\$46,000	\$24,000	\$34,000	\$48,000	\$63,000
44KK	- Infectious Diseases (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44KM	- Nephrology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44M	Internal Medicine	\$43,000	\$13,000	\$23,000	\$35,000	
44MA	- Oncology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44MB	- Cardiology	\$59,000	\$26,000	\$39,000	\$66,000	\$85,000
44MC	- Endocrinology (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44MD	- Gastroenterology	\$49,000	\$25,000	\$36,000	\$53,000	
44ME	- Hematology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44MF	- Rheumatology (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44MH	- Infectious Diseases (Cat IV)	\$43,000	\$13,000	\$19,000	\$25,000	
44MJ	- Nephrology (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
44MG	- Pulmonary	\$46,000	\$24,000	\$34,000	\$58,000	\$73,000

AFSC	MEDICAL SPECIALTY	IP (prorated monthly)	RB 2-Year (paid annually)	RB 3-Year (paid annually)	RB 4-Year (paid annually)	RB 6-Year (paid annually)
44N	Neurology	\$43,000	\$13,000	\$19,000	\$25,000	
44P	Psychiatry & all shreds	\$43,000	\$17,000	\$28,000	\$60,000	\$75,000
44R	Radiology	\$59,000	\$31,000	\$46,000	\$66,000	
44S	Dermatology & all shreds	\$43,000	\$17,000	\$25,000	\$38,000	
44T	Radiotherapy	\$59,000	\$31,000	\$46,000	\$66,000	
44U	Occupational Medicine	\$43,000	\$13,000	\$20,000	\$30,000	
44Y	Critical Care Medicine & shreds	\$46,000	\$24,000	\$34,000	\$58,000	\$73,000
44Z	Allergy (Cat III)	\$46,000	\$15,000	\$20,000	\$28,000	
45A	Anesthesiology	\$59,000	\$40,000	\$55,000	\$96,000	\$111,000
45B	Orthopedic Surgeon	\$59,000	\$43,000	\$58,000	\$86,000	\$101,000
45BA	- Hand Surgery (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BB	- Pediatric (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BC	- Biomechanical (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BD	- Sports Medicine (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BE	- Spine Surgery (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BF	- Oncology (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BG	- Repl Arthroplasty (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45BH	- Traumatology (Cat 1)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45E	Ophthalmology	\$51,000	\$15,000	\$21,000	\$27,000	
45EA	- Oculoplastics (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45EB	- Cornea/Ext Disease (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45EC	- Glaucoma (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45ED	- Neuro-Ophth (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45EE	- Pathology (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45EF	- Strabismus/Peds (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45EG	- Viterous/Retina (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45G	OB/GYN	\$54,000	\$17,000	\$25,000	\$35,000	
45GA	- Endocrinology (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45GB	- Oncology (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45GD	- Maternal-Fetal Med (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45GE	- Urogyn/Pelv Recon (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	

AFSC	MEDICAL SPECIALTY	IP (prorate d monthly)	RB 2-Year (paid annually)	RB 3-Year (paid annually)	RB 4-Year (paid annually)	RB 6-Year (paid annually)
45N	Otorhinolarngology	\$53,000	\$22,000	\$30,000	\$38,000	
45NA	- Otology/Neurotology(Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45NB	- Head/Neck Surg Onc (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45NC	- Pediatric ENT (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45ND	- Facial Plastic Surg (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45P	Physical Medicine	\$43,000	\$12,000	\$13,000	20,000	
45S	Surgery	\$52,000	\$50,000	\$65,000	\$103,000	\$118,000
45SA	- Thoracic (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SB	- Colon and Rectal (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SC	- Cardiac (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SD	- Pediatric (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SE	- Peripheral Vascular (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SF	- Neurosurgery	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SG	- Plastic Surgery (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SH	- Oncology (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SJ	- Multi-Organ Transplant (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45SK	- Trauma/Critical Care (Cat I)	\$59,000	\$50,000	\$65,000	\$101,000	\$116,000
45U	Urology	\$51,000	\$20,000	\$30,000	\$45,000	
45UA	- Pediatric (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45UB	- Oncology (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45UD	- Endourology/Robotics (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
45UE	- Female Urology/Recon (Cat V)	\$59,000	\$26,000	\$36,000	\$50,000	
48A	Aerospace Medicine	\$43,000	\$13,000	\$19,000	\$25,000	

48R	Residency Trained Flt Surgeon	<i>* 44J & 48R AFSCs must have PAFSC, 2AFSC, or 3AFSC of “root residency” in order to earn pay.</i>
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Note 1: Cat 1 IP and RB 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, and fellowship trained orthopedic surgeons.

Note 2: Cat II IP and RB applies to all internal medicine nuclear medicine physicians only

Note 3: Cat III IP and RB applies to all internal medicine/pediatric fellowship subspecialties in allergy, allergy/immunology, nephrology, hematology/oncology, and neonatology.

Note 4: Cat IV IP and RB applies to all internal medicine and pediatric subspecialties not listed in Category I, III, or listed separately – infectious disease, rheumatology, geriatrics fellowship training, endocrinology, clinical pharmacology, and developmental pediatrics.

Note 5: Cat V IP and RB applies to all physicians who are fellowship trained in ophthalmology, otolaryngology, obstetrics/gynecology, and urology.

Table 3
Board Certification Pay Rate

All AFSCs & Years of Service	Annual Pay Rate
	\$6,000
<i>(BCP is paid in equal monthly installments)</i>	

Table 4
Medical Corps Recognized Certification Boards (for purposes of BCP)

American Board of Medical Specialties (ABMS)
American Osteopathic Association Specialty Certifying Boards (AOA)