



Geisinger
HEALTH PLAN



We'll help you every step of the way.

Call us at 800-918-5154 to speak to our dedicated team of trained advisors.

Nov. 1 – Jan. 15 (Open Enrollment Period)

Monday – Friday, 8 a.m. – 7 p.m.; Saturday, 10 a.m. – 2 p.m.

Jan. 16 – Oct. 31

Monday – Friday, 8 a.m. – 5 p.m.



Open enrollment begins Nov. 1. Are you ready?

For plan year 2025, go to Pennie®, where you will enroll in or make changes to your 2025 coverage. The 2025 Open Enrollment Period (OEP) begins Nov. 1, 2024, and lasts until Jan. 15, 2025.

- **Nov. 1–Dec. 15, 2024 enrollment:** Coverage becomes effective Jan. 1, 2025
- **Dec. 16, 2024–Jan. 15, 2025 enrollment:** Coverage becomes effective Feb. 1, 2025

Are you in our service area?

Geisinger Health Plan's service area includes the following counties:

- | | | | |
|--------------|--------------|------------------|---------------|
| • Adams | • Columbia | • Lebanon | • Potter |
| • Bedford | • Cumberland | • Lehigh | • Schuylkill |
| • Berks | • Dauphin | • Luzerne | • Somerset |
| • Blair | • Elk | • Lycoming | • Snyder |
| • Bradford | • Franklin | • Mifflin | • Sullivan |
| • Cambria | • Fulton | • Monroe | • Susquehanna |
| • Cameron | • Huntingdon | • Montour | • Tioga |
| • Carbon | • Jefferson | • Northumberland | • Union |
| • Centre | • Juniata | • Northampton | • Wayne |
| • Clearfield | • Lackawanna | • Perry | • Wyoming |
| • Clinton | • Lancaster | • Pike | • York |

Premier network plans and Geisinger Extra plans are offered in some of these counties. See pages 5 and 6 for details.

pennie®

Visit pennie.com or
call 844-844-8040 for
more information.

Special Enrollment Period (SEP)

After Open Enrollment, if you have a change in your circumstances — like losing your current coverage, getting married, having a baby or moving to a different zip code or county in Pennsylvania — you may be eligible for a Special Enrollment Period. That lets you enroll in health insurance outside of the yearly Open Enrollment Period.

Why Geisinger Health Plan? Because you'll find more.

Now there are more options than ever for people without group insurance. You can find the perfect plan to fit your needs and budget. (And we can help.)

In 2025, we're offering Gold, Silver and Expanded Bronze plans. Choose from HMO and PPO plans with a variety of monthly premiums and out-of-pocket cost options. You can also choose between two provider networks, plus Geisinger Extra, a unique plan designed to save you money. And our catastrophic Value plan provides the most basic coverage to people under 30. Plus, you'll get plenty of perks to keep you healthy and well.

Local and nationwide discounts

You'll have access to our local and nationwide discounts program that gives you a wide variety of discounts on health- and wellness-related products, such as:

- Fitness center memberships
- Eyeglasses
- Contact lenses
- Chiropractic care
- Massage therapy

Health management programs

If you have a chronic condition, you can benefit from our award-winning health management programs. You can enroll at no cost and work with one of our health managers to manage your health condition. Programs include:

- Asthma
- COPD
- Diabetes
- Quitting tobacco
- Heart failure
- Weight management

Wellness coaching and support

Get help from a certified wellness coach who'll support your efforts to quit smoking, manage weight, increase physical activity, ease stress and improve your lifestyle. Online tools, including wellness workshops, fitness trackers and a meal planner, let you complete your goal at your own pace.

Customer care

If you need to call, you'll understand why we pride ourselves on our customer care. Enjoy a better service experience through one-call resolution, because every customer care team member can answer your questions about ID cards, premiums, billing, benefit/plan information, application status, removing/adding dependents and more.

Network of providers

Choose from our large provider network that includes Geisinger hospitals and physicians, as well as thousands of other providers throughout the service area. Our network includes:

- More than 20,000 primary care and specialty physicians
- More than 120 hospitals
- More than 220 urgent and convenient care facilities
- Telemedicine services for one-stop virtual care

Find a provider online

Visit geisingerhealthplan.com/providersearch and enter your location and plan type. Your plan type will include your network. Select a category to search from our entire library of applicable providers, or narrow your search by searching for providers by name, specialty or location.

Pediatric dental coverage, administered by SKYGEN

Dental coverage for children under the age of 19 is embedded in our Geisinger Marketplace plans. All pediatric dental benefits are administered by SKYGEN.



Pediatric dental plans administered by SKYGEN include coverage for the following services:

- Routine oral exams and cleanings
- X-rays
- Fillings
- Fluoride treatments
- Extractions
- Repairs and maintenance
- Anesthesia
- Root canal
- Orthodontia

Review your Schedule of Benefits for a more detailed list of covered services. Call our customer care team at [866-379-4489](tel:866-379-4489) with questions about your pediatric dental benefits.

Geisinger Mail-Order Pharmacy

Prescription refills, made easy. When you enroll in the mail-order program, you'll receive three-month supplies of your covered prescription drugs, with lower costs than at retail stores. And they're mailed right to your home from our state-of-the-art mail-order facility in Elysburg. Shipping is free, and you can track your order from beginning to end. Register by calling [844-878-5562](tel:844-878-5562). We'll review your eligible medications, set up the account and work with providers to make your switch seamless.

Things to know before you shop

Our plans have distinct names and numbers. Here's how to understand them.

Geisinger Marketplace All-Access PPO 20 / 50 / 3250

All our plan names start with **Geisinger Marketplace**. The next part tells you the network name, which will be either an All-Access or Premier network. The plan type, explained below, is listed as well. Some All-Access network plans also have a Geisinger Extra component.

The first number is the primary care provider (PCP) copay.

A copay is a fixed amount you will pay for a covered healthcare service, usually when you receive the service. In the example above, you would pay \$20 each time you visit your PCP.

The second number is the specialty care provider (SCP) copay. This means each time you visit a specialty care provider (SCP), you would pay \$50.

The third number is the deductible amount.

This is the amount you will pay for healthcare services before your insurance pays for its portion. In the example above, you would have to pay \$3,250 for healthcare services before GHP pays for its portion.

What are the different plan types?

HMO (health maintenance organization)

With an HMO plan, you select a primary care physician (PCP) who will help manage your health and wellness. HMOs generally cost less because you use in-network providers.

POS (point of service)

With POS, you select a PCP to help coordinate your care. You can see other healthcare providers — in or out of our network. You will pay more for services received from providers outside our network.

PPO (preferred provider organization)

With a PPO, you do not need to select a PCP. You can see other healthcare providers — in or out of our network. You will pay more for services received from providers outside our network.

Geisinger Extra

With our Geisinger Extra plan, if you visit a primary care site designated as a “Geisinger Extra” site, you will pay lower office visit copays. Some Geisinger Extra sites are also ProvenHealth Navigator® locations, where extra care is provided because the office is staffed with a Geisinger Health Plan nurse. To find a Geisinger Extra site, visit [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch).

The Geisinger Extra plan is only available in select counties and can be found on page 6.

QHDHP

A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan. You must have a QHDHP to have a health savings account.

Get to know our network options

All-Access network

What is it?

The All-Access network includes all participating network providers across the entire service area.

What are the benefits?

With All-Access, members enjoy access to our entire provider network all with a single level of cost-share.

Key consideration?

With broader access and one cost-share level, premiums may be higher than with other network options. Some All-Access plans come with the [Geisinger Extra component](#), giving you added care for less.

Our All-Access PPO plans give you access to even more providers.

Premier network

What is it?

The Premier network is a narrow, selective network made up of the providers with proven track records of providing great care.

What are the benefits?

Health plans using the Premier network generally have a lower cost.

Key consideration?

This network is available in 13 counties¹. Only services obtained through Premier network providers will be covered. This network's provider options are limited to a small, exclusive list.

Visit [geisingerhealthplan.com/providersearch](https://www.geisingerhealthplan.com/providersearch) to see if your provider is in the Premier network before making your selection.

¹The Premier network is only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Luzerne, Mifflin, Monroe, Montour, Northumberland, Schuylkill, Snyder, Union and Wayne.





Geisinger Extra: Care you need at a lower cost

You can get the care you need in a truly innovative way through Geisinger Extra, which is available through a select plan in the All-Access network. When you select a primary care site designated as an Extra site, you will pay lower office visit copays.

Some Geisinger Extra sites are also ProvenHealth Navigator® (PHN) locations. At these offices you'll receive "extra" care because PHN sites include a Geisinger Health Plan nurse who works closely with physicians and office staff to provide additional services.

Service area & eligibility

Geisinger Extra is available to individuals and families as long as their physical location is in our Geisinger Extra service area. Eligible Geisinger Extra counties are listed below.

- Carbon
- Centre
- Clinton
- Columbia
- Cumberland
- Dauphin
- Juniata
- Lackawanna
- Lehigh
- Luzerne
- Lycoming
- Mifflin
- Monroe
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Susquehanna
- Union
- Wayne
- Wyoming

You must reside in our overall Geisinger service area, which you can see on page 2.

Additional services at PHN sites:

- Same-day appointments for urgent care
- On-site health coaching
- Assistance managing all your care if you have a complex medical condition
- Help moving from the hospital to home, if appropriate
- Preventive care such as flu shots or other immunizations
- Education about better managing diabetes, heart disease and much more

Questions?
Call 800-918-5154.

Financial help: Do I qualify?

Depending on your income, you may be eligible for financial help for health insurance. If you do not qualify for financial help from Pennie, you may have other options. The easiest way to determine eligibility is by completing a Pennie application. Contact Geisinger Health Plan directly for questions about how to complete an application.

Depending on your circumstances, it's possible to qualify for both advance premium tax credits and cost-sharing reductions.

To see if you qualify, call a GHP agent at 800-918-5154 or visit pennie.com.

The chart below represents household incomes and sizes at 138% of the federal poverty level. In most cases, individuals and families making at or above these figures could qualify for the advanced premium tax credit.

Household/ family size	2024 annual income
1	\$20,783
2	\$28,207
3	\$35,632
4	\$43,056
5	\$50,480

Inflation Reduction Act

Signed into law on Aug. 16, 2022, the Inflation Reduction Act extends the enhancements to Affordable Care Act premium subsidies through 2025.

Key terms to know:

Deductible

The amount you pay for healthcare services before your insurance starts to pay its portion of costs for covered health expenses.

Copayment or copay

A fixed amount you pay for a covered healthcare service, usually paid at the time you receive the service. The amount can vary depending on your plan and the type of service you are receiving.

Coinsurance

Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Your insurance plan pays for the rest of the allowed amount.

Maximum out-of-pocket

The maximum out of pocket (MOOP) amount includes all member cost sharing, such as deductibles, coinsurance and copays, for all covered services within a policy period. An important note to remember, MOOP does not include your monthly premium. Once your maximum out-of-pocket costs are met, your insurance plan will pay 100% of costs for covered services.

Geisinger Marketplace Plans: Gold

With our Gold plans, you'll generally have higher monthly premiums and less out-of-pocket costs. For all plan benefit details and to confirm if you're eligible for financial help, visit pennie.com or call 844-844-8040.

Geisinger Marketplace Premier HMO and Geisinger Marketplace Extra plans are only available in certain counties. See page 5 for details on Premier plans and page 6 for details on Extra plans.

	Gold	Gold	Gold	Gold
	Geisinger Marketplace All-Access Extra HMO 10/50/500	Geisinger Marketplace All-Access HMO 20/50/3250	Geisinger Marketplace All-Access PPO 20/50/3250	Geisinger Marketplace Premier HMO 20/50/3250
In-network services				
PCP copay	\$50 Extra Site: \$10 ¹	\$20	\$20	\$20
Specialist copay	\$50	\$50	\$50	\$50
Deductible: Single/Family	\$500/\$1,000	\$3,250/\$6,500	\$3,250/\$6,500	\$3,250/\$6,500
Max. out-of-pocket: Single/Family	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Coinsurance	20%	30%	30%	30%
Inpatient services	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient services	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency room	\$300	\$350	\$350	\$350
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$0/\$0 Tier 1: \$0 Tier 2: \$3 Tier 3: \$15 Tier 4: \$35 Tier 5: \$55 Tier 6: 40% coinsurance up to \$150	Deductible: \$0/\$0 Tier 1: \$0 Tier 2: \$3 Tier 3: \$15 Tier 4: \$35 Tier 5: \$55 Tier 6: 40% coinsurance up to \$150	Deductible: \$0/\$0 Tier 1: \$0 Tier 2: \$3 Tier 3: \$15 Tier 4: \$35 Tier 5: \$55 Tier 6: 40% coinsurance up to \$150
Out-of-network services				
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	\$10,000/\$20,000	No out-of-network benefits available
Coinsurance			40%	
Max. out-of-pocket: Single/Family			\$15,000/\$30,000	

¹ Notes your PCP copay amount if you use a Geisinger Extra site or a ProvenHealth Navigator site.

Geisinger Marketplace Plans: Gold (continued)

	Gold	Gold	Gold
	Geisinger Marketplace All-Access HMO 25/45/250	Geisinger Marketplace All-Access HMO 25/50/2500	Geisinger Marketplace All-Access HMO 25/50/4000
In-network services			
PCP copay	\$25	\$25	\$25
Specialist copay	\$45	\$50	\$50
Deductible: Single/Family	\$250/\$500	\$2,500/\$5,000	\$4,000/\$8,000
Max. out-of-pocket: Single/Family	\$7,600/\$15,200	\$6,500/\$13,000	\$7,450/\$14,900
Coinsurance	20%	20%	20%
Inpatient services	20% after deductible	20% after deductible	20% after deductible
Outpatient services	20% after deductible	20% after deductible	20% after deductible
Emergency room	\$350	\$300	\$300
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket
Out-of-network services			
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available
Coinsurance			
Max. out-of-pocket: Single/Family			

Geisinger Marketplace Plans: Silver

With our Silver plans, you'll generally pay less in monthly premiums and more out-of-pocket. For all plan benefit details and to confirm if you're eligible for financial help, visit pennie.com or call 844-844-8040.

Geisinger Marketplace Premier HMO plans are only available in certain counties. See page 5 for details on the Premier network.

	Silver	Silver
	Geisinger Marketplace All-Access HMO 30/60/5000* (see below for guidelines)	Geisinger Marketplace All-Access PPO 30/50/5500* (see below for guidelines)
In-network services		
PCP copay	\$30	\$30
Specialist copay	\$60	\$50
Deductible: Single/Family	\$5,000/\$10,000	\$5,500/\$11,000
Max. out-of-pocket: Single/Family	\$9,000/\$18,000	\$9,000/\$18,000
Coinsurance	30%	30%
Inpatient services	30% after deductible	30% after deductible
Outpatient services	30% after deductible	30% after deductible
Emergency room	\$350 copay after deductible	\$250 copay after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$45 after deductible Tier 5: \$80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket
Out-of-network services		
Deductible: Single/Family	No out-of-network benefits available	\$10,000/\$20,000
Coinsurance		40%
Max. out-of-pocket: Single/Family		\$15,000/\$30,000

*The Geisinger Marketplace HMO and PPO plans highlighted in gray are not available at pennie.com.

Financial help is not available to members with these plans.

Questions?
Call 800-918-5154.

Geisinger Marketplace Plans: Silver (continued)

	Silver	Silver	Silver
	Geisinger Marketplace All-Access PPO 30/60/4900 ¹	Geisinger Marketplace Premier HMO 30/60/4900 ¹	Geisinger Marketplace All-Access HMO 30/60/4900 ¹
In-network services			
PCP copay	\$30	\$30	\$30
Specialist copay	\$60	\$60	\$60
Deductible: Single/Family	\$4,900/\$9,800	\$4,900/\$9,800	\$4,900/\$9,800
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Coinsurance	30%	30%	30%
Inpatient services	30% after deductible	30% after deductible	30% after deductible
Outpatient services	30% after deductible	30% after deductible	30% after deductible
Emergency room	\$300 copay after deductible	\$300 copay after deductible	\$300 copay after deductible
Prescription drug	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: \$500/\$1,000 Tier 1: \$0 Tier 2: \$3 Tier 3: \$20 Tier 4: \$50 after deductible Tier 5: \$85 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket
Out-of-network services			
Deductible: Single/Family	\$10,000/\$20,000	No out-of-network benefits available	No out-of-network benefits available
Coinsurance	40%		
Max. out-of-pocket: Single/Family	\$15,000/\$30,000		

¹ If you are eligible for financial help you may pay less for some of these benefits. You will find additional details at pennie.com.

Geisinger Marketplace Plans: Expanded Bronze

With Expanded Bronze plans, you'll generally pay the least in monthly premiums and the most out-of-pocket for medical care. Geisinger Marketplace Premier HMO plans are only available in certain counties. See page 5 for details on the Premier network.

	Ex Bronze	Ex Bronze	Ex Bronze	Ex Bronze	Ex Bronze
	Geisinger Marketplace All-Access HMO 40/80/8400	Geisinger Marketplace All-Access PPO 40/80/8400	Geisinger Marketplace Premier HMO 40/80/8400	Geisinger Marketplace All-Access QHDHP PPO 7050 (HSA eligible)	Geisinger Marketplace All-Access HMO Pharmacy First 8500 ¹
In-network services					
PCP copay	\$40	\$40	\$40	0% after deductible	0% after deductible
Specialist copay	\$80	\$80	\$80	0% after deductible	0% after deductible
Deductible: Single/Family	\$8,400/\$16,800	\$8,400/\$16,800	\$8,400/\$16,800	\$7,050/\$14,100	\$8,500/\$17,000
Max. out-of-pocket: Single/Family	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$7,050/\$14,100	\$8,750/\$17,500
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible				
Outpatient services	0% after deductible				
Emergency room	0% after deductible				
Prescription drug	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2-6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2-6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2-6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2-6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2: \$10 Tier 3: \$25 Tier 4-5: 50% coinsurance up to max. out-of-pocket Tier 6: 0% after deductible
Out-of-network services					
Deductible: Single/Family	No out-of-network benefits available	\$10,000/ \$20,000	No out-of-network benefits available	\$15,000/ \$30,000	No out-of-network benefits available
Coinsurance		40%		40%	
Max. out-of-pocket: Single/Family		\$15,000/ \$30,000		\$15,000/ \$30,000	

¹ This plan does not meet the CMS creditable coverage requirements. For more information, call 800-918-5154.

Geisinger Marketplace Plans: Catastrophic

Our Value plan is only available to people under the age of 30. For all plan benefit details and to confirm if you're eligible for financial help, visit pennie.com or call 844-844-8040.

Catastrophic	
Geisinger Marketplace All-Access Value (Only available to people under the age of 30)	
In-network services	
PCP copay	0% after deductible Note: 3 PCP visits covered before deductible applies
Specialist copay	0% after deductible
Deductible: Single/Family	\$9,200/\$18,400
Max. out-of-pocket: Single/Family	\$9,200/\$18,400
Coinsurance	0%
Inpatient services	0% after deductible
Outpatient services	0% after deductible
Emergency room	0% after deductible
Prescription drug	Deductible is combined with medical deductible. Tier 1: \$0 Tier 2-6: 0% after deductible
Out-of-network services	
Deductible: Single/Family	\$15,000/ \$30,000
Coinsurance	40%
Max. out-of-pocket: Single/Family	\$15,000/ \$30,000

Questions?
Call 800-918-5154.

Access and network

Find a location online

Visit geisinger.org/network and click the “Access and Network” header to find a list of our Geisinger Extra sites, as well as participating hospitals in the All-Access and Premier networks.

Geisinger Extra sites

How to find your provider online:

1. Visit geisingerhealthplan.com/find and select “Find a doctor or location.”
2. In the search area, enter your location and choose your plan.
3. Click the search button to see a list of providers based on the location you entered.

Participating hospitals

All-Access and Premier networks

How to find your provider online:

1. Go to geisingerhealthplan.com/providersearch and enter your location.
2. Select your plan.
3. Choose a category to search from our library of applicable providers, or narrow your search by searching for doctors, specialties, locations or types of places.



Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 N. Academy Ave., Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
ghpcivilrights@thehealthplan.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the civil rights grievance coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

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This managed care plan may not cover all your health care expenses. Read your Subscription Certificate/Policy carefully to determine which healthcare services are covered. For more information, call 800-918-5154.

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