

2026 Geisinger Gold

**Things you should know
about your health plan**

Geisinger
HEALTH PLAN

Introduction

Geisinger Gold is committed to keeping you informed about the benefits available to you. As a member, you have a right to know how Geisinger Gold works.

Most of the information in these pages covers a variety of Geisinger Gold policies and procedures. If you have questions about the information in this or any other Geisinger Gold publication, call the customer service team phone number on the back of your member ID card. Note that references in this document to prescription drug coverage and pharmacy procedures/policies are applicable only to members who have prescription drug coverage with Geisinger Gold.

Customer service team: 800-498-9731 (TTY: 711)

8 a.m. to 8 p.m. (7 days a week, Oct. 1 – March 31)

8 a.m. to 8 p.m. Monday – Friday, and 8 a.m. to 2 p.m. Saturday (April 1 – Sept. 30)

geisingergold.com

Not sure if it's an emergency?

In an emergency, call 911 or an emergency information center in your area, or go immediately to the nearest hospital emergency room. Fortunately, emergencies are rare. Far more common are situations which, though not emergencies, require medical attention right away. As a Geisinger Gold member, you have a variety of services available to you anytime, day or night, to help.

Tel-A-Nurse

Tel-A-Nurse is available 24/7 to offer Geisinger Gold members support and to provide healthcare advice. Just call toll-free [877-543-5061](tel:877-543-5061) and choose from the voice menu.

Urgent and convenient care clinics

These facilities offer extended hours with no appointments necessary. Visit geisingergold.com and click "Find a Doctor, Drug, or Location" to find an in-network clinic near you. Your primary care provider (PCP) or specialist copay may apply.

Your primary care physician

Medical direction is available to you 24/7. Simply call your PCP and do the following:

- 1) Identify yourself as a Geisinger Gold member.
- 2) Give relevant information: how urgent you think the problem is, specific information about your health or condition and any treatment that has already been attempted.

Your PCP may recommend:

- Continued home care
- That you go to the doctor's office
- That you go to the emergency room

Need to change your PCP? You can do so anytime by calling the Geisinger Gold customer service team or visiting the member section of our website. You can choose any PCP you'd like. Referrals are no longer needed. Consult your benefit documents for details.

Member rights

As a Geisinger Gold member, you have the right to:

1. Be treated with fairness and respect.
2. Privacy of your medical records and personal health information.
3. See plan providers, get covered services and get your prescriptions filled within a reasonable period of time.
4. Know your treatment choices, regardless of cost or benefit coverage and participate in decisions about your healthcare.
5. Use advance directives (such as a living will or power of attorney).
6. Make complaints.
7. Get information about your healthcare coverage and costs.
8. Get information about Geisinger Health Plan, Geisinger Gold, plan providers, your drug coverage and costs.
9. Make recommendations about Geisinger Gold's rights and responsibilities policies.

Member responsibilities

To get the most out of your health plan, you have the responsibility to:

1. Become familiar with your coverage and the rules you must follow to get care as a member.
2. Give your doctor and other providers the information they need to care for you, and to follow the treatment plans and instructions that you and the provider agree upon.
3. Act in a way that supports the care given to other patients and helps the smooth running of the provider's office, hospitals and other offices.
4. Pay your plan premiums and any copays, coinsurance and deductibles you may owe for the covered services you receive.
5. Let Geisinger Gold know if you have any questions, concerns, problems or suggestions.
6. Immediately report any change of address.
7. Keep Geisinger Gold up to date on any other health insurance coverage you have.
8. Understand your health problems and participate in developing mutually agreed-upon treatment goals to the extent possible.

Technology assessment

To keep you in the best health possible, Geisinger Gold stays up to date on the latest and most effective treatment options and preventive health measures.

This process, known as "technology assessment or evaluation," includes reviewing medical data; maintaining regulatory status, assessing published, peer-reviewed, controlled clinical trial outcomes and results; and evaluating scientific evidence to determine the status and effectiveness of equipment, procedures or treatments.

Geisinger Gold's Technology Assessment Committee is made up of physicians and lay members who evaluate technology and non-covered medical procedures and treatments. After thorough evaluation, the Technology Assessment Committee makes recommendations to Geisinger Gold. Geisinger Gold then determines if the technology or procedure should be a covered benefit.

Medical management

Geisinger Gold is a not-for-profit organization that follows these guidelines when making decisions about healthcare services:

- Decision-making is based only on appropriateness of care, service and existence of coverage (as defined in your Evidence of Coverage).
- Geisinger Gold does not compensate practitioners or other people conducting these reviews for denials of coverage or service.
- Geisinger has no financial incentives for these decision-makers that would encourage the denial of coverage or service.
- Geisinger Gold reviews utilization carefully to be sure appropriate care and service are provided to meet your medical needs.

Visiting non-participating providers

Depending on the plan you're enrolled in, if you choose to see a non-participating provider, you may be billed for any charges over our allowed amount for the out-of-network service, in addition to your deductible and coinsurance. Seeing a non-participating provider could make your out-of-pocket costs significant and unpredictable. Before choosing a non-participating provider, call the customer service team at the number on the back of your member ID card for specific cost-sharing information.

Benefit exclusion reminder

As a reminder, there may be exclusions to some of your coverage, which can affect what you pay for services. Services such as cosmetic surgery and the use of non-participating providers are exclusions, except as listed in your Evidence of Coverage (EOC) or benefit riders. If you have any questions call the customer service team at the phone number on the back of your member ID card.

Continuing your care

All new HMO or HMO D-SNP members who wish to continue an ongoing course of treatment with a non-participating provider must contact the Gold customer service team before receiving treatment.

Geisinger Gold will talk with the provider to determine if they will accept the plan's terms and conditions for payment. If the provider agrees, the plan will pay for covered services for the first 60 days of enrollment.

In certain cases, you may also be considered for coverage of ongoing treatment for a transitional period of time when a provider leaves the network. If this occurs, Geisinger Gold will notify you about the process to exercise your continuity of care option.

Generally, members in a Preferred (PPO) plan have the same cost-share both in and out of network, although some costs may be higher for specific services.

Quality improvement

Geisinger Gold is committed to providing quality healthcare to our members. One way we can make sure we're holding ourselves to the highest standards is to review our performance against accepted care and service measures. For example, the Healthcare Effectiveness Data and Information Set (HEDIS®)* provides a set of measures against which we can judge our effectiveness.

Quality indicators, such as HEDIS and other initiatives, are set forth by the National Committee for Quality Assurance (NCQA) to ensure that Gold members receive high-quality care.

Geisinger Gold conducts an aggressive preventive health program, geared toward members most at risk for a variety of preventable illnesses, ailments and diseases.

Quality and accreditation staff work directly through personal and automated telephone calls and mailings to

reinforce the importance of preventive measures and suggested screenings.

If you would like information on Geisinger Gold's Quality Improvement (QI) program, call the quality and accreditation department at [866-847-1216](tel:866-847-1216).

The QI program includes information on clinical guidelines, health management programs and other initiatives intended to improve service to Geisinger Gold members.

**HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

Behavioral health services

If you wish to use your behavioral health benefits, which include mental health and substance abuse services, call [888-839-7972](tel:888-839-7972). Our staff will help you locate a participating provider who is right for you. We have detailed information about participating providers and can help you find the one who meets your specific needs. For your routine behavioral health services, you can go directly to a participating provider. However, for services such as inpatient treatment, partial hospitalization or intensive outpatient therapy, your mental health provider must contact Geisinger Health Plan first for pre-authorization. A referral from your PCP is not required, though we encourage you to involve your PCP in your treatment.

Copay reminder

Before visiting your PCP or a specialist, be sure to check whether you will have a copay due. You can find this information on your ID card or call the Geisinger Gold customer service team. When office visit services are provided by a physician, nurse practitioner, physician assistant (PA) or nurse specialist, you will pay a copay. If you receive additional services during an office visit, such as an injection or diagnostic test, those services will also have a copay. If several departments provide medical services, you will be charged a copay for each office visit, even if those visits occur in the same day. In addition to copays, coinsurance and deductibles may apply, depending on your benefit package. Note: If you are placed in an observation bed, this is not the same as an inpatient hospital admission. If you aren't sure if you are an inpatient, ask the hospital staff. Your costs will vary based on your admission status.

Submitting claims

Participating providers first bill GHP for your medical care, so with some exceptions, you will not receive a bill for covered services. You will receive bills for most out-of-area emergency and urgent care services. Specialists might also bill you. If you have a deductible or coinsurance for certain services, your provider may ask you to pay an estimated amount at the time of service, or they may wait and bill you after we have processed the claim for services. Providers will often bill you and GHP at the same time. If you get a second bill, submit it to us or call the customer service team. Provide your member ID number and a contact phone number with the bill. For an emergency care bill, you will also need to explain the situation that led to the services. If you paid anything other than a copay, deductible, coinsurance or fees for non-covered services, request a claim form from the customer service team at the number on the back of your member ID card. Submit the claim form along with receipts and instructions to pay you, not the doctor. Claims must be received by GHP within 180 days of the date of treatment.

Medication safety

You can never be too careful when taking medications. Always take them exactly as prescribed, following all the instructions on your prescription bottle. If you these instructions differ from the directions your doctor gave you, double-check with your physician or pharmacist. Have your prescriptions refilled on time so you can continue to take the correct dose. And be sure to store your medications properly. Don't keep them in places prone to high humidity such as a bathroom, and always store them in air-tight containers. To avoid any interactions between drugs, communicate with all your physicians about all the medications you take, including over-the-counter medications. If you can't remember all of them, ask your pharmacist for a written list.

Checking credentials

As a Geisinger Gold member, you can rest assured our standards mean participating providers are skilled and knowledgeable – so you receive quality care. Physicians who want to be added to our network of participating providers must undergo a review to verify hospital affiliation, board certification, training, licensure and professional liability insurance coverage. Geisinger Gold recredentials providers at least every 3 years. These reviews take many factors into account, including member satisfaction surveys, performance data and on-site visits. Find information about participating providers in the provider search section of [geisingerhealthplan.com](https://www.geisingerhealthplan.com). Profiles include languages spoken, training information and board certification. For more about providers or the credentialing process, or to request a copy of the provider directory, call the customer service team.

Services for members with special communication needs

Geisinger Gold can accommodate members who have special communication needs.

Hearing impaired members can contact Geisinger Gold with questions or concerns via the TDD/TTY telephone line at 711, 8 a.m. to 8 p.m. (7 days a week, Oct. 1 – March 31) or 8 a.m. to 8 p.m. Monday – Friday, Saturdays 8 a.m. to 2 p.m. (April 1 – Sept. 30).

Upon request, Geisinger Gold will provide visually and reading impaired members with audio cassettes of important member material.

For non-English speaking Geisinger Gold members, phone communication occurs via a special third-party line known as LanguageLine.

Health and case management

Geisinger Gold actively helps you stay healthy, and can help if you have a chronic health condition. Specially trained nurse case managers, social workers and community health workers are available to work with members with health conditions such as asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), heart failure (HF), diabetes, hypertension or osteoporosis. Case managers can also help you with lifestyle changes including weight management and tobacco cessation. A nurse case manager may contact you if you have recently been hospitalized, depending on the reason for hospitalization. The case manager will monitor your progress, make sure you're taking medications correctly and review other important issues.

Pharmaceutical management (for Part B and Part D covered drugs)

Find information on pharmaceutical management procedures, including a list of covered drugs, online at [geisingergold.com](https://www.geisingergold.com), or by calling 800-988-4861.

Appeals and grievances

For more detailed information on how to make an appeal or grievance, refer to your Evidence of Coverage.

This section gives the rules for making complaints in different types of situations. Federal law guarantees your right to make complaints if you have concerns or problems with any part of your medical care as a Geisinger Gold member. The Medicare program has helped set the rules about what you need to do to make a complaint and what we are required to do when we receive a complaint. If you make a complaint, we must be fair in how we handle it. You cannot be disenrolled from Geisinger Gold or penalized in any way if you make a complaint.

What are appeals and grievances?

You have the right to make a complaint if you have concerns or problems related to your coverage or care. Appeals and grievances are two different types of complaints you can make.

An appeal is the type of complaint you make when you want us to reconsider and change a decision we have made about what services or benefits are covered for you or what we will pay for a service or benefit.

- For example, if we refuse to cover or pay for services or benefits you think we should cover, you can file an appeal. If Geisinger Gold or one of our providers refuses to give you a service or benefit you think should be covered, you can file an appeal. If Geisinger Gold or one of our providers reduces or cuts back on services or benefits you have been receiving, you can file an appeal. If you think we are stopping your coverage of a service or benefit too soon, you can file an appeal.

A grievance is the type of complaint you make if you have any other type of problem with Geisinger Health Plan, Geisinger Gold or one of our providers.

- For example, you would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor's office.

This section tells how to make complaints in different situations.

- Complaints about what we will cover for you or what we will pay for. If Geisinger Gold or your doctor or another provider has refused to give you a service or benefit you think is covered, you can make a complaint called an appeal. If we have refused to pay for a service or benefit you think is covered for you, you can make an appeal. If you have been receiving a covered service, and you think that service is being reduced or ending too soon, you can make an appeal. When you file an appeal, you are asking us to reconsider and change a decision we have made about what services or benefits we will cover for you (which includes whether we will pay for your care or how much we will pay).
- Complaints about your Part D prescription drug benefits that we will cover or pay for. If you are enrolled in a Geisinger Gold Medicare Prescription Drug Plan, please refer to your Geisinger Gold Medicare Prescription Drug Plan document for information regarding complaints about your Part D prescription drug benefits that we will cover or pay for.
- Complaints if you think you are being discharged from the hospital too soon. There is a special type of appeal that applies only to hospital discharges. If you think our coverage of your hospital stay is ending too soon, you can appeal directly and immediately to Commence Health by calling [888-396-4646](tel:888-396-4646) (TTY: 711). Commence Health is a group of health professionals that is paid to handle this type of appeal from Medicare patients. If you make this type of appeal, your stay may be covered during the time period Commence Health uses to make its determination. You must act very quickly to make this type of appeal, and it will be decided quickly.
- Complaints if you think your coverage for a skilled nursing facility (SNF), home health agency (HHA) or comprehensive outpatient rehabilitation facility (CORF) services is ending too soon. There is another special type of appeal that applies only when coverage will end for SNF, HHA or CORF services. If you think your coverage is ending too soon, you can appeal directly and immediately to Commence Health by calling [888-396-4646](tel:888-396-4646) (TTY:711). If you make this type of appeal, your stay may be covered during the time period Commence Health uses to make its determination. You must act very quickly to make this type of appeal, and it will be decided quickly.
- Complaints about any other type of problem you have with Geisinger Gold or one of our providers. If you want to make a complaint about any type of problem other than those that are listed above, a grievance is the type of complaint you would make. For example, you would file a grievance to complain about problems with the quality or timeliness of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor's office. Generally, you would file the grievance with Geisinger Gold. But for many problems related to quality of care you get from providers, you can also file a complaint to Commence Health by calling [888-396-4646](tel:888-396-4646) (TTY: 711).

What if I want to make an appeal?

You have the right to appeal. To exercise it, file your appeal in writing within 60 calendar days after the date of the notice. We can give you more time if you have a good reason for missing the deadline.

Who may file an appeal?

You or someone you name to act for you (your authorized representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others may already be authorized under state law to act for you. You can call us at [800-498-9731](tel:800-498-9731) to learn how to name your authorized representative. If you have a hearing or speech impairment, call us at [TTY/TDD 711](tel:TTY/TDD 711).

If you want someone to act for you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

How do I file an appeal?

You or your authorized representative should mail or deliver your written appeal to the address(es) below:

Write: Appeal Department
Geisinger Gold
100 N. Academy Ave.
Danville, PA 17822-3220

Walk in: Geisinger Health Plan
Appeal Department
9 Stearns Lane
Danville, PA 17821

Fax: [570-271-7225](tel:570-271-7225)

Attention: Appeal Department

We must give you a decision no later than 60 calendar days after we receive your appeal.

What do I include with my appeal?

You should include your name, address, member ID number, reasons for appealing and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or other information that explains why we should pay for the service. Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

What happens next?

If you appeal, we will review our decision. After we review our decision, if payment for any of your claims is still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of Geisinger Gold. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

If you need information or help, call the Geisinger Gold customer service team toll-free at [800-498-9731](tel:800-498-9731) ([TTY/TDD: 711](tel:TTY/TDD: 711)) from 8 a.m. to 8 p.m. (7 days a week, Oct. 1 – March 31) or 8 a.m. to 8 p.m. Monday – Friday, Saturdays 8 a.m. to 2 p.m. (April 1 – Sept. 30).

Other resources to help you:

- **Medicare Rights Center:** Toll-free [888-HMO-9050](tel:888-HMO-9050)
- **Elder Care Locator:** Toll-free: [800-677-1116](tel:800-677-1116)
- **800-MEDICARE ([800-633-4227](tel:800-633-4227)) TTY/TDD:** 877-486-2048, 24 hours a day, 7 days per week

Privacy of Consumer Financial Information Annual Notice

This notice contains important information about our privacy policies and practices. Read it carefully.

Geisinger Gold is committed to protecting your privacy. This notice summarizes our policies and practices for protecting, collecting and handling personal financial information about our members. Geisinger Gold will inform new subscribers of these policies when they enroll in our health benefit programs and will annually reiterate our privacy policy to all current subscribers. Geisinger Gold regularly reviews its privacy policy and monitors business practices to help ensure the security of our members' personal financial information. If changes to our privacy policy are required in the future, Geisinger Gold will provide you with written notice of the change via a letter, newsletter notice or a revised Evidence of Coverage.

How Geisinger Gold protects information

Access to your nonpublic personal financial information is restricted to those employees, agents, consultants and healthcare providers who need to know that information to provide health products or services. Geisinger Gold maintains physical, electronic and procedural safeguards that comply with state and federal regulations to guard nonpublic personal financial information from unauthorized access, use and disclosure.

Information Geisinger Gold collects and maintains

To administer our health benefit programs effectively, Geisinger Gold must collect, use and disclose nonpublic personal financial information. Nonpublic personal financial information is data that identifies you as a member of Geisinger Gold. It may include your name, address, telephone number and Medicare Beneficiary Identifier or it may relate to your participation in the plan, your use of healthcare services, or our payments for those services. Publicly available information or statistical information that does not identify individuals is not considered nonpublic personal financial information. Geisinger Gold collects nonpublic personal financial information about our members from the following sources:

- The members themselves, either directly or through their employers or group administrators, provide personal financial information to Geisinger Gold. This information includes facts such as name, address, Medicare Beneficiary Identifier, date of birth, marital status, dependent and employment information provided on applications, surveys or other forms. It may also include information submitted to us in writing, in person, by telephone or electronically in connection with inquiries or complaints.
- Personal financial information about our members' transactions with Geisinger Gold, our affiliates, our agents and healthcare providers is collected and used as part of our business operations. Examples include information on healthcare claims such as the name of the healthcare provider, diagnosis codes and the services provided; explanations of benefits, including the reasons for a claim decision, the amount charged by the provider and the amount paid by Geisinger Gold; payment history; utilization review; appeals and grievances.

Information Geisinger Gold may disclose and the purpose

Geisinger Gold does not sell any personal financial information about current or former members for marketing purposes. Geisinger Gold uses and discloses the personal financial information collected (as described above) only as necessary to deliver healthcare products and services to our members or to comply with legal requirements. Some examples of how Geisinger Gold shares this information are:

- Personal financial information is used internally for enrollment, claims processing, quality reviews, fraud prevention and auditing purposes.
- Personal financial information is shared with our affiliated companies, healthcare providers, agents, other insurers, peer review organizations, auditors, attorneys or consultants who assist us in administering our programs and delivering health services to our members. Our contracts with such service providers require them to protect the confidentiality of our members' personal financial information.

- Geisinger Gold may disclose personal financial information to government agencies or accrediting organizations that monitor our compliance with applicable laws and standards.
- Personal financial information may be shared with other insurers that cooperate with us to jointly market or administer health insurance products or services. Geisinger Gold’s contracts with other insurers require them to protect the confidentiality of our members’ personal financial information.
- Geisinger Gold may disclose personal financial information under a subpoena or summons to government agencies that investigate fraud or other violations of law.
- Personal financial information may be disclosed by Geisinger Gold when required by law in connection with a legal proceeding.

Geisinger Health Plan Privacy Notice

This Notice of Privacy Practices applies to all products offered by Geisinger Health Plan, Geisinger Quality Options, Inc. d/b/a Geisinger Choice, and Geisinger Indemnity Insurance Company (collectively referred to herein as “GHP”). This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Review it carefully.

We are required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. If you have questions about this notice, you may contact our privacy officer at [570-271-7360](tel:570-271-7360).

You may obtain our most current notice by visiting our website at geisingerhealthplan.com or by calling or writing to our privacy officer to request that a copy be sent to you in the mail. The address for our privacy officer is provided on the last page of this notice.

To be successful, GHP* must uphold the trust of our members and those with whom we interact. This trust, in turn, is built on honoring our commitment to respect your privacy. GHP has a policy that assures the confidentiality of your protected health information (PHI). PHI is any individually identifiable health information that is created or received by GHP that relates to your past, present or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you. GHP is required to provide you this notice about its legal duties and privacy practices, and must follow the privacy practices described in this notice while it is in effect.

Uses and disclosures of health information

GHP uses and discloses PHI in connection with your treatment, to make payment for your healthcare and for GHP’s healthcare operations. Except as stated below, GHP will not use or disclose your PHI unless you have signed a form that allows GHP to do so.

Treatment: GHP may disclose your PHI to doctors, dentists, pharmacies, hospitals and other caregivers who request it in connection with your treatment. GHP may also disclose your protected health information to healthcare providers in connection with preventive health, early detection and disease and case management programs.

Payment: GHP will use and disclose your PHI to administer your health benefits policy or contract. This may involve verifying eligibility, claims payment, subrogation, utilization review and management, medical necessity review, care coordination, and responding to complaints, appeals and external requests.

Healthcare operations: GHP will use and disclose your PHI as necessary, and as permitted by law, for its healthcare operations. These healthcare operations include, but are not limited to, credentialing healthcare providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, enrollment, rating and underwriting, reinsurance, compliance, auditing and other functions related to your health benefits plan.

Business associates: Certain aspects and components of GHP's services are performed through contracts with outside persons or organizations, such as identification card printing, subrogation and accreditation. At times it may be necessary for GHP to provide PHI to one or more of these outside persons or organizations who assist GHP with healthcare operations. GHP will give out as little information as possible to allow our business associates to complete these tasks and GHP requires these business associates to appropriately safeguard the privacy of your information.

Family and friends involved in your care: With your approval, GHP may disclose your PHI to designated family, friends, and others involved in your care. You may designate another person to act on your behalf in signing forms or making decisions when you are unable to do so. GHP recognizes the following documentation for member representation in certain circumstances:

- Applicable Durable Power of Attorney
- Legal Guardian
- A GHP "Authorized Representative Form"

If you wish to designate an authorized representative, you must complete and sign an Authorized Representative form. You can obtain this form by calling the customer service team at the number on the back of your member identification card.

If you are unavailable, incapacitated or facing an emergency medical situation and GHP determines that a limited disclosure may be in your best interest, GHP may share limited PHI with such individuals without your authorization.

Certain state/federal laws limit our uses and disclosures even in the case of treatment, payment or healthcare operations of those medical records of a sensitive nature, including HIV-related records, records of alcohol or substance abuse treatment, mental health records and records of sexual abuse/assault counseling. We will use and disclose your health information only in compliance of these more restrictive laws that provide greater protection for records in these categories of care.

Special authorizations are required by Pennsylvania laws to permit disclosures of certain highly sensitive personal information. In certain situations, consistent with applicable regulations or laws, GHP will ask for your written authorization before using or disclosing identifiable health information about you. If you sign an authorization to disclose specific information, you can later revoke that authorization to stop future uses and disclosures. Unless authorized by you, GHP will not use or disclose genetic protected health information for underwriting purposes.

Additional uses and disclosures of health information

GHP may also contact its members to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services available to its members. Also, GHP may use or disclose your PHI in the following situations without an authorization:

- GHP may release your PHI for any purpose required by law.
- GHP may release your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations.
- GHP may release your PHI as required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect or domestic violence.
- GHP may release your PHI to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls.
- GHP may release your PHI to your plan sponsor (employer), provided, however, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment-related decisions or for other employee benefit determinations or in any other manner not permitted by law.
- GHP may release your PHI if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- GHP may release your PHI if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release.

- GHP may release your PHI to law enforcement officials as required by law to report wounds and injuries and crimes.
- GHP may release your PHI to coroners and/or funeral directors consistent with law.
- GHP may release your PHI if necessary to arrange an organ or tissue donation from you or a transplant for you.
- GHP may release your PHI for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy.
- GHP may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities.
- GHP may release your PHI to workers' compensation agencies if necessary for your workers' compensation benefit determination.

Individual member rights regarding privacy

The Health Insurance Portability and Accountability Act (HIPAA) provides specific rights to all individuals about their PHI. You may request in writing that GHP not use or disclose your PHI for payment, health management or other healthcare operational purposes except when specifically authorized by you, when required by law, or in emergency circumstances. GHP will consider your request but GHP is not legally required to accept it. GHP will not sell your PHI or share it for marketing purposes unless you give us written permission. To find out more about any of the following rights or request the necessary form(s), call the customer service team at the telephone number indicated on the back of your member identification card or contact the designated privacy officer as noted in the Contacts section of this notice.

Communications that you receive from GHP containing your health information will be conveyed in a confidential manner. You have the right to request in writing and GHP will process reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations.

Unless GHP is given an alternative address, GHP will mail explanation of benefit forms and other mailings containing protected health information to the address that GHP has on record for the subscriber. In most cases, you have the right to look at or get a copy of your PHI in a designated record set.

Generally a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your healthcare benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. If you request copies, GHP may charge reasonable copying and postage fees.

You may also request a copy of your protected health information in electronic format or direct us to transmit it to another entity or individual you choose.

If you believe information in your GHP records is incorrect or incomplete, you have the right to request in writing that GHP correct or add to the existing information. GHP is not obligated to make all requested corrections, but will give careful consideration to each request. Requests for amendment(s) must be in writing, signed by you or your representative, and must state the reasons for the request. If GHP makes a correction you request, GHP may also notify others who work with us and have copies of the uncorrected record if GHP believes the notification is necessary.

You also have the right to receive a list of instances after April 14, 2003, where GHP has disclosed PHI about you for reasons other than claims payment or related administrative purposes. If you request this accounting more than once in a 12-month period, GHP may charge you a reasonable fee.

We are required to notify you, should certain unpermitted uses and disclosures (a "breach") occurs that may cause you financial, reputational or other significant harm. This will be done by mail and other means if necessary.

GHP's duties

GHP is required by law to maintain the privacy of your PHI, provide this notice about its information practices and follow the information practices that are described in this notice. GHP may change its policies at any time. If GHP makes a significant change in its policies, GHP will provide notice of the change to you via a letter, newsletter notice or a revised Subscription Certificate. You may request a copy of GHP's privacy & confidentiality policy on uses and disclosures of health information at any time. For more information on GHP's privacy practices, please contact the person listed below.

GHP has procedures in place to prevent unauthorized access to your PHI, which include employee training in the importance of maintaining member confidentiality and privacy.

Complaints

If you are concerned that GHP has violated your privacy rights or you disagree with a decision GHP has made about access to your GHP records, follow the complaint procedures described in your plan documents. You can also call the Customer Service Team or contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with either GHP or the U.S. Department of Health and Human Services.

CMS Blue Button Program

Notwithstanding the other provisions of this privacy policy, if you are participating in the Centers for Medicare & Medicaid Services (CMS) Blue Button Program through Geisinger, the following provisions apply to you:

- Geisinger will notify you of any material changes to this Notice
- We will notify you if Geisinger is sold or merged into another entity.
- The notice will be provided electronically through the Blue Button portal on Geisinger's website,
- If you inform Geisinger that you are opting out of the Blue Button Program through the Blue Button portal, Geisinger will delete the Blue Button information that we received from CMS about you.

Contacts

For questions or additional information regarding our Notice of Privacy Practices, call, write or email our Privacy Office at:

Geisinger System Privacy Office

Mail Code 40-38
100 N. Academy Ave.
Danville, PA 17822

Telephone: [570-271-7360](tel:570-271-7360) (This number is for privacy and HIPAA-related questions. For general customer service questions, call the customer service phone number on page 2.)

Email: systemprivacyoffice@geisinger.edu

The address for the Department of Health and Human Services is:

The U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

Effective date

This notice went into effect April 14, 2003, in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act. This notice was most recently revised in November 2024.

Organized health care arrangement designation

As covered entities, the below-listed separate Geisinger Health corporate legal entities are participating in an organized health care arrangement (OHCA). These separate corporate legal entities may share PHI as necessary to carry out treatment, payment and healthcare operations related to the OHCA and for other purposes as permitted or required by law.

- Geisinger affiliated covered entities
- Geisinger Indemnity Insurance Company
- Geisinger Quality Options
- Geisinger Health Plan

Affiliated covered entity designation

As of Oct. 1, 2019, the following Geisinger covered entities, under common control, designate themselves as a single covered entity known as the “Geisinger Affiliated Covered Entities” for purposes of the HIPAA privacy rule. The Geisinger Affiliated Covered Entities are:

- Geisinger Clinic (all sites)
- Geisinger Medical Center (including its Geisinger Shamokin Area Community Hospital campus)
- Geisinger Wyoming Valley Medical Center (including Geisinger South Wilkes-Barre campus)
- Geisinger Community Health Services
- Geisinger Bloomsburg Hospital
- Geisinger Health Plan (added Jan. 23, 2020)
- Geisinger Jersey Shore Hospital
- Geisinger Lewistown Hospital
- GNJ Physicians Group PC
- Geisinger Pharmacy LLC
- Community Medical Center d/b/a Geisinger Community Medical Center
- Family Health Associates of Geisinger-Lewistown Hospital
- West Shore Advanced Life Support Services Inc.
- Geisinger Medical Center Muncy (December 2021)

Entities participating in the Geisinger shared electronic health record

- All Geisinger affiliated covered entities
- Caring Community Health Center, a Pennsylvania nonprofit corporation
- Susquehanna Valley Medical Specialties PC
- Evangelical Community Hospital
- Acadia Geisinger Behavioral Health

Discrimination is against the law

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

The Health Plan:

- Provides free aids and services to people with disabilities 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 these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the 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: 866-477-7733, 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

Complaint forms are available at

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Notice of Availability

Multi-language interpreter services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-447-4000 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-447-4000 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-447-4000 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-447-4000 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-447-4000 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-447-4000 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-447-4000 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-447-4000 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-447-4000 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков.

Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 800-447-4000 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 800-447-4000 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे 'एट' या दवा की योजना के बारे में आपके किसी भी तरह के जवाब देने के लिए हमारे पास मु[<] दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया तैयार करने के लिए, बस हमें 800-447-4000 (TTY: 711) पर फोन करें। कोई भी जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मु[<] सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-447-4000 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-447-4000 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-447-4000 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-447-4000 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-447-4000 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Geisinger

HEALTH PLAN

100 N. Academy Ave.
Danville, PA 17822-3220

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