Don’t risk losing your CHIP coverage. Your action is needed. You will be required to renew your CHIP Eligibility.

You will receive your renewal packet in the mail from the Department of Human Services (DHS). You will need to send your renewal packet quickly to ensure you do not risk losing your CHIP coverage.

- 90 days prior to your annual CHIP renewal date you will receive a request to update your information.
- 60 days prior to your renewal date you will be able to complete your renewal via COMPASS.

What you need to do to make sure you receive your CHIP renewal application in the mail:

1. **Make sure your contact information is up to date.** If your address has changed since 2020, please notify your local county assistance office (CAO), by using the myCOMPASS PA mobile app or visiting PA’s COMPASS website at dhs.pa.gov/compass to update your contact information.

2. **Check your mail.** Your renewal packet will be coming in the mail.

3. **Complete and return your renewal application on time.** Return your renewal packet on time to avoid the loss of your CHIP coverage. There are four ways you can complete and submit your renewal:
   - By mail – Complete and return the forms by mailing them back in the provided envelope
   - Online – Complete your renewal online in COMPASS
   - Telephone – Call 866-550-4355 to complete your renewal over the phone
   - In person – Complete and submit your renewal in person at any local CAO
Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger 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)

Geisinger Health Plan 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, contact Geisinger Health Plan at 800-447-4000.

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, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711
Fax: (570) 271-7225, or
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711
Fax: (717) 772-4366, or
Email: RA-PWBOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are 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 Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

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

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

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

ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईले निम्न भाषा सहायता सेवाहरू निःशुल्क रुपमा उपलब्ध छ। फोन कर्नुहुन्छ 800-447-4000 (PA RELAY: 711)।

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

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

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

कक्ष करौँ: यदि आपने बांग्ला, कोंच बोलत गरेनु, तोल निःशुल्क भाषा सहायता सेवाहरू तमारा मात्र उपलब्ध छ। फोन करौँ 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbe shërbime të asistencës së gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुनना: जो तम्यूर गुरुर् बोलता है, तो निःशुल्क भाषा सहायता सेवाहरू तमारा मात्र उपलब्ध है। कैल करो 800-447-4000 (PA RELAY: 711).