

GEISINGER GOLD

Secure Rx (HMO D-SNP)

2021 Summary of Benefits



Geisinger



Thank you for your interest in Geisinger Gold!

Dear Prospective Member:

Better health should be easier for you — and for everyone. That's Geisinger's commitment. And it's why Geisinger Gold offers quality, affordable coverage to more than 90,000 Pennsylvania residents. Just a few of the advantages include:

Benefits: Easy-to-use, comprehensive benefits, including worldwide emergency coverage.

Extra care: In addition to your doctor, you'll have a nurse to help you manage a chronic illness or a newly diagnosed condition, or to provide support by phone after a hospital stay.

Stability and security: Quality healthcare is what our communities deserve — and what we've been providing for over a century. And we've offered coverage to Medicare beneficiaries since 1994.

To help with your decision, this booklet includes the following information:

A **summary of benefits** for the plan in which you expressed interest. This includes information on medical and prescription drug benefits and costs.

A **Geisinger Gold formulary (list of covered drugs)**. Consult this for information on the prescription drugs we cover.

An **enrollment application** and business reply envelope (in the back pocket).

Information on our plan's **quality ratings** from the Centers for Medicare and Medicaid Services (CMS).

Contact us today for more information. You'll get support from our Medicare advisors every step of the way. We'll work with you to find a plan that fits your needs and budget. For your convenience, you can also compare plans and enroll online at GeisingerGold.com.

The enclosed information may be helpful as you're making a decision. And if you have questions, call us — we'll be glad to answer them. We look forward to serving you in 2021 and beyond!

This Summary of Benefits contains 2021 plan information for: Geisinger Gold Secure Rx (HMO D-SNP)

For full details of services and costs for each plan, consult the **Evidence of Coverage** at GeisingerGold.com or call us for more information.

Geisinger Gold Secure Rx is a Special Needs Plan that is available to anyone who has both Medical Assistance from the state and Medicare. Secure Rx premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. You must have a primary care provider and use network providers for covered services. Referrals to specialty care providers are not required. Prior authorization may be required for certain services.

You can also learn more about this plan in the **Medicare & You** handbook. If you don't have a copy of this booklet, you can get it at the Medicare website (medicare.gov) or by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

To join a Geisinger Gold Medicare Advantage Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Pennsylvania: Adams, Berks, Blair, Bradford, Bucks, Cambria, Cameron, Carbon, Centre, Chester, Clearfield, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

To find out more, call:

800-498-9731 (members)

Interested in becoming a member?

855-907-0332, TTY: 711

Oct. 15 - Dec. 7

Daily • 8 a.m. - 8 p.m.

Dec. 8 - Oct. 14

Weekdays • 8 a.m. - 8 p.m.

GeisingerGold.com

Geisinger Gold has a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You can see our plan's provider and pharmacy directory at our website (GeisingerGold.com). Or, call us and we will send you a copy of the provider and pharmacy directories.



Besides the plan detailed in the enclosed Summary of Benefits, other plans may be available to you, based on your county of residence. Want to discuss other plan options? Have questions about this packet or the coverage Geisinger Gold offers? Call 855-907-0332, 7 days a week, from 8 a.m. to 8 p.m. (TTY 711) for more information.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to 100 percent of drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. If you qualify, you won't be subject to the coverage gap or a late enrollment penalty. You may be eligible for these savings and not know it. For more information about this Extra Help, contact your local Social Security office or call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048. You can also call 800-MEDICARE or visit [medicare.gov](https://www.medicare.gov) for more information about Medicare.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. Members must obtain their covered dental benefits from Avesis network providers and their covered hearing aid benefits from AudioNet network providers.

This information is not a complete description of benefits. Contact the plan for more information.

2021 Medical Benefits

	Secure Rx (HMO D-SNP)
Premium	\$0
Deductible	None to member Medicare FFS Part A deductible billed to Medicaid
Out-of-pocket max (cap on annual medical expenses)	\$6700
Inpatient hospital – acute*	\$0 to member
Outpatient surgery/services*	\$0 to member
Primary care physician	\$0 to member
Specialty care physician	\$0 to member
Preventive services (Medicare approved)	\$0 to member
Annual routine physical exams	\$0 to member
Emergency care	\$0 to member
Urgent care	\$0 to member
Outpatient all other diagnostic procedures/tests	\$0 to member
Outpatient lab	\$0 to member
Outpatient X-rays	\$0 to member
Outpatient MRI, CT, PET scans*, etc.	\$0 to member
Outpatient standard radiation therapy	\$0 to member
Outpatient all other therapeutic radiology	\$0 to member
Hearing exams – diagnostic only	\$0 to member
Routine hearing exams	\$0 to member; 1 per year
Hearing aids/fitting for hearing aids	\$0 to member per ear \$2,950 maximum benefit limit per ear every 3 years
Personal emergency response systems	\$700 maximum benefit per year
Teladoc e-visits	\$0 PCP \$0 Mental Health/Substance Abuse

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

	Secure Rx (HMO D-SNP)
Dental services (preventive & comprehensive): non-Medicare covered	\$0
Comprehensive dental (original Medicare-covered)	\$0 to member; \$3,500 maximum benefit per year; includes simple fillings, extractions, crowns, root canals and dentures and 2 visits per year for exams, cleanings, fluoride treatments and X-rays
Vision exam (medical): \$0 for glaucoma screen	\$0 to member
Vision exam (routine)	\$0 to member
Vision exam (routine)	\$0 to member; 1 per year
Original Medicare-covered eyewear (post cataract surgery)	\$0 to member
Eyewear (routine) non-Medicare covered	\$0 to member \$400 maximum benefit per year
Outpatient mental health*	\$0 to member
Skilled nursing facility*	\$0 to member
Occupational/physical/speech therapy	\$0 to member
Ambulance	\$0 to member
Transportation	\$500 allowance per year
Part B drugs*	\$0 to member
Medicare Part D prescription drug coverage	Part D drugs covered with appropriate LIS cost-sharing & premium subsidies
Home health services (includes related medical supplies)	\$0 to member
Worldwide coverage	\$0 to member
Chiropractic services	\$0 to member
Podiatry	\$0 to member
Fitness	\$120 allowance per quarter

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

2021 Medical Benefits *(continued)*

	Secure Rx (HMO D-SNP)
Cardiac/pulmonary rehab	\$0 to member
Durable medical equipment (DME)*	\$0 to member
Prosthetics and related supplies*	\$0 to member
Diabetic supplies*	\$0 to member Preferred brand glucometer limited to 1 every 2 years
Diabetic supplies – therapeutic shoes or inserts	\$0 to member
Nursing hotline	\$0 to member
Over-the-counter drugs	\$95 allowance per month

**Certain services may require prior authorization from Geisinger Gold. Refer to the evidence of coverage or contact us for details.*

2021 Prescription Drug Coverage

HMO SNP: Secure Rx	
Annual Deductible	Member pays \$0*
Initial Coverage Limit	Depending on level of Extra Help, member pays: <ul style="list-style-type: none"> • \$0, \$1.30 or \$3.70 copays for generic drugs** • \$0, \$4.00 or \$9.20 copays for brand drugs**
Coverage Gap	Depending on the level of Extra Help, member pays: <ul style="list-style-type: none"> • \$0, \$1.30 or \$3.70 copays for generic drugs** • \$0, \$4.00 or \$9.20 copays for brand drugs**
Catastrophic Coverage	<ul style="list-style-type: none"> • \$0 copay for generic and brand drugs**

**Generally, members in Secure Rx will not be subject to a deductible or the Coverage Gap.*

***Actual cost-sharing depends on the level of Extra Help (LIS) the member receives.*



Before you make an enrollment decision, it's important to fully understand our benefits and rules.

Have any questions?

Call and talk with a customer service representative at 855-907-0332 (TTY: 711).

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor for. Visit GeisingerGold.com or call 855-907-0332 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they aren't listed, you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy isn't listed, you will likely have to choose a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copays/coinsurance may change on Jan. 1 each year.
- Except in emergency or urgent situations, we don't cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

**Stability.
Security.
Support.**

**All this and
more with
Geisinger Gold
Secure Rx.**



Note: Medical assistance (Medicaid) benefits and costs listed below are based on Pennsylvania DHS “Categorically Needy” medical assistance coverage and cost sharing. Specific coverage of any service or item depends on the recipient’s medical assistance category and meeting coverage criteria for a specific benefit.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

When medically necessary services or items are covered by both Medicare and Medicaid, Medicare always pays first, whether you receive Medicare coverage through Original Medicare or through a Medicare Advantage Plan such as Secure Rx (HMO D-SNP).

Pennsylvania medical assistance continues to cover your Medicaid benefits and provides coverage for Medicaid-covered services and items not covered by Medicare or Secure Rx (HMO D-SNP).

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
	Most benefits covered if medically necessary; some items have specific age or specific medical condition requirements for coverage.	
Inpatient hospital services	\$3 per day up to \$21 per admission, depending on level of assistance – covered when medically necessary.	<p>\$0 copay.</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>You won't be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
Inpatient hospital medical rehabilitation admission (skilled nursing facility)	\$3 per day up to \$21 per admission, depending on level of assistance – one admission per fiscal year.	<p>\$0 copay for covered skilled nursing facility care.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required. There are no limits on the number of benefit periods per year. Prior authorization may be required.</p>
Combined maximum of 18 visits per year for clinic, office or home visits to:		
Primary care physicians	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay for each Medicare-covered primary care physician (PCP) visit.</p> <p>There are no limits on the number of visits per year for covered services.</p>
Specialty physicians	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay for each Medicare-covered specialist visit.</p> <p>There are no limits on the number of visits per year for covered services. A referral from your PCP is required.</p>
CRNPs (nurse practitioners)	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay.</p> <p>Secure Rx (HMO D-SNP) coverage of care provided by a qualified in-network licensed nurse practitioner (CRNP) or a qualified in-network physician assistant (PA) is the same as coverage for services provided by an in-network physician.</p>

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
Optometrists	\$0.65–\$3.80 copay, depending on level of assistance – vision exams covered. Counts toward combined 18-visit limit.	<p>Medically necessary ophthalmologist visits are also covered with a referral from your PCP.</p> <p>\$0 copay for Medicare-covered diagnosis and treatment for diseases and conditions of the eye. There are no limits on the number of medically necessary covered visits per year. A referral from your PCP is required.</p> <p>\$0 copay for up to 1 supplemental routine eye exam (vision exam) every year. No referral is necessary.</p>
Chiropractors	\$0.65–\$3.80 copay, depending on level of assistance – benefits limited to evaluation exam and manual manipulation of the spine. Visits count toward combined 18-visit limit.	\$0 copay for each Medicare-covered chiropractic visit. Benefit is limited to manual manipulation of the spine. A referral from your PCP is required.
Podiatrists	\$0.65–\$3.80 copay, depending on level of assistance – limited to medically necessary podiatry services. Counts toward combined 18-visit limit.	<p>\$0 copay for up to 4 supplemental routine podiatry visit(s) covered each year.</p> <p>\$0 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically necessary foot care. A referral from your PCP may be required.</p>
Independent medical clinics	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your PCP for specialist care and services may be required.</p>
Rural health clinics	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your PCP for specialist care and services may be required.</p>
Federally qualified health clinics (FQHC)	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	<p>\$0 copay for each provider office visit. There is no limit on the number of visits for covered services.</p> <p>A referral from your PCP for specialist care and services may be required.</p>

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
Outpatient hospital clinics	\$0.65–\$3.80 copay, depending on level of assistance – covered; counts toward combined 18-visit limit.	\$0 copay for each provider office visit. There is no limit on the number of visits for covered services. A referral from your PCP for specialist care and services may be required.
Outpatient hospital services:		
Short procedure unit	\$0.65–\$3.80 copay, depending on level of assistance – covered.	\$0 copay for each Medicare-covered outpatient hospital facility visit. \$0 copay for outpatient hospital surgery.
Ambulatory surgical center	\$0.65–\$3.80 copay, depending on level of assistance – covered.	\$0 copay for each Medicare-covered ambulatory surgical center visit.
Psychiatric partial hospitalization	\$0.65–\$3.80 copay, depending on level of assistance – up to 180 3-hour sessions (total of 540 hours) per fiscal year.	\$0 copay for Medicare-covered partial hospitalization program services. There is no limit on the number of visits for covered services. Prior authorization may be required.
Laboratory and X-ray services:		
Outpatient lab services	\$0–\$2 copay, depending on level of assistance – covered.	\$0 copay for Medicare-covered lab services.
Portable X-ray services (radiology)	\$0–\$2 copay, depending on level of assistance – covered.	\$0 copay for Medicare-covered X-rays.
Inpatient psychiatric care	\$3 per day up to \$21 per admission, depending on level of assistance – 30 days per fiscal year. Not all benefit levels are eligible at all ages; coverage for certain benefit categories may be limited to coverage for those under age 21 or age 65 and older.	\$0 copay. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
Home health care:		
Home health care	\$0.65–\$3.80 copay, depending on level of assistance – covered. Must be medically necessary and must be ordered by a physician. Covered when:	\$0 copay for Medicare-covered home health visits.
	1. Services provided would avoid or delay the need for treatment in a hospital or other institutional setting, OR	To receive home health services you must be homebound, which means leaving home is a major effort.
	2. The recipient has an illness or injury that justifies providing services at the patient’s residence instead of in an outpatient setting.	
	\$0.65–\$3.80 copay, depending on level of assistance – skilled nursing care, home health aide services, physical and occupational therapy, speech pathology and medical supplies are covered under the home health agency services medical assistance benefit.	\$0 copay for medicare-covered home health visits. \$0 copay for Medicare-covered outpatient occupational therapy visits. \$0 copay for Medicare-covered outpatient physical therapy and/or speech and language pathology visit. \$0 copay for Medicare-covered durable medical equipment. Some services may require a referral from your PCP or prior authorization
	(Medicare does not cover non-medical home health aide services.)	(Medicare and Secure Rx (HMO D-SNP) does not cover non-medical home health aide services)
Clinic services:		
Independent medical clinic	Covered.	\$0 copay for each provider office visit. There is no limit on the number of visits for covered services.
Ambulatory surgical center	\$0.65–\$3.80 copay, depending on level of assistance – covered.	\$0 copay for each Medicare-covered ambulatory surgical center visit.
Benefit name	Medical assistance cost sharing and applicable limits.	Secure Rx (HMO D-SNP) cost sharing and applicable limits.
Psychiatric clinic services	\$0.50 per unit, depending on level of assistance (limit 5 hours psychotherapy per 30 days) – covered.	\$0 copay for each Medicare-covered group or individual therapy visit. There is no limit on the number of visits for covered services.

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
Drug and alcohol clinic	\$0.65–\$3.80 copay, depending on level of assistance (limit 8 hours psychotherapy per 30 days; 7 methadone visits per week; 42 opiate detox visits per 365 days) – covered.	\$0 copay for each Medicare-covered group or individual therapy visit.
Ambulance services	\$0.65–\$3.80 copay, depending on level of assistance – covered.	\$0 copay for Medicare-covered ambulance benefits.
Emergency room	\$0.65–\$3.80 copay, depending on level of assistance – covered; limited to emergency situations.	\$0 copay for Medicare-covered emergency room visits. Worldwide coverage.
Dental services	\$0.65–\$3.80 copay, depending on level of assistance (limits: dental exams and prophylaxis are limited to 1 per 180 days, per recipient; crowns, endodontic and periodontal services will not be covered; and dentures will be limited to one upper arch or partial and one lower arch or partial, or one full set of dentures per lifetime) – medically necessary dental services are covered. General comprehensive dental services such as fillings and extractions are covered. Additional services may be covered with prior authorization.	<p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - Up to 1 oral exam every 6 months - Up to 1 cleaning every 6 months - Up to 1 fluoride treatment every 6 months - Up to 1 dental X-ray every 6 months - Simple fillings, simple extractions, dentures, crowns and root canals. <p>\$0 copay for Medicare-covered dental benefits.</p> <p>\$3,000 plan coverage limit for preventive dental benefits every year.</p>
Medical equipment, supplies and prosthetics	\$0.65–\$3.80 copay, depending on level of assistance – covered.	<p>\$0 copay for Medicare-covered durable medical equipment and related supplies.</p> <p>\$0 copay for Medicare-covered prosthetic devices and related supplies.</p>
Family planning	Covered.	<p>Family planning services is not a Medicare-covered benefit.</p> <p>You would continue to be covered by medical assistance for family planning services.</p>
Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits

Benefit name	Medical assistance cost sharing and applicable limits	Secure Rx (HMO D-SNP) cost sharing and applicable limits
Orthopaedic shoes when medically necessary	Orthopaedic shoes, molded shoes and shoe inserts prescribed for eligible persons – prior approval required.	\$0 copay for one pair of Medicare-covered therapeutic shoes and inserts per calendar year for people with severe diabetic foot disease.
Vision aids, including eyewear (glasses, lenses, frames, contacts)	\$0.65–\$3.80 copay, depending on level of assistance – covered only for those up to age 20.	\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery. No age restrictions apply. \$0 copay for glasses, contacts, lenses and/or frames, covered up to a \$400 plan coverage limit every year. No age restrictions apply.
Hearing services and hearing aids	\$0.65–\$3.80 copayment, depending on level of assistance – covered only for those up to age 20.	\$0 copay for Medicare-covered diagnostic hearing exams. \$0 copay for up to 1 supplemental routine hearing exam every year. \$0 copay for up to 1 hearing aid every 3 years. \$2,950 plan coverage limit for hearing aids every 3 years. \$0 copay for fitting and evaluation for a hearing aid every 3 years. Fitting and evaluation are included in the \$2,950 hearing aid benefit coverage limit. No age restrictions apply.
Medicare Part B prescription drugs	\$3 copay brand, \$1 copay generic – limits may apply to the type and number of prescriptions/refills per month, depending on category of medical assistance. Part D drug cost sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.	See the Summary of Benefits for details on prescription drug coverage. Part D drug cost sharing is determined by your Medicare Part D “Extra Help” (LIS) benefit.
Out-of-state urgent care	\$0.65–\$3.80 copay, depending on level of assistance – covered, but only when out of state.	\$0 copay for Medicare-covered urgently needed care visits.

See the Summary of Benefits (SB) or contact Geisinger Gold member services at 855-907-0332 (TTY: 711) for more details about Secure Rx (HMO D-SNP) benefit coverage.

Important information about Medical Assistance and Geisinger Gold

- If you have both Medical Assistance and Medicare/Medicare Advantage coverage, the Medicare/Medicare Advantage coverage will always be used first. Medical assistance will cover anything not covered by Medicare/Medicare Advantage.
- If you have Medical Assistance, a participating provider can't deny services to you due to your inability to pay any related costs. All Secure Rx members have \$0 copays for most covered services.
- If you have Medical Assistance, a participating provider may not charge you more for services than is allowed by the medical assistance fee structure.
- Prior authorization is required for many services. Geisinger Gold Secure Rx also requires primary care provider referrals for specialty care.
- Both Medical Assistance and Geisinger Gold Secure Rx have a network of providers. You must get covered services from network providers in order for those services to be paid for. If you get services from non-network providers, or if services are not covered by the benefit plan, you are responsible for all costs.



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 North Academy Avenue
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 Avenue 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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر 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).

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

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