Geisinger
HEALTH PLAN

2027 Qualified Health Plan transparency reporting for Individual HMO

Information on Explanation of Benefits

Your Explanation of Benefits (EOB) is a statement that shows what health services you received, what bills your health plan paid, and what you may still owe to a healthcare provider.

How to read your EOB

Your EOB has 3 sections:

Summary of charges

A summary of the bills your healthcare providers sent to Geisinger Health Plan (GHP) for health services provided to you and other family members on the plan.

Plan accumulations

This section shows you:

- The amount of money you have paid to date for healthcare services
- The amount you are expected to pay for each member and family as a whole
- The amount remaining until you meet your annual limit

Claim detail

Specific information for each claim that is submitted to Geisinger Health Plan. It includes:

- The date the service was received
- The procedures performed
- The charges for that claim

Information on coordination of benefits

Plans that provide health and/or prescription coverage for a policyholder with more than one insurance policy can determine their payment responsibilities (i.e., determine which insurance plan has the primary payment responsibility and how much the other plans will contribute when someone is covered by more than one plan). This is why Geisinger Health Plan asks you for information on other health insurance coverage you have.

Retroactive denials

Claims can be denied retroactively when processed for payment in error. GHP reserves the right to retroactively deny claim payment, if services do not fall within policies consistent with the policyholder's coverage.

Balance billing and surprise billing

Balance billing occurs when an out-of-network provider bills you for the difference between the provider's charges and the amount paid by your health plan. Surprise billing is an unexpected balance bill that may occur when you unknowingly receive services from an out-of-network provider or facility.

If you believe you've been wrongly billed, call 800-985-3059. Visit cms.gov/nosurprises for more information about your rights under federal law.

Enrollee claims submission

If a provider fails to submit a claim, you can submit for reimbursement. Download the form by signing into your account at geisingerhealthplan.com. Not a registered user? Visit geisingerhealthplan.com/register to create your account. You have one year to submit. Send forms to P.O. Box 160, Glen Burnie, MD 21060. Customer care can be reached at 866-379-4489.

Enrollee recoupment of overpayments

If Geisinger Health Plan overbills you, a credit in the amount of the overbilled premium will be applied to the next month's premium invoice, reducing the following month's premium owed.

If you would like a refund rather than a credit, you can request the refund through the Accounts Receivable and Billing Department by calling 866-379-4489. A refund will be issued via the same method the original payment was made. In some circumstances, a check in the amount of the overpayment will be sent.

Drug exceptions timeframes and enrollee responsibilities

You can obtain access to any non-excluded, non-formulary drug by meeting criteria set forth by GHP for that specific drug. You can call 800-988-4861 to initiate an exception request or your prescriber can submit a request in writing by filling out a prior authorization request form, which can be found at geisingerhealthplan.com, or electronically at ghp.promptpa.com. Your prescriber can also have a form faxed to their office upon request by calling 800-988-4861.

Regardless of how the exception request is initiated, the prescriber must include all relevant medical record documentation and then submit the completed form and documents to GHP. Once the information is received by GHP, it will be reviewed, a decision will be made, and verbal and written notifications will be completed as quickly as possible. Notifications will be completed no more than 24 hours after receipt for expedited requests and 48 hours after receipt for standard requests.

Your request for a formulary exception can also be reviewed by an independent review organization (IRO). This is called the formulary external exception review process. You or your prescriber can make this request by calling 800-988-4861 (TTY: PA Relay: 711). There are two types of external exception requests: standard and expedited. If your original exception request was standard, we will notify you of the external exception review decision within 72 hours of our receipt of the request. If your original exception request was expedited, we will notify you of the external exception review

decision within 24 hours of our receipt of the request. If your request is approved by the IRO, coverage of the excepted medication will be provided for the duration of the prescription, subject to the terms of your contract.

Grace periods and claims pending policies during the grace period

Under the Affordable Care Act, a 90-day grace period is provided. This grace period is a 90-day window during which coverage cannot be canceled due to missed or late premiums. This applies only to those who have received an advance premium tax credit to purchase health insurance through the Marketplace, and have previously paid at least 1 month's full premium in that benefit year.

Medical claims

During the first 30 days of delinquency, claims will be paid. During the remaining 60 days, claims will pend and payment will not go out during this period, awaiting premium payment. Once payment is received, all claims will be paid. If payment is not received and the policy is canceled, claims submitted during the second and third months of the grace period will not be paid.

Pharmacy claims

During the first 30 days of delinquency, claims will be paid. During the remaining 60 days, claims will be allowed to process at point-of-sale but you will be assessed 100% coinsurance, awaiting premium payment. Once payment is received, you may submit a Pharmacy Reimbursement Claim Form to be refunded any monies paid above the cost-sharing provided by your plan.

Medical necessity, prior authorization timeframes and enrollee responsibilities

Some services may require prior authorization by Geisinger Health Plan. If your GHP participating provider recommends a service(s) that requires prior authorization, it is their responsibility to request an authorization through GHP before providing the service. Requests for services are reviewed by GHP to determine medical necessity, as well as member eligibility and benefit availability at the time the covered services are to be provided. Standard requests for services are completed within 7 calendar days of the receipt of all supporting information reasonably necessary to complete the review. If an extension is required, you and the provider are notified in writing within 7 calendar days of receipt of request of the need for an extension and further information needed.

If an extension is needed for an expedited request, necessary information must be requested within 24 hours of receipt and you are given at least 48 hours to provide the information needed.

If the participating provider doesn't get authorization before providing the service, it will result in denial of payment. The provider will be held financially responsible. When services are denied on the basis of medical necessity, you will be directly notified of the decision, as well as your right to appeal that decision. If you proceed with the denied procedure or service, you become financially responsible.

2027 HMO Transparency in Coverage Report

Things you should know about your health plan
go.geisinger.org/thingstoknow

2025 enrollments/disenrollments

Enrollments	Disenrollments
17,872	4,743

2025 claim denials

Year	Product	% claims denied
CY2025	Total HMO Individual	14%

NAIC links:
Statistical Compilation of Annual Statement Information
Consumer Insurance Refined Search Results (naic.org)

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以爲您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-447-4000（TTY：711）或與您的提供者討論。

אכטונג: אויב איר רעדט אידיש, זענען דא אומזיסטע שפראך הילף סערוויסעס וואס קענען צוגעשטעלט ווערן פאר אייך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פריי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אייער פֿראָווייַדער.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (1-800-447-4000) (TTY: 711) أو تحدث إلى مقدم الخدمة

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-447-4000 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (Người khuyết tật: 1-711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (TTY: 711) ou parlez à votre fournisseur.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-447-4000 (tty: 711) o parla con il tuo fornitore.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-447-4000 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn iṣẹ lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-800-447-4000 (TTY: 711) tabi sọrọ si olupese rẹ.
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ: