Marketplace: Coverage you can count on



Geisinger
HEALTH PLAN



We'll help you every step of the way.

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

Nov. 1 – Jan. 15 (Open Enrollment Period)
Monday – Friday, 8 a.m. – 7 p.m.; Saturday, 10 a.m. – 2 p.m.
Jan. 16 – Oct. 31
Monday – Friday, 8 a.m. – 5 p.m.



Open enrollment begins Nov. 1. Are you ready?

For plan year 2026, go to Pennie®, where you will enroll in or make changes to your coverage. The 2026 Open Enrollment Period (OEP) begins Nov. 1, 2025, and lasts until Jan. 15, 2026.

- Nov. 1–Dec. 15, 2025 enrollment: Coverage becomes effective Jan. 1, 2026
- Dec. 16, 2025–Jan. 15, 2026 enrollment: Coverage becomes effective Feb. 1, 2026

pennie®

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

Are you in our service area?

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

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

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

Special Enrollment Period (SEP)

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

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

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

In 2026, we're offering Gold, Silver and Expanded Bronze plans. Choose from HMO and PPO plans with a variety of monthly premiums and out-of-pocket cost options. You can also choose between two provider networks, plus Geisinger Extra, a unique plan designed to save you money. And our catastrophic Value plan provides the most basic coverage to people under 30. Plus, you'll get plenty of perks to keep you healthy and well. Even better, all our Expanded Bronze plans and our catastrophic Value plan are now HSA-eligible.

Local and nationwide discounts

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

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

Clinical support

Our nursing team delivers personalized, expert care to help you navigate chronic conditions and acute health challenges with confidence. From post-emergency follow-up to ongoing education and care coordination, we're here to make sure you receive the right care, at the right time, in the right setting. With resources, digital tools, and support across providers, you're empowered to take charge of your health and thrive.

Health coaching and support

Our health coaches offer one-on-one personalized telephonic support to help build lasting healthy habits. Whether you're focusing on activity, nutrition or other aspects of well-being, coaching offers accountability and encouragement, while celebrating your progress every step of the way. Online resources, including educational content, behavior change tools and a personal wellness assessment, support your goals at your own pace.

Customer care

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

Network of providers

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

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

Find a provider online

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

Pediatric dental coverage, administered by SKYGEN

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

SKYGEN®

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

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

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

Geisinger Mail-Order Pharmacy

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

Things to know before you shop

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

Geisinger Marketplace All-Access PPO 20 / 50 / 3250

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

The first number is the primary care provider (PCP) copay.
A copay is a fixed amount you will pay for a covered healthcare service, usually when you receive the service. In the example above, you would pay $20 each time you visit your PCP.

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

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

What are the different plan types?

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

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

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

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

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

QHDHP
A qualified high-deductible health plan (QHDHP) has lower premiums and higher deductibles than a traditional insurance plan.

Health Savings Accounts
New for 2026, all Bronze plans and our catastrophic Value plan are HSA-eligible.

Get to know our network options

All-Access network

What is it?
The All-Access network includes all participating network providers across the entire service area.

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

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

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

Premier network

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

What are the benefits?
Health plans using the Premier network generally have a lower cost.

Key consideration?
This network is available in 13 counties[1]. Only services obtained through Premier network providers will be covered. This network's provider options are limited to a small, exclusive list.

Visit geisingerhealthplan.com/providersearch to see if your provider is in the Premier network before making your selection.

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





Geisinger Extra: Care you need at a lower cost

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

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

Service area & eligibility

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

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

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

Additional services at PHN sites:

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

Questions?
Call 800-918-5154.

Financial help: Do I qualify?

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

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

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

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

Household/ family size	2025 annual income
1	$21,597
2	$29,187
3	$36,777
4	$44,367
5	$51,957

Key terms to know

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

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

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

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

Geisinger Marketplace Plans: Gold

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

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

	Gold	Gold	Gold	Gold
	Geisinger Marketplace All-Access HMO 25/50/0 Copay Based	Geisinger Marketplace All-Access Extra HMO 10/50/500	Geisinger Marketplace All-Access HMO 20/50/3250	Geisinger Marketplace All-Access PPO 20/50/3250
In-network services				
PCP copay	$25	$50 Extra Site: $10[1]	$20	$20
Specialist copay	$50	$50	$50	$50
Deductible: Single/Family	$0/$0	$500/$1,000	$3,250/$6,500	$3,250/$6,500
Max. out-of-pocket: Single/Family	$10,150/$20,300	$8,700/$17,400	$8,700/$17,400	$8,700/$17,400
Coinsurance	0%	20%	30%	30%
Inpatient services	$1,600 per stay	20% after deductible	30% after deductible	30% after deductible
Outpatient services	$1,600	20% after deductible	30% after deductible	30% after deductible
Emergency room	$400	$300	$350	$350
Prescription drug	Deductible: $0/$0 Tier 1: $0 Tier 2: $3 Tier 3: $20 Tier 4: $50 Tier 5: $85 Tier 6: 50% coinsurance up to $150	Deductible: $500/$1,000 Tier 1: $0 Tier 2: $3 Tier 3: $20 Tier 4: $45 after deductible Tier 5: $80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: $0/$0 Tier 1: $0 Tier 2: $3 Tier 3: $15 Tier 4: $35 Tier 5: $55 Tier 6: 40% coinsurance up to $150	Deductible: $0/$0 Tier 1: $0 Tier 2: $3 Tier 3: $15 Tier 4: $35 Tier 5: $55 Tier 6: 40% coinsurance up to $150
Out-of-network services				
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	$10,000/$20,000
Coinsurance				40%
Max. out-of-pocket: Single/Family				$15,000/$30,000

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

Geisinger Marketplace Plans: Gold (continued)

	Gold	Gold	Gold	Gold
	Geisinger Marketplace Premier HMO 20/50/3250	Geisinger Marketplace All-Access HMO 25/50/250	Geisinger Marketplace All-Access HMO 25/50/2500	Geisinger Marketplace All-Access HMO 25/50/4000
In-network services				
PCP copay	$20	$25	$25	$25
Specialist copay	$50	$50	$50	$50
Deductible: Single/Family	$3,250/$6,500	$250/$500	$2,500/$5,000	$4,000/$8,000
Max. out-of-pocket: Single/Family	$8,700/$17,400	$8,450/$16,900	$6,500/$13,000	$7,450/$14,900
Coinsurance	30%	20%	20%	20%
Inpatient services	30% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient services	30% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency room	$350	$350	$300	$300
Prescription drug	Deductible: $0/$0 Tier 1: $0 Tier 2: $3 Tier 3: $15 Tier 4: $35 Tier 5: $55 Tier 6: 40% coinsurance up to $150	Deductible: $500/$1,000 Tier 1: $0 Tier 2: $3 Tier 3: $20 Tier 4: $45 after deductible Tier 5: $80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: $500/$1,000 Tier 1: $0 Tier 2: $3 Tier 3: $20 Tier 4: $45 after deductible Tier 5: $80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket	Deductible: $500/$1,000 Tier 1: $0 Tier 2: $3 Tier 3: $20 Tier 4: $45 after deductible Tier 5: $80 after deductible Tier 6: 50% coinsurance after deductible up to max. out-of-pocket
Out-of-network services				
Deductible: Single/Family	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available	No out-of-network benefits available
Coinsurance				
Max. out-of-pocket: Single/Family				

Geisinger Marketplace Plans: Silver

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

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

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

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

Financial help is not available to members with these plans.

Questions?
Call 800-918-5154.

Geisinger Marketplace Plans: Silver (continued)

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

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

Geisinger Marketplace Plans: Expanded Bronze

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

	Ex Bronze	Ex Bronze	Ex Bronze	Ex Bronze	Ex Bronze
	Geisinger Marketplace All-Access HMO 40/80/8400	Geisinger Marketplace All-Access PPO 40/80/8400	Geisinger Marketplace Premier HMO 40/80/8400	Geisinger Marketplace All-Access QHDHP PPO 7100	Geisinger Marketplace All-Access HMO Pharmacy First 8500
In-network services					
PCP copay	$40	$40	$40	0% after deductible	0% after deductible
Specialist copay	$80	$80	$80	0% after deductible	0% after deductible
Deductible: Single/Family	$8,400/$16,800	$8,400/$16,800	$8,400/$16,800	$7,100/$14,200	$8,500/$17,000
Max. out-of-pocket: Single/Family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$7,100/$14,200	$8,750/$17,500
Coinsurance	0%	0%	0%	0%	0%
Inpatient services	0% after deductible				
Outpatient services	0% after deductible				
Emergency room	0% after deductible				
Prescription drug	Deductible is combined with medical deductible. Tier 1: $0 Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: $0 Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: $0 Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: $0 Tier 2–6: 0% after deductible	Deductible is combined with medical deductible. Tier 1: $0 Tier 2: $10 Tier 3: $25 Tier 4–5: 50% coinsurance up to max. out-of-pocket Tier 6: 0% after deductible
Out-of-network services					
Deductible: Single/Family	No out-of-network benefits available	$10,000/$20,000	No out-of-network benefits available	$15,000/$30,000	No out-of-network benefits available
Coinsurance		40%		40%	
Max. out-of-pocket: Single/Family		$15,000/$30,000		$15,000/$30,000	

Geisinger Marketplace Plans: Catastrophic

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

	Catastrophic
	Geisinger Marketplace All-Access Value[1] (Only available to people under the age of 30)
In-network services	
PCP copay	0% after deductible Note: 3 PCP visits covered before deductible applies
Specialist copay	0% after deductible
Deductible: Single/Family	$10,600/$21,200
Max. out-of-pocket: Single/Family	$10,600/$21,200
Coinsurance	0%
Inpatient services	0% after deductible
Outpatient services	0% after deductible
Emergency room	0% after deductible
Prescription drug	Deductible is combined with medical deductible. Tier 1: $0 Tier 2–6: 0% after deductible
Out-of-network services	
Deductible: Single/Family	$15,000/ $30,000
Coinsurance	40%
Max. out-of-pocket: Single/Family	$15,000/ $30,000

Questions?
Call 800-918-5154.

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

Access and network

Find a location online

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

Geisinger Extra sites

How to find your provider online:

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

Participating hospitals

All-Access and Premier networks

How to find your provider online:

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



Discrimination is against the law

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

Geisinger Health Plan:

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

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

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

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

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

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

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

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

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 פראָווויידער.

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:

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This brochure is not a contract or policy and is intended as an easy-to-read summary only. Specific benefits, limitations, exclusions and terms are set forth in your benefit documents.

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

This benefits guide is intended as an information source and does not constitute a coverage document. The Subscription Certificate/Policy is controlling as to any issues of benefits coverage, limitations and exclusions. This managed care plan may not cover all your healthcare expenses. Read your Subscription Certificate/Policy carefully to determine which healthcare services are covered. For more information, contact the customer service team at the number on the back of your member ID card.

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