

Broker webinar: ACA benefit updates

Geisinger

November 2023

Thanks for joining our webinar!

Housekeeping

- Welcome
- This meeting will be recorded and shared
- All participants will be muted
- Submit questions through the chat, or directly to slkreller@thehealthplan.com



Welcome and introductions

Stacy Kreller

Director of Client Services

Today's presenters



Tom Chuba
Senior Director of
New Business Sales

**Heather
Smith**
Manager of
Individual Sales

**Charles N.
Gambo**
Manager of Small
Group Sales



John Columbo
Manager of
Client Services

Agenda

- ACA updates
- Small group retention updates
- Individual Marketplace sales updates

2024 Small Group Highlights

ACA and
Geisinger Funded Alternative (GFA)

Geisinger

C. Nicholas Gambo
Manager of Small New
Business Development

Small group plans

2 – 50 total employees

ACA

- Broker handbook now on broker portal
- Groups can offer up to 3 plan designs*
- First Health Network up to 40% out-of-area employees*
- Mail-order 1x copay for 90-day supply
- Retail 2x copay for 90-day supply
- 2 employees – no participation requirements
- HMO – average 3.5% decrease
- PPO – average 1.5% decrease

GFA

- Streamlined quoting process
- Medical apps not needed for groups 10+
- Implementation credits available for groups 10+
- Negotiable rates
- Plan designs mimic 51+ fully-insured plans
- Tiered rates
- Reporting
- Groups can elect three plans and 40% OOA allowed
- Mail-order 2x copay for 90-day supply
- 75% participation with no more than 25% from active waivers

*Available on ACA and GFA plans

ACA explained

New groups 5 – 199 enrolled

Highlights

- HMO, PPO and QHDHP – no referral
- All Access, Choice, Premier networks
- “Extra” copay built into HMO plans
- Looks and acts like fully-insured
- Level premium
- Stop-loss \$30K spec
- TLR returned when the group renews
- Healthy Rewards & Wellness programs available
- Admin fee credits sunsetting 1/1/24

The GFA/ACA differences

- Rates based on the specific group
- 5 tier rating
- Reporting = Predictability
- Extensive deductible range
- Lower copays
- Experience credit

All benefits follow fully-insured benefit changes.

GFA new business checklist

GEISINGER HEALTH PLAN



Geisinger

New business quote checklist for brokers

Geisinger Funding Alternative (GFA)

As your plan's administrator, Geisinger Health Plan (GHP) constantly explores new ways to offer the best possible services. Please see the checklist of required items below for GFA plans. Contact us with questions at 800-554-4907 or GHPBrokerQuotes@thehealthplan.com.

Groups with 5-9 enrolled subscribers

Requirements for illustrative quotes:

- Member level census:
 - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
 - Effective 10/1/21 the First Health Network will be available to groups with 5 or more subscribers enrolled. Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage
- [Employer group application](#)
 - Regarding Section 4 only: Since medical disclosure forms are required for groups with 5 to 9 enrolled, the only parts of Section 4 you will need to complete are the answers to the three yes/no questions at the end of the section (20, 21 and 22).
- [Group size certification form](#)
- [Medical disclosure forms](#) are required for groups with 5 to 9 enrolled.



Embedded links allow you to pull the latest versions of our forms.

- We will also accept a [supplemental form](#) with a competitor's application.
 - Claims data required if the group is currently self-funded
 - 2 consecutive years of claims data or aggregate report (if group has only been in level funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
 - Corresponding subscriber and member months
 - High claimant report over \$25,000 to match claims data time period or specific report
 - Renewal benefits
 - Current rates on carrier letterhead
 - Renewal rates on carrier letterhead - if premium increase is listed on the renewal rates, current rates are not required.
 - [Quote request form](#) (optional)
- Requirements for final quotes:
- All information requested for illustrative quotes
 - All requirements to finalize underwriting are met
 - Final member census
 - 2 consecutive years of benefit design for self-funded new business
 - Other requirements as requested by underwriting

Groups with 10-99 enrolled subscribers

Requirements for illustrative quotes:

- Member level census:
 - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
 - Out-of-area subscribers cannot exceed 30% of the total subscribers electing coverage.
 - [Employer group application](#)
 - [Group size certification form](#)
 - Claims data required if the group is currently self-funded
 - 2 consecutive years of claims data or aggregate report (if group has only been in level funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
 - Corresponding subscriber and member months
 - High claimant report over \$25,000 to match claims data time period or specific report
 - Current benefits
 - Current rates on carrier letterhead
 - Renewal benefits
 - Renewal rates on carrier letterhead
 - [Quote request form](#) (optional)
- Requirements for final quotes:
- All information requested for illustrative quotes
 - All requirements to finalize underwriting are met
 - Final member census
 - Other requirements as requested by underwriting

Groups with 100 - 199 enrolled subscribers

Requirements for illustrative quotes:

- Member level census:
 - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
 - Out-of-area subscribers cannot exceed 30% of the total subscribers electing coverage
- [Employer group application](#)

- Claims data required for all groups
 - 2 consecutive years of claims data or aggregate report (if group is self-funded)
 - Corresponding subscriber and member months
 - High claimant report over \$25,000 to match claims data time period or specific report
 - Current benefits
 - Current rates on carrier letterhead
 - Renewal benefits
 - Renewal rates on carrier letterhead
 - [Quote request form](#) (optional)

Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
- Final member census
- Other requirements as requested by underwriting

All groups

Final underwriting requirements for implementation

- Signed proposal and final benefits
- [Auto debit form](#)
- [Super user form](#)
- [Broker of record form](#)
 - Valid [waiver form](#) to meet 75% requirement

Experience credit options

- 50% experience credit option - Geisinger Indemnity Insurance Company (GIIC) retains 50% of the experience credit as deferred administrative fee. Experience credit is returned upon renewal in a Geisinger product.

Quote assumptions

- A minimum of 5 covered employees is required to maintain the GFA plan.
- A maximum of 199 covered employees in order to be offered the GFA plan.
- A minimum participation of 75% of all eligible employees is required. Exceptions may be made for valid waivers that make up no more than 25% of the participation requirement
- Employer contributions must be at least 50% of the total premium or 75% of the employee-only premium applied to each tier.
- Only full-time W-2 employees working 20 hours or more per week are eligible for coverage.
- Retirees and their dependents are excluded from coverage under the stop loss policy
- COBRA enrollment cannot exceed 20% of the total number of policy holders.
- Mini-COBRA enrollment cannot exceed 20% of the total number of policy holders for groups with less than 20 employees.
- The number of out-of-area subscribers cannot exceed more than 30% of the total enrolled subscribers.
- The proposal will outline all quote assumptions and requirement.

Important dates

- Expect at least 5 business days for the quoting process once all information is received. Quote times may vary based on volume of quotes.
- Expect 3 to 5 business days for final quote once all information is received.
- To ensure member ID cards reach the member by the effective date, signed proposal and application for stop-loss insurance binder must be received by Geisinger by the 10th of the month before the effective date.

Recalculation of premium rates

- Any inaccuracy in the data provided for the quote or any material change in the plan design or census before or on the effective date will necessitate recalculation of the rates and factors.
- If a large claim(s) (non-recurring and/or ongoing) become known and the initial date of service is before the date of written acceptance by GIIC, then GIIC reserves the right to recalculate the proposed rates.
- Review of additional requested information may cause the rates to change or this quote to be withdrawn.
- Coverage, terms and pricing are subject to change if any changes in final benefits occur as compared to those used in underwriting or if a change in risk occurs. Risk changes include but are not limited to: plan changes, an addition or deletion of a location or acquisition, provider network changes, or changes to the group's census and/or monthly enrollment changes now or at any time during the coverage period by +/- 15% as compared to the final census used for the final proposal.

GFA scenarios for quoting 2–50 groups

Employer group application, group size certification and electronic census required for all*

5–9 enrolled (2–50 SG)

- Prelim rates require current and renewal benefits and pricing
- Medical disclosures required for final rates

10–50 enrolled, currently in ACA

- Current and renewal benefits and rates
- Medical disclosures not required

10–50 enrolled, grandmothered

- Current and renewal benefits and rates
- Medical disclosures not required

10–50 enrolled, currently level-funded

- Current and renewal benefits and rates
- Up to two years claims reporting including high claimant report & agg report
- Medical disclosures not required

*Illustrative rates provided with just a census in the following counties: Cambria, Blair, Bedford, Huntingdon, Perry, Cumberland, Dauphin, Adams, York, Lancaster, Lebanon, Schuylkill, Berks, Lehigh, Northampton

GFA process & expected timeline

- Complete quote request submission sent through broker portal or by emailing ghpbrokerquotes@thehealthplan.com
- Underwriting: 2–5 business days
- Illustrative proposal released and sent to broker
- Submit final census and chosen plan design(s)
- Underwriting releases final proposal, usually within 24 hrs.
 - Final proposal includes all paperwork for implementation
 - **New:** Waivers are not needed before releasing final proposal
- Group reviews and signs off on all final documents
 - Submits enrollment via proprietary enrollment spreadsheet
- Group number issued and implementation of group: 2–3 days
- Welcome email sent to broker with member ID report
- Geisinger account executive sends legal documents to broker for signature

2024 ACA changes

- **New plans**
 - No new plans
- **Retired plans**
 - No retired plans
- **Service area changes**
 - Bedford county has been added
 - HMO and PPO All-Access PAS001 is now PAS009 for HMO All-Access and PAS005 for PPO All-Access
 - Extra PPO PAS002 is now Extra PPO PAS006
 - Choices PPO PAS003, PAS004, and PAS005 is now PAS007, PAS008 and PAS009
 - Premier HMO PAS002, PAS003, and PAS004 is now PAS010, PAS011 and PAS012

Note: Even though the service area numbering has changed, the counties in the service areas remain the same.

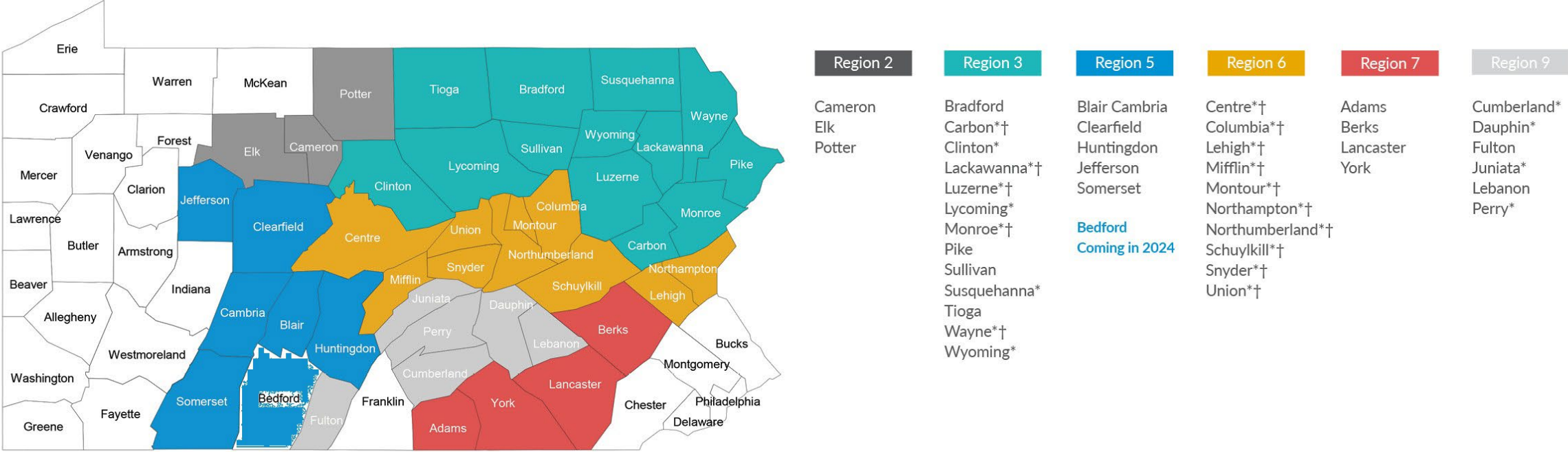
- **Healthy Rewards**
 - All small group plans are eligible for the Healthy Rewards Fitness Reimbursement Program

Service area

Geisinger

GHP Service area: small group >51

The following Pennsylvania counties are included in our service area for ACA-compliant small group plans (1 to 50 employees):



* PPO Extra plans are only available in these specific counties within our service area. † Premier HMO and Choices plans are available in these specific counties within our service area.

Networks

All Access

- Broadest network
- Geisinger locations + Philly, Lehigh Valley, Hershey and other big-name hospitals
- Continued access to Geisinger facilities and a robust statewide and national network
- Extra plans use this network



Choices

- 2 tiers of providers
- Tier 1: Geisinger, Hershey, Johns Hopkins, more
- Tier: All-Access network
- Lower cost-sharing for Tier 1 doctors

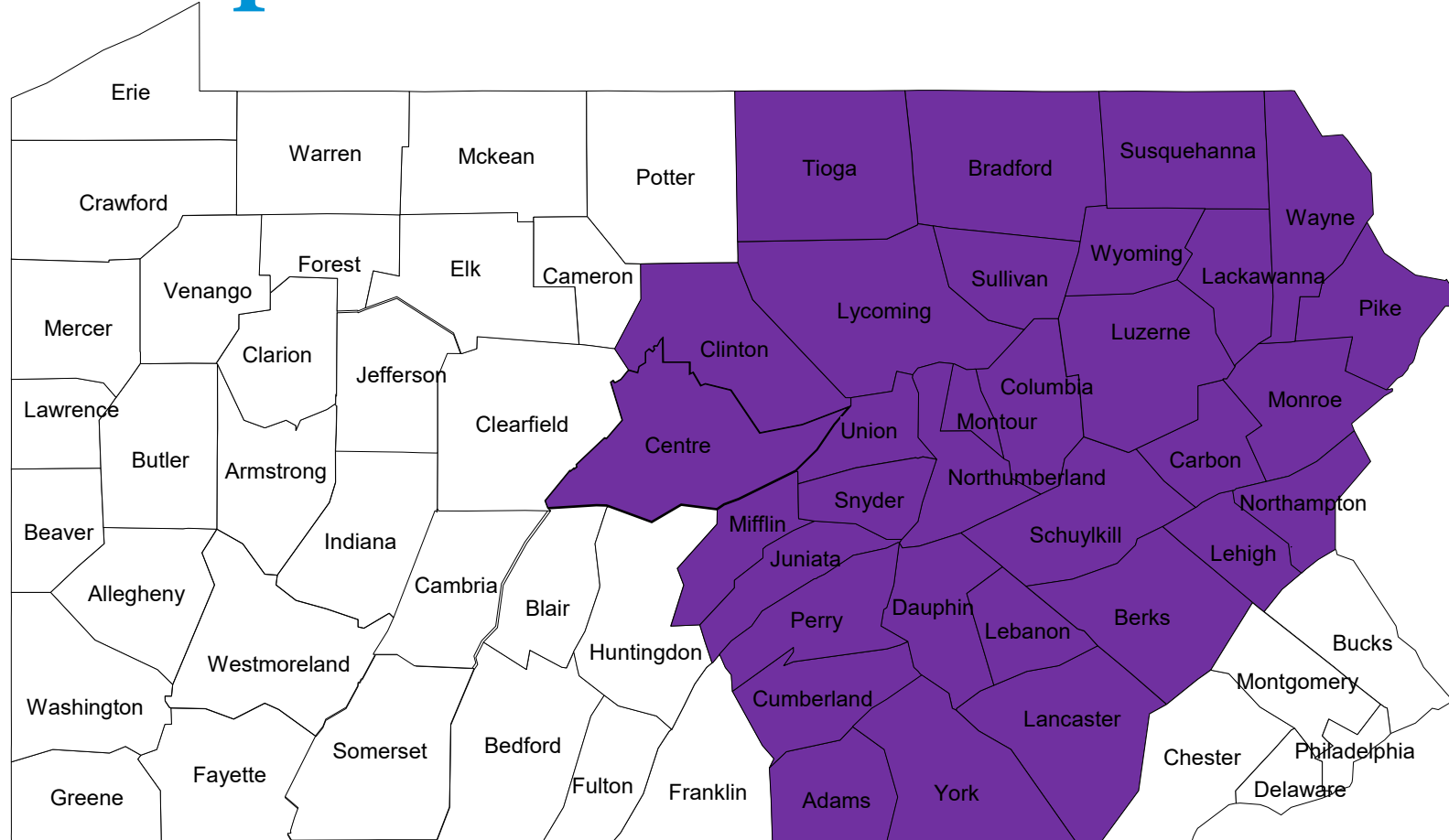


Premier

- Mainly Geisinger locations
- St. Luke's, Hershey Johns Hopkins

2024 service areas

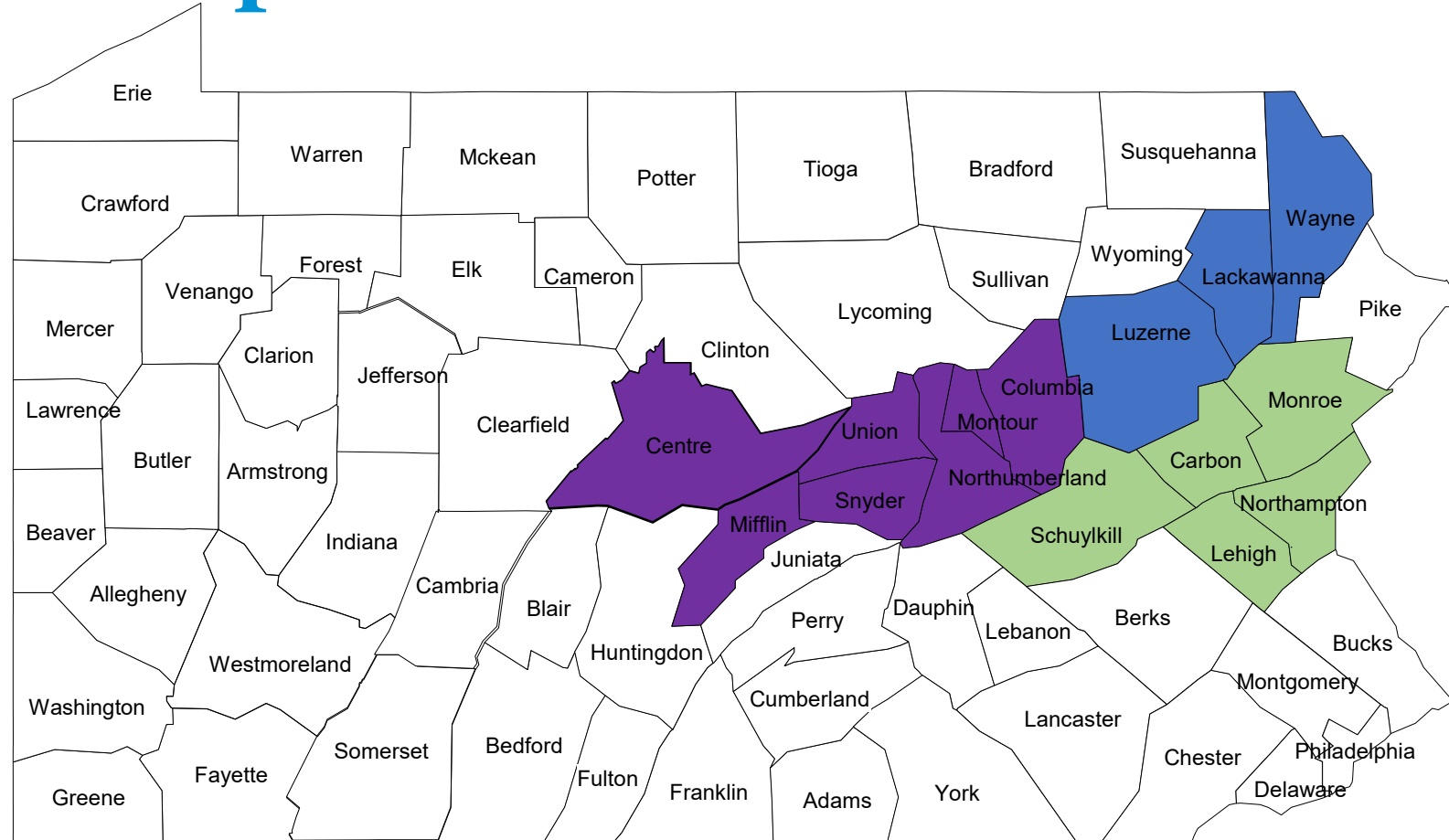
Small Group Extra PPO



■ PAS006

2024 service areas

Small Group Premier HMO



- PAS010
- PAS011
- PAS012

Benefit cost-sharing changes

Benefit cost-sharing changes (existing plans for 2024)

Additions/changes to all plans

- **(New)** Mental health/substance abuse urgent care services – \$0
- Home healthcare services (60 visits per year) → (60 visits per year – **visit limits do not apply to mental health/substance use disorder benefits**)
- Durable medical equipment → Durable medical equipment (**cost-sharing does not apply to mental health/substance use disorder diagnosis**)
 - QHDHP plans: Durable medical equipment (**coinsurance does not apply to mental health/substance use disorder diagnosis**)
- Tier 1 Preferred Generic Drugs → Tier 2 Preferred Generic Drugs
- Tier 2 Non-Preferred Generic Drugs → Tier 3 Non-Preferred Generic Drugs
- Tier 3 Preferred Brand Drugs → Tier 4 Preferred Brand Drugs
- Tier 4 Non-Preferred Brand Drugs → Tier 5 Non-Preferred Brand Drugs
- Tier 5 Specialty Drugs → Tier 6 Specialty Drugs
- Tier 6 \$0 Rx → Tier 1 \$0 Rx

Benefit cost-sharing changes (existing plans for 2024)

Small Group (HMO)

- Geisinger Small Group ACA All-Access HMO 15/30/400 (Platinum)
 - No changes
- Geisinger Small Group ACA All-Access HMO 10/20/0 (Platinum)
 - Outpatient Facility Fee (e.g., Ambulatory Surgery Center): \$100 copay after deductible → \$150
- Geisinger Small Group ACA HMO 20/35/450 (Platinum)
 - No changes
- Geisinger Small Group ACA HMO 20/40/500 (Gold)
 - No changes
- Geisinger Small Group ACA HMO 20/40/1000 (Gold)
 - No changes
- Geisinger Small Group ACA HMO 20/40/1500 (Gold)
 - No changes
- Geisinger Small Group ACA All-Access HMO 20/40/3200 (Gold)
 - No changes

Benefit cost-sharing changes (existing plans for 2024)

- Geisinger Small Group ACA All-Access 25/50/2000 (Gold)
 - No changes
- Geisinger Small Group ACA All-Access 30/60/3500 (Gold)
 - Chiropractic care (20 visits per benefit period): \$25 → \$30
- Geisinger Small Group ACA All-Access 30/60/5800 (Silver)
 - No Changes
- Geisinger Small Group ACA All-Access HMO 45/75/5000 (Silver)
 - Laboratory Outpatient: \$45 → 0% coinsurance after deductible
- Geisinger Small Group ACA All-Access QHDHP POS 7050 (Expanded Bronze)
 - Name change: Geisinger Small Group ACA All-Access QHDHP POS 6850 → Geisinger Small Group ACA All-Access QHDHP POS 7050
 - MOOP: \$6,850/\$13,700 → \$7,050/\$14,100
 - Medical EHB deductible (embedded): \$6,850/\$13,700 → \$7,050/\$14,100
 - Combined medical and drug EHB deductible: \$6,850/\$13,700 → \$7,050/\$14,100

Benefit cost-sharing changes (existing plans for 2024)

- Geisinger Premier HMO 10/20/0 (Platinum)
 - Outpatient Facility Fee (e.g. Ambulatory Surgery Center): \$100 copay after deductible → \$150
 - Imaging (CT/PET Scans, MRIs): \$75 copay after deductible → \$100 copay after deductible
- Geisinger Premier HMO 20/40/1000 (Gold)
 - No changes
- Geisinger Premier HMO 25/50/2000 (Gold)
 - No changes
- Geisinger Premier HMO 25/50/3300 (Gold)
 - No changes
- Geisinger Premier HMO 35/70/4300 (Silver)
 - No changes

Benefit cost-sharing changes (existing plans for 2024)

Small Group (PPO)

- Geisinger All-Access Extra PPO 10/40/0 (Platinum)
 - MOOP: \$1,850/\$3,700 → \$2,500/\$5,000
 - Outpatient Facility Fee (e.g. Ambulatory Surgery Center) \$100 copay after deductible → \$125
- Geisinger All-Access Extra PPO 10/40/250 (Platinum)
 - No changes
- Geisinger All-Access Extra PPO 10/60/500 (Gold)
 - No changes
- Geisinger All-Access Extra PPO 10/60/1000 (Gold)
 - No changes
- Geisinger All-Access Extra PPO 10/60/2000 (Gold)
 - No changes
- Geisinger All-Access Extra PPO 20/60/3500 (Gold)
 - No changes
- Geisinger All-Access Extra PPO 20/60/4300 (Silver)
 - No changes

Benefit cost-sharing changes (existing plans for 2024)

- Geisinger All-Access PPO 10/20/0 (Platinum)
 - Outpatient Facility Fee (e.g., Ambulatory Surgery Center): \$100 copay after deductible → \$150
- Geisinger All-Access PPO 15/30/250 (Platinum)
 - No changes
- Geisinger All-Access PPO 20/40/500 (Gold)
 - No changes
- Geisinger All-Access PPO 20/40/1000 (Gold)
 - No changes
- Geisinger All-Access PPO 20/40/1500 (Gold)
 - No changes
- Geisinger All-Access PPO 25/50/2000 (Gold)
 - No changes
- Geisinger All-Access PPO 25/50/2000 1xded (Gold)
 - No changes
- Geisinger All-Access PPO 25/50/4500 1xded (Gold)
 - No changes

Benefit cost-sharing changes (existing plans for 2024)

- Geisinger All-Access PPO 25/50/3300 (Gold)
 - No changes
- Geisinger All-Access PPO 30/60/3500 (Gold)
 - No changes
- Geisinger All-Access PPO 30/60/6000 (Silver)
 - No changes
- Geisinger All-Access PPO 35/70/4300 (Silver)
 - No changes
- Geisinger All-Access PPO 40/90/8400 (Expanded Bronze)
 - MOOP: \$8,400/\$16,800 → \$9,000/\$18,000
- Geisinger All-Access QHDHP PPO 3000 (Gold)
 - No changes
- Geisinger All-Access QHDHP PPO 5100 (Silver)
 - Name change: Geisinger All-Access QHDHP PPO 4800 → Geisinger All-Access QHDHP PPO 5100
 - MOOP: \$4,800/\$9,600 → \$5,100/\$10,200
 - Medical EHB deductible (embedded): \$4,800/\$9,600 → \$5,100/\$10,200
 - Combined medical and drug EHB deductible: \$4,800/\$9,600 → \$5,100/\$10,200

Benefit cost-sharing changes (existing plans for 2024)

- Geisinger All-Access QHDHP PPO 7050 (Expanded Bronze)
 - Name change: Geisinger All-Access QHDHP PPO 6850 → Geisinger All-Access QHDHP PPO 7050
 - MOOP: \$6,850/\$13,700 → \$7,050/\$14,100
 - Medical EHB deductible (embedded): \$6,850/\$13,700 → \$7,050/\$14,100
 - Combined medical and drug EHB deductible: \$6,850/\$13,700 → \$7,050/\$14,100
- Geisinger Choices PPO 10/20/0 (Platinum)
 - Chiropractic care: \$20 → \$10
- Geisinger Choices PPO 20/40/0 (Gold)
 - Outpatient Facility Fee (e.g. Ambulatory Surgery Center): \$200 copay after deductible → \$250
 - Emergency room services: \$200 → \$250
 - Gender affirming care: \$200 per stay after deductible → \$250 per stay
- Geisinger Choices PPO 30/50/0 Copay Based (Gold)
 - Name change: Geisinger Choices PPO 20/40/0 Copay Based → Geisinger Choices PPO 30/50/0 Copay Based
 - MOOP: \$9,100/\$18,200 → \$9,450/\$18,900
 - Primary care visit to treat an injury or illness: Tier 1 - \$20 → \$30; Tier 2 - \$40 → \$60
 - Specialist office visit: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
 - Other practitioner office visit (Nurse, Physician Assistant): Tier 1 - \$20 → \$30; Tier 2 - \$40 → \$60
 - Outpatient facility fee (e.g. Ambulatory surgery center): Tier 1 - \$250 → \$350; Tier 2 - \$500 → \$700
 - Hospice services: Residential \$40 per visit → \$50 per visit

Benefit cost-sharing changes (existing plans for 2024)

- Infertility Treatment (Note exclusions): Tier 1 - \$300 → \$350; Tier 2 - \$600 → \$700
- Inpatient hospital services (e.g. hospital stay): Tier 1 - \$300 per stay → \$350 per stay; Tier 2 - \$600 per stay → \$700 per stay
- Urgent care centers or facilities: \$20 → \$30
- Emergency room services: \$200 → \$300
- Skilled nursing facility (120 days per year): Tier 1 - \$500 per admit → \$550 per admit; Tier 2 - \$1,000 per admit → \$1,100 per admit
- Mental/behavioral health inpatient services and substance abuse disorder inpatient services: \$300 per stay → \$350 per stay
- Outpatient rehabilitation services and habilitation services: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
- Outpatient cardiac rehabilitation services (36 visits per benefit period) and Outpatient pulmonary rehab/respiratory rehab services (36 visits per benefit period): Tier 2 - \$80 → \$100
- Habilitation services, Habilitative speech therapy, and Habilitative occupational and physical therapy: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
- Chiropractic care: Tier 1 - \$20 → \$30
- Rehabilitative speech therapy, Rehabilitative occupational and Rehabilitative physical therapy: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
- Imaging (CT/PET scans, MRIs): Tier 1 - \$300 → \$350; Tier 2 - \$600 → \$700
- Routine eye exam for children: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100

Benefit cost-sharing changes (existing plans for 2024)

- Laboratory outpatient: Tier 1 - \$40 → \$0; Tier 2 - \$80 → \$0
 - X-rays: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
 - Transplant: Tier 1 - \$300 per stay → \$350 per stay; Tier 2 - \$600 per stay → \$700 per stay
 - Nutritional counseling: Tier 1 - \$40 → \$50; Tier 2 - \$80 → \$100
 - Reconstructive surgery: Tier 1 - \$300 per stay → \$350 per stay; Tier 2 - \$600 per stay → \$700 per stay
 - Telehealth PCP services: Tier 2 - \$40 → \$60
 - Telehealth specialist services: Tier 2 - \$80 → \$100
 - Gender affirming care: Tier 1 - \$300 per stay → \$350 per stay; Tier 2 - \$600 per stay → \$700 per stay
- Geisinger Choices PPO 20/40/1000 (Gold)
 - No changes
- Geisinger Choices PPO 20/40/2000 (Gold)
 - No changes
- Geisinger Choices PPO 20/40/4000 (Silver)
 - No changes

Small group retention updates

Geisinger

John Columbo
Manager of Small
Group Client Services

Geisinger small group renewals

Small group renewals or loaded to the BP within 60 days of the renewal

Date of load always falls on the last week of the month

Groups are still mailed their renewals within 60 days of the renewal

Geisinger small group renewal process

KYP

- Rates are based on medical underwriting
- Renewal must stay in KYP unless the group wants to permanently leave the product
 - HMO and PPO must stay within same product line if staying in KYP
- Renewal paperwork sent to you for review 60 days prior
 - Discuss any potential changes with your account executive
 - Return signed CSA to our account executive if you are **making a change** — otherwise, your plan will auto-renew
 - Summary of Benefits is available in the broker portal with renewal

Geisinger small group renewal process

GFA

- Rates based on medical underwriting
- Must be set up for ACH automatic withdrawals
 - Any financial changes must be communicated promptly with GHP to maintain no breaks in coverage
 - **Important:** If a group on GFA is termed for non-payment, the group cannot be reinstated. They may then be quoted ACA for the next effective date.
- GFA renewals must be signed and submitted by 10th of the month before the renewal date
 - **Important:** if a renewal is not signed, we will stop payment and pend claims and the group will not be renewed.

Geisinger small group renewal process

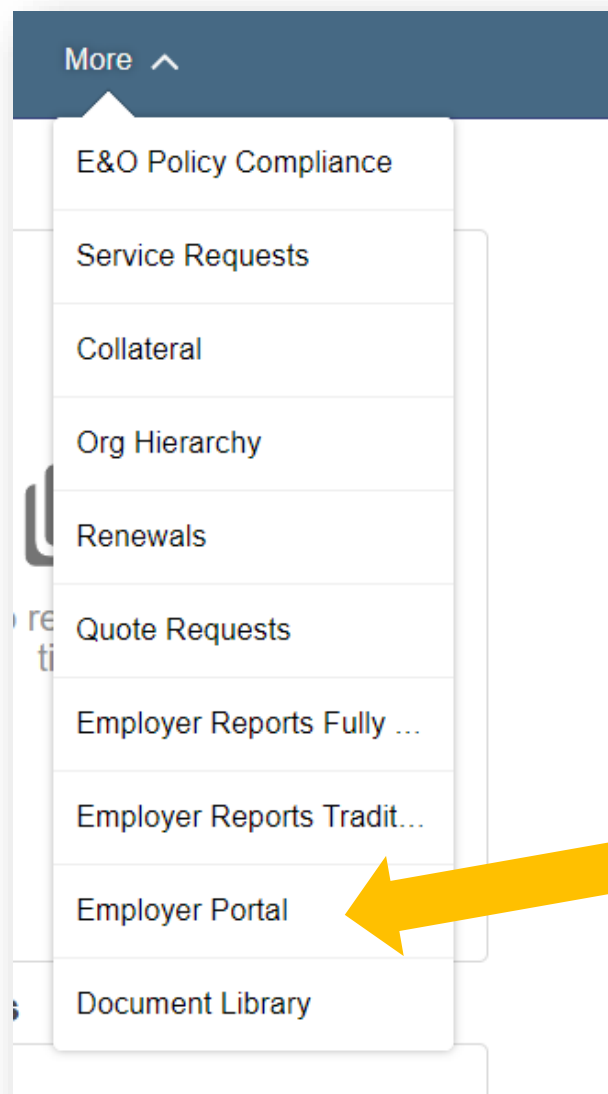
GFA

- Renewal paperwork loaded in the BP for review 60 days prior
 - Discuss any potential changes with the assigned account executive and submit requests before the 10th of the month
 - Return signed proposal to the assigned account executive
 - Summary of Benefits is available through the broker portal

BP to EP in seconds

- You can access the employer portal from the broker portal
- See also:
 - Renewals
 - Document library
 - Collateral
- Need access?

brokerhelp@thehealthplan.com



Employer portal 101

- Avoid creating duplicate cases by managing the ones already created

Geisinger

Home Plan Administration Invoice and Payments

Open Enrollment Requests -

Subscriber Search **Open Enrollment Requests** Close

1	00013556	ID Card Request	New	11/02/2023, 01:23 PM
2	00013552	Enrollment	New	11/01/2023, 02:58 AM
3	00013551	Enrollment	New	10/31/2023, 10:33 AM

Employer portal 101

- Service request type
- Case number
- Time stamp
- Chatter function

Case 00013556

Service Request Type: ID Card Request

Subject: ID Card Request

Group Number: [Redacted]

Date/Time Opened: 11/2/2023 1:23 PM

Date/Time Closed: [Redacted]

Progress: New, Assigned, Review In Progress, Request Addition..., Escalated, Approved, Rejected, Completed

Details | Related

Information

Case Number: 00013556	Case Owner: [Redacted]
Account Name: [Redacted]	Status: New
Contact Name: [Redacted]	Service Request Type: ID Card Request
Event Type: [Redacted]	Effective Date: [Redacted]
Qualifying Event Type: [Redacted]	Priority: Medium
Case Reason: [Redacted]	Termination Date (Last Date Of Coverage): [Redacted]
Date/Time Opened: 11/2/2023 1:23 PM	Reason for Changing PCP: [Redacted]

Message Geisinger
The place where you can ask questions and get updates

Post: @[John Columbo] Hit

To this case: [Redacted]

Share

Employer portal 101

- Streamline communication with GHP by using the @mention feature
- @AE
- @Employer
- @Broker
- @Enrollment Rep



Document repository reminder

<https://www.geisinger.org/health-plan/broker-refresh/document-repository/commercial>

- Documents at your fingertips
- Can't find what you need?
Let us know!

< [Commercial benefit documents](#)

Materials

More materials Open All
(Updated 11/07/2023)

- + General documents
- + Sales tools
- + HRA and FSA materials
- + General
- + Access and Network
- + Benefits
- + Wellness
- + Communications
- + Materiales españoles

Can't find what
you're looking
for?



Request a document

Questions?

Geisinger

Individual market plans

Geisinger

Heather Smith
VP of Retail Markets



Our individual market manager

Daniel M. Schultz, MBA

- Following Craig Shively's transition, Dan accepted our offer and started in September 2023.
- Dan has been with Geisinger for ~17 years.
- Has an extensive background that includes Commercial and Medicare experience blended with an operational acumen.
- Local and willing to help!

Dan Schultz

Mobile: 570-592-5689

dmschultz@thehealthplan.com

Geisinger 2024 key changes/updates

✓ **Stability**

No new plans

✓ **Preservation**

No new retirements

✓ **Expansion**

Bedford County added

✓ **Rewards**

Geisinger Marketplace All-Access HMO 30/60/5000 Off Exchange Only and the Geisinger Marketplace All-Access PPO 30/50/5500 are eligible for the Healthy Rewards Fitness Reimbursement Program

Looking for more information?

geisinger.org/health-plan/plans/geisinger-marketplace

Learn about Geisinger Marketplace	We're here to help	All plans brochure	Geisinger Extra
<p>Get answers to frequently asked questions ></p> <p>Learn about individual or family health insurance ></p>	<p>New member? Learn how to pay your premium ></p> <p>Shop for health insurance ></p>	<p>Download the 2023 individual all plans brochure ></p> <p>Spanish version ></p>	<p>Download the Geisinger Extra flier ></p> <p>Spanish version ></p>

Insurance made for you

Finding the right health insurance plan is important. It can also be challenging. Learn the basics, find the plan that best suits your needs and pay your premium, all in one place.


Choosing Geisinger Health Plan

We offer the quality coverage and the exceptional value you want — in a variety of plans to meet your budget.

Geisinger Marketplace

[Contact us](#)

We've updated our [Terms & Conditions](#) and [Privacy Policy](#). By using this site, you agree to these terms. ✕



Let us help you find the right health plan

[Shop plans now](#)

We pay on all individual business

Broker commissions for 2024 individual marketplace sales

We're pleased to announce the 2024 commission structure for appointed brokers selling individual Geisinger marketplace plans. You must be appointed with Geisinger Commercial Individual to qualify for commissions.

New members

- Brokers will receive a payment of **\$20 per member per month (PMPM)** for members enrolling for the first time, and general agencies will receive **\$5 per member per month (PMPM)**.

Renewals/existing members

- A renewal commission of **\$10 per member per month (PMPM)** will be offered for members renewing for their second year or more, and general agencies will receive **\$5 per member per month (PMPM)**.

Effective May 1 - Dec. 1, 2024

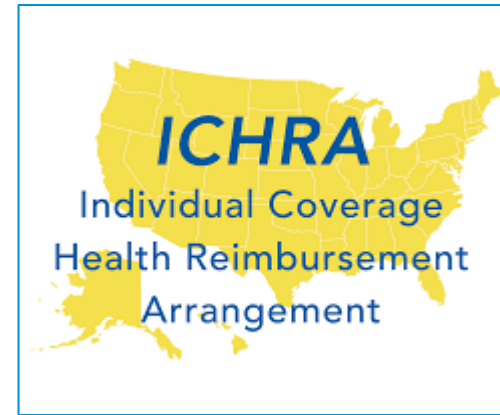
New members	Allowance
10-19	\$50 per member
20-29	\$75 per member
30-39	\$100 per member
40+	\$125 per member

One time per member marketing allowance.

Don't forget: You must be appointed with GHP Commercial Individual to sell our Individual Marketplace products!


Note: New individual business written between Jan. 1, 2016, and June 30, 2020, are not eligible for commissions. Individuals enrolled prior to Dec. 1, 2015, are paid according to the commission illustrated above. These payments are included in monthly premiums and are not an additional cost to members.

Questions? Contact your account service representative.



Take Command

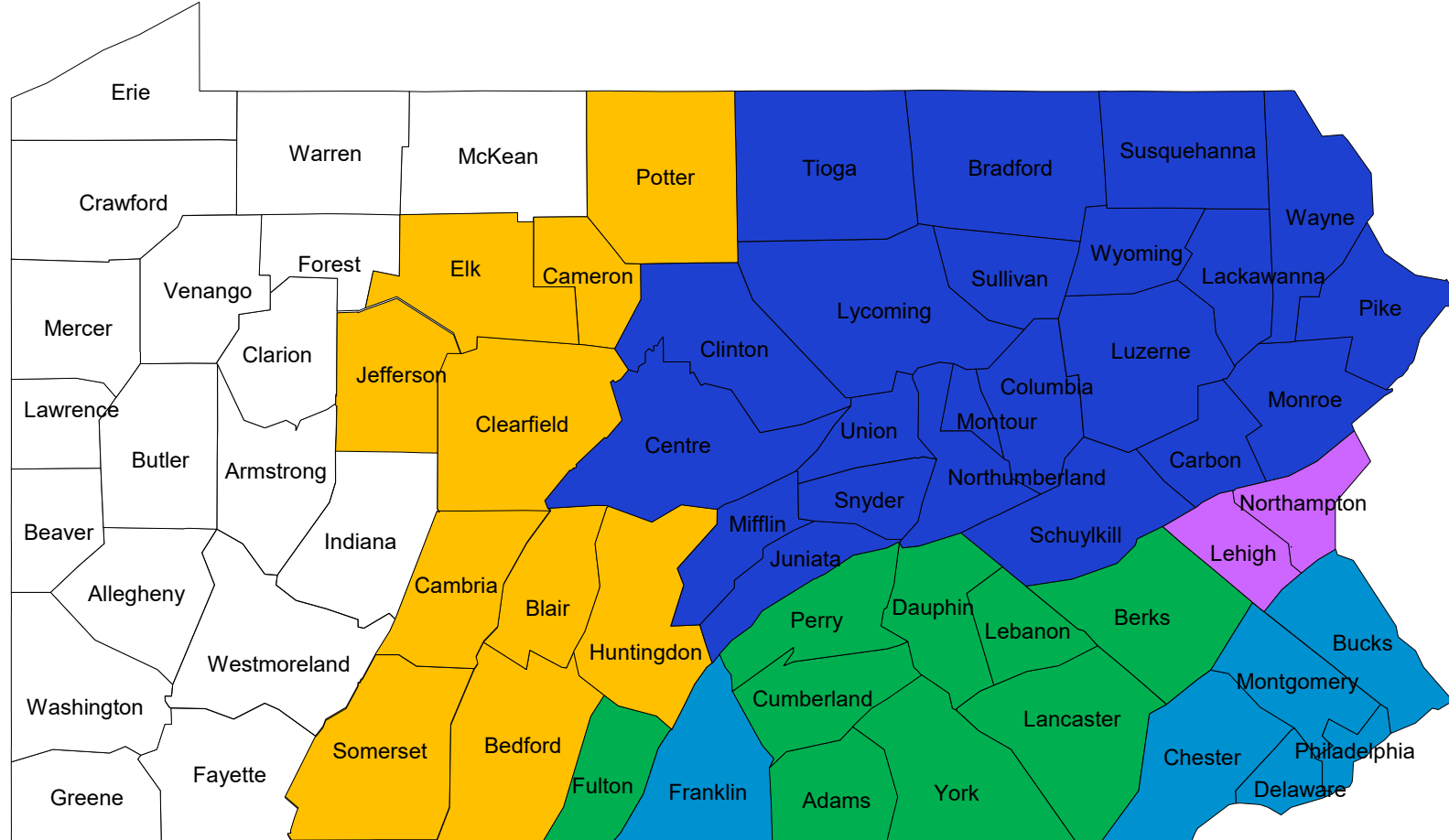
Why choose Geisinger for your clients?

- High-quality, local plans, with local representatives and local service
- Broker care team dedicated to **you**
- Overall CMS quality score for our plans 
- Easy-to-navigate web search tools
- More than 31,000 PCPs, 130 hospitals, 132 urgent care facilities and telemedicine services for one-stop virtual care



2024 Marketplace service areas

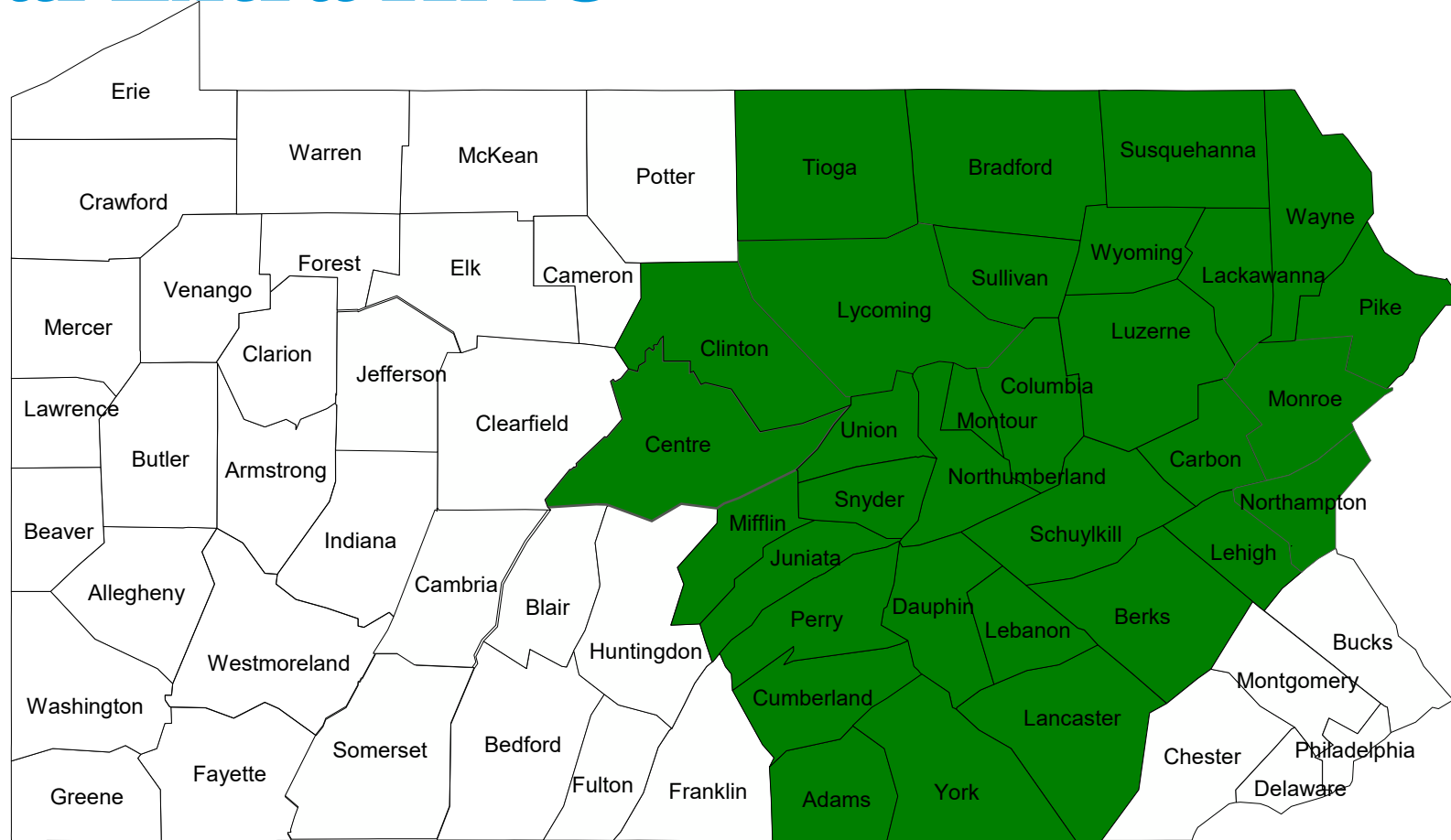
Individual All-Access HMO & PPO



- PAS001
- PAS002
- PAS003
- PAS004

2024 Marketplace service areas

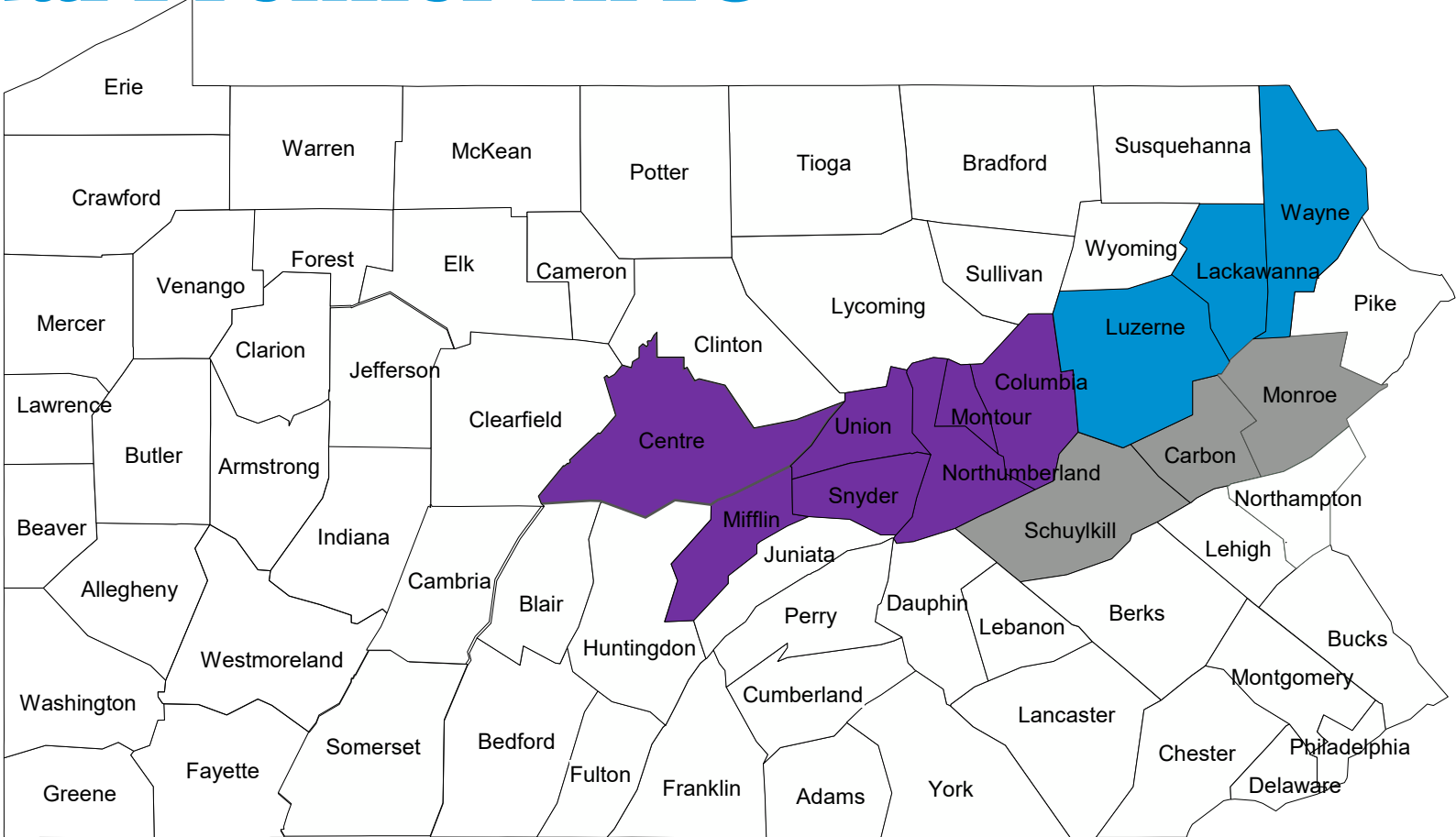
Individual Extra HMO



■ PAS005


2024 Marketplace service areas

Individual Premier HMO



- PAS006
- PAS007
- PAS008

Thank you

For questions about your enrollment call Geisinger Marketplace customer service – [866-379-4489](tel:866-379-4489) or the Geisinger Individual Sales office at [800-918-5154](tel:800-918-5154). For questions about your Pennie enrollment call [844-844-8040](tel:844-844-8040) to reach Pennie Customer Service or visit Pennie.com .

Geisinger

Pennie 2024 key changes/updates

- **Pennie's 30-day retroactive termination policy (effective Aug. 21, 2023)**

Customers can request a retroactive termination/cancelation of their plan up to 30 days if certain criteria has been met:

- The retroactive termination request is within the first 30 days of the month following the requested termination date
- The retroactive termination request is for the end of the previous month (i.e., retroactive termination request submitted on Aug. 8 for July 31)
- Customer attest to having recently enrolled in other coverage
- Customer does not have any pharmacy claims on their Pennie coverage as verified by the insurer
 - Customers must call Pennie customer service to request a retroactive termination
 - Pennie will determine if the customer satisfies the first 3 criteria before sending a retroactive termination ticket to the insurer to determine eligibility for the last criteria regarding pharmacy claims
 - Pennie will notify the customer of the outcome of their retroactive termination request

Pennie renewal plan mapping

- If a customer is currently enrolled in a Bronze plan **and** is CSR eligible:

Pennie will auto-renew the customer into a Silver plan

But **only** if the Silver plan's net premium after APTC is \$0

Note: This rule will apply even if the customer's current Bronze plan is available for auto-renewal

