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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GEISINGER HEALTH PLAN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 NORTH ACADEMY AVENUE MC 30-50

City or town, state or country, and ZIP + 4
DANVILLE, PA 17822

D Employer identification number
23-2311553

E Telephone number
(570) 271-6624

G Gross receipts $ 993,101,024

F Name and address of Principal Officer
GLENN D STEELE JR MD PHD
100 NORTH ACADEMY AVENUE MC 22-01
DANVILLE, PA 17822

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW GEISINGER ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1972

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O TO FURTHER THE GEISINGER HEALTH SYSTEM'S CHARITABLE MISSION BY ENHANCING THE VALUE AND THE QUALITY OF HEALTH TO THE COMMUNITY THROUGH INSURANCE PRODUCTS AND PROGRAMS THAT COORDINATE THE DELIVERY AND FINANCING OF HEALTH SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	52,963,968
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	789,627,280	821,754,302
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,337,684	5,855,010
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,479	160,226
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	802,086,443	827,769,538
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		50,600
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	748,410,707	782,404,411
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	748,410,707	782,455,011
19	Revenue less expenses Subtract line 18 from line 12	53,675,736	45,314,527

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	196,602,204	190,457,476
21	Total liabilities (Part X, line 26)	71,880,095	73,875,792
22	Net assets or fund balances Subtract line 21 from line 20	124,722,109	116,581,684

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer — Date: 2010-04-29

DAVID J FELICIO ESQUIRE CHIEF LEGAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? (See instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

SEE SCHEDULE O TO FURTHER THE GEISINGER HEALTH SYSTEM'S CHARITABLE MISSION BY ENHANCING THE VALUE AND THE QUALITY OF HEALTH TO THE COMMUNITY THROUGH INSURANCE PRODUCTS AND PROGRAMS THAT COORDINATE THE DELIVERY AND FINANCING OF HEALTH SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 773,474,480 including grants of $ 50,600) (Revenue $)

INSURANCE - SEE SCHEDULE O II GENERAL INFORMATION GHP IS A NONPROFIT ORGANIZATION THAT OPERATES A HEALTH MAINTENANCE ORGANIZATION (HMO) LOCATED IN DANVILLE, PENNSYLVANIA GHP PROVIDES PRE-PAID MANAGED HEALTH CARE TO ITS MEMBERS AND IS A COST-EFFECTIVE ALTERNATIVE TO TRADITIONAL INDEMNITY HEALTH INSURANCE FOUNDED IN 1972, INCORPORATED IN 1984 AND INITIALLY LICENSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 42 CONTIGUOUS COUNTIES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA IN ADDITION, GHP CONTRACTS WITH OVER 27,000 PROVIDERS AND 88 HOSPITALS GHP HAS BEEN RECOGNIZED AS ONE OF THE LARGEST RURAL HEALTH PLANS IN THE UNITED STATES AND HAS MAINTAINED THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMISSION FOR QUALITY ASSURANCE (NCQA) SINCE 1993 GHP WAS ALSO RANKED IN THE TOP 10 COMMERCIAL AND MEDICARE PLANS IN PENNSYLVANIA THE PLAN WAS RANKED 6 AMONG TRADITIONAL MANAGED HEALTH CARE PLANS AND 3 AMONG MEDICARE PLANS IN THE NATION BY THE 2009-10 U S NEWS & WORLD REPORT/NCQA AMERICA'S BEST HEALTH INSURANCE PLANS NEW FACILITIES AND MORE SERVICES BECAUSE GHP IS A NONPROFIT ORGANIZATION, REVENUES IN EXCESS OF THE COST OF THE HEALTH CARE PROVIDED TO MEMBERS ARE USED TO IMPROVE FACILITIES AND SERVICES, INCREASE BENEFITS AND PROVIDE AFFORDABLE RATES GHP TYPICALLY MAKES ANNUAL CONTRIBUTIONS TO THE FOUNDATION TO ENHANCE TEACHING, EDUCATION, AND RESEARCH PROJECTS THAT BENEFIT ALL PENNSYLVANIANS THESE CONTRIBUTIONS ARE USED TO FUND THE DEVELOPMENT OF NEW FACILITIES AND TO ADD MORE SERVICES TO OUR EXISTING HOSPITALS AND PHYSICIAN CLINICS THIS DIRECTLY SUPPORTS THE CHARITABLE MISSION OF THE FOUNDATION AND ITS CHARITABLE AFFILIATES BY MAKING IT POSSIBLE TO ENHANCE HEALTH CARE PROGRAMS AND SERVICES THROUGHOUT THE REGION WHILE IMPROVING THE AVAILABILITY OF CARE FOR PATIENTS IN OUR SERVICE AREA PROVIDING AFFORDABLE, HIGH QUALITY, COMPREHENSIVE HEALTH CARE AND BENEFITS INCREASES THE ACCESS OF CARE TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO AFFORD HEALTH CARE AND CONTRIBUTES TO THE QUALITY OF LIFE IN ALL THE COMMUNITIES WE SERVE GHP WORKS WITH GEISINGER HEALTH SYSTEM TO IMPROVE HEALTH CARE DELIVERY FOR ALL GHP PROVIDES COMPREHENSIVE HEALTH CARE SERVICES ON A PREPAID BASIS THROUGH AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, WHICH PROVIDES HEALTH CARE TO THE COMMUNITY AS A WHOLE AS PART OF AN INTEGRATED HEALTH SYSTEM, GHP IS ABLE TO CHANNEL EXPERIENCE, KNOWLEDGE AND FUNDS TO PURSUE UNIQUE PROJECTS WITH THE GEISINGER HEALTH SYSTEM NO OTHER ORGANIZATION IN THIS REGION HAS BOTH PROVIDER AND PAYER JOINED TOGETHER TO CREATE SYNERGIES THAT IMPROVE THE HEALTH OF THE COMMUNITIES THAT WE SERVE GEISINGER PROVENHEALTH NAVIGATOR AND GEISINGER HEALTH PLAN HEALTH NAVIGATOR SM HEALTH NAVIGATOR IS A PARTNERSHIP BETWEEN PATIENTS, PRIMARY CARE PROVIDERS AND GHP TO IMPROVE MEMBERS' HEALTH ALSO KNOWN AS A "MEDICAL HOME," GHP PROVIDES A CASE MANAGER WHO WORKS CLOSELY WITH THE MEMBER'S HEALTH-CARE PROVIDERS, THE MEMBER AND THEIR FAMILY BY COORDINATING CARE WITH HOSPITAL, SPECIALISTS, PHARMACISTS AND SKILLED NURSING FACILITIES THE MODEL GEISINGER HEALTH SYSTEM EMPLOYS BLENDS ASPECTS OF A CHRONIC CARE MODEL, A MEDICAL HOME MODEL AND A PATIENT-CENTERED PRIMARY CARE MODEL ADDITIONAL FUNCTIONAL COMPONENTS ARE INCLUDED, CREATING A NEW HEALTH CARE DELIVERY VEHICLE HEALTH NAVIGATOR ACTING AS THE FIRST-LINE CAREGIVER AND GUIDE, NURSE CASE MANAGERS HELP PATIENTS NAVIGATE THE HEALTH-CARE SYSTEM THE KEY STRATEGY OF HEALTH NAVIGATOR IS TO OFFER PATIENTS ACCESS TO A CASE MANAGER 24 HOURS A DAY, 7 DAYS A WEEK THE PRIMARY CARE PRACTICE TEAM AND GHP, WORKING WITH THE PATIENT AT THE CENTER OF THE SYSTEM,ACCEPT RESPONSIBILITY TO OPTIMIZE HEALTH STATUS FOR EVERY INDIVIDUAL AND TO MEET PRE-ESTABLISHED QUALITY, EFFICIENCY, AND PATIENT SATISFACTION OUTCOMES TARGETS FOR THE PRACTICE POPULATION THE UNREIMBURSED COSTS OF GHP PROVIDING PROVEN HEALTH NAVIGATOR'S SERVICES TO NON-MEMBERS WAS APPROXIMATELY 3 7 MILLION IN FISCAL YEAR 2009 PROVENCARER-CHRONIC DISEASE GEISINGER HEALTH SYSTEM IDENTIFIED THE MOST COMMON CHRONIC DISEASES (DIABETES, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE) AND ADULT PREVENTION TREATMENTS (IMMUNIZATIONS, COLONOSCOPIES, ETC) USING EVIDENCE-BASED BEST PRACTICES, CARE WAS "BUNDLED" INTO THE MOST EFFECTIVE TREATMENT CARE IS MEASURED BY MEETING 100% OF THE BUNDLE REQUIREMENTS, AS TRACKED OVER TIME THERE HAS BEEN SIGNIFICANT IMPROVEMENT IN MEETING MORE OF THE BUNDLE REQUIREMENTS FOR ITS BUNDLES OF CARE PROVENCARER-ACUTE EPISODIC CARE (THE "WARRANTY") BEGINNING WITH CORONARY ARTERY BYPASS GRAFTS (CABG), THE PROCESS INCLUDES INDENTIFYING HIGH-VOLUME DRGS, DETERMINING BEST PRACTICE TECHNIQUES, AND DELIVERING EVIDENCE-BASED CARE WORKING WITH GHP, THE GEISINGER HEALTH SYSTEM CLINICAL ENTERPRISE ESTABLISHED A GLOBAL FEE THAT INCLUDES PRE-OPERATIVE CARE, HOSPITALIZATION, PHYSICIAN FEES, REHABILITATION, AND ANY CARE (ADMISSIONS DUE TO COMPLICATIONS) RELATED TO THE SURGERY WITHIN 90 DAYS THIS ADDITIONAL CARE IS NOT CHARGED (IF THEY ARE SEEN AT A GEISINGER HEALTH SYSTEM FACILITY) THIS "WARRANTED" CARE HAS BEEN VERY SUCCESSFUL AND WRITTEN UP IN THE NEW YORK TIMES AND PUBLISHED IN THE ANNALS OF SURGERY IN ADDITION TO CABG, GEISINGER HEALTH SYSTEM NOW HAS (OR IS IN THE PLANNING PROCESS) FOR ANGIOPLASTY, ANGIOPLASTY WITH AN ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), HIP REPLACEMENT, CATARACTS, ERYTHROPOIETIN (EPO) - A DRUG USED FOR KIDNEY PATIENTS, PERINATAL CARE, AND BARIATRIC SURGERY TRANSITIONS OF CARE BEGUN IN JANUARY 2008, THIS PROGRAM IS A JOINT QUALITY/EFFICIENCY INITIATIVE THAT COMPLEMENTS HEALTH NAVIGATOR IT SMOOTHS OUT THE TRANSITION OF CARE AS A PATIENT MOVES FROM INPATIENT THROUGH OUTPATIENT SETTINGS TO DATE, IT HAS BEEN FOCUSED ON NARROW POPULATIONS (E G , HEART FAILURE) IT HAS SUCCESSFULLY REDUCED READMISSIONS, PROGRAM EXPANSION IS PLANNED ELECTRONIC HEALTH RECORD (EHR) GEISINGER HEALTH SYSTEM IS ON THE FOREFRONT IN THE DEVELOPMENT AND USE OF THE EHR GHP HELPED SUPPORT THE 100 MILLION INVESTED IN THE EHR OVER THE LAST SEVERAL YEARS THE POSSIBILITIES FOR IMPROVING THE QUALITY OF CARE WITH THE EHR ARE ENDLESS CURRENTLY, GHP USES THE EHR TO COMMUNICATE WITH MEMBERS WHO ARE INVOLVED IN MEDICAL OR DISEASE MANAGEMENT PROGRAMS AND THEIR PHYSICIANS GEISINGER HEALTH SYSTEM ALSO ALLOWS COMMUNITY HOSPITALS AND PHYSICIANS TO ACCESS PATIENT INFORMATION DISEASE AND CASE MANAGEMENT SERVICES TO IMPROVE THE HEALTH OF MEMBERS, GHP PROVIDES DISEASE AND CASE MANAGEMENT PROGRAMS AND SERVICES TO COORDINATE CARE FOR THOSE WITH CHRONIC CONDITIONS SUCH AS DIABETES, CONGESTIVE HEART FAILURE, OSTEOPOROSIS AND ASTHMA THESE PROGRAMS HAVE ATTAINED NATIONAL RECOGNITION BY HEALTH MANAGEMENT ORGANIZATIONS AND INDUSTRY GROUPS THE PROGRAMS IN CONGESTIVE HEART FAILURE, HYPERTENSION, DIABETES, CORONARY ARTERY DISEASE, OSTEOPOROSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE AND ASTHMA HAVE RECEIVED "FULL" ACCREDITATION FROM NCQA THESE IN-DEPTH PROGRAMS WERE THE RESULT OF A COLLABORATION OF EXPERTISE BETWEEN GHP AND PROVIDERS IN THE GEISINGER HEALTH SYSTEM THE SUCCESS OF THIS COLLABORATION IS ONE EXAMPLE OF HOW THIS UNIQUE RELATIONSHIP CAN BENEFIT THE COMMUNITY SILVER SNEAKERS AND FOREVERFIT MEMBERS ENROLLED IN GHP'S MEDICARE ADVANTAGE PLANS ARE OFFERED FITNESS PROGRAMS AT NO ADDITIONAL COST, DEPENDING ON THE PLAN SELECTED THE SILVER SNEAKERS PROGRAM PROVIDES MEMBERS WITH A FREE FITNESS CENTER MEMBERSHIP, CUSTOMIZED FITNESS CLASSES DESIGNED FOR OLDER ADULTS, HEALTH EDUCATION SEMINARS AND SOCIAL EVENTS FOREVERFIT ALSO PROVIDES MEMBERS WITH A FITNESS CENTER MEMBERSHIP AT NO ADDITIONAL COST AT A CENTER PARTICIPATING IN FOREVERFIT'S NETWORK FOREVERFIT MEMBERS CAN TAKE ADVANTAGE OF ANY EXERCISE OR RECREATIONAL PROGRAM THAT IS INCLUDED IN THE MEMBERSHIP THEY ALSO RECEIVE SIGNIFICANT SAVINGS OFF THE NEWSSTAND RATE OF POPULAR HEALTH-RELATED MAGAZINES, AND DISCOUNTS ON VITAMINS AND SUPPLEMENTS IN ADDITION, MEMBERS HAVE UNLIMITED ACCESS TO ONLINE EDUCATIONAL TOOLS INCLUDING HEALTHY RECIPES, A REFERENCE LIBRARY, AND NEWS ON FITNESS AND EXERCISE MEMBERS ENROLLED IN THESE FITNESS PROGRAMS REPORT BETTER HEALTH, GREATER INDEPENDENCE, AND A MORE FULFILLING LIFE THE UNREIMBURSED COST OF PROVIDING SILVER SNEAKERS, FOREVER FIT, AND OTHER FITNESS PROGRAMS TO SENIORS WITHIN THE COMMUNITIES WAS APPROXIMATELY 1 5 MILLION HEALTH FAIRS, EDUCATIONAL PROGRAMS AND EDUCATIONAL MATERIALS THROUGH HEALTH FAIRS AND EDUCATIONAL PROGRAMS, GHP EMPLOYEES PROVIDE THE PUBLIC INFORMATION ON TOPICS SUCH AS MEDICARE AND TOBACCO CESSATION GHP EDUCATED MORE THAN 13,000 MEDICARE-ELIGIBLE BENEFICIARIES ON MEDICARE BASICS INCLUDING WHEN OPEN ENROLLMENT OCCURS AND THE TYPES OF COVERAGE OPTIONS THAT ARE AVAILABLE MEETINGS WERE EITHER HOSTED BY GHP OR GHP PARTICIPATED IN ANOTHER ORGANIZATION'S EVENT GHP NURSES ALSO WORK WITH AREA SCHOOLS, EMPLOYERS AND ORGANIZATIONS TO EDUCATE THE PUBLIC ON THE DANGERS OF TOBACCO USE NURSES ALSO OFFER TIPS O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 773,474,480 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	3,670		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ROBERT WATSONVPCONTROLLER
100 NORTH ACADEMY AVENUE
DANVILLE, PA 17822
(570) 271-8774

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶									6,741,009	1,212,827

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HAVRILLA GROUP 22 E EAST ROSEVILLE ROAD LANCASTER, PA 17601	ADVERTISING	1,252,409
MID ATLANTIC NEWSPAPER SERVICE 3899 NORTH FRONT STREET HARRISBURG, PA 171101536	ADVERTISING	1,190,433
MILLMAN USA INC 1550 LIBERTY RIDGE DRIVE SUITE 200 WAYNE, PA 190875572	CONSULTING	1,011,868
THE PETER GROUP INC 7 NORTH COLUMBUS BLVD PHILADELPHIA, PA 191061422	ADVERTISING	811,822
BIND RITE GRAPHICS PO BOX 34005 NEWARK, NJ 07189	PRINTING	706,620

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 32

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶				
Program Service Revenue		Business Code				
	2a	INSURANCE PREMIUMS	524,114	769,234,006	769,234,006	
	b	INTERCO SHARED SERVICES	541,900	37,589,576		37,589,576
	c	INSURANCE PREMIUMS	524,114	14,930,720		14,930,720
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 821,754,302				
	3	Investment income (including dividends, interest other similar amounts) ▶	7,370,922		293,720	7,077,202
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	163,810,356 / 5,218			
	b	Less cost or other basis and sales expenses	164,996,952 / 334,534			
	c	Gain or (loss)	-1,186,596 / -329,316			
	d	Net gain or (loss) ▶	-1,515,912	-334,534	13,057	-1,194,435
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue	Business Code			
	11a	COMMISSIONS	524,298	136,895	136,895	
	b	OTHER	524,298	11,842		11,842
	c	VENDOR REBATES	524,298	11,489	11,489	
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** ▶ $ 160,226				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	827,769,538	768,910,961	52,963,968	5,894,609

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	50,600	50,600		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	116,317		116,317	
c	Accounting	853,965	8,575	845,390	
d	Lobbying	39,068		39,068	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	867,611		867,611	
g	Other	734,009,867	729,033,639	4,976,228	
12	Advertising and promotion	3,752,912	3,716,543	36,369	
13	Office expenses	5,788,674	4,104,093	1,684,581	
14	Information technology	102,655	78,595	24,060	
15	Royalties . .				
16	Occupancy	2,618,596	2,584,958	33,638	
17	Travel	779,187	706,733	72,454	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	147,459	121,719	25,740	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	187,939	185,525	2,414	
23	Insurance	1,303,582	1,303,582		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INTER-ENTITY EXPENSE	31,886,554	31,223,296	663,258	
b	LICENSE, FEES, AND DUES	493,368	167,489	325,879	
c	BAD DEBT EXPENSE	189,040	189,040		
d	UNRELATED BUS INCOME TAX	85,664		85,664	
e	MISCELLANEOUS	93	93		
f	All other expenses	-818,140		-818,140	
25	**Total functional expenses.** Add lines 1 through 24f	782,455,011	773,474,480	8,980,531	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	3,085,172	1	2,755,789
	2	Savings and temporary cash investments		2	8,978,372
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,149,172	4	21,943,150
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	210,035	9	180,966
	10a	Land, buildings, and equipment cost basis — 10a: 1,611,051			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 1,019,535	1,111,803	10c	591,516
	11	Investments—publicly traded securities	161,001,666	11	155,075,533
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	10,044,356	15	932,150
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	196,602,204	16	190,457,476
Liabilities	17	Accounts payable and accrued expenses	42,365,621	17	40,322,876
	18	Grants payable		18	
	19	Deferred revenue	16,281,454	19	27,166,494
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	13,233,020	25	6,386,422
	26	**Total liabilities.** *Add lines 17 through 25*	71,880,095	26	73,875,792
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	124,722,109	27	116,581,684
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	124,722,109	33	116,581,684
	34	Total liabilities and net assets/fund balances	196,602,204	34	190,457,476

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

Additional Data

Software ID:
Software Version:
EIN: 23-2311553
Name: GEISINGER HEALTH PLAN

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN D STEELE JR MD PHD , CHAIR,DIR	40	X		X				0	1,856,350	331,210
FRANK J TREMBULAK , SR VP,TR,DIR	40	X		X				0	832,016	190,489
RICHARD J GILFILLAN MD , PRES,CEO,DIR	40	X		X				0	827,723	168,061
JOSEPH J MOWAD MD , DIRECTOR	40	X						0	360,450	28,185
JONATHAN P HOSEY MD , DIRECTOR	40	X						0	338,567	31,557
DON A ROSINI , DIRECTOR	2	X						0	0	0
MARYLA PETERS SCRANTON , DIRECTOR	2	X						0	0	0
MAUREEN M BUFFALINO , DIRECTOR	2	X						0	0	0
R BROOKS GRONLUND , DIRECTOR	2	X						0	0	0
RICHARD A GRAFMYRE , DIRECTOR	2	X						0	0	0
ROBERT K MERICLE , DIRECTOR	2	X						0	0	0
THOMAS H LEE JR MD , DIRECTOR	2	X						0	0	0
WILLIAM H ALEXANDER , DIRECTOR	2	X						0	0	0
KEVIN F BRENNAN , EVP, FIN CFO	40			X				0	735,006	174,320
DAVID J FELICIO ESQ , CLO, SECTY	40			X				0	377,772	117,257
DAVID J WEADER ESQ , ASST SECTY	40			X				0	199,115	28,857
RONALD A PAULUS MD , FORMER KEY							X	0	550,065	84,932
DUANE E DAVIS MD , FORMER KEY							X	0	491,636	28,938
KEVIN J KERESTUS , FORMER KEY							X	0	172,309	29,021

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	88,270,000				
b Contributions	1,005,000				
c Investment earnings or losses	-13,762,000				
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,435,000				
f Administrative expenses					
g End of year balance	71,078,000				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 34 000 %
- b Permanent endowment ▶ 66 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,055,501	625,393	430,108
d Equipment		537,426	394,142	143,284
e Other		18,124		18,124
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				591,516

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	5,882,311
MEDICAL LEGAL CLAIMS ALLOWANCE	451,103
DEPOSITS	53,008
OTHER MISCELLANEOUS	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,386,422

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED BY THE GEISINGER HEALTH SYSTEM TO SUPPORT PATIENT CARE, RESEARCH, EDUCATION AND CAPITAL AND PROGRAM EXPENSES
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	EFFECTIVE JULY 1, 2007, GEISINGER HEALTH SYSTEM1 (GHS) ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 ("FIN 48") FIN 48 CLARIFIES THE ACCOUNTING AND REPORTING FOR INCOME TAXES WHERE INTERPRETATION OF THE TAX LAW MAY BE UNCERTAIN FIN 48 PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERTAINTIES WITH RESPECT TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS THE ADOPTION OF FIN 48 HAD NO IMPACT ON UNRESTRICTED NET ASSETS AS OF JUNE 30, 2009 OR ANY PREVIOUS YEARS SINCE ADOPTION ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE JUNE 30, 2009 GHS CONSOLIDATED FINANCIAL STATEMENTS 1THROUGHOUT THIS DOCUMENT, THE ACRONYM "GHS" OR THE TERMS "SYSTEM", "GEISINGER", OR "GEISINGER HEALTH SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF THE GEISINGER HEALTH SYSTEM FOUNDATION (THE "FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATE ENTITIES COMPRISING THE SYSTEM

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER CLINIC100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	23-6291113	3	50,000				SOFTWARE PURCHASE

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GEISINGER HEALTH PLAN LIMITS ITS CHARITABLE CONTRIBUTION SUPPORT TO TAX-EXEMPT ORGANIZATIONS THAT QUALIFY FOR 501(C)(3) STATUS UNDER THE INTERNAL REVENUE CODE, LIMITED 501(C)(4) ORGANIZATIONS BASED ON EXPLICIT CRITERIA, PUBLIC BENEFIT, OR NON-EXEMPT ORGANIZATIONS AREAS OF INTEREST INCLUDE EDUCATION, HEALTH/WELFARE, COMMUNITY INVESTMENT, AND CULTURE/ART WITH A FOCUS ON COMMUNITIES, IN WHICH A SIGNIFICANT PORTION OF GEISINGER HEALTH SYSTEM EMPLOYEES LIVE AND WORK ORGANIZATIONS SEEKING SUPPORT MUST DEMONSTRATE THAT THEY EFFECTIVELY MEET AN IMPORTANT COMMUNITY NEED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD	(i)							
	(ii)	904,394	639,333	312,623	304,220	26,990	2,187,560	241,603
FRANK J TREMBULAK	(i)							
	(ii)	530,634	255,505	45,877	176,963	13,526	1,022,505	
RICHARD J GILFILLAN MD	(i)							
	(ii)	453,644	254,537	119,542	155,328	12,733	995,784	48,410
JOSEPH J MOWAD MD	(i)							
	(ii)	307,206	16,146	37,098	16,620	11,565	388,635	
JONATHAN P HOSEY MD	(i)							
	(ii)	255,603	62,516	20,448	16,620	14,937	370,124	
KEVIN F BRENNAN	(i)							
	(ii)	445,787	251,411	37,808	156,743	17,577	909,326	
DAVID J FELICIO ESQ	(i)							
	(ii)	243,535	107,334	26,903	100,974	16,283	495,029	
DAVID J WEADER ESQ	(i)							
	(ii)	170,594	26,643	1,878	13,842	15,015	227,972	
RONALD A PAULUS MD	(i)							
	(ii)	344,510	155,625	49,930	66,278	18,654	634,997	
DUANE E DAVIS MD	(i)							
	(ii)	320,555	136,079	35,002	16,620	12,318	520,574	
KEVIN J KERESTUS	(i)							
	(ii)	148,300	21,601	2,408	11,607	17,414	201,330	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	GLENN D STEELE JR , M D PH D 0 241,603 0 FRANK J TREMBULAK 0 3,760 0 RICHARD J GILFILLAN, M D 0 48,410 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR ELIGIBLE EMPLOYEES MAY BE DEFERRED TO A 457(F) NONQUALIFIED PLAN THAT VESTS WITH COMPLETION OF SERVICE, DEATH AND/OR PERMANENT DISABILITY _____ FOOTNOTE THROUGHOUT FORM 990, THE TERMS "GEISINGER HEALTH SYSTEM" AND "SYSTEM" OR THE ACRONYM "GHS" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH SYSTEM FOUNDATION ("THE FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-2311553
Name: GEISINGER HEALTH PLAN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GLENN D STEELE JR MD PHD	(I) (II)	904,394	639,333	312,623	304,220	26,990	2,187,560	241,603
FRANK J TREMBULAK	(I) (II)	530,634	255,505	45,877	176,963	13,526	1,022,505	
RICHARD J GILFILLAN MD	(I) (II)	453,644	254,537	119,542	155,328	12,733	995,784	48,410
JOSEPH J MOWAD MD	(I) (II)	307,206	16,146	37,098	16,620	11,565	388,635	
JONATHAN P HOSEY MD	(I) (II)	255,603	62,516	20,448	16,620	14,937	370,124	
KEVIN F BRENNAN	(I) (II)	445,787	251,411	37,808	156,743	17,577	909,326	
DAVID J FELICIO ESQ	(I) (II)	243,535	107,334	26,903	100,974	16,283	495,029	
DAVID J WEADER ESQ	(I) (II)	170,594	26,643	1,878	13,842	15,015	227,972	
RONALD A PAULUS MD	(I) (II)	344,510	155,625	49,930	66,278	18,654	634,997	
DUANE E DAVIS MD	(I) (II)	320,555	136,079	35,002	16,620	12,318	520,574	
KEVIN J KERESTUS	(I) (II)	148,300	21,601	2,408	11,607	17,414	201,330	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO FURTHER THE GEISINGER HEALTH SYSTEM'S CHARITABLE MISSION BY ENHANCING THE VALUE AND THE QUALITY OF HEALTH TO THE COMMUNITY THROUGH INSURANCE PRODUCTS AND PROGRAMS THAT COORDINATE THE DELIVERY AND FINANCING OF HEALTH SERVICES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	II GENERAL INFORMATION GHP IS A NONPROFIT ORGANIZATION THAT OPERATES A HEALTH MAINTENANCE ORGANIZATION (HMO) LOCATED IN DANVILLE, PENNSYLVANIA GHP PROVIDES PRE-PAID MANAGED HEALTH CARE TO ITS MEMBERS AND IS A COST-EFFECTIVE ALTERNATIVE TO TRADITIONAL INDEMNITY HEALTH INSURANCE FOUNDED IN 1972, INCORPORATED IN 1984 AND INITIALLY LICENSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 42 CONTIGUOUS COUNTIES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA IN ADDITION, GHP CONTRACTS WITH OVER 27,000 PROVIDERS AND 88 HOSPITALS GHP HAS BEEN RECOGNIZED AS ONE OF THE LARGEST RURAL HEALTH PLANS IN THE UNITED STATES AND HAS MAINTAINED THE HIGHEST LEVEL OF ACCREDITATION FROM THE NATIONAL COMMISSION FOR QUALITY ASSURANCE (NCQA) SINCE 1993 GHP WAS ALSO RANKED IN THE TOP 10 COMMERCIAL AND MEDICARE PLANS IN PENNSYLVANIA THE PLAN WAS RANKED 6 AMONG TRADITIONAL MANAGED HEALTH CARE PLANS AND 3 AMONG MEDICARE PLANS IN THE NATION BY THE 2009-10 U S NEWS & WORLD REPORT/NCQA AMERICA'S BEST HEALTH INSURANCE PLANS NEW FACILITIES AND MORE SERVICES BECAUSE GHP IS A NONPROFIT ORGANIZATION, REVENUES IN EXCESS OF THE COST OF THE HEALTH CARE PROVIDED TO MEMBERS ARE USED TO IMPROVE FACILITIES AND SERVICES, INCREASE BENEFITS AND PROVIDE AFFORDABLE RATES GHP TYPICALLY MAKES ANNUAL CONTRIBUTIONS TO THE FOUNDATION TO ENHANCE TEACHING, EDUCATION, AND RESEARCH PROJECTS THAT BENEFIT ALL PENNSYLVANIANS THESE CONTRIBUTIONS ARE USED TO FUND THE DEVELOPMENT OF NEW FACILITIES AND TO ADD MORE SERVICES TO OUR EXISTING HOSPITALS AND PHYSICIAN CLINICS THIS DIRECTLY SUPPORTS THE CHARITABLE MISSION OF THE FOUNDATION AND ITS CHARITABLE AFFILIATES BY MAKING IT POSSIBLE TO ENHANCE HEALTH CARE PROGRAMS AND SERVICES THROUGHOUT THE REGION WHILE IMPROVING THE AVAILABILITY OF CARE FOR PATIENTS IN OUR SERVICE AREA PROVIDING AFFORDABLE, HIGH QUALITY, COMPREHENSIVE HEALTH CARE AND BENEFITS INCREASES THE ACCESS OF CARE TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO AFFORD HEALTH CARE AND CONTRIBUTES TO THE QUALITY OF LIFE IN ALL THE COMMUNITIES WE SERVE GHP WORKS WITH GEISINGER HEALTH SYSTEM TO IMPROVE HEALTH CARE DELIVERY FOR ALL GHP PROVIDES COMPREHENSIVE HEALTH CARE SERVICES ON A PREPAID BASIS THROUGH AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, WHICH PROVIDES HEALTH CARE TO THE COMMUNITY AS A WHOLE AS PART OF AN INTEGRATED HEALTH SYSTEM, GHP IS ABLE TO CHANNEL EXPERIENCE, KNOWLEDGE AND FUNDS TO PURSUE UNIQUE PROJECTS WITH THE GEISINGER HEALTH SYSTEM NO OTHER ORGANIZATION IN THIS REGION HAS BOTH PROVIDER AND PAYER JOINED TOGETHER TO CREATE SYNERGIES THAT IMPROVE THE HEALTH OF THE COMMUNITIES THAT WE SERVE GEISINGER PROVENHEALTH NAVIGATOR AND GEISINGER HEALTH PLAN HEALTH NAVIGATOR SM HEALTH NAVIGATOR IS A PARTNERSHIP BETWEEN PATIENTS, PRIMARY CARE PROVIDERS AND GHP TO IMPROVE MEMBERS' HEALTH ALSO KNOWN AS A "MEDICAL HOME," GHP PROVIDES A CASE MANAGER WHO WORKS CLOSELY WITH THE MEMBER'S HEALTH-CARE PROVIDERS, THE MEMBER AND THEIR FAMILY BY COORDINATING CARE WITH HOSPITAL, SPECIALISTS, PHARMACISTS AND SKILLED NURSING FACILITIES THE MODEL GEISINGER HEALTH SYSTEM EMPLOYS BLENDS ASPECTS OF A CHRONIC CARE MODEL, A MEDICAL HOME MODEL AND A PATIENT-CENTERED PRIMARY CARE MODEL ADDITIONAL FUNCTIONAL COMPONENTS ARE INCLUDED, CREATING A NEW HEALTH CARE DELIVERY VEHICLE HEALTH NAVIGATOR ACTING AS THE FIRST-LINE CAREGIVER AND GUIDE, NURSE CASE MANAGERS HELP PATIENTS NAVIGATE THE HEALTH-CARE SYSTEM THE KEY STRATEGY OF HEALTH NAVIGATOR IS TO OFFER PATIENTS ACCESS TO A CASE MANAGER 24 HOURS A DAY, 7 DAYS A WEEK THE PRIMARY CARE PRACTICE TEAM AND GHP, WORKING WITH THE PATIENT AT THE CENTER OF THE SYSTEM,ACCEPT RESPONSIBILITY TO OPTIMIZE HEALTH STATUS FOR EVERY INDIVIDUAL AND TO MEET PRE-ESTABLISHED QUALITY, EFFICIENCY, AND PATIENT SATISFACTION OUTCOMES TARGETS FOR THE PRACTICE POPULATION THE UNREIMBURSED COSTS OF GHP PROVIDING PROVEN HEALTH NAVIGATOR'S SERVICES TO NON-MEMBERS WAS APPROXIMATELY 3 7 MILLION IN FISCAL YEAR 2009 PROVENCARER- CHRONIC DISEASE GEISINGER HEALTH SYSTEM IDENTIFIED THE MOST COMMON CHRONIC DISEASES (DIABETES, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE) AND ADULT PREVENTION TREATMENTS (IMMUNIZATIONS, COLONOSCOPIES, ETC) USING EVIDENCE-BASED BEST PRACTICES, CARE WAS "BUNDLED" INTO THE MOST EFFECTIVE TREATMENT CARE IS MEASURED BY MEETING 100% OF THE BUNDLE REQUIREMENTS, AS TRACKED OVER TIME THERE HAS BEEN SIGNIFICANT IMPROVEMENT IN MEETING MORE OF THE BUNDLE REQUIREMENTS FOR ITS BUNDLES OF CARE PROVENCARER-ACUTE EPISODIC CARE (THE "WARRANTY") BEGINNING WITH CORONARY ARTERY BYPASS GRAFTS (CABG), THE PROCESS INCLUDES INDENTIFYING HIGH-VOLUME DRGS, DETERMINING BEST PRACTICE TECHNIQUES, AND DELIVERING EVIDENCE-BASED CARE WORKING WITH GHP, THE GEISINGER HEALTH SYSTEM CLINICAL ENTERPRISE ESTABLISHED A GLOBAL FEE THAT INCLUDES PRE-OPERATIVE CARE, HOSPITALIZATION, PHYSICIAN FEES, REHABILITATION, AND ANY CARE (ADMISSIONS DUE TO COMPLICATIONS) RELATED TO THE SURGERY WITHIN 90 DAYS THIS ADDITIONAL CARE IS NOT CHARGED (IF THEY ARE SEEN AT A GEISINGER HEALTH SYSTEM FACILITY) THIS "WARRANTED" CARE HAS BEEN VERY SUCCESSFUL AND WRITTEN UP IN THE NEW YORK TIMES AND PUBLISHED IN THE ANNALS OF SURGERY IN ADDITION TO CABG, GEISINGER HEALTH SYSTEM NOW HAS (OR IS IN THE PLANNING PROCESS) FOR ANGIOPLASTY, ANGIOPLASTY WITH AN ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), HIP REPLACEMENT, CATARACTS, ERYTHROPOIETIN (EPO) - A DRUG USED FOR KIDNEY PATIENTS, PERINATAL CARE, AND BARIATRIC SURGERY TRANSITIONS OF CARE BEGUN IN JANUARY 2008, THIS PROGRAM IS A JOINT QUALITY/EFFICIENCY INITIATIVE THAT COMPLEMENTS HEALTH NAVIGATOR IT SMOOTHS OUT THE TRANSITION OF CARE AS A PATIENT MOVES FROM INPATIENT THROUGH OUTPATIENT SETTINGS TO DATE, IT HAS BEEN FOCUSED ON NARROW POPULATIONS (E G , HEART FAILURE) IT HAS SUCCESSFULLY REDUCED READMISSIONS, PROGRAM EXPANSION IS PLANNED ELECTRONIC HEALTH RECORD (EHR) GEISINGER HEALTH SYSTEM IS ON THE FOREFRONT IN THE DEVELOPMENT AND USE OF THE EHR GHP HELPED SUPPORT THE 100 MILLION INVESTED IN THE EHR OVER THE LAST SEVERAL YEARS THE POSSIBILITIES FOR IMPROVING THE QUALITY OF CARE WITH THE EHR ARE ENDLESS CURRENTLY, GHP USES THE EHR TO COMMUNICATE WITH MEMBERS WHO ARE INVOLVED IN MEDICAL OR DISEASE MANAGEMENT PROGRAMS AND THEIR PHYSICIANS GEISINGER HEALTH SYSTEM ALSO ALLOWS COMMUNITY HOSPITALS AND PHYSICIANS TO ACCESS PATIENT INFORMATION DISEASE AND CASE MANAGEMENT SERVICES TO IMPROVE THE HEALTH OF MEMBERS, GHP PROVIDES DISEASE AND CASE MANAGEMENT PROGRAMS AND SERVICES TO COORDINATE CARE FOR THOSE WITH CHRONIC CONDITIONS SUCH AS DIABETES, CONGESTIVE HEART FAILURE, OSTEOPOROSIS AND ASTHMA THESE PROGRAMS HAVE ATTAINED NATIONAL RECOGNITION BY HEALTH MANAGEMENT ORGANIZATIONS AND INDUSTRY GROUPS THE PROGRAMS IN CONGESTIVE HEART FAILURE, HYPERTENSION, DIABETES, CORONARY ARTERY DISEASE, OSTEOPOROSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE AND ASTHMA HAVE RECEIVED "FULL" ACCREDITATION FROM NCQA THESE IN-DEPTH PROGRAMS WERE THE RESULT OF A COLLABORATION OF EXPERTISE BETWEEN GHP AND PROVIDERS IN THE GEISINGER HEALTH SYSTEM THE SUCCESS OF THIS COLLABORATION IS ONE EXAMPLE OF HOW THIS UNIQUE RELATIONSHIP CAN BENEFIT THE COMMUNITY SILVER SNEAKERS AND FOREVERFIT MEMBERS ENROLLED IN GHP'S MEDICARE ADVANTAGE PLANS ARE OFFERED FITNESS PROGRAMS AT NO ADDITIONAL COST, DEPENDING ON THE PLAN SELECTED THE SILVER SNEAKERS PROGRAM PROVIDES MEMBERS WITH A FREE FITNESS CENTER MEMBERSHIP, CUSTOMIZED FITNESS CLASSES DESIGNED FOR OLDER ADULTS, HEALTH EDUCATION SEMINARS AND SOCIAL EVENTS FOREVERFIT ALSO PROVIDES MEMBERS WITH A FITNESS CENTER MEMBERSHIP AT NO ADDITIONAL COST AT A CENTER PARTICIPATING IN FOREVERFIT'S NETWORK FOREVERFIT MEMBERS CAN TAKE ADVANTAGE OF ANY EXERCISE OR RECREATIONAL PROGRAM THAT IS INCLUDED IN THE MEMBERSHIP THEY ALSO RECEIVE SIGNIFICANT SAVINGS OFF THE NEWSSTAND RATE OF POPULAR HEALTH-RELATED MAGAZINES, AND DISCOUNTS ON VITAMINS AND SUPPLEMENTS IN ADDITION, MEMBERS HAVE UNLIMITED ACCESS TO ONLINE EDUCATIONAL TOOLS INCLUDING HEALTHY RECIPES, A REFERENCE LIBRARY, AND NEWS ON FITNESS AND EXERCISE MEMBERS ENROLLED IN THESE FITNESS PROGRAMS REPORT BETTER HEALTH, GREATER INDEPENDENCE, AND A MORE FULFILLING LIFE THE UNREIMBURSED COST OF PROVIDING SILVER SNEAKERS, FOREVER FIT, AND OTHER FITNESS PROGRAMS TO SENIORS WITHIN THE COMMUNITIES WAS APPROXIMATELY 1 5 MILLION HEALTH FAIRS, EDUCATIONAL PROGRAMS AND EDUCATIONAL MATERIALS THROUGH HEALTH FAIRS AND EDUCATIONAL PROGRAMS, GHP EMPLOYEES PROVIDE THE PUBLIC INFORMATION ON TOPICS SUCH AS MEDICARE AND TOBACCO CESSATION GHP EDUCATED MORE THAN 13,000 MEDICARE-ELIGIBLE BENEFICIARIES ON MEDICARE BASICS INCLUDING WHEN OPEN ENROLLMENT OCCURS AND THE TYPES OF COVERAGE OPTIONS THAT ARE AVAILABLE MEETINGS WERE EITHER HOSTED BY GHP OR GHP PARTICIPATED IN ANOTHER ORGANIZATION'S EVENT GHP NURSES ALSO WORK WITH AREA SCHOOLS, EMPLOYERS AND ORGANIZATIONS TO EDUCATE THE PUBLIC ON THE DANGERS OF TOBACCO USE NURSES ALSO OFFER TIPS ON BECOMING TOBACCO FREE IN

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN 15 PA C S A SUPBCHATER E OF THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF DIRECTORS OF THE CORPORATION SHALL SERVE AS THE GOVERNING BODY OF THE CORPORATION THE PRESIDENT OF THE CORPORATION SHALL BE A DIRECTOR BY REASON OF HOLDING SUCH OFFICE THE REMAINING DIRECTORS SHALL BE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF THE MEMBERS THE MEMBERS OF THE CORPORATION MAY SERVE AS DIRECTORS AND DIRECTORS MAY SUCCEED THEMSELVES FROM TERM TO TERM VACANCIES ON THE BOARD OF DIRECTORS SHALL BE FILLED BY THE MEMBERS AT THEIR DISCRETION AT THE ANNUAL MEETING OF THE MEMBERS OR AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE THE DIRECTORS, ELECT AND REMOVE THE PRESIDENT AND FILL ANY VACANCY IN THE OFFICE OF THE PRESIDENT OF THE CORPORATION, AND, MAY APPROVE AMENDMENTS TO THE CORPORATE BYLAWS IN LIEU OF SUCH APPROVAL BY THE BOARD OF DIRECTORS THE MEMBERS ALSO HAVE THE RESERVE POWERS AS SET FORTH IN 15 PA C S A SUPBCHATER E OF THE PENNSYLVANIA NONPROFIT CORPORATION LAW

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	ALL OFFICERS AND DIRECTORS WERE ELECTRONICALLY PROVIDED A FINAL COPY OF THE FORM 990 PRIOR TO FILING THE RETURN WITH THE IRS AN EXECUTIVE SUMMARY OF THE INFORMATION REPORTED ON THE RETURN IS PROVIDED TO ASSIST IN THE REVIEW IN ACCORDANCE WITH THE GEISINGER HEALTH SYSTEM FOUNDATION BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, STAFF PERIODICALLY REVIEWS THE GHS ORGANIZATIONS' FORM 990 FILINGS THE FORM 990 IS PREPARED BY THE GEISINGER HEALTH SYSTEM (GHS) TAX DEPARTMENT WITH INFORMATION PROVIDED FROM FINANCE, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN THE GEISINGER HEALTH SYSTEM THE CHIEF FINANCIAL OFFICER (CFO) OF GHS AND THE INDIVIDUAL ORGANIZATIONS SENIOR FINANCIAL MANAGERS REVIEW THEIR RESPECTIVE FORM 990 PRIOR TO MAKING THE FINAL RETURN AVAILABLE TO THE BOARD IN ADDITION, THE CHIEF LEGAL OFFICER AND CHIEF HUMAN RESOURCE OFFICER OF GHS REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY FOR PURPOSES OF THEIR ANNUAL AUDIT OF THE GHS CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY THE GHS ORGANIZATIONS TO IDENTIFY MATERIAL ITEMS, INCLUDING IF THERE ARE ANY UNCERTAIN TAX POSITIONS THAT MAY BE REQUIRED TO BE RECOGNIZED THE COMPANY HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED FOR FISCAL YEAR 2009

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF GEISINGER HEALTH PLAN EMPLOYED BY GHS ARE SUBJECT TO BOTH THE GHS CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS) AND THE GEISINGER HEALTH PLAN CONFLICTS OF INTEREST POLICY AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) AND OTHERS DESIGNATED BY THE BOARD ARE REQUIRED TO DISCLOSE IN WRITING THE EXISTENCE OF ANY POTENTIAL FINANCIAL INTERESTS THAT MAY GIVE RISE TO A CONFLICT OF INTEREST WITH ANY AFFILIATE WITHIN THE GEISINGER HEALTH SYSTEM AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, INPUT FROM DEPARTMENT OF LEGAL SERVICES AND ANY DISCUSSION WITH THE PERSON DESIRED BY THE BOARD OR COMMITTEE, THE BOARD DECIDES IF A CONFLICT EXISTS THE PERSON DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GHS EMPLOYED BOARD DIRECTORS, OFFICERS AND EXECUTIVE MANAGEMENT IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION PROCEDURE AVAILABLE FOR INTERMEDIATE SANCTION PURPOSES THE PROCESS REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PARTIES, USE OF APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE PROCESS ON AN ANNUAL BASIS AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANT COMPLETES A COMPARATIVE ASSESSMENT OF COMPENSATION FOR THE CEO AND SENIOR MANAGEMENT WITHIN GHS THE CONSULTANT'S REPORT IS PRESENTED TO THE MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE MANAGEMENT AND COMPENSATION COMMITTEE TO ENSURE THAT THE PROGRAM IS RESPONSIBLE TO THE GEISINGER CHARITABLE MISSION, REFLECTS REASONABLE COMPENSATION WITHIN THE NONPROFIT MARKET AND IS COMPLIANT WITH THE IRS'S INTERMEDIATE SANCTION REQUIREMENTS THE SURVEY DATA IN THE COMPARATIVE ANALYSIS IS CAPTURED FOR FUNCTIONALLY COMPARABLE POSITIONS IN MULTIPLE SIMILAR NONPROFIT ORGANIZATIONS AND REFLECTS TOTAL REMUNERATION PROVIDED IN THE MARKET ALL SURVEYS ARE CONDUCTED BY THIRD PARTY ORGANIZATIONS AND NOT CONDUCTED AT THE SPECIFIC DIRECTION OF GEISINGER ANY COMPENSATION ADJUSTMENTS ARE APPROVED BY MANAGEMENT AND COMPENSATION COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT THE MANAGEMENT AND COMPENSATION COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B, QUESTION 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MISSION STATEMENT IS AVAILABLE ON THE GEISINGER HEALTH SYSTEM WEBSITE AT WWW GEISINGER ORG THE ANNUAL REPORT FOR THE GEISINGER HEALTH SYSTEM, CONTAINING CONSOLIDATED FINANCIAL STATEMENT INFORMATION, COMMUNITY BENEFIT REPORT AND OTHER INFORMATION, IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW GEISINGER ORG FINANCIAL STATEMENTS ALONG WITH THE COMPLETE FORM 990 AND 990-T ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE GEISINGER HEALTH SYSTEM CONFLICTS OF INTEREST POLICY IS AVAILABLE ON THE SYSTEM WEBSITE AT WWW GEISINGER ORG

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN THE RESPONSE TO FORM 990, SCHEDULE R, GEISINGER HEALTH PLAN IS CLOSELY AFFILIATED WITH SEVERAL OTHER ORGANIZATIONS IN THE NORMAL COURSE OF THE OPERATIONS OF THESE AFFILIATED ORGANIZATIONS THERE ARE NUMEROUS INTER ORGANIZATIONAL TRANSACTIONS, WHICH MAY INCLUDE SALES, EXCHANGES AND LEASES OF PROPERTY, EXTENSIONS OF CREDIT, FURNISHING OF GOODS, SERVICES AND FACILITIES, AND TRANSFERS OF ASSETS THESE INTER ORGANIZATION TRANSACTIONS PROMOTE THE EFFICIENT OPERATION OF THE VARIOUS ORGANIZATIONS AND THE ATTAINMENT OF THEIR TAX EXEMPT PURPOSES THESE TYPES OF INTER ORGANIZATION TRANSACTIONS WERE DESCRIBED TO THE INTERNAL REVENUE SERVICE IN A RULING APPLICATION AND WERE RECOGNIZED BY THE NATIONAL OFFICE OF THE IRS IN A SERIES OF GHS PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS _____ FORM 990, SCHEDULE R-1, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR TRUST GEISINGER ASSURANCE COMPANY, LTD IS A FOREIGN ORGANIZATION INCORPORATED IN THE CAYMAN ISLANDS, AS SUCH, IT DOES NOT HAVE AN EIN AND IT IS NOT SUBJECT TO FEDERAL TAXATION _____

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	_____ FORM 990, PART I, SECTION A, LINE 4, FORM 990, PART VI, SECTION A, LINE 1B FIVE OF THE VOTING MEMBERS OF THE GOVERNING BODY ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS EMPLOYEES OF RELATED ORGANIZATIONS _____ FORM 990, PART V, LINE 1A GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER IT'S EIN FOR CERTAIN PAYMENTS OF THE FILING ORGANIZATION THE NUMBER OF FORM 1099S FILED BY GSS FOR THE REPORTING PERIOD ON BEHALF OF ITSELF AND IT'S AFFILIATES WAS 1,113 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATIONS EIN, IT DOES NOT INCLUDE THOSE FILED BY GSS ON IT'S BEHALF _____ FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATIONSHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? GLENN D STEELE, JR , M D , PH D , AND FRANK J TREMBULAK HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATES OF GEISINGER HEALTH PLAN ALL OF THE AFFILIATES ARE PART OF THE GEISINGER HEALTH SYSTEM _____ FORM 990, PART VII, SECTION A, COLUMN B - AVERAGE HOURS PER WEEK FOR ALL CURRENT OFFICERS, DIRECTORS, KEY EMPLOYEES, AND FIVE HIGHEST COMPENSATED EMPLOYEES REPORTED IN FORM 990, PART VII, THE AVERAGE HOURS PER WEEK REPRESENTS THE MINIMUM HOURS DEVOTED TO THE ORGANIZATION AND RELATED ORGANIZATIONS OF THE GEISINGER HEALTH SYSTEM, AS APPLICABLE FORMER OFFICERS, DIRECTORS, KEY EMPLOYEES, AND FIVE HIGHEST COMPENSATED EMPLOYEES WORK A MINIMUM OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS _____ FORM 990, PART XI, LINE 2B - WERE THE ORGANIZATIONS FINANCIAL STATEMENTS AUDITED BY AN INDEPENDENT ACCOUNTANT? GEISINGER HEALTH PLAN'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF THE GEISINGER HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS QUESTION 2B REQUIRES A "NO" ANSWER IF THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ONLY _____ FORM 990, PART XI, LINE 3A - AS A RESULT OF A FEDERAL AWARD, WAS THE ORGANIZATION REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE SINGLE AUDIT ACT OR OMB CIRCULAR A-133 FEDERAL AWARDS ARE AUDITED AS PART OF THE GEISINGER HEALTH SYSTEM'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACORDANCE WITH OMB CIRULAR A-133 _____ THROUGHOUT THIS DOCUMENT THE ACRONYM "GHS" OR THE TERMS "SYSTEM," "GEISINGER" OR "GEISINGER HEALTH SYSTEM" SHALL REFER TO THE ENTIRE HEALTH CARE SYSTEM COMPRISED OF THE GEISINGER HEALTH SYSTEM FOUNDATION (THE "FOUNDATION") AS PARENT AND ALL SUBSIDIARY CORPORATE ENTITIES COMPRISING THE HEALTH CARE SYSTEM _____

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 72-1398803	PHYS THERA	PA	N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2077663	HOTEL/REST	PA	N/A				
CLINIC COMMUNITY PHARMACY CO 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 56-2457548	INACTIVE	DE	N/A				
INTERNATIONAL SHARED SERVICES INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2159597	CLIN ENGIN	PA	N/A				
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2815174	HLTH INSUR	PA	N/A				
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-4275139	HLTH INSUR	PA	N/A				
GEISINGER ASSURANCE COMPANY LTD PO BOX 2196GT GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE		N/A				

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-2311553
Name: GEISINGER HEALTH PLAN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
GEISINGER HEALTH SYSTEM FOUNDATION 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1995911	PHILANTHRO	PA	501	7	NA
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 24-0795959	HOSPITAL	PA	501	3	GHSF
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6291113	PHYSN SVCS	PA	501	11A	GHSF
GEISINGER WYOMING VALLEY MED CTR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-1996150	HOSPITAL	PA	501	3	GHSF
MARWORTH 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2171417	D&A REHAB	PA	501	3	GHSF
GEISINGER SOUTH WILKES-BARRE 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 20-3152743	HOSPITAL	PA	501	3	GHSF
HERSHEY MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2891807	HOSPITAL	PA	501	3	GHSF
GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2164794	SUPPT SVCS	PA	501	11A	GHSF
GEISINGER COMMUNITY HEALTH SVCS 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-2967235	HLTH CARE	PA	501	9	GSS
GEISINGER INSURANCE CORP RRG 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 14-1909894	SELF INSUR	VT	501	11A	GHSF
GEISINGER MED CTR PROF LIAB TRUST 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 25-6220019	SELF INSUR	PA	501	11A	GMC
GEISINGER EXCESS COV PROF LIAB TR 100 NORTH ACADEMY AVENUE MC 30-50 DANVILLE, PA17822 23-6852932	SELF INSUR	PA	501	11A	GMC

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	GEISINGER HEALTH SYSTEM FOUNDATION	B	43,000,000
(2)	GEISINGER CLINIC	L	2,334,148
(3)	GEISINGER CLINIC	J	56,195
(4)	GEISINGER COMMUNITY HEALTH SERVICES	L	129,306
(5)	GEISINGER SYSTEM SERVICES	L	83,343,244
(6)	GEISINGER SYSTEM SERVICES	P	66,306,858
(7)	GEISINGER MEDICAL MANAGEMENT CORP	K	100,560
(8)	GEISINGER INDEMNITY INSURANCE CO	K	9,806,216
(9)	GEISINGER QUALITY OPTIONS INC	K	27,783,360