1606

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15 , and ending 06/30/16

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☒ Amended return
- ☐ Application pending

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 N ACADEMY AVE, MC 49-70

City or town, state or province, country, and ZIP or foreign postal code
DANVILLE PA 17822

D Employer identification number
23-2311553

E Telephone number
570-271-6624

G Gross receipts $ 2109272521

F Name and address of principal officer
DAVID T. FEINBERG, MD, MBA
100 N ACADEMY AVE, MC 22-01
DANVILLE PA 17822-9800

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? N/A ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.GEISINGER.ORG

H(c) Group exemption number ▶ N/A

K Form 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
GEISINGER HEALTH PLAN BENEFITS THE COMMUNITIES IT SERVES BY PROVIDING HIGHER QUALITY FOR EACH PERSON'S HEALTH CARE DOLLAR THROUGH INNOVATIVE MODELS OF CARE AND COVERAGE THAT SUPPORT. . . SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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) See Schedule O	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1477
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	153,626,494
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-12,564,520

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	1847475419	2060812505
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,527,119	8,470,278
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	427,216	564,580
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1854429754	2069847363
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	61,407,616	105,602,366
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–24e)	1785392508	1921218833
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1846800124	2026821199
19	Revenue less expenses Subtract line 18 from line 12	7,629,630	43,026,164

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	463,484,115	535,769,375
21	Total liabilities (Part X, line 26)	234,097,418	239,044,061
22	Net assets or fund balances Subtract line 21 from line 20	229,386,697	296,725,314

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

Sign Here

▶ Signature of officer — Date 12/6/2021

▶ KEVIN V. ROBERTS, MBA, CPA SR VP, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ THIS TAX RETURN PREPARED BY A NON-PAID PREPARER. Firm's EIN ▶

Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2015)

4 C65

RECEIVED
DEC 29 2021
IRS-OSC
C251
OGDEN, UT

STATUTE UNIT
RECEIVED
JAN 05 2022
TPR BRANCH
OGDEN

SCANNED FEB 28 2022

NO STATUTE ISSUE

04368968706 FEB 24 '22

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1972880128 including grants of $) (Revenue $ 2061261046)

INSURANCE

SEE SCHEDULE 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 ▶ 1972880128

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II N/A	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

				Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	X	
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 lines 24b through 24d and complete Schedule K If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	N/A	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?	N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	N/A	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	X	
36	**Section 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	N/A	36		
37	Did the organization conduct more than 5% 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O		38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable See Schedule O	1a	5757			
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	X	
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	1477			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	X	
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		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		N/A	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		N/A	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		N/A	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/A	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A			
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a	N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		N/A	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A			
c	Enter the amount of reserves on hand	13c	N/A			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent See Schedule O	1b	11		
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? See Schedule O		2	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders? See Schedule O		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, 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		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done See Schedule O	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) See Schedule O	15b	X	
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	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O

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

KURT J. WROBEL FSA, MAAA, CFO 100 NORTH ACADEMY AVENUE M.C. 32-20
DANVILLE PA 17822 570-271-7212

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ALFRED S. CASALE, MD, FACC, FACS										
	0.00									
DIRECTOR	40.00	X						0	1,087,658	114,616
(2) BRUCE J. BROWN										
	0.25									
DIRECTOR	0.25	X						5,101	0	0
(3) CHRISTOPHER B. SULLIVAN										
	0.25									
DIRECTOR	3.25	X						0	0	0
(4) DAVID T. FEINBERG, MD, MBA										
	0.00									
CHAIR, DIRECTOR	40.00	X		X				0	1,365,498	408,955
(5) DON A. ROSINI										
	0.25									
DIRECTOR	4.00	X						0	0	0
(6) EARL FOURA										
	0.25									
DIRECTOR	0.00	X						0	0	0
(7) FRANK J. TREMBULAK										
	0.00									
SR VP, TREAS., DIR.	40.00	X		X				0	1,603,656	223,928
(8) HEATHER M. ACKER										
	0.25									
DIRECTOR	4.00	X						0	0	0
(9) JONATHAN P. HOSEY, MD										
	0.00									
DIRECTOR	40.00	X						0	314,422	20,568
(10) KAREN DAVIS, PHD										
	0.25									
DIRECTOR	4.00	X						0	0	0
(11) MICHAEL CHARLTON										
	0.25									
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) R. BROOKS GRONLUND	0.25									
DIRECTOR	0.00	X						0	0	0
(13) RICHARD A. GRAFMYRE	0.25									
DIRECTOR	4.00	X						4,642	0	0
(14) STEVEN R. YOUSO	40.00									
PRES., CEO, DIRECTOR	0.00	X		X				790,121	0	136,923
(15) V. CHRIS HOLCOMBE, PE	0.25									
DIRECTOR	0.00	X						0	0	0
(16) WILLIAM H. ALEXANDER	0.25									
DIRECTOR	4.00	X						0	0	0
(17) THOMAS H. LEE, JR, MD, MSC	0.25									
CHAIR, DIRECTOR	4.00	X		X				0	0	0
(18) DAVID J. FELICIO, ESQUIRE	0.00									
SECRETARY, CLO	40.00			X				0	766,266	102,890
(19) DAVID J. WEADER, ESQUIRE	40.00									
ASSISTANT SECRETARY	0.00			X				300,633	0	41,231
1b Sub-total							▶	1,100,497	5,137,500	1,049,111
c Total from continuation sheets to Part VII, Section A							▶	3,928,682	4,746,913	617,748
d Total (add lines 1b and 1c)							▶	5,029,179	9,884,413	1,666,859

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 118

			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	X	
4	For any individual listed on line 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	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DENTAQUEST LLC 465 MEDFORD STREET BOSTON MA 02129-1425	CLAIMS PROCESSI	8,346,266
INOVALON INC. 4321 COLLINGTON ROAD BOWIE MD 20716	CONSULTING FEES	6,415,779
RITTER INSURANCE MARKETING, LLC 2600 COMMERCE DRIVE HARRISBURG PA 17110	BROKER FEES	4,203,952
MEDIMPACT HEALTHCARE SYSTEMS 10181 SCRIPPS GATEWAY CT SAN DIEGO CA 92131	PHARMACY BROKER	4,028,713
CHANGE HEALTHCARE P.O. BOX 572490 MURRAY UT 84157-2490	CONSULTING	3,151,462

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 118

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(20) KEVIN F. BRENNAN, CPA, FHFMA	0.00									
EVP, FINANCE, CFO	40.00			X				0	1,083,348	211,615
(21) KURT WROBEL, FSA, MAAA	40.00									
ASSISTANT TREASURER	0.00			X				423,591	0	33,728
(22) JANET F. TOMCAVAGE, RN, MSN	40.00									
CHIEF POPULATION HEA	0.00				X			166,800	247,488	33,852
(23) JOSEPH E. HADDOCK	40.00									
CHIEF SALES OFFICER	0.00				X			410,452	0	43,263
(24) RICHARD KWEI	40.00									
COO	0.00				X			447,769	0	7,489
(25) SHAWN THAMERT	40.00									
VP SALES	0.00				X			245,394	0	40,193
(26) WILLIAM J. BYRON	40.00									
VP CUSTOMER SERV ORG	0.00				X			233,157	0	37,004
(27) DAVID LEE EVANS	40.00									
VP STATE GOVT PROGR	0.00				X			199,919	0	29,456
1b Sub-total							▶	2,127,082	1,330,836	436,600
c Total from continuation sheets to Part VII, Section A							▶			
d Total (add lines 1b and 1c)							▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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		
4 For any individual listed on line 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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(28) GEORGE A. SCHNEIDER	40.00									
CFO	0.00					X		438,241	0	2,682
(29) JAMES B. HANDLAN	40.00									
VP GOVT PROGRAM	0.00					X		300,984	0	17,963
(30) JASON T. RENNE	40.00									
CHIEF STRAT PTNR OFF	0.00					X		410,316	0	39,851
(31) ROBERT W. KOMULA	40.00									
VP FINANCE	0.00					X		292,452	0	38,903
(32) CHRISTOPHER M. FANNING	40.00									
CHIEF MKTG OFFICER	0.00					X		359,607	0	43,372
(33) DUANE E. DAVIS, MD, FACP, FACR	0.00									
FORMER OFFICER	40.00						X	0	323,882	4,942
(34) GLENN D. STEELE, JR, MD, PHD	0.00									
FORMER OFFICER	40.00						X	0	3,092,195	33,435
1b Sub-total ▶								1,801,600	3,416,077	181,148
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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		
4 For any individual listed on line 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		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII [X]

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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		Busn. Code				
	2a INSURANCE PREMIUMS	524114	1838992458	1838992458		
	b INSURANCE PREMIUMS (POS)	524114	153,510,455		153,510,455	
	c IC SHARED SERVICE-SCHEDULE O	524114	62,482,982	62,482,982		
	d PARTNERSHIP INCOME (MERIDIAN)	541900	5,810,416	5,810,416		
	e PARTNERSHIP INCOME (HPA, LLC)	541900	16,194	16,194		
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶	2060812505			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	6,377,295			6,377,295
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 41,518,141	(ii) Other			
	b Less cost or other basis & sales exps	39,350,639	74,519			
	c Gain or (loss)	2,167,502	-74,519			
	d Net gain or (loss)	▶	2,092,983			2,092,983
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	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	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	Busn Code				
	11a OTHER REVENUE	524298	315,442	315,442		
	b PURCHASE DISCOUNTS	900099	133,099	133,099		
	c COMMISSION INCOME	524298	105,628		105,628	
	d All other revenue	541900	10,411		10,411	
	e Total. Add lines 11a–11d	▶	564,580			
	12 Total revenue. See instructions.	▶	2069847363	1907750591	153,626,494	8,470,278

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)

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,555,733	1,405,804	2,149,929	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,468		2,468	
7 Other salaries and wages	77,371,207	61,593,627	15,777,580	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,720,025	2,842,934	877,091	
9 Other employee benefits	14,660,165	12,387,139	2,273,026	
10 Payroll taxes	6,292,768	5,073,442	1,219,326	
11 Fees for services (non-employees)				
a Management				
b Legal	65,252		65,252	
c Accounting	1,188,741	371,518	817,223	
d Lobbying	261,466		261,466	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,674,539	136,782	1,537,757	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,127,487	32,497,353	6,630,134	
12 Advertising and promotion	2,313,249	2,313,249		
13 Office expenses	15,790,444	14,034,925	1,755,519	
14 Information technology	13,296,747	48,166	13,248,581	
15 Royalties				
16 Occupancy	2,791,041	2,629,074	161,967	
17 Travel	1,293,828	1,017,670	276,158	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	107,503	61,498	46,005	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,344,196	6,918,005	426,191	
23 Insurance	4,558,505	3,677,702	880,803	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CLAIM PAYMENTS	1729810859	1729810859		
b TAXES AND FEES	64,525,226	64,518,537	6,689	
c INTER-ENTITY EXPENSE	35,604,565	30,814,230	4,790,335	
d LICENSE, FEES, AND DUES	1,103,893	507,945	595,948	
e All other expenses	361,292	219,669	141,623	
25 Total functional expenses. Add lines 1 through 24e	2026821199	1972880128	53,941,071	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X [X]

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	2,418,399	1	5,870,131
	2	Savings and temporary cash investments	2,662,681	2	2,262,439
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	227,147,557	4	235,124,197
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	76,847
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	101,074	7	46,313
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,628,970	9	5,419,411
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 76,141,353			
	b	Less accumulated depreciation — 10b: 32,287,394	34,195,406	10c	43,853,959
	11	Investments—publicly traded securities	181,442,635	11	228,518,697
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	8,131,952	14	7,507,610
	15	Other assets See Part IV, line 11	2,755,441	15	7,089,771
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	463,484,115	16	535,769,375
Liabilities	17	Accounts payable and accrued expenses	160,765,051	17	163,363,644
	18	Grants payable		18	
	19	Deferred revenue	24,386,818	19	18,104,359
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables 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 to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	48,945,549	25	57,576,058
	26	**Total liabilities.** Add lines 17 through 25	234,097,418	26	239,044,061
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	229,386,697	27	296,725,314
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	229,386,697	33	296,725,314
	34	Total liabilities and net assets/fund balances	463,484,115	34	535,769,375

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2069847363
2	Total expenses (must equal Part IX, column (A), line 25)	2	2026821199
3	Revenue less expenses Subtract line 2 from line 1	3	43,026,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,386,697
5	Net unrealized gains (losses) on investments	5	3,512,453
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	20,800,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	296,725,314

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits See Schedule O	3b	X	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. N/A

Complete if the organization answered "Yes" on 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on 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) N/A

3 Using the organization's acquisition, 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 XIII

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 Escrow and Custodial Arrangements. N/A

Complete if the organization answered "Yes" on 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 the arrangement in Part XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. N/A

Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%

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)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		429,575		429,575
b Buildings		11,864,174	3,855,055	8,009,119
c Leasehold improvements		5,184,055	1,647,352	3,536,703
d Equipment		45,338,072	26,506,798	18,831,274
e Other		13,325,477	278,189	13,047,288
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)			▶	43,853,959

Part VII Investments—Other Securities. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	38,302,783
(3) AHIP FEE PAYABLE	16,078,285
(4) ACA FEES PAYABLE	2,735,990
(5) MEDICAL LEGAL CLAIMS ALLOWANCE	459,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	57,576,058

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	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 XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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	Other losses	2c			
d	Other (Describe in Part XIII)	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 XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

PART X, LINE 2-LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48(ASC 740): EFFECTIVE JULY 1, 2007, GEISINGER(1) ADOPTED ACCOUNTING STANDARDS CODIFICATION 740 (FIN 48), (FORMERLY KNOWN AS "STATEMENT 109: ACCOUNTING FOR INCOME TAXES" OR "FAS 109"). 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 THE END OF THE FISCAL YEAR OR ANY PREVIOUS YEARS SINCE ADOPTION. ACCORDINGLY, NO FIN 48 FOOTNOTE DISCLOSURE WAS MADE IN THE

Part XIII Supplemental Information (continued)

GEISINGER CONSOLIDATED FINANCIAL STATEMENTS.

(1) THROUGHOUT THIS DOCUMENT, THE TERMS "SYSTEM" OR "GEISINGER", SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRISING THE SYSTEM.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		X
b	Any related organization?		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed on 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?		X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	X	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	ALFRED S. CASALE, MD, FACC, FACS	(i)	0	0	0	0	0	0	0
1	DIRECTOR	(ii)	723,810	230,022	133,826	92,515	22,101	1,202,274	86,729
	DAVID T. FEINBERG, MD, MBA	(i)	0	0	0	0	0	0	0
2	CHAIR, DIRECTOR	(ii)	1,324,163	0	41,335	379,110	29,845	1,774,453	0
	FRANK J. TREMBULAK	(i)	0	0	0	0	0	0	0
3	SR VP, TREAS., DIR.	(ii)	639,252	330,221	634,183	213,451	10,477	1,827,584	593,308
	JONATHAN P. HOSEY, MD	(i)	0	0	0	0	0	0	0
4	DIRECTOR	(ii)	191,706	44,369	78,347	19,110	1,458	334,990	0
	STEVEN R. YOUSO	(i)	499,523	243,772	46,826	122,112	14,811	927,044	0
5	PRES., CEO, DIRECTOR	(ii)	0	0	0	0	0	0	0
	DAVID J. FELICIO, ESQUIRE	(i)	0	0	0	0	0	0	0
6	SECRETARY, CLO	(ii)	402,686	156,692	206,888	77,507	25,383	869,156	152,495
	DAVID J. WEADER, ESQUIRE	(i)	242,477	46,467	11,689	19,110	22,121	341,864	0
7	ASSISTANT SECRETARY	(ii)	0	0	0	0	0	0	0
	KEVIN F. BRENNAN, CPA, FHFMA	(i)	0	0	0	0	0	0	0
8	EVP, FINANCE, CFO	(ii)	541,622	299,769	241,957	185,717	25,898	1,294,963	202,451
	KURT WROBEL, FSA, MAAA	(i)	308,678	80,423	34,490	19,110	14,618	457,319	0
9	ASSISTANT TREASURER	(ii)	0	0	0	0	0	0	0
	JANET F. TOMCAVAGE, RN, MSN	(i)	108,135	37,538	21,127	10,159	6,112	183,071	0
10	CHIEF POPULATION HEA	(ii)	245,746	0	1,742	0	17,581	265,069	0
	JOSEPH E. HADDOCK	(i)	293,829	86,721	29,902	19,110	24,153	453,715	0
11	CHIEF SALES OFFICER	(ii)	0	0	0	0	0	0	0
	RICHARD KWEI	(i)	52,622	0	395,147	2,859	4,630	455,258	0
12	COO	(ii)	0	0	0	0	0	0	0
	SHAWN THAMERT	(i)	183,531	37,403	24,460	17,281	22,912	285,587	0
13	VP SALES	(ii)	0	0	0	0	0	0	0
	WILLIAM J. BYRON	(i)	185,370	33,808	13,979	15,304	21,700	270,161	0
14	VP CUSTOMER SERV ORG	(ii)	0	0	0	0	0	0	0
	DAVID LEE EVANS	(i)	144,861	26,146	28,912	12,605	16,851	229,375	0
15	VP STATE GOVT PROGR	(ii)	0	0	0	0	0	0	0
	GEORGE A. SCHNEIDER	(i)	6,394	0	431,847	341	2,341	440,923	0
16	CFO	(ii)	0	0	0	0	0	0	0

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JAMES B. HANDLAN	(i)	88,834	0	212,150	9,577	8,386	318,947	0
1	VP GOVT PROGRAM	(ii)	0	0	0	0	0	0	0
	JASON T. RENNE	(i)	300,221	88,755	21,340	19,110	20,741	450,167	0
2	CHIEF STRAT PTNR OFF	(ii)	0	0	0	0	0	0	0
	ROBERT W. KOMULA	(i)	223,233	51,602	17,617	19,110	19,793	331,355	0
3	VP FINANCE	(ii)	0	0	0	0	0	0	0
	CHRISTOPHER M. FANNING	(i)	254,225	0	105,382	19,110	24,262	402,979	0
4	CHIEF MKTG OFFICER	(ii)	0	0	0	0	0	0	0
	DUANE E. DAVIS, MD, FACP, FACR	(i)	0	0	0	0	0	0	0
5	FORMER OFFICER	(ii)	178,600	4,494	140,788	4,942	0	328,824	61,546
	GLENN D. STEELE, JR, MD, PHD	(i)	0	0	0	0	0	0	0
6	FORMER OFFICER	(ii)	556,575	1,500,000	1,035,620	19,110	14,325	3,125,630	0
		(i)							
7		(ii)							
		(i)							
8		(ii)							
		(i)							
9		(ii)							
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - FROM TIME TO TIME, THE GEISINGER BOARD OF DIRECTORS OR GEISINGER SENIOR MANAGEMENT APPROVE THE GROSS-UP OF EXPENSES, WHICH FURTHER GEISINGER BUSINESS, FOR TAX OBLIGATIONS.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
ALFRED S. CASALE, MD, FACC, FACS	0	86,729	0
FRANK J. TREMBULAK	0	593,308	0
DAVID J. FELICIO, ESQUIRE	0	152,495	0
KEVIN F. BRENNAN, CPA, FHFMA	0	202,451	0
RICHARD KWEI	359,473	0	0
GEORGE A. SCHNEIDER	376,217	0	0
JAMES B. HANDLAN	116,484	0	0
DUANE E. DAVIS, MD, FACP, FACR	0	61,546	0

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

BECAUSE THE PAYMENT OF EARNED PERFORMANCE BASED COMPENSATION IS AT THE DISCRETION OF MANAGEMENT AND THE BOARD OF DIRECTORS, SUCH PAYMENTS MAY BE CONSIDERED NON-FIXED PAYMENTS. PERFORMANCE BASED COMPENSATION IS DETERMINED BY MEETING INDIVIDUALLY MEASURED PERFORMANCE GOALS THAT ARE ALIGNED WITH OVERALL GEISINGER OBJECTIVES, INCLUDING: CLINICAL QUALITY, COMMUNITY MISSION ACHIEVEMENT, AND FINANCIAL STEWARDSHIP.

PART I, LINE 8 - PURSUANT TO CONTRACT PER REGS. SECTION 53.4958-4(A)(3)
THE EMPLOYEES LISTED PARTICIPATE IN A COMPENSATION PROGRAM DESIGNED TO BE MARKET COMPETITIVE. FROM TIME TO TIME, DEPENDING ON THE AVAILABILITY OF QUALIFIED APPLICANTS, RECRUITMENT LOANS MAY BE MADE AVAILABLE TO QUALIFIED APPLICANTS IN DIFFICULT TO RECRUIT POSITIONS. SUCH LOANS ARE ONLY PROVIDED IF TOTAL COMPENSATION, INCLUDING THE LOAN AMOUNT, IS CONSIDERED REASONABLE COMPENSATION PER INDEPENDENT SALARY SURVEYS.

PART III - OTHER ADDITIONAL INFORMATION
PART I, LINE 4A - SEVERANCE PAYMENT
UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

CONTINUATION OF SALARY FOR A TERM THAT IS BASED ON THEIR YEARS OF GEISINGER SERVICE AND POSITION.

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" AND "SYSTEM" REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org ? To	(d) Loan to or from the org ? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)	KURT WROBEL, FSA, MAAA	OFFICER	RECRUITMENT		X	40,000	32,990		X	X		X	
(2)	KURT WROBEL, FSA, MAAA	OFFICER	RECRUITMENT		X	40,000	17,518		X	X		X	
(3)	ROBERT KOMULA	FIVE HIGHEST COMPED	RECRUITMENT		X	25,000	15,190		X	X		X	
(4)	JASON RENNE	FIVE HIGHEST COMPED	RETENTION		X	50,000	11,149		X	X		X	
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $	76,847						

Part III Grants or Assistance Benefiting Interested Persons.

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues? Yes	(e) Sharing of org revenues? No
(1)	MARK E. DAVIS	FAMILY	70,601	EMPLOYEE COMP/BEN		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART V - ADDITIONAL INFORMATION

MARK E. DAVIS IS A FAMILY MEMBER OF DUANE E. DAVIS, MD, FACP, FACR, A FORMER OFFICER OF GEISINGER HEALTH PLAN.

Name of the organization: GEISINGER HEALTH PLAN

Employer identification number: 23-2311553

AMENDED RETURN EXPLANATION

FORM 990, PART VII, SECTION A, COLUMN D WAS AMENDED TO ADD THE VALUE OF A HEALTH INSURANCE BENEFIT PAID ON BEHALF OF A DIRECTOR.

FORM 990 - ORGANIZATION'S MISSION

GEISINGER HEALTH PLAN BENEFITS THE COMMUNITIES IT SERVES BY PROVIDING HIGHER QUALITY FOR EACH PERSON'S HEALTH CARE DOLLAR THROUGH INNOVATIVE MODELS OF CARE AND COVERAGE THAT SUPPORT THE GEISINGER HEALTH SYSTEM'S CHARITABLE MISSION.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

I.GENERAL INFORMATION

THREE COMPANIES COMPRISE WHAT IS KNOWN AS GEISINGER HEALTH PLAN: GEISINGER HEALTH PLAN, A TRADITIONAL HEALTH MAINTENANCE ORGANIZATION (HMO); GEISINGER QUALITY OPTIONS, INC., PREFERRED PROVIDER ORGANIZATION (PPO) PLANS; AND GEISINGER INDEMNITY INSURANCE COMPANY (GIIC), WHICH OPERATES AS A THIRD PARTY ADMINISTRATOR (TPA) AND OFFERS ADMINISTRATIVE-ONLY SERVICES.

TOGETHER THE THREE COMPANIES HAD MORE THAN 551,000 MEMBERS AT THE END OF FISCAL YEAR 2016. ALL THREE COMPANIES ARE BASED IN DANVILLE, PENNSYLVANIA. GEISINGER HEALTH PLAN (GHP), A NOT-FOR-PROFIT ORGANIZATION, PROVIDES PRE-PAID MANAGED HEALTHCARE TO ITS MEMBERS. AT THE END OF THE 2016 FISCAL YEAR, GHP WAS PREDOMINATELY PROVIDING MANAGED HEALTHCARE TO GOVERNMENT PROGRAMS INCLUDING 175,500 MEDICAID MEMBERS, 71,000 MEDICARE ADVANTAGE MEMBERS AND 10,000 CHIP MEMBERS. IN ADDITION, GHP PROVIDED MANAGED HEALTHCARE TO 83,500

MEMBERS.

FOUNDED IN 1972, INCORPORATED IN 1984, AND INITIALLY LICENSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 43 CONTIGUOUS COUNTIES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA. IN ADDITION, GHP CONTRACTS WITH MORE THAN 46,000 PROVIDERS AND 195 HOSPITALS. GHP IS CONSISTENTLY RECOGNIZED FOR QUALITY. GEISINGER HEALTH PLAN HAS BEEN ACCREDITED FOR QUALITY BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) SINCE 1993. OUR COMMERCIAL AND MEDICARE HMOS ARE BOTH RATED ONE OF THE TOP HEALTH PLANS IN THE NATION IN THE 2016-2017 NATIONAL COMMITTEE FOR QUALITY ASSURANCE HEALTH INSURANCE PLAN RATINGS.

NEW FACILITIES AND MORE SERVICES

BECAUSE GHP IS A NONPROFIT ORGANIZATION, REVENUES IN EXCESS OF THE COST OF THE HEALTHCARE PROVIDED TO MEMBERS ARE USED TO IMPROVE FACILITIES AND SERVICES, INCREASE BENEFITS AND PROVIDE AFFORDABLE RATES. GHP TYPICALLY MAKES ANNUAL CONTRIBUTIONS TO GEISINGER HEALTH, IT'S 501(C)(3) PARENT ORGANIZATION, 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 GEISINGER HEALTH AND ITS CHARITABLE AFFILIATES BY MAKING IT POSSIBLE TO ENHANCE HEALTHCARE PROGRAMS AND SERVICES THROUGHOUT THE REGION WHILE IMPROVING THE AVAILABILITY OF CARE FOR PATIENTS IN OUR SERVICE AREA. PROVIDING AFFORDABLE, HIGH QUALITY, COMPREHENSIVE HEALTHCARE AND BENEFITS INCREASES THE ACCESS OF CARE TO THOSE WHO MIGHT NOT OTHERWISE BE ABLE TO AFFORD HEALTHCARE AND CONTRIBUTES TO THE QUALITY OF LIFE IN ALL OF THE

COMMUNITIES WE SERVE.

GHP PROVIDES COMPREHENSIVE HEALTHCARE SERVICES ON A PREPAID BASIS THROUGH AN INTEGRATED HEALTHCARE DELIVERY SYSTEM, WHICH PROVIDES HEALTHCARE 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 GEISINGER. 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.

PROVENHEALTH NAVIGATOR® (PHN)

GHP'S PROVENHEALTH NAVIGATOR® (PHN) IS A PARTNERSHIP BETWEEN PATIENTS, PRIMARY CARE PROVIDERS AND GHP TO IMPROVE MEMBERS' HEALTH. ALSO KNOWN AS A "MEDICAL HOME," PHN PROVIDES A CASE MANAGER WHO WORKS CLOSELY WITH THE MEMBER'S HEALTHCARE PROVIDERS, THE MEMBER AND THE MEMBER'S FAMILY BY COORDINATING CARE WITH HOSPITALS, SPECIALISTS, PHARMACISTS AND SKILLED NURSING FACILITIES. THE MODEL GEISINGER 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 HEALTHCARE DELIVERY VEHICLE: HEALTH NAVIGATOR. ACTING AS THE FIRST-LINE CAREGIVER AND GUIDE, GEISINGER HEALTH PLAN NURSE CASE MANAGERS HELP MEMBERS NAVIGATE THE HEALTH-CARE SYSTEM. THE KEY STRATEGY OF HEALTH NAVIGATOR IS TO OFFER MEMBERS ACCESS TO A HEALTH NAVIGATOR CASE MANAGER 24 HOURS A DAY, 7 DAYS A WEEK. THE PRIMARY CARE
PRACTICE TEAM AND GHP, WORKING WITH THE MEMBER AT THE CENTER OF THE SYSTEM, ACCEPT RESPONSIBILITY TO OPTIMIZE HEALTH STATUS FOR EVERY INDIVIDUAL AND TO MEET PRE-ESTABLISHED QUALITY, EFFICIENCY, AND MEMBER

SATISFACTION OUTCOME TARGETS FOR THE PRACTICE POPULATION.

PROVENCARE® - CHRONIC DISEASE

GEISINGER IDENTIFIED COMMON CHRONIC DISEASES (DIABETES, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE) AND ADULT PREVENTION MEASURES (IMMUNIZATIONS, COLONOSCOPIES, ETC.). USING EVIDENCE-BASED BEST PRACTICES, CARE WAS "BUNDLED" TO INCLUDE THE MOST EFFECTIVE TREATMENT. SUCCESS IS MEASURED BY MEETING 100% OF THE BUNDLE REQUIREMENTS, AS TRACKED OVER TIME. GEISINGER HAS MADE SIGNIFICANT IMPROVEMENT IN MEETING THE BUNDLE REQUIREMENTS FOR DIABETES AND PREVENTIVE CARE FOR ADULTS.

PROVENCARE® - ACUTE EPISODIC CARE (THE "WARRANTY")

BEGINNING WITH CORONARY ARTERY BYPASS GRAFTS (CABG), THE PROCESS INCLUDES IDENTIFYING HIGH-VOLUME DIAGNOSIS-RELATED GROUPS (DRGS), DETERMINING BEST PRACTICE TECHNIQUES, AND DELIVERING EVIDENCE-BASED CARE. WORKING WITH GHP, THE GEISINGER 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 FACILITY). THIS "WARRANTED" CARE HAS BEEN VERY SUCCESSFUL AND FEATURED IN THE NEW YORK TIMES AND PUBLISHED IN THE ANNALS OF SURGERY. IN ADDITION TO CABG, GEISINGER NOW HAS PROGRAMS FOR ANGIOPLASTY WITH AN ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), HIP REPLACEMENT, CATARACTS, ERYTHROPOIETIN (A DRUG USED FOR KIDNEY PATIENTS), PERINATAL CARE, LOW BACK PAIN AND BARIATRIC SURGERY.

TRANSITIONS OF CARE

HELPING INDIVIDUALS TRANSITION FROM ONE LEVEL OF CARE TO ANOTHER, SUCH AS TRANSITIONING FROM THE HOSPITAL TO HOME, IS AN IMPORTANT COMPONENT OF ENSURING COMPREHENSIVE AND HIGH QUALITY HEALTHCARE SERVICES. GEISINGER HAS ALIGNED RESOURCES AND IMPLEMENTED NEW STRATEGIES WITHIN THE HOSPITAL AS WELL AS WITHIN PRIMARY AND SPECIALTY SETTINGS TO ANTICIPATE PATIENT NEEDS AND COORDINATE SERVICES TO ASSURE TIMELY AND SAFE TRANSITIONS. THESE NEW STRATEGIES HAVE INCORPORATED MORE TIMELY COMMUNICATION FROM THE HOSPITAL TO PRIMARY CARE PROVIDERS, LEVERAGED DATA FROM THE ELECTRONIC HEALTH RECORD AND CLAIMS TO IDENTIFY RISK, AND USED CASE MANAGERS TO PROVIDE EARLY FOLLOW UP SERVICES. GEISINGER'S EFFORTS AROUND TRANSITIONS HAVE DEMONSTRATED REDUCTIONS IN READMISSIONS AS WELL AS MORE COORDINATED FOLLOW THROUGH AFTER DISCHARGE.

ELECTRONIC HEALTH RECORD (EHR)

GEISINGER 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 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. THE PROGRAMS ARE FOCUSED ON CONGESTIVE HEART FAILURE, HYPERTENSION, DIABETES, CORONARY ARTERY DISEASE, OSTEOPOROSIS, CHRONIC OBSTRUCTIVE

PULMONARY DISEASE, CHRONIC KIDNEY DISEASE, ASTHMA, TOBACCO CESSATION AND WEIGHT MANAGEMENT. THESE IN-DEPTH PROGRAMS WERE THE RESULT OF A COLLABORATION OF EXPERTISE BETWEEN GHP AND PROVIDERS IN GEISINGER AND HAVE ATTAINED NATIONAL RECOGNITION BY HEALTH MANAGEMENT ORGANIZATIONS AND INDUSTRY GROUPS. THE SUCCESS OF THIS COLLABORATION IS ONE EXAMPLE OF HOW THIS UNIQUE RELATIONSHIP CAN BENEFIT THE COMMUNITY.

COMMUNITY HEALTH, EDUCATION, AND OUTREACH

GHP EMPLOYEES PROVIDE THE PUBLIC WITH INFORMATION ON TOPICS SUCH AS INSURANCE EDUCATION, ADVANCE DIRECTIVES, DENTAL AND HAND HYGIENE, ASTHMA CARE, THE IMPORTANCE OF SCREENINGS AND IMMUNIZATIONS AND WELLNESS. IN ALL, GHP PROVIDED INFORMATION TO MORE THAN 417,000 INDIVIDUALS AT MORE THAN 1,700 EVENTS INCLUDING HEALTH FAIRS, SCHOOL-BASED PRESENTATIONS, SEMINARS AND ORGANIZATIONAL MEETINGS.

THIS EDUCATION INCLUDES:

-INFORMATION ABOUT COVERAGE OPTIONS TO MORE THAN 152,200 INDIVIDUALS. MEETINGS WERE EITHER HOSTED BY GHP OR GHP PARTICIPATED IN ANOTHER ORGANIZATION'S EVENT

-THIRTY-EIGHT COMMUNITY HEALTH EDUCATION EVENTS ABOUT THE IMPORTANCE OF DENTAL AND HAND HYGIENE

-MORE THAN 1,500 WELLNESS ACTIVITIES AT EMPLOYER GROUPS SERVING MORE THAN 209,100 INDIVIDUALS

-FIVE COMMUNITY EVENTS, REACHING 5,000 INDIVIDUALS, TO PROMOTE AND ENCOURAGE THE FLU SHOT

IN ADDITION, GHP EDUCATES THE GENERAL PUBLIC, MEMBERS, EMPLOYER GROUPS,

BROKERS, PARTICIPATING PROVIDERS AND OFFICE PERSONNEL ON HEALTH AND WELLNESS INFORMATION ON TOPICS RANGING FROM WOMEN'S HEALTH TO COLD AND FLU PREVENTION. THE INFORMATION IS AVAILABLE IN A VARIETY OF FORMATS INCLUDING NEWSPAPER ARTICLES, NEWSLETTERS, EMAILS, BROCHURES AND POSTERS. GHP SUPPORTS MANY LOCAL ORGANIZATIONS THROUGH COMMUNITY SPONSORSHIPS. THE ORGANIZATIONS INCLUDED: LOCAL CHAMBERS OF COMMERCE AND THE BOY SCOUTS OF AMERICA.

HEALTHCARE SUPPORT SERVICES

OVER THE COURSE OF FISCAL YEAR 2016, MORE THAN 18,800 MEMBERS WERE TOUCHED BY GHP'S QUALITY IMPROVEMENT NURSES. GHP NURSES CONTACT MEMBERS TO EDUCATE AND ENCOURAGE THEM ON THE IMPORTANCE OF RECEIVING THE APPROPRIATE CHECKUPS AND SCREENINGS FOR BOTH CHILDREN AND ADULTS. IN SOME CASES, THE NURSES WILL ALSO SCHEDULE THE APPOINTMENT WITH THE MEMBER'S PROVIDER TO RECEIVE SCREENINGS SUCH AS MAMMOGRAMS AND PAP SMEARS.

HEALTH EDUCATION AWARENESS

GHP HELD ITS FIRST "MAMMOTHON" IN FISCAL YEAR 2016. OVER 150 GHP EMPLOYEES VOLUNTEERED TO CALL 4,500 MEMBERS WHO WERE OVERDUE FOR A MAMMOGRAM. GHP DONATED $4,610 TO THE AMERICAN CANCER SOCIETY, $10 FOR EVERY SCHEDULED APPOINTMENT.

IMPROVING QUALITY

GHP AND GEISINGER HAVE WORKED TOGETHER TO DEVELOP NEW WAYS TO PROVIDE BETTER CARE AND MAKE IMPROVEMENTS IN THE LEVEL OF CARE OUR MEMBERS RECEIVE. BY TARGETING BEST PRACTICE INITIATIVES ON SEVERAL OF THE NCQA'S HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS) MEASURES, GHP HAS BEEN ABLE

TO IMPROVE THESE RATES AND PROVIDE OUR MEMBERS WITH QUALITY CARE. HEDIS IS A SET OF STANDARDIZED PERFORMANCE MEASURES DESIGNED TO ENSURE THAT CONSUMERS HAVE THE INFORMATION THEY NEED TO RELIABLY COMPARE THE PERFORMANCE OF MANAGED HEALTHCARE PLANS. THE PERFORMANCE MEASURES IN HEDIS ARE RELATED TO MANY SIGNIFICANT PUBLIC HEALTH ISSUES SUCH AS CANCER, HEART DISEASE, SMOKING, ASTHMA AND DIABETES. HEDIS ALSO INCLUDES A SURVEY OF CONSUMERS' EXPERIENCES IN AREAS SUCH AS CUSTOMER SERVICE, ACCESS TO CARE AND CLAIMS PROCESSING.

PHYSICIAN QUALITY SUMMARY (PQS)

IN JANUARY 2005, GHP BEGAN POSTING ITS PARTICIPATING PRIMARY CARE PROVIDER OFFICES QUALITY RATINGS ONLINE AT THE GHP WEBSITE. THE WEB REPORT, CALLED PHYSICIAN QUALITY SUMMARY, HELPS MEMBERS CHOOSE A PROVIDER THAT'S RIGHT FOR THEM AND ENCOURAGES QUALITY IMPROVEMENT AMONG PHYSICIANS. FEEDBACK FROM THE PROVIDERS WAS INSTRUMENTAL IN HELPING TO DEVELOP THE PROGRAM. PQS CONTINUES TO RAISE THE BAR BY MODIFYING MEASURES TO ENCOURAGE CONTINUED IMPROVEMENT.

RESEARCH AND EDUCATION

GEISINGER HAS A LONG HISTORY AS A TEACHING ORGANIZATION. THE REGION HAS BEEN SERVED OVER THE YEARS BY THOUSANDS OF DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS WHO RECEIVED THEIR EDUCATION AT GEISINGER. MEDICAL RESIDENTS FROM ACROSS THE COUNTRY CHOOSE GEISINGER FOR THEIR TRAINING BECAUSE OF THE SYSTEM'S UNIQUE INTEGRATED STRUCTURE AND THE UNCOMMON VARIETY OF MEDICAL CONDITIONS THEY CAN OBSERVE AND TREAT HERE. IN FISCAL YEAR 2016, ANOTHER $74.1 MILLION REPRESENTED GEISINGER'S UNREIMBURSED COST FOR PROVIDING RESIDENCY, FELLOWSHIP AND ALLIED HEALTH EDUCATIONAL PROGRAMS. GEISINGER SUPPORTS ITS CHARITABLE MISSION THROUGH MEDICAL RESEARCH

ACTIVITIES AT TWO FACILITIES: THE SIEGFRIED AND JANET WEIS CENTER FOR RESEARCH (WEIS CENTER) AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH (CHR) WHICH OPENED IN THE SPRING OF 2007. THIS 63,000 SQUARE FOOT BUILDING HOUSES THE CENTER FOR HEALTH RESEARCH, THE CENTER FOR CLINICAL STUDIES, RESEARCH ADMINISTRATION, THE MEDICAL LIBRARY, AND THE HENRY HOOD CENTER FOR HEALTH RESEARCH CONFERENCE CENTER. THE CONFERENCE CENTER IS AVAILABLE FOR EDUCATIONAL SEMINARS, MEETINGS, DINNERS, RECEPTIONS, AND OTHER SPECIAL FUNCTIONS RELATING TO GEISINGER'S CHARITABLE MISSION. FACILITIES INCLUDE: AN AUDITORIUM, MULTIPURPOSE ROOM, CONFERENCE ROOMS, A DISTANCE LEARNING ROOM, FOCUS GROUP ROOM AND A CAFE.

THE WEIS CENTER PROVIDES A FOCUS FOR LABORATORY RESEARCH AND RESEARCH TRAINING, AND SUPPORTS THE CLINICAL STAFF IN THEIR RESEARCH PROGRAMS. THE PRIMARY MISSION OF THE WEIS CENTER IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH THAT CONTRIBUTES NEW KNOWLEDGE TO BIOMEDICAL SCIENCE AND BENEFITS PATIENTS BY PROVIDING THE LATEST SCIENTIFIC KNOWLEDGE TO OUR CLINICAL STAFF. THIS RESEARCH CENTER IS HOME TO THE HENRY HOOD RESEARCH PROGRAM. THE PREEMINENT FUNCTION OF THE HOOD RESEARCH PROGRAM IS TO CONDUCT ORIGINAL AND INNOVATIVE RESEARCH OF WORLD CLASS QUALITY. THE WEIS CENTER'S SCIENTISTS APPLY MODERN MOLECULAR AND CELLULAR APPROACHES TO DIVERSE RESEARCH PROBLEMS IN THE AREAS OF CARDIOVASCULAR FUNCTION, CANCER AND DEVELOPMENTAL BIOLOGY. THE CHR CONDUCTS HEALTH SERVICES, EPIDEMIOLOGIC AND POPULATION GENETICS RESEARCH ON THE BROAD RANGE OF CONDITIONS TYPICALLY SEEN IN PRIMARY AND SPECIALTY CARE SETTINGS. THE CHR ALSO INVESTIGATES EXTRAMURAL RESOURCES FOR FUNDING OF CLINICAL RESEARCH. TOGETHER WITH THE WEIS CENTER, THE CHR IS ALSO BUILDING THE CAPABILITY FOR POPULATION-BASED GENETICS RESEARCH. SUBSTANTIAL RESEARCH OPPORTUNITIES AT GEISINGER ARE MADE POSSIBLE BY THE

RICH ARRAY OF RESOURCES AND CAPABILITIES INCLUDING THOSE OF GHP. GHP PROVIDES THE CHR WITH DE-IDENTIFIED DATA FROM MEMBERS. THIS INFORMATION IS USED TO STUDY A VARIETY OF ISSUES, INCLUDING POPULATION-BASED AND CLINICAL GENOMICS AND UNDERSTANDING AND ADDRESSING
RURAL POPULATION NEEDS.

IN ADDITION, GHP FUNDING DIRECTLY SUPPORTS THE RECRUITMENT AND HIRING OF RESIDENTS, RESEARCHERS AND OTHER HEALTH PROFESSIONALS, AS WELL AS STAFF EDUCATION. IN MANY INSTANCES, THE BENEFITS OF OUR INTEGRATED HEALTH SYSTEM ARE A KEY FACTOR IN THEIR DECISION TO JOIN GEISINGER. THE UNREIMBURSED COST OF GEISINGER RESEARCH PROGRAMS WAS APPROXIMATELY $16.8 MILLION IN FISCAL YEAR 2016.

II. UNCOMPENSATED CARE

GHP RECOGNIZES THAT ITS MISSION IS TO FURTHER GEISINGER'S CHARITABLE MISSION BY ENHANCING THE VALUE AND THE QUALITY OF HEALTH TO THE COMMUNITY THROUGH MANAGED CARE INSURANCE PRODUCTS AND PROGRAMS THAT COORDINATE THE DELIVERY AND FINANCING OF HEALTH SERVICES.

MEDICARE/MEDICAID

IN RECOGNIZING ITS MISSION TO THE COMMUNITY, GHP PROVIDES INSURANCE TO THE ELDERLY THROUGH THE PROVISION OF GEISINGER GOLD, A MEDICARE ADVANTAGE INSURANCE PROGRAM. AS PART OF ITS MEDICARE ADVANTAGE PROGRAM, GHP OFFERS A SPECIAL NEEDS PLAN FOR CITIZENS ELIGIBLE FOR BOTH MEDICAID AND MEDICARE. DURING FISCAL YEAR 2013, GHP WAS AWARDED A HEALTHCHOICES (MEDICAID) CONTRACT BY THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE. ON MARCH 1, 2013 "GHP FAMILY" BEGAN TO PROVIDE HEALTH BENEFITS TO OVER 102,000 MEDICAID

BENEFICIARIES. PRIOR TO MARCH 1, 2013 GHP INCURRED OPERATING EXPENSES OF $7.7 MILLION TO PREPARE FOR THIS LAUNCH OF MANAGED MEDICAID IN CENTRAL AND NORTHEAST PENNSYLVANIA. IN ADDITION, GHP FAMILY INCURRED OPERATING LOSSES OF $24.3 MILLION SINCE THE LAUNCH OF THE PROGRAM THROUGH JUNE 30, 2015. IN FISCAL YEAR 2016, GHP ENDED THE YEAR SERVING OVER 175,500 MEDICAID BENEFICIARIES.

DURING FISCAL YEAR 2016, GEISINGER PROVIDED $450 MILLION IN HEALTH SERVICES TO THE ELDERLY AND THE POOR WHICH REPRESENTS THE DIFFERENCE THE AMOUNT REIMBURSED BY MEDICARE AND MEDICAID AND THE COST TO DELIVER THE CARE.

UNCOMPENSATED CARE

VARIOUS PRACTICES AND POLICIES ALLOW FOR UNCOMPENSATED CARE AND FINANCIAL ASSISTANCE TO GEISINGER PATIENTS WITH LIMITED FINANCIAL MEANS, REFLECTING THAT THE PRIMARY PURPOSE OF THE HEALTH SYSTEM IS TO PROVIDE MEDICALLY NECESSARY TREATMENT TO ANYONE REGARDLESS OF RACE, CREED, RELIGIOUS PREFERENCE OR ABILITY TO PAY. DURING FISCAL YEAR 2016, THE TOTAL COST OF UNCOMPENSATED CARE PROVIDED BY THE HEALTH SYSTEM TO PATIENTS WITH LIMITED MEANS WAS APPROXIMATELY $53 MILLION.

III. COMMUNITY HEALTH EDUCATION AND OUTREACH

COMMUNITY HEALTH, EDUCATION, AND OUTREACH	$2,494,408
PROVENHEALTH NAVIGATOR HEALTHCARE SERVICES TO NON-MEMBERS	2,027,823
TOTAL GHP COMMUNITY HEALTH EDUCATION AND OUTREACH	$4,522,231

IN TOTAL, GEISINGER SPENT APPROXIMATELY $11.9 MILLION DURING FISCAL YEAR 2016 IN COMMUNITY HEALTH, EDUCATION AND OUTREACH PROGRAMS THAT BENEFITED

THOUSANDS OF PENNSYLVANIANS THROUGH HEALTH FAIRS, HEALTH SCREENINGS, IMPORTANT HEALTH AND PREVENTION INFORMATION, HEALTH CLINICS AND SUPPORT GROUPS THAT BROUGHT THE EXPERTISE OF GEISINGER PHYSICIANS, PHYSICIAN ASSISTANTS, NURSES AND NURSE EXTENDERS, DIETITIANS AND OTHER HEALTH PROFESSIONALS TO THE COMMUNITIES THROUGHOUT THE GHP SERVICE AREA.

IN ALL, WHEN COMBINED WITH $3.6 MILLION IN SERVICES PROVIDED BY VOLUNTEERS ON BEHALF OF PATIENTS AND MEMBERS, AND APPROXIMATELY $1.4 MILLION IN PAYMENTS TO VARIOUS TAXING DISTRICTS TO ASSIST IN PROVIDING MUNICIPAL SERVICES, GEISINGER PROVIDED APPROXIMATELY $611 MILLION IN COMMUNITY BENEFIT IN FISCAL YEAR 2016, EQUAL TO APPROXIMATELY 14% OF THE TOTAL OPERATING EXPENSES REPORTED.

FORM 990, PART V - ADDITIONAL INFORMATION

FORM 990, PART V, LINE 1A:

ENTER THE NUMBER REPORTED IN BOX 3 OF FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION RETURNS.

GEISINGER SYSTEM SERVICES (GSS), AN AFFILIATE OF THE ORGANIZATION, PROVIDES A CENTRALIZED ACCOUNTS PAYABLE FUNCTION FOR ALL GEISINGER ORGANIZATIONS. AS THE ACCOUNTS PAYABLE PROCESSOR, GSS PREPARES AND FILES FORM 1099 UNDER ITS EIN FOR CERTAIN REPORTABLE PAYMENTS OF THE FILING ORGANIZATION. THE NUMBER OF FORM 1099'S FILED BY GSS FOR THE 2015 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 7,485. THE RESPONSE ENTERED ON LINE 1A OF 5,757 FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099'S FILED UNDER THE ORGANIZATION'S EIN. IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF.

FORM 990, PART VI - ADDITIONAL INFORMATION

Name of the organization: GEISINGER HEALTH PLAN

Employer identification number: 23-2311553

FORM 990, PART I, SECTION A, LINE 4:

FORM 990, PART VI, SECTION A, LINE 1B:

ENTER THE NUMBER OF VOTING MEMBERS THAT ARE INDEPENDENT.

BASED ON THE FORM 990 DEFINITION OF "INDEPENDENCE" AS IT RELATES TO VOTING MEMBERS OF THE GOVERNING BODY, TWO VOTING MEMBERS ARE NOT INDEPENDENT BECAUSE THEY ARE COMPENSATED AS EMPLOYEES OF RELATED TAX-EXEMPT ORGANIZATIONS.

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?

JOSEPH E. HADDOCK, JANET F. TOMCAVAGE, RN, MSN, STEVEN R. YOUSO, DAVID J. WEADER, ESQUIRE, BRUCE J. BROWN, V. CHRIS HOLCOMBE, PE, R. BROOKS GRONLUND, MICHAEL CHARLTON, KURT WROBEL, FSA, MAAA, JONATHAN P. HOSEY, MD, EARL FOURA, ALFRED S. CASALE, MD, FACC, FACS, WILLIAM H. ALEXANDER, THOMAS H. LEE, JR, MD, MSC, RICHARD A. GRAFMYRE, KAREN DAVIS, PHD, HEATHER M. ACKER, DON A. ROSINI, CHRISTOPHER B. SULLIVAN, KEVIN F. BRENNAN, CPA, FHFMA, DAVID J. FELICIO, ESQUIRE, DAVID T. FEINBERG, MD, MBA, AND FRANK J. TREMBULAK ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS OF ONE OR MORE FOR-PROFIT GEISINGER HEALTH PLAN AFFILIATES. ALL OF THE FOR-PROFIT AFFILIATES ARE A PART OF GEISINGER.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT AND REMOVE 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 THE PENNSYLVANIA NONPROFIT CORPORATION LAW.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
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.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
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 BOARD OF DIRECTOR'S FINANCE COMMITTEE CHARTER, GEISINGER ORGANIZATIONS' FORM 990 FILINGS ARE REVIEWED ANNUALLY.
THE FORM 990 IS PREPARED BY GEISINGER TAX AND FINANCIAL REPORTING DEPARTMENTS WITH INFORMATION PROVIDED FROM FINANCE, TAX, HUMAN RESOURCES, LEGAL SERVICES AND OTHER RELEVANT DEPARTMENTS WITHIN GEISINGER.
THE CHIEF FINANCIAL OFFICER (CFO) OF GEISINGER 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 GEISINGER REVIEW THE INFORMATION DISCLOSED ON THE FORM 990 RELEVANT TO THEIR RESPECTIVE AREAS OF RESPONSIBILITY. FOR PURPOSES OF THEIR ANNUAL AUDIT OF GEISINGER CONSOLIDATED FINANCIAL STATEMENTS, INDEPENDENT AUDITORS REVIEW ALL FEDERAL TAX RETURNS FILED BY GEISINGER 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 REPORTING PERIOD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE SUBJECT TO THE GEISINGER CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS (MAY INCLUDE INDEPENDENT CONTRACTORS). AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS (INCLUDING INDEPENDENT CONTRACTORS) AND OTHERS DESIGNATED BY THE BOARD OF DIRECTORS 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 GEISINGER. THE DISCLOSURES ARE REVIEWED BY THE OFFICE OF THE CHIEF LEGAL OFFICER AND REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE AND BOARD OF DIRECTORS. AFTER REVIEW 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 AND TAKES APPROPRIATE ACTION. THE INDIVIDUAL DISCLOSING THE FINANCIAL INTEREST IS ABSENT DURING THE BOARD DELIBERATIONS AND DECISIONS ON THE MATTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PROCESS TO REVIEW AND APPROVE THE COMPENSATION OF GEISINGER 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 GEISINGER. THE CONSULTANT'S REPORT IS PRESENTED TO THE GEISINGER FAMILY COMMITTEE PRIOR TO ANY COMPENSATION ADJUSTMENT. THE REPORT SUPPORTS THE RIGOROUS REVIEW COMPLETED BY THE GEISINGER FAMILY 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 THE GEISINGER FAMILY COMMITTEE PRIOR TO THE EFFECTIVE DATE OF THE PAYMENT. THE GEISINGER FAMILY COMMITTEE AT ITS SOLE DISCRETION MAY POSITIVELY OR NEGATIVELY ADJUST ANY RECOMMENDED COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE SCHEDULE O RESPONSE TO FORM 990, PART VI, SECTION B, QUESTION 15A.

Name of the organization: GEISINGER HEALTH PLAN

Employer identification number: 23-2311553

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE. GO TO: WWW.GEISINGER.ORG/PAGES/ABOUT-GEISINGER AND SELECT ANNUAL REPORTS. FINANCIAL STATEMENTS, FORM 990, FORM 990-T, THE CONFLICTS OF INTEREST POLICY, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII - ADDITIONAL INFORMATION

FORM 990, PART VIII, LINE 2C:

THE IC SUPPORT SERVICE REVENUE REPRESENTS REVENUE FROM INTERCOMPANY MANAGEMENT, ADMINISTRATIVE, AND CONSULTING SERVICES PROVIDED TO RELATED TAXABLE ORGANIZATIONS. THE ORGANIZATION AND RELATED TAXABLE ORGANIZATIONS ARE ALL CONTROLLED BY GEISINGER HEALTH. THE SERVICES, PROVIDED AT OR BELOW COST, ARE PERFORMED WITHOUT A PROFIT MOTIVE TO PROMOTE THE EFFICIENT OPERATION OF GEISINGER IN CARRYING OUT ITS CHARITABLE MISSION. THE SERVICES ARE NOT OFFERED TO UNRELATED ORGANIZATIONS OR TO THE GENERAL PUBLIC. UNDER IRS ADVISORY DATED MARCH 7, 2014, THESE INTERCOMPANY SHARED SERVICES ARE NOT INCLUDED IN THE DEFINITION OF UNRELATED BUSINESS INCOME AND SHOULD NOT TO BE INCLUDED ON FORM 990-T DUE TO THE ABSENCE OF THE FOLLOWING TWO CONDITIONS: (1) THE SERVICES MUST BE ABOVE COST OR AT FAIR MARKET VALUE, AND (2) THERE MUST BE A PROFIT MOTIVE.

FORM 990, PART X - ADDITIONAL INFORMATION

FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E:

UNRELATED BUSINESS INCOME TAX EXPENSE $133,453.

Name of the organization: GEISINGER HEALTH PLAN

Employer identification number: 23-2311553

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER FROM PARENT, GEISINGER HEALTH	$ 20,800,000
TOTAL	$ 20,800,000

FORM 990, PART XII - ADDITIONAL INFORMATION

FORM 990, PART XII, LINE 3A: AS A RESULT OF A FEDERAL AWARD, WAS THE ORGANIZATION REQUIRED TO UNDERGO AN AUDIT OR AUDITS AS SET FORTH IN THE AUDIT ACT OR OMB CIRCULAR A-133?

FEDERAL AWARDS ARE AUDITED AS A PART OF THE GEISINGER'S CONSOLIDATED REPORT ON FEDERAL AWARDS IN ACCORDANCE WITH OMB CIRCULAR A-133.

FOOTNOTE: THROUGHOUT FORM 990, THE TERMS "GEISINGER" AND "SYSTEM" SHALL REFER TO THE ENTIRE HEALTHCARE SYSTEM COMPRISED OF GEISINGER HEALTH AS PARENT AND ALL SUBSIDIARY CORPORATIONS COMPRISING THE SYSTEM.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	GEISINGER HEALTH 100 NORTH ACADEMY AVENUE, MC 49-70 23-1995911 DANVILLE PA 17822	PHILANTHRO	PA	501C3	7	N/A	X	
(2)	GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE, MC 49-70 24-0795959 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(3)	GEISINGER CLINIC 100 NORTH ACADEMY AVENUE, MC 49-70 23-6291113 DANVILLE PA 17822	PHYSICIAN	PA	501C3	11A	GH	X	
(4)	GEISINGER WYOMING VALLEY MED. CTR. 100 NORTH ACADEMY AVENUE, MC 49-70 23-1996150 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(5)	MARWORTH 100 NORTH ACADEMY AVENUE, MC 49-70 23-2171417 DANVILLE PA 17822	D&A REHAB	PA	501C3	3	GH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

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	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	GEISINGER SYSTEM SERVICES 100 NORTH ACADEMY AVENUE, MC 49-70 23-2164794 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	GH	X	
(2)	GEISINGER COMMUNITY HEALTH SERVICES 100 NORTH ACADEMY AVENUE, MC 49-70 23-2967235 DANVILLE PA 17822	HEALTHCARE	PA	501C3	9	GSS	X	
(3)	GEISINGER INSURANCE CORPORATION,RRG 100 NORTH ACADEMY AVENUE, MC 49-70 14-1909894 DANVILLE PA 17822	SELF INS	VT	501C3	11A	GH	X	
(4)	COMMUNITY MEDICAL CENTER 100 NORTH ACADEMY AVENUE, MC 49-70 24-0862246 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(5)	MOUNTAIN VIEW NURSING HOME, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 23-2568288 DANVILLE PA 17822	LONG TERM	PA	501C3	9	GH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
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Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	COMMUNITY MEDICAL CENTER HEALTHCARE 100 NORTH ACADEMY AVENUE, MC 49-70 23-2279376 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	GH	X	
(2)	GEISINGER-BLOOMSBURG HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-2193572 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	
(3)	GEISINGER-BLOOMSBURG HEALTHCARE CTR 100 NORTH ACADEMY AVENUE, MC 49-70 23-2242854 DANVILLE PA 17822	SKILLED NU	PA	501C3	9	GH	X	
(4)	LEWISTOWN HEALTH CARE FOUNDATION 100 NORTH ACADEMY AVENUE, MC 49-70 23-2344363 DANVILLE PA 17822	PHILANTHRO	PA	501C3	11A	GH	X	
(5)	GEISINGER-LEWISTOWN HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-1352187 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	GH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	LEWISTOWN AMBULATORY CARE CORP. 100 NORTH ACADEMY AVENUE, MC 49-70 23-2344362 DANVILLE PA 17822	HOLDING CO	PA	501C3	11A	GH	X	
(2)	FAMILY HEALTH ASSOCIATES OF GLH 100 NORTH ACADEMY AVENUE, MC 49-70 25-1651582 DANVILLE PA 17822	PHYSICIAN	PA	501C3	11A	GH	X	
(3)	KEYSTONE HEALTH INFORMATION EXCH. 100 NORTH ACADEMY AVENUE, MC 49-70 46-4359893 DANVILLE PA 17822	RHIO	PA	501C3	11A	GH	X	
(4)	HEALTH CARE CORP OF NORTHEAST PA 100 NORTH ACADEMY AVENUE, MC 49-70 23-2337286 DANVILLE PA 17822	SUPPORT SV	PA	501C3	11A	CMC	X	
(5)	SUN HOME HEALTH SERVICES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 23-1736912 DANVILLE PA 17822	HEALTHCARE	PA	501C3	9	GCHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	HOLY SPIRIT HEALTH SYSTEM 100 NORTH ACADEMY AVENUE, MC 49-70 25-1865142 DANVILLE PA 17822	PHILANTHRO	PA	501C3	11A	GH	X	
(2)	HOLY SPIRIT HOSPITAL 100 NORTH ACADEMY AVENUE, MC 49-70 23-1512747 DANVILLE PA 17822	HOSPITAL	PA	501C3	3	HSHS	X	
(3)	HOLY SPIRIT CORPORATION 100 NORTH ACADEMY AVENUE, MC 49-70 23-2214540 DANVILLE PA 17822	HOLDING CO	PA	501C2		HSHS	X	
(4)	SPIRIT PHYSICIAN SERVICES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 25-1766971 DANVILLE PA 17822	PHYSICIAN	PA	501C3	9	HSHS	X	
(5)	WEST SHORE ADVANCED LIFE SUPP. SVCS 100 NORTH ACADEMY AVENUE, MC 49-70 23-2463002 DANVILLE PA 17822	HEALTHCARE	PA	501C3	7	HSHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	ATLANTICARE BEHAVORIAL HEALTH, INC. 2511 FIRE ROAD 21-0721208 EGG HARBOR TOWNSHIP NJ 08234	HEALTHCARE	NJ	501C3	7	ARHS	X	
(2)	ATLANTICARE FOUNDATION 6725 DELILAH ROAD 22-2148992 EGG HARBOR TOWNSHIP NJ 08234	SUPPORT AR	NJ	501C3	7	AH SYSTEM	X	
(3)	ATLANTICARE HEALTH ENGAGEMENT, INC. 2500 ENGLISH CREEK AVENUE 61-1608389 EGG HARBOR TOWNSHIP NJ 08234	HEALTHCARE	NJ	501C3	11A	AH SYSTEM	X	
(4)	ATLANTICARE HEALTH SERVICES, INC. 2500 ENGLISH CREEK AVENUE 22-3265214 EGG HARBOR TOWNSHIP NJ 08234	HEALTHCARE	NJ	501C3	9	ARHS	X	
(5)	ATLANTICARE HEALTH SYSTEM, INC. 2500 ENGLISH CREEK AVENUE 22-3265213 EGG HARBOR TOWNSHIP NJ 08234	SUPPORT AR	NJ	501C3	11A	GH	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

GEISINGER HEALTH PLAN

Employer identification number

23-2311553

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

	(a) Name, address, and EIN (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	ATLANTICARE REGIONAL MEDICAL CENTER 1925 PACIFIC AVENUE 21-0634549 ATLANTIC CITY NJ 08401	HOSPITAL	NJ	501C3	3	ARHS	X	
(2)	ATLANTICARE PHYSICIAN GROUP, PA 2500 ENGLISH CREEK AVENUE 02-0701782 EGG HARBOR TOWNSHIP NJ 08234	HEALTHCARE	NJ	501C3	9	AH SYSTEM	X	
(3)	INFOSHARE, INC. 2500 ENGLISH CREEK AVENUE 22-3337816 EGG HARBOR TOWNSHIP NJ 08234	INFO SERVI	NJ	501C3	11A	AH SYSTEM	X	
(4)	ATLANTICARE REGIONAL HEALTH SERVICE 2500 ENGLISH CREEK AVENUE 80-0834222 EGG HARBOR TOWNSHIP NJ 08234	HOLDING CO	NJ	501C3	11A	AH SYSTEM	X	
(5)								

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) Dispro-portionate alloc ? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)KEYSTONE ACCOUNTABLE CARE ORG, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 45-4475297	ACO	PA	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	
(2)LIFESOURCE GEISINGER BLOOD CTR, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 36-4718005	BLOOD COLL	PA	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	
(3)MERIDIAN GEISINGER HLTH NETWORK,LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 45-5484165	ORG DEL SY	NJ	GHP	RELATED	-2,276,998	3,463,770		X	N/A	X		30.00
(4)HEALTHSOUTH / GHS LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 72-1398803	PHY THERAP	PA	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)GEISINGER MEDICAL MANAGEMENT CORP 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2077663	HOTEL/REST	PA	N/A	C	N/A	N/A	N/A	X	
(2)GEISINGER INDEMNITY INSURANCE CO. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2815174	HLTH INSUR	PA	N/A	C	N/A	N/A	N/A	X	
(3)GEISINGER QUALITY OPTIONS, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 20-4275139	HLTH INSUR	PA	N/A	C	N/A	N/A	N/A	X	
(4)XG HEALTH SOLUTIONS, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-1657345	CONSULTING	DE	N/A	C	N/A	N/A	N/A	X	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)EVANGELICAL-GEISINGER HEALTH, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-0567687	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(2)LEMED II 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2391766	RENTAL	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(3)GEISINGER-SCA HOLDINGS, LLC 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 46-1615328	HEALTHCARE	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(4)CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 52-1597478	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)GEISINGER ASSURANCE COMPANY, LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN CJ KY1-1102 98-1016737	INSURANCE	CJ	N/A	C	N/A	N/A	N/A	X	
(2)HOLY SPIRIT VENTURES, INC. 100 NORTH ACADEMY AVENUE, MC 49-70 DANVILLE PA 17822 23-2407709	MED. SERV.	PA	N/A	C	N/A	N/A	N/A	X	
(3)ATLANTICARE HEALTH PLANS, INC. 1001 SOUTH GRAND ST. PO BOX 941 HAMMONTON NJ 08037 22-3265212	INACTIVE	NJ	N/A	C	N/A	N/A	N/A	X	
(4)ENGLISH CREEK ASSURANCE, LTD 44 CHURCH STREET, HM12 HAMILTON BERMUDA BD 98-0656394	FINANCIAL	BD	N/A	C	N/A	N/A	N/A	X	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)HS ORTHOPEDIC MANAGEMENT CO., LLC 503 NORTH 21ST STREET CANP HILL PA 17011 46-0887384	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(2)CAELIAN MEDICAL, LLC 880 CENTURY DRIVE MECHANICSBURG PA 17055 20-8018724	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(3)GRANDVIEW SURGERY CENTER, LTD. 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 52-1597483	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(4)LACKAWANNA PHYS. AMB. SURG. CTR,LLC 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209 23-3024998	HEALTHCARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)ATLANTICARE HEALTH SOLUTIONS, INC. 2500 ENGLISH CREEK AVENUE, BLDG 500 EGG HARBOR TOWNSHIP NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A	C	N/A	N/A	N/A	X	
(2)ATLANTICARE ASSURANCE ALLIANCE, INC 2500 ENGLISH CREEK AVENUE, BLDG 500 EGG HARBOR TOWNSHIP NJ 08234 46-3730123	HEALTHCARE	NJ	N/A	C	N/A	N/A	N/A	X	
(3)									
(4)									

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) Dispro-portionate alloc ? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 94-3463625	HEALTHCARE	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(2) ATLANTICARE SURGERY CENTER, LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP NJ 08234 22-3491867	HEALTHCARE	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(3) COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY NJ 08401 22-3619231	PURCHASING	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(4)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY MEDICAL CENTER	M	35,926,809	GAAP
(2)	FAM HLTH ASSOC OF GEISINGER LEWIST.	M	1,792,837	GAAP
(3)	GEISINGER CLINIC	B	31,387	FMV
(4)	GEISINGER CLINIC	L	1,013,747	GAAP
(5)	GEISINGER CLINIC	M	247,116,134	GAAP
(6)	GEISINGER COMMUNITY HEALTH SERVICES	L	4,145	GAAP

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GEISINGER COMMUNITY HEALTH SERVICES	M	9,783,968	GAAP
(2)	GEISINGER HEALTH	C	20,800,000	GAAP
(3)	GEISINGER HEALTH	S	58,040	GAAP
(4)	GEISINGER INDEMNITY INSURANCE CO.	Q	45,068,310	GAAP
(5)	GEISINGER MEDICAL CENTER	M	236,244,010	GAAP
(6)	GEISINGER MEDICAL CENTER	K	2,239	FMV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GEISINGER MEDICAL MANAGEMENT CORP	M	29,075	GAAP
(2)	GEISINGER QUALITY OPTIONS, INC.	Q	17,414,672	GAAP
(3)	GEISINGER SYSTEM SERVICES	Q	1,126,072	GAAP
(4)	GEISINGER SYSTEM SERVICES	L	1,302,609	GAAP
(5)	GEISINGER SYSTEM SERVICES	M	33,853,105	GAAP
(6)	GEISINGER SYSTEM SERVICES	K	94,350	FMV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GEISINGER WYOMING VALLEY MED CTR	M	101,004,676	GAAP
(2)	GEISINGER-BLOOMSBURG HEALTHCARE CTR	M	866,244	GAAP
(3)	GEISINGER-BLOOMSBURG HOSPITAL	L	129	GAAP
(4)	GEISINGER-BLOOMSBURG HOSPITAL	M	8,418,722	GAAP
(5)	GEISINGER-LEWISTOWN HOSPITAL	M	26,131,527	GAAP
(6)	HOLY SPIRIT HOSPITAL	M	13,937,000	GAAP

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	KEYSTONE HEALTH INFO. EXCHANGE, INC	M	585,620	GAAP
(2)	MERIDIAN GEISINGER HLTH NTWRK, LLC	B	1,800,000	FMV
(3)	MERIDIAN GEISINGER HLTH NTWRK, LLC	L	8,526,964	GAAP
(4)	MOUNTAIN VIEW NURSING HOME, INC.	M	948,179	GAAP
(5)	SPIRIT PHYSICIAN SERVICES, INC.	M	859,248	GAAP
(6)	SUN HOME HEALTH SERVICES, INC.	L	4	GAAP

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUN HOME HEALTH SERVICES, INC.	M	1,166,199	GAAP
(2)	WEST SHORE ADVANCED LIFE SUPPORT SV	M	860,173	GAAP
(3)	XG HEALTH SOLUTIONS, INC.	M	2,146,011	GAAP
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R - ADDITIONAL INFORMATION

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.