

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130008609

Form 990

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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 178229800

F Name and address of principal officer

STEVEN R YOUSO

100 N ACADEMY AVE MC 22-01

DANVILLE, PA 178229800

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

23-2311553

E Telephone number

(570) 271-6624

G Gross receipts \$ 2,703,164,510

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GEISINGER ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile PA

Part I Summary

Activities & Governance

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

GEISINGER HEALTH PLAN SERVES THE COMMUNITIES IT SERVES BY PROVIDING HIGHER QUALITY FOR EACH PERSONS HEALTH CARE DOLLAR THROUGH INNOVATIVE MODELS OF CARE AND COVERAGE THAT SUPPORT GEISINGER HEALTHS CHARITABLE MISSION

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

DAVID J FELICIO ESQUIRE CLO, SECRETARY

Type or print name and title

2019-04-22

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

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.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

GEISINGER HEALTH PLAN SERVES THE COMMUNITIES IT SERVES BY PROVIDING HIGHER QUALITY FOR EACH PERSONS HEALTH CARE DOLLAR THROUGH INNOVATIVE MODELS OF CARE AND COVERAGE THAT SUPPORT GEISINGER HEALTHS CHARITABLE MISSION

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 2,516,186,044 including grants of \$) (Revenue \$ 2,627,391,675)
See Additional Data

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 ▶ 2,516,186,044

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)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	No
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? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
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? <i>If "Yes," complete Schedule D, Part VI</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5,516
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,663
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
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	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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? Note. See the instructions for additional information the organization must report on Schedule O	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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.		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?	Yes	
16b	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?	Yes	

Section C. Disclosure

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

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

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 MC 32-20 DANVILLE, PA 17822 (570) 271-7212

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,938,057	7,437,302	2,338,336

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 ► 138

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
MEDIMPACT HEALTHCARE SYSTEMS 10181 SCRIPPS GATEWAY CT SAN DIEGO, CA 92131	PHARMACY BROKER	8,134,841
CLEAN SLATE ADDICTION CENTERS 244 MAIN STREET NORTHAMPTON, MA 01060	DRUG & ALCOHOL	7,982,100
RITTER INSURANCE MARKETING LLC 2600 COMMERCE DRIVE HARRISBURG, PA 17110	BROKER FEES	5,225,299
COGNIZANT TRIZETTO SOFTWARE 28125 NETWORK PL CHICAGO, IL 60673	CONSULTING	3,032,836
U R L INC 500 NATIONWIDE DR HARRISBURG, PA 17110	BROKER FEES	2,883,122

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 ► 127

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(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			Business Code				
	2a INSURANCE PREMIUMS		524114	2,508,341,642	2,508,341,642		
	b IC SHARED SERVICE-SCHEDULE O		524114	79,365,873	79,365,873		
	c INSURANCE PREMIUMS (POS)		524114	41,017,649		41,017,649	
	d PARTNERSHIP INCOME (HPA, LLC)		541900	13,144	13,144		
	e PARTNERSHIP LOSS (MERIDIAN)		541900	-1,838,990	-1,838,990		
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		2,626,899,318				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			7,444,687			7,444,687
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶			3,750,283		3,750,283
	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		Business Code					
11a FLU SHOTS, CPR TRAINING, ETC	524298	398,973	398,973				
b COMMISSION INCOME	524298	103,985		103,985			
c PURCHASE DISCOUNTS	900099	93,384	93,384				
d All other revenue		16,942	11,934	5,008			
e Total. Add lines 11a-11d ▶			613,284				
12 Total revenue. See Instructions ▶			2,638,707,572	2,586,385,960	41,126,642	11,194,970	

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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,037,008	951,568	5,085,440	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	709,445	371,463	337,982	
7 Other salaries and wages.	86,565,580	71,189,080	15,376,500	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,219,889	3,579,579	640,310	
9 Other employee benefits.	17,820,858	15,638,187	2,182,671	
10 Payroll taxes.	7,469,474	6,038,434	1,431,040	
11 Fees for services (non-employees):				
a Management.				
b Legal.	376,899		376,899	
c Accounting.	1,531,649	287,675	1,243,974	
d Lobbying.	266,026		266,026	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,459,271		1,459,271	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,236,738	35,774,301	14,462,437	
12 Advertising and promotion.	3,346,511	3,344,078	2,433	
13 Office expenses.	22,652,913	20,175,377	2,477,536	
14 Information technology.	13,135,552	741,676	12,393,876	
15 Royalties.				
16 Occupancy.	3,306,242	3,107,258	198,984	
17 Travel.	1,525,213	1,140,052	385,161	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	105,513	74,171	31,342	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,223,484	17,126,717	1,096,767	
23 Insurance.	4,349,539	3,253,918	1,095,621	
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 CLAIMS PAYMENTS	2,207,834,040	2,207,834,040		
b TAXES AND FEES	88,739,839	88,739,839		
c INTER-ENTITY EXPENSE	42,244,223	36,148,268	6,095,955	
d BOOKS, LICENSES AND FEES	602,746	432,388	170,358	
e All other expenses	367,254	237,975	129,279	
25 Total functional expenses. Add lines 1 through 24e.	2,583,125,906	2,516,186,044	66,939,862	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		100,760,108	1	117,374,522
	2	Savings and temporary cash investments		1,388,558	2	4,164,908
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		177,789,330	4	208,444,856
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		42,862	5	29,444
	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		84,842	7	202,995
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,273,554	9	7,219,660
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	140,499,812		
	b	Less: accumulated depreciation	10b	56,167,562		
				72,192,580	10c	84,332,250
	11	Investments—publicly traded securities		263,565,356	11	274,809,335
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		1,176,948	14	11,242,426
15	Other assets. See Part IV, line 11		1,360,092	15	3,645,928	
16	Total assets. Add lines 1 through 15 (must equal line 34)		624,634,230	16	711,466,324	
Liabilities	17	Accounts payable and accrued expenses		153,480,268	17	181,163,878
	18	Grants payable			18	
	19	Deferred revenue		86,450,441	19	82,904,092
	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		17,795,968	25	75,651,175
	26	Total liabilities. Add lines 17 through 25		257,726,677	26	339,719,145
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		366,907,553	27	371,747,179
	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		366,907,553	33	371,747,179	
34	Total liabilities and net assets/fund balances		624,634,230	34	711,466,324	

Part XI Reconciliation of Net AssetsCheck 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	2,638,707,572
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,583,125,906
3	Revenue less expenses Subtract line 2 from line 1	3	55,581,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,907,553
5	Net unrealized gains (losses) on investments	5	1,257,960
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)	9	-52,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	371,747,179

Part XII Financial Statements and ReportingCheck 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		No
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	Yes	
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	Yes	
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?	Yes	
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	Yes	

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

Form 990 (2017)

Form 990, Part III, Line 4a:

HEALTH MAINTENANCE ORGANIZATION SEE SCHEDULE O I GENERAL INFORMATION THREE COMPANIES COMPRISE WHAT IS KNOWN AS GEISINGER HEALTH PLAN (GHP) 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 577,800 MEMBERS AT THE END OF FISCAL YEAR 2018 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 2018 FISCAL YEAR, GHP WAS PREDOMINATELY PROVIDING MANAGED HEALTHCARE TO GOVERNMENT PROGRAMS INCLUDING 187,600 MEDICAID MEMBERS, 70,000 MEDICARE ADVANTAGE MEMBERS AND 14,600 CHIP MEMBERS IN ADDITION, GHP PROVIDED MANAGED HEALTHCARE TO 101,000 MEMBERS FOUNDED IN 1972, INCORPORATED IN 1984, AND INITIALLY LICENSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 48 CONTIGUOUS COUNTIES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA IN ADDITION, GHP CONTRACTS WITH MORE THAN 50,500 PROVIDERS AND 139 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 2018-2019 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 THE COST OF PROVIDING PHN TO NON-MEMBERS WAS \$ 1M DURING THE FISCAL YEAR ENDED JUNE 30, 2018 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 & 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 & 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 & IMMUNIZATIONS AND WELLNESS IN ALL, GHP PROVIDED INFORMATION TO 649,254 INDIVIDUALS AT 2,912 EVENTS INCLUDING HEALTH FAIRS, SCHOOL-BASED PRESENTATIONS, SEMINARS AND ORGANIZATIONAL MEETINGS THIS EDUCATION INCLUDES -MORE THAN 160 HEALTH EDUCATION EVENTS FOR CHILDREN WERE HELD THAT COVERED DENTAL, NUTRITION & PHYSICAL ACTIVITY, HAND HYGIENE AND SUN SAFETY TOPICS MORE THAN 5,200 CHILDREN ATTENDED THE EVENTS -MORE THAN 560 EVENTS WERE HELD THAT SUPPORTED EVIDENCE-BASED CHRONIC DISEASE PROGRAMMING, REACHING A TOTAL PARTICIPATION OF OVER 4,200 INDIVIDUALS -NEARLY 2,900 WELLNESS ACTIVITIES WERE HELD AT EMPLOYER GROUPS AND COMMUNITY EVENTS ALL OF OUR PROGRAMS ARE AVAILABLE TO OUR COMMERCIAL MEMBERS WHICH REPRESENT APPROXIMATELY 279,687 INDIVIDUALS -114 EMPLOYER GROUPS AND COMMUNITY EVENTS FLU EVENTS WERE HELD, PROVIDING 8,369 FLU SHOTS I

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
BRUCE J BROWN DIRECTOR	0 25 0 25	X						0	0	0
CHRISTOPHER B SULLIVAN DIRECTOR	0 25 0 50	X						0	0	0
DAVID T FEINBERG MD MBA DIRECTOR	 40 00	X						0	3,943,153	1,025,348
EARL FOURA DIRECTOR	0 25 3 75	X						0	0	0
HEATHER M ACKER DIRECTOR	0 25 0 50	X						0	0	0
JOHN C BRAVMAN PHD DIRECTOR	0 25 0 50	X						0	0	0
KAREN DAVIS PHD DIRECTOR	0 25 0 50	X						0	0	0
MICHAEL CHARLTON DIRECTOR	0 25	X						0	0	0
PAMELA D KEHALY DIRECTOR	0 25 0 50	X						0	0	0
RICHARD A GRAFMYRE DIRECTOR	0 25	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
STEVEN R YOUSO PRES, CEO, D	40 00	X		X				1,216,089	0	503,700
V CHRIS HOLCOMBE PE DIRECTOR	0 25	X						0	0	0
WILLIAM H ALEXANDER DIRECTOR	3 75 0 25	X						0	0	0
THOMAS H LEE JR MD MSC DIRECTOR, CH	0 25 0 50	X		X				0	0	0
DAVID J FELICIO ESQUIRE CLO, SECRETA	 40 00			X				0	1,142,940	258,756
DAVID J WEADER ESQUIRE ASSISTANT SE	40 00			X				433,816	0	45,255
KEVIN F BRENNAN CPA FHFMA SR VP, TREAS	 40 00			X				0	2,133,432	36,848
KEVIN V ROBERTS MBA CPA SR VP, TREAS	 40 00			X				0	0	0
KURT WROBEL FSA MAAA ASSISTANT TR	40 00			X				611,835	0	42,824
CHRISTOPHER M FANNING CHIEF SALES	40 00				X			531,382	0	49,687

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DAVID LEE EVANS VP STATE GOV	40 00				X			242,605	0	34,589
JANET F TOMCAVAGE RN MSN CHIEF POPULA	40 00				X			811,442	0	41,170
JOSEPH E HADDOCK VP SALES	40 00				X			540,283	0	46,794
LISA I GOLDEN MHA BSN ACM CHIEF OPERAT	40 00				X			446,727	0	46,538
SHAWN THAMERT VP SALES	40 00				X			373,233	0	30,820
WILLIAM J BYRON VP CUSTOMER	40 00				X			243,307	0	7,835
CONNIE BEDNAR VP, SELF FD/	40 00					X		295,277	0	20,538
JASON T RENNE CHIEF STRAT	40 00					X		491,354	0	46,573
JOANN SCIANDRA VP CARE COOR	40 00					X		291,768	0	21,555
KARENA WEIKEL VP, RISK & R	40 00					X		328,955	0	37,462

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
TAMMY ANDERER VP CLINICAL	40 00					X		79,984	217,777	42,044

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

2017

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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. 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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 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.
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

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

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.

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

☐

Part V

Endowment Funds. 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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		17,377,984	6,841,473	10,536,511
c Leasehold improvements		2,856,091	1,820,985	1,035,106
d Equipment		110,053,351	47,062,204	62,991,147
e Other		9,782,811	442,900	9,339,911
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				84,332,250

Part VII

Investments—Other Securities. 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.
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. 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	
DUE TO AFFILIATES	50,086,580
AHIP FEE PAYABLE	22,559,873
OTHER DEPOSITS MISCELLANEOUS	2,064,781
MEDICAL LEGAL CLAIMS ALLOWANCE	486,000
ACA FEES PAYABLE	453,941
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	75,651,175

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

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.

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2311553

Name: GEISINGER HEALTH PLAN

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	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 C LARIFIES 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 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)	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
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	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 in 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.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?	5a		No
b Any related organization?	5b		No
If "Yes," on 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?	6a		No
b Any related organization?	6b		No
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
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.	8	Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	Yes	

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.

[illegible]

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.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	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
SCHEDULE J, PAGE 1, PART I, LINE 4	DAVID J FELICIO, ESQUIRE 0 70,559 0 KEVIN F BRENNAN, CPA, FHFMA 0 589,978 0 JANET F TOMCAVAGE, RN, MSN 0 124,721 0 SHAWN THAMERT 98,592 0 0 WILLIAM J BYRON 176,487 0 0 CONNIE BEDNAR 111,098 0 0
SCHEDULE J, PAGE 1, PART I, LINE 7	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.
SCHEDULE J, PAGE 1, PART I, LINE 8	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.
SCHEDULE J, PART III	PART I, LINE 4A - SEVERANCE PAYMENT UPON INVOLUNTARY SEPARATION, EMPLOYEES MAY BE ELIGIBLE TO RECEIVE 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.

Additional Data

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

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

(A) Name 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				
1DAVID T FEINBERG MD MBA DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	2,399,174	1,339,735	204,244	996,710	28,638	4,968,501	-----
1STEVEN R YOUSO PRES, CEO, DIRECTOR	(i)	782,172	307,264	126,653	486,665	17,035	1,719,789	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
2DAVID J FELICIO ESQUIRE CLO, SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	668,203	273,175	201,562	234,351	24,405	1,401,696	70,559
3DAVID J WEADER ESQUIRE ASSISTANT SECRETARY	(i)	304,530	84,019	45,267	19,212	26,043	479,071	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4KEVIN F BRENNAN CPA FHFMA SR VP, TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	941,959	427,380	764,093	19,212	17,636	2,170,280	-----
5KURT WROBEL FSA MAAA ASSISTANT TREASURER	(i)	444,238	104,818	62,779	19,212	23,612	654,659	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6CHRISTOPHER M FANNING CHIEF SALES AND MKTG	(i)	360,518	82,462	88,402	19,212	30,475	581,069	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
7DAVID LEE EVANS VP STATE GOVT PROGR	(i)	167,546	30,985	44,074	14,826	19,763	277,194	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8JANET F TOMCAVAGE RN MSN CHIEF POPULATION HEA	(i)	437,992	135,306	238,144	19,212	21,958	852,612	61,692
	(ii)	-----	-----	-----	-----	-----	-----	-----
9JOSEPH E HADDOCK VP SALES	(i)	355,411	87,813	97,059	19,212	27,582	587,077	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
10LISA I GOLDEN MHA BSN ACM CHIEF OPERATING OFF	(i)	303,915	73,911	68,901	19,212	27,326	493,265	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
11SHAWN THAMERT VP SALES	(i)	80,202	-----	293,031	16,624	14,196	404,053	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
12WILLIAM J BYRON VP CUSTOMER SERVICE	(i)	18,390	100	224,817	1,072	6,763	251,142	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
13CONNIE BEDNAR VP, SELF FD/POP MGMT	(i)	80,190	-----	215,087	8,294	12,244	315,815	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
14JASON T RENNE CHIEF STRAT PTNR OFF	(i)	357,769	85,957	47,628	19,212	27,361	537,927	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
15JOANN SCIANDRA VP CARE COORD INTEGR	(i)	209,657	49,013	33,098	18,280	3,275	313,323	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
16KARENA WEIKEL VP, RISK & REV MGMT	(i)	242,634	48,602	37,719	19,212	18,250	366,417	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
17TAMMY ANDERER VP CLINICAL OPS	(i)	75,483	-----	4,501	3,881	10,779	94,644	-----
	(ii)	125,422	49,371	42,984	14,832	12,552	245,161	-----

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, lines 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

2017

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)
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	No

2 Enter the amount of tax incurred by 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 organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) KARENA WEIKEL	HIGHEST COMPENSATED	RETENTION		X	25,000	14,427		No	Yes		Yes	
(2) KURT WROBEL FSA MAAA	OFFICER	RECRUITMENT		X	40,000	13,210		No	Yes		Yes	
(3) STEVEN R YOUSO	OFFICER, DIRECTOR	RECRUITMENT		X	40,000	1,807		No	Yes		Yes	
Total						29,444						

Part III Grants or Assistance Benefiting Interested Persons.
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

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 organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493130008609
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization GEISINGER HEALTH PLAN	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
		Employer identification number 23-2311553	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	I GENERAL INFORMATION THREE COMPANIES COMPRISE WHAT IS KNOWN AS GEISINGER HEALTH PLAN (GHP) 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 577,800 MEMBERS AT THE END OF FISCAL YEAR 2018 ALL THREE COMPANIES ARE BASED IN DANVILLE, PENNSYLVANIA GE ISINGER HEALTH PLAN (GHP), A NOT-FOR-PROFIT ORGANIZATION, PROVIDES PRE- PAID MANAGED HEALTH CARE TO ITS MEMBERS AT THE END OF THE 2018 FISCAL YEAR, GHP WAS PREDOMINATELY PROVIDING MANAGED HEALTHCARE TO GOVERNMENT PROGRAMS INCLUDING 187,600 MEDICAID MEMBERS, 70,000 MEDICARE ADVANTAGE MEMBERS AND 14,600 CHIP MEMBERS IN ADDITION, GHP PROVIDED MANAGED HEALTHCARE TO 101,000 MEMBERS FOUNDED IN 1972, INCORPORATED IN 1984, AND INITIALLY LICENSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 48 CONTIGUOUS COUNTIES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA IN ADDITION, GHP CONTRACTS WITH MORE THAN 50,500 PROVIDERS AND 139 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 2018-2019 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	D TOGETHER TO CREATE SYNERGIES THAT IMPROVE THE HEALTH OF THE COMMUNITIES THAT WE SERVE P ROVENHEALTH NAVIGATOR (PHN) GHP'S PROVENHEALTH NAVIGATOR (PHN) IS A PARTNERSHIP BETWEEN PA TIENTS, PRIMARY CARE PROVIDERS AND GHP TO IMPROVE MEMBERS' HEALTH ALSO KNOWN AS A "MEDICA L HOME," PHN PROVIDES A CASE MANAGER WHO WORKS CLOSELY WITH THE MEMBER'S HEALTHCARE PROVID ERS, 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 ADDI TIONAL FUNCTIONAL COMPONENTS ARE INCLUDED, CREATING A NEW HEALTHCARE DELIVERY VEHICLE HEA LTH NAVIGATOR ACTING AS THE FIRST-LINE CAREGIVER AND GUIDE, GEISINGER HEALTH PLAN NURSE C ASE MANAGERS HELP MEMBERS NAVIGATE THE HEALTH-CARE SYSTEM THE KEY STRATEGY OF HEALTH NAVI GATOR 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 ME ET PRE-ESTABLISHED QUALITY, EFFICIENCY AND MEMBER SATISFACTION OUTCOME TARGETS FOR THE PRA CTICE POPULATION THE COST OF PROVIDING PHN TO NON-MEMBERS WAS 5 1M DURING THE FISCAL YEAR ENDED JUNE 30, 2018 PROVENCARE - CHRONIC DISEASE GEISINGER IDENTIFIED COMMON CHRONIC DIS EASES (DIABETES, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE) AND ADULT PREVENTION M EASURES (IMMUNIZATIONS, COLONOSCOPIES, ETC) USING EVIDENCE-BASED BEST PRACTICES, CARE WA S "BUNDLED" TO INCLUDE THE MOST EFFECTIVE TREATMENT SUCCESS IS MEASURED BY MEETING 100% O F THE BUNDLE REQUIREMENTS, AS TRACKED OVER TIME GEISINGER HAS MADE SIGNIFICANT IMPROVEMEN T IN MEETING THE BUNDLE REQUIREMENTS FOR DIABETES AND PREVENTIVE CARE FOR ADULTS PROVENCA RE - ACUTE EPISODIC CARE (THE "WARRANTY") BEGINNING WITH CORONARY ARTERY BYPASS GRAFTS (CA BG), THE PROCESS INCLUDES IDENTIFYING HIGH-VOLUME DIAGNOSIS-RELATED GROUPS (DRGS), DETERMI NING BEST PRACTICE TECHNIQUES, AND DELIVERING EVIDENCE-BASED CARE WORKING WITH GHP, THE G EISINGER CLINICAL ENTERPRISE ESTABLISHED A GLOBAL FEE THAT INCLUDES PRE-OPERATIVE CARE, HO SPITALIZATION, PHYSICIAN FEES, REHABILITATION, AND ANY CARE (ADMISSIONS DUE TO COMPLICATIO NS) RELATED TO THE SURGERY WITHIN 90 DAYS THIS ADDITIONAL CARE IS NOT CHARGED (IF THEY AR E SEEN AT A GEISINGER FACILITY) THIS "WARRANTED" CARE HAS BEEN VERY SUCCESSFUL AND FEATUR ED IN THE NEW YORK TIMES AND PUBLISHED IN THE ANNALS OF SURGERY IN ADDITION TO CABG, GEI SINGER NOW HAS PROGRAMS FOR ANGIOPLASTY WITH AN ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), HIP REPLACEMENT, CATARACTS, ERYTHROPOIETIN (A DRUG USED FOR KIDNEY PATIENTS), PERINATAL C ARE, LOW BACK PAIN AND BARIATRIC SURGERY TRANSITIONS OF CARE HELPING INDIVIDUALS TRANSITI ON FROM ONE LEVEL OF CARE TO ANOTHER, SUCH AS TRANSITIONING FROM THE HOSPITAL TO HOME, IS AN IMPORTANT COMPONENT OF ENSU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	RING 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 & 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 & 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 & IMMUNIZATIONS AND WELLNESS IN ALL, GHP PROVIDED INFORMATION TO 649,254 INDIVIDUALS AT 2,912 EVENTS INCLUDING HEALTH FAIRS, SCHOOL-BASED PRESENTATIONS, SEMINARS AND ORGANIZATIONAL MEETINGS THIS EDUCATION INCLUDES -MORE THAN 160 HEALTH EDUCATION EVENTS FOR CHILDREN WERE HELD THAT COVERED DENTAL, NUTRITION & PHYSICAL ACTIVITY, HAND HYGIENE AND SUN SAFETY TOPICS MORE THAN 5,200 CHILDREN ATTENDED THE EVENTS -MORE THAN 560 EVENTS WERE HELD THAT SUPPORTED EVIDENCE-BASED CHRONIC DISEASE PROGRAMMING, REACHING A TOTAL PARTICIPATION OF OVER 4,200 INDIVIDUALS -NEARLY 2,900 WELLNESS ACTIVITIES WERE HELD AT EMPLOYER GROUPS AND COMMUNITY EVENTS ALL OF OUR PROGRAMS ARE AVAILABLE TO OUR COMMERCIAL MEMBERS WHICH REPRESENT APPROXIMATELY 279,687 INDIVIDUALS -114 EMPLOYER GROUPS AND COMMUNITY EVENTS FLU EVENTS WERE HELD, PROVIDING 8,369 FLU SHOTS IN ADDITION, GHP EDUCATES THE GENERAL PUBLIC, ME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	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 1099'S FILED BY GSS FOR THE 2017 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,739 THE RESPONSE ENTERED ON LINE 1A FOR THE ORGANIZATION INCLUDES ONLY THOSE FORM 1099S FILED UNDER THE ORGANIZATIONS EIN IT DOES NOT INCLUDE THOSE FILED BY GSS ON ITS BEHALF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	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 THIS OR RELATED TAX-EXEMPT ORGANIZATIONS FORM 990, PART VI, SECTION A, LINE 2 DID ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE HAVE A FAMILY RELATION- SHIP OR BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE? BRUCE J BROWN, CHRISTOPHER B SULLIVAN, DAVID J FELICIO, ESQUIRE, DAVID J WEADER, ESQUIRE, DAVID T FEINBERG, MD, MBA, EARL FOURA, HEATHER M ACKER, JANET F TOMCAVAGE, RN, MSN, JOHN C BRAVMAN, PHD, JOSEPH E HADDOCK, KAREN DAVIS, PHD, KEVIN F BRENNAN, CPA, FHFMA, KEVIN V ROBERTS, MBA, CPA, KURT WROBEL, FSA, MAAA, MICHAEL CHARLTON, PAMELA D, KEHALY, RICHARD A GRAFMYRE, STEVEN R YOUSO, THOMAS H LEE, JR, MD, MSC, V CHRIS HOLCOMBE, PE, AND WILLIAM H ALEXANDER ALL HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BECAUSE THEY SERVE AS OFFICERS AND/OR DIRECTORS ON ONE OR MORE FOR-PROFIT AFFILIATE OF THE ENTITY ALL OF THE AFFILIATES ARE PART OF GEISINGER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE SUBJECT TO THE GEISINGER CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS AND SENIOR LEADERS AT LEAST ONCE EACH YEAR DIRECTORS, OFFICERS, KEY EMPLOYEES, SENIOR LEADERS 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 COMMITTEES 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ANNUAL REPORT FOR GEISINGER, CONTAINING COMMUNITY BENEFIT INFORMATION, CONSOLIDATED FINANCIAL INFORMATION AND OTHER INFORMATION, IS AVAILABLE ON THE GEISINGER WEBSITE GO TO HTTPS //WWW GEISINGER ORG/ABOUT- GEISINGER/NEWS-AND-MEDIA/FOR-MEDIA/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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E UNRELATED BUSINESS INCOME TAX EXPENSE -377,349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO PARENT, GEISINGER HEALTH -52,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII	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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493130008609	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
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

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.							
See Additional Data Table							
(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	No

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.

See Additional Data Table

(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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	No
See Additional Data Table									

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

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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	_____ FORM 990, SCHEDULE R, PART V - TRANSACTIONS WITH RELATED ORGANIZATIONS AS SHOWN IN 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 GEISINGER PRIVATE RULINGS AS BEING ENTIRELY CONSISTENT WITH THE ORGANIZATIONS' TAX EXEMPT STATUS _____



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1995911	PHILANTHRO	PA	501C3	7	N/A	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSICIAN	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LONG TERM	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSICIAN	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1766971	PHYSICIAN	PA	501C3	10	HSHS	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	7	HSHS	Yes	
525 PINE STREET SCRANTON, PA 18509 26-0812968	EDUCATION	PA	501C3	2	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH	Yes	
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	GH	Yes	
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS	Yes	
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH	Yes	
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM	Yes	
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	HEALTHCARE	NJ	501C3	10	GH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-4475297	ACO	PA	N/A					No			No	
LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
MERIDIAN GEISINGER HLTH NETWORKLLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ORG DEL SY	NJ	GHP	RELATED	1,103,268			No		Yes		30 000 %
HEALTHSOUTH GHS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	HEALTHCARE	DE	N/A					No			No	
CAMP HILL AMBULATORY SURG CTR LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
LACKAWANNA PHYS AMB SURG CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A					Yes	
GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A					Yes	
GEISINGER ASSURANCE COMPANY LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A					Yes	
HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A					Yes	
ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A					Yes	
ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A					Yes	
ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A					Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount involved	(d) Method of determining amount involved
COMMUNITY MEDICAL CENTER	M	53,591,414	GAAP
FAM HLTH ASSOC OF GEISINGER LEWIST	M	21,899	GAAP
GEISINGER ASSURANCE COMPANY LTD	M	11,196	GAAP
GEISINGER CLINIC	B	7,599	FMV
GEISINGER CLINIC	L	52,893	GAAP
GEISINGER CLINIC	M	308,242,819	GAAP
GEISINGER COMMUNITY HEALTH SERVICES	M	13,143,278	GAAP
GEISINGER HEALTH	B	52,000,000	GAAP
GEISINGER HEALTH	C	156,701	GAAP
GEISINGER INDEMNITY INSURANCE CO	Q	58,603,059	GAAP
GEISINGER MEDICAL CENTER	A	36,959	FMV
GEISINGER MEDICAL CENTER	M	274,362,194	GAAP
GEISINGER QUALITY OPTIONS INC	Q	20,762,814	GAAP
GEISINGER SYSTEM SERVICES	A	36,959	FMV
GEISINGER SYSTEM SERVICES	Q	1,198,632	GAAP
GEISINGER SYSTEM SERVICES	L	4,718,181	GAAP
GEISINGER SYSTEM SERVICES	M	39,002,640	GAAP
GEISINGER SYSTEM SERVICES	K	707,538	FMV
GEISINGER WYOMING VALLEY MED CTR	M	120,265,226	GAAP
GEISINGER-BLOOMSBURG HEALTHCARE CTR	M	714,275	GAAP
GEISINGER-BLOOMSBURG HOSPITAL	M	10,357,303	GAAP
GEISINGER-JERSEY SHORE HOSPITAL	M	4,083,542	GAAP
GEISINGER-JERSEY SHORE HOSPITAL	Q	1,392,798	GAAP
GEISINGER-JERSEY SHORE FOUNDATION	M	378,496	GAAP
GEISINGER-LEWISTOWN HOSPITAL	M	36,043,860	GAAP

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GEISINGER-HOLY SPIRIT HOSPITAL	M	27,194,238	GAAP
ISS SOLUTIONS INC	M	64,571	GAAP
KEYSTONE HEALTH INFO EXCHANGE INC	M	599,412	GAAP
MERIDIAN GEISINGER HLTH NTWRK LLC	B		FMV
MERIDIAN GEISINGER HLTH NTWRK LLC	M	1,457,739	GAAP
MOUNTAIN VIEW NURSING HOME INC	L	246,664	GAAP
SPIRIT PHYSICIAN SERVICES INC	M	2,996,830	GAAP
WEST SHORE ADVANCED LIFE SUPPORT SV	M	1,652,868	GAAP
XG HEALTH SOLUTIONS INC	M	2,586,107	GAAP