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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number
23-2311553

E Telephone number
(570) 271-6624

G Gross receipts $ 2,873,762,429

F Name and address of principal officer
STEVEN R YOUSO
100 N ACADEMY AVE MC 32-20
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 ▶

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

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)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	1,738
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,505,392
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	2,626,899,318	2,669,025,824
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,194,970	34,531,131
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613,284	815,536
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,638,707,572	2,704,372,491
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,822,254	124,974,615
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,460,303,652	2,471,707,897
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,583,125,906	2,596,682,512
19	Revenue less expenses Subtract line 18 from line 12	55,581,666	107,689,979

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	711,466,324	636,936,675
21	Total liabilities (Part X, line 26)	339,719,145	207,528,875
22	Net assets or fund balances Subtract line 21 from line 20	371,747,179	429,407,800

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2020-07-13

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-07-13		P12345678

Firm's name ▶ GEISINGER SYSTEM SERVICES INC — Firm's EIN ▶ 23-2164794

Firm's address ▶ 100 N ACADEMY AVE MC 49-70
DANVILLE, PA 178229800 — Phone no (570) 271-6624

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

Part III Statement of Program Service Accomplishments

Check 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 BENEFITS 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 $ 2,534,787,170 including grants of $) (Revenue $ 2,669,731,786)

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** ▶ 2,534,787,170

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the 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? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		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? *If "Yes," complete Schedule L, Part II*	**26**	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? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	4,990		
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**	1,738		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	12		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	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?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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*		**9**		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?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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-A 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								6,351,481	8,336,259	2,942,457

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 ▶ 132

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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	6,944,769
RITTER INSURANCE MARKETING LLC 2600 COMMERCE DRIVE HARRISBURG, PA 17110	BROKER FEES	5,645,765
U R L INC 500 NATIONWIDE DR HARRISBURG, PA 17110	BROKER FEES	3,205,048
TPG DIRECT 444 N 3RD ST PHILADELPHIA, PA 19123	ADVERTISING	2,947,160
CHANGE HEALTHCARE 3055 LEBANON PIKE SUITE 100 NASHVILLE, TN 37214	CONSULTING	2,796,728

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 ▶ 125

Part VIII Statement of Revenue

Check 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	2,572,124,002	2,572,124,002		
	b IC SHARED SERVICE-SCHEDULE O	524114	88,506,004	88,506,004		
	c INSURANCE PREMIUMS (POS)	524114	8,395,818		8,395,818	
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		2,669,025,824			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,240,721			9,240,721
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	194,680,348				
	b Less cost or other basis and sales expenses	169,138,494	251,444			
	c Gain or (loss)	25,541,854	-251,444			
	d Net gain or (loss) . . . . . ▶		25,290,410			25,290,410
	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	458,464	458,464		
	b PURCHASE DISCOUNTS	900099	98,029	98,029		
	c COMMISSION INCOME	524298	97,134		97,134	
	d All other revenue		161,909	149,469	12,440	
	e **Total.** Add lines 11a–11d . . . . . ▶		815,536			
	12 **Total revenue.** See Instructions . . . . . ▶		2,704,372,491	2,661,335,968	8,505,392	34,531,131

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) Fundraisingexpenses
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	4,438,654	468,066	3,970,588	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	802,995	152,357	650,638	
7 Other salaries and wages	88,424,671	73,144,465	15,280,206	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,392,622	3,654,521	738,101	
9 Other employee benefits	19,496,862	17,141,672	2,355,190	
10 Payroll taxes	7,418,811	6,080,804	1,338,007	
11 Fees for services (non-employees)				
a Management				
b Legal	424,245		424,245	
c Accounting	2,003,717	787,175	1,216,542	
d Lobbying	186,725		186,725	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,422,540		1,422,540	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,929,764	39,552,324	11,377,440	
12 Advertising and promotion	3,861,114	3,841,570	19,544	
13 Office expenses	22,081,465	20,783,011	1,298,454	
14 Information technology	15,065,654	1,147,216	13,918,438	
15 Royalties				
16 Occupancy	3,548,241	3,334,094	214,147	
17 Travel	1,629,785	1,368,452	261,333	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,257	63,174	25,083	
20 Interest	11,894		11,894	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,528,896	20,465,830	1,063,066	
23 Insurance	4,718,371	3,547,484	1,170,887	
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	2,199,761,751	2,199,761,751		
b TAXES AND FEES	93,870,800	93,870,800		
c INTER-ENTITY EXPENSE	48,969,962	44,747,470	4,222,492	
d LICENSES & FEES	758,676	533,869	224,807	
e All other expenses	846,040	341,065	504,975	
25 **Total functional expenses.** Add lines 1 through 24e	2,596,682,512	2,534,787,170	61,895,342	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	117,374,522	1	12,849,395
	2	Savings and temporary cash investments	4,164,908	2	2,727,769
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	208,444,856	4	214,695,574
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	29,444	5	27,969
	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	202,995	7	183,462
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,219,660	9	9,399,110
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 159,042,609			
	b	Less accumulated depreciation — 10b: 76,440,284	84,332,250	10c	82,602,325
	11	Investments—publicly traded securities	274,809,335	11	284,500,862
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	11,242,426	14	
	15	Other assets See Part IV, line 11	3,645,928	15	29,950,209
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	711,466,324	16	636,936,675
Liabilities	17	Accounts payable and accrued expenses	181,163,878	17	192,148,125
	18	Grants payable		18	
	19	Deferred revenue	82,904,092	19	11,908,714
	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	75,651,175	25	3,472,036
	26	**Total liabilities.** Add lines 17 through 25	339,719,145	26	207,528,875
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	371,747,179	27	429,407,800
	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	371,747,179	33	429,407,800
	34	Total liabilities and net assets/fund balances	711,466,324	34	636,936,675

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,704,372,491
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,596,682,512
3	Revenue less expenses Subtract line 2 from line 1	3	107,689,979
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	371,747,179
5	Net unrealized gains (losses) on investments	5	-5,027,118
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	-45,002,240
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	429,407,800

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-2311553

Name: GEISINGER HEALTH PLAN

Form 990, 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 551,600 MEMBERS AT THE END OF FISCAL YEAR 2019 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 2019 FISCAL YEAR, GHP WAS PREDOMINATELY PROVIDING MANAGED HEALTHCARE TO GOVERNMENT PROGRAMS INCLUDING 181,400 MEDICAID MEMBERS, 70,000 MEDICARE ADVANTAGE MEMBERS AND 15,600 CHIP MEMBERS IN ADDITION, GHP PROVIDED MANAGED HEALTHCARE TO 72,300 COMMERCIAL 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 52,100 PROVIDERS AND 133 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 2019-2020 NATIONAL COMMITTEE FOR QUALITY ASSURANCE HEALTH INSURANCE PLAN RATINGS NEW FACILITIES AND MORE SERVICES BECAUSE GHP IS A 501(C)(4) 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 4 71M DURING THE FISCAL YEAR ENDED JUNE 30, 2019 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 828,418 INDIVIDUALS AT 3,107 EVENTS INCLUDING HEALTH FAIRS, SCHOOL-BASED PRESENTATIONS, SEMINARS AND ORGANIZATIONAL MEETINGS THIS EDUCATION INCLUDES "MORE THAN 450 HEALTH EDUCATION EVENTS FOR CHILDREN WERE HELD THAT COVERED DENTAL, NUTRITION & PHYSICAL ACTIVITY, HAND HYGIENE AND SUN SAFETY TOPICS MORE THAN 8,200 CHILDREN ATTENDED THE EVENTS "MORE THAN 520 EVENTS WERE HELD THAT SUPPORTED EVIDENCE-BASED CHRONIC DISEASE PROGRAMMING, REACHING A TOTAL PARTICIPATION OF OVER 3,600 INDIVIDUALS "NEARLY 3,200 WELLNESS ACTIVITIES WERE HELD AT EMPLOYER GROUPS AND COMMUNITY EVENTS ALL OF OUR PROGRAMS ARE AVAILABLE TO OUR COMMERCIAL MEMBERS WHICH REPRESENT APPROXIMATELY 259,386 INDIVIDUALS "179 EMPLOYER GROUP AND COMMUNITY FLU EVENTS WERE HELD, PROVIDING 9,569 FLU SHOTS IN ADDITION, GHP EDUCATES THE GENERA

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	3,584,621	1,183,261
HEATHER M ACKER DIRECTOR	0 25 0 50	X						0	0	0
JAEWON RYU MD JD DIRECTOR	40 00	X						0	1,422,096	305,781
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 0 50	X						0	0	0
PAMELA D KEHALY DIRECTOR	0 25 0 50	X						0	0	0
ROGER HADDON 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			
V CHRIS HOLCOMBE PE DIRECTOR	0 25 4 00	X						0	0	0
WILLIAM H ALEXANDER DIRECTOR	0 25	X						0	0	0
THOMAS H LEE JR MD MSC DIRECTOR, CH	0 25 0 50	X		X				0	0	0
STEVEN R YOUSO PRES, CEO, D	40 00	X		X				1,713,650	0	231,760
KEVIN V ROBERTS MBA CPA SR VP, TREAS	40 00			X				0	1,132,816	345,222
DAVID J FELICIO ESQUIRE CLO, SECRETA	40 00			X				0	918,533	219,341
DAVID J WEADER ESQUIRE ASSISTANT SE	40 00			X				362,041	0	48,991
KURT WROBEL FSA MAAA ASSISTANT TR	40 00			X				610,684	0	106,801
CHRISTOPHER M FANNING CHIEF SALES	40 00				X			478,271	0	50,247
DARON K MCREE CHIEF OF COM	40 00				X			284,433	0	48,300

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			206,099	0	33,449
JANET F TOMCAVAGE RN MSN CHIEF POPULA	40 00				X			533,617	0	42,716
JASON T RENNE CHIEF STRAT	40 00				X			274,643	0	39,468
LISA I GOLDEN MHA BSN ACM CHIEF OPERAT	40 00				X			360,218	0	43,054
BHASKAR K CHOWDHURY AVP, IT	40 00					X		286,662	0	40,983
JOANNE SCIANDRA VP CARE COOR	40 00					X		248,503	0	18,349
JOSEPH E HADDOCK VP SALES	40 00					X		415,949	0	28,142
KARENA WEIKEL VP, RISK & R	40 00					X		288,090	0	45,376
WILLIAM J OSTROSKI SR DIR, ACCT	40 00					X		288,621	0	40,206
KEVIN F BRENNAN CPA FHFMA FORMER OFFIC	40 00						X	0	1,020,252	29,604

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 ..... FORMER 5 HIG	..... 40 00						X	0	257,941	41,406

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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 ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		429,575		429,575
b Buildings		18,345,641	8,328,088	10,017,553
c Leasehold improvements		3,710,745	2,473,882	1,236,863
d Equipment		127,928,158	65,102,169	62,825,989
e Other		8,628,490	536,145	8,092,345
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				82,602,325

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	
OTHER DEPOSITS MISCELLANEOUS	2,715,793
MEDICAL LEGAL CLAIMS ALLOWANCE	486,000
ACA FEES PAYABLE	270,243
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,472,036

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	PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION EFFECTIVE JULY 1, 2007, GEISINGER(1) ADOPTE D ACCOUNTING STANDARDS CODIFICATION 740 (FIN48), (FORMERLY KNOWN AS "STATEMENT 109 ACCOUN TING FOR INCOME TAXES- OR "FAS 109") FIN 48 CLARIFIES THE ACCOUNTING AND REPORTING FOR IN COME TAXES WHERE INTERPRETATION OF THE TAX LAW MAY BE UNCERTAIN FIN 48 PRESCRIBES A COMPR EHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION AND DISC LOSURE OF INCOME TAX UNCERTAINTIES WITH RESPECT TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON 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 4 8 FOOTNOTE DISCLOSURE WAS MADE IN THE GEISINGER CONSOLIDATED FINANCIAL STATEMENTS (1) THR OUGHOUT THIS DOCUMENT, THE TERMS "SYSTEM- OR "GEISINGER" SHALL REFER TO THE ENTIRE HEALTHC ARE SYSTEM COMPRISED OF GEISINGER HEALTH "GH" AS PARENT AND ALL SUBSIDIARY ENTITIES COMPRI SING THE SYSTEM

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					23,254,005
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					23,254,005

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 2,360,092 EAST ASIA AND THE PACIFIC 0 1,205,110 EUROPE 0 12,361,781 MIDDLE EAST AND NORTH AFRICA 0 1,264,628 NORTH AMERICA 0 6,062,394

Additional Data

Software ID:

Software Version:

EIN: 23-2311553

Name: GEISINGER HEALTH PLAN

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		2,360,092
EAST ASIA AND THE PACIFIC			INVESTMENTS		1,205,110

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		12,361,781
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		1,264,628

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		6,062,394

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If 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**		
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**		
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**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 4	STEVEN R YOUSO 0 686,446 0 DAVID J FELICIO, ESQUIRE 0 74,220 0 JOSEPH E HADDOCK 204,221 0 0 KEVIN F BRENNAN, CPA, FHFMA 0 248,228 0

Return Reference	Explanation
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

Return Reference	Explanation
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				
DAVID T FEINBERG MD MBA DIRECTOR	(I)							
	(II)	3,371,760	100	212,761	1,158,031	25,230	4,767,882	
JAEWON RYU MD JD DIRECTOR	(I)							
	(II)	1,351,415		70,681	273,817	31,964	1,727,877	
STEVEN R YOUSO PRES, CEO, DIRECTOR	(I)	978,780		734,870	213,579	18,181	1,945,410	686,446
	(II)							
KEVIN V ROBERTS MBA CPA SR VP, TREASURER	(I)							
	(II)	1,083,074		49,742	329,614	15,608	1,478,038	
DAVID J FELICIO ESQUIRE CLO, SECRETARY	(I)							
	(II)	780,508		138,025	192,060	27,281	1,137,874	74,220
DAVID J WEADER ESQUIRE ASSISTANT SECRETARY	(I)	345,065		16,976	19,614	29,377	411,032	
	(II)							
KURT WROBEL FSA MAAA ASSISTANT TREASURER	(I)	575,270		35,414	79,616	27,185	717,485	
	(II)							
CHRISTOPHER M FANNING CHIEF SALES AND MKTG	(I)	451,319		26,952	19,614	30,633	528,518	
	(II)							
DARON K MCREE CHIEF OF COMPLIANCE	(I)	273,522		10,911	19,614	28,686	332,733	
	(II)							
DAVID LEE EVANS VP STATE GOVT PROG	(I)	179,144		26,955	13,083	20,366	239,548	
	(II)							
JANET F TOMCAVAGE RN MSN CHIEF POPULATION HEA	(I)	494,636		38,981	19,614	23,102	576,333	
	(II)							
JASON T RENNE CHIEF STRAT PTNR OFF	(I)	272,387		2,256	19,614	19,854	314,111	
	(II)							
LISA I GOLDEN MHA BSN ACM CHIEF OPERATING OFF	(I)	343,108		17,110	19,614	23,440	403,272	
	(II)							
BHASKAR K CHOWDHURY AVP, IT	(I)	217,364		69,298	15,405	25,578	327,645	
	(II)							
JOANNE SCIANDRA VP CARE COORD&INTEGR	(I)	242,495		6,008	16,914	1,435	266,852	
	(II)							
JOSEPH E HADDOCK VP SALES	(I)	194,816		221,133	13,244	14,898	444,091	
	(II)							
KARENA WEIKEL VP, RISK & REV MGMT	(I)	274,193		13,897	19,614	25,762	333,466	
	(II)							
WILLIAM J OSTROSKI SR DIR, ACCT MGMT, S	(I)	91,769		196,852	19,614	20,592	328,827	
	(II)							
KEVIN F BRENNAN CPA FHFMA FORMER OFFICER	(I)							
	(II)	540,734	200,000	279,518	19,614	9,990	1,049,856	
TAMMY ANDERER FORMER 5 HIGHEST	(I)							
	(II)	228,149		29,792	17,465	23,941	299,347	

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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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) DARON K MCREE	KEY EMPLOYEE	RETENTION		X	20,000	11,614		No	Yes		Yes	
(2) BHASKAR K CHOWDHURY	HIGHEST COMPENSATED	RETENTION		X	25,000	9,341		No	Yes		Yes	
(3) KARENA WEIKEL	HIGHEST COMPENSATED	RETENTION		X	25,000	4,317		No	Yes		Yes	
(4) KURT WROBEL FSA MAAA	OFFICER	RECRUITMENT		X	40,000	2,697		No	Yes		Yes	
Total					▶ $	27,969						

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Name change pending
GEISINGER HEALTH PLAN

Employer identification number

23-2311553

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GEISINGER HEALTH PLAN BENEFITS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES, LINE 24E UNRELATED BUSINESS INCOME TAX EXPENSE -87,423

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 (GH P) GEISINGER HEALTH PLAN, A TRADITIONAL HEALTH MAINTENANCE ORGANIZATION (HMO), GEISINGER QUALITY OPTIONS, INC , PREFERRED PROVIDER ORGANIZATION (PPO) PLANS, AND GEISINGER INDEMNIT Y INSURANCE COMPANY (GIIC), WHICH OPERATES AS A THIRD-PARTY ADMINISTRATOR (TPA) AND OFFERS ADMINISTRATIVE-ONLY SERVICES TOGETHER THE THREE COMPANIES HAD MORE THAN 551,600 MEMBERS AT THE END OF FISCAL YEAR 2019 ALL THREE COMPANIES ARE BASED IN DANVILLE, PENNSYLVANIA G EISINGER HEALTH PLAN (GHP), A NOT-FOR-PROFIT ORGANIZATION, PROVIDES PRE- PAID MANAGED HEAL THCARE TO ITS MEMBERS AT THE END OF THE 2019 FISCAL YEAR, GHP WAS PREDOMINATELY PROVIDING MANAGED HEALTHCARE TO GOVERNMENT PROGRAMS INCLUDING 181,400 MEDICAID MEMBERS, 70,000 MEDI CARE ADVANTAGE MEMBERS AND 15,600 CHIP MEMBERS IN ADDITION, GHP PROVIDED MANAGED HEALTHCA RE TO 72,300 COMMERCIAL MEMBERS FOUNDED IN 1972, INCORPORATED IN 1984, AND INITIALLY LICE NSED BY THE DEPARTMENT OF INSURANCE IN 1985, GHP CURRENTLY OPERATES IN 48 CONTIGUOUS COUNT IES OF PREDOMINATELY RURAL CENTRAL AND NORTHEASTERN PENNSYLVANIA IN ADDITION, GHP CONTRAC TS WITH MORE THAN 52,100 PROVIDERS AND 133 HOSPITALS GHP IS CONSISTENTLY RECOGNIZED FOR Q UALITY GEISINGER HEALTH PLAN HAS BEEN ACCREDITED FOR QUALITY BY THE NATIONAL COMMITTEE FO R QUALITY ASSURANCE (NCQA) SINCE 1993 OUR COMMERCIAL AND MEDICARE HMOS ARE BOTH RATED ONE OF THE TOP HEALTH PLANS IN THE NATION IN THE 2019-2020 NATIONAL COMMITTEE FOR QUALITY ASS URANCE HEALTH INSURANCE PLAN RATINGS NEW FACILITIES AND MORE SERVICES BECAUSE GHP IS A 50 1(C)(4) 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 AFFO RDABLE 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 A LL 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 SU PPORTS THE CHARITABLE MISSION OF GEISINGER HEALTH AND ITS CHARITABLE AFFILIATES BY MAKING IT POSSIBLE TO ENHANCE HEALTHCARE PROGRAMS AND SERVICES THROUGHOUT THE REGION WHILE IMPROV ING 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 M IGHT 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 PREPA ID BASIS THROUGH AN INTEGRATED HEALTHCARE DELIVERY SYSTEM, WHICH PROVIDES HEALTHCARE TO TH E COMMUNITY AS A WHOLE AS PART OF AN INTEGRATED HEALTH SYSTEM, GHP IS ABLE TO CHANNEL EXP ERIENCE, KNOWLEDGE AND FUNDS TO PURSUE UNIQUE PROJECTS WITH GEISINGER NO OTHER ORGANIZATI ON IN THIS REGION HAS BOTH PRO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	VIDER AND PAYER JOINED TOGETHER TO CREATE SYNERGIES THAT IMPROVE THE HEALTH OF THE COMMUNI TIES THAT WE SERVE PROVENHEALTH NAVIGATOR (PHN) GHP'S PROVENHEALTH NAVIGATOR (PHN) IS A P ARTNERSHIP BETWEEN PATIENTS, PRIMARY CARE PROVIDERS AND GHP TO IMPROVE MEMBERS' HEALTH AL SO KNOWN AS A "MEDICAL HOME," PHN PROVIDES A CASE MANAGER WHO WORKS CLOSELY WITH THE MEMBE R'S HEALTHCARE PROVIDERS, THE MEMBER AND THE MEMBER'S FAMILY BY COORDINATING CARE WITH HOS PITALS, SPECIALISTS, PHARMACISTS AND SKILLED NURSING FACILITIES THE MODEL GEISINGER EMPLO YS BLENDS ASPECTS OF A CHRONIC CARE MODEL, A MEDICAL HOME MODEL AND A PATIENT-CENTERED PRI MARY CARE MODEL ADDITIONAL FUNCTIONAL COMPONENTS ARE INCLUDED, CREATING A NEW HEALTHCARE DELIVERY VEHICLE HEALTH NAVIGATOR ACTING AS THE FIRST-LINE CAREGIVER AND GUIDE, GEISINGE R HEALTH PLAN NURSE CASE MANAGERS HELP MEMBERS NAVIGATE THE HEALTH-CARE SYSTEM THE KEY ST RATEGY OF HEALTH NAVIGATOR IS TO OFFER MEMBERS ACCESS TO A HEALTH NAVIGATOR CASE MANAGER 2 4 HOURS A DAY, 7 DAYS A WEEK THE PRIMARY CARE PRACTICE TEAM AND GHP, WORKING WITH THE MEM BER 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 OUTCO ME TARGETS FOR THE PRACTICE POPULATION THE COST OF PROVIDING PHN TO NON-MEMBERS WAS 4 71M DURING THE FISCAL YEAR ENDED JUNE 30, 2019 PROVENCARE - CHRONIC DISEASE GEISINGER IDENTI FIED 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 MEA SURED 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 CA RE FOR ADULTS PROVENCARE - ACUTE EPISODIC CARE (THE "WARRANTY") BEGINNING WITH CORONARY A RTERY BYPASS GRAFTS (CABG), THE PROCESS INCLUDES IDENTIFYING HIGH-VOLUME DIAGNOSIS-RELATED GROUPS (DRGS), DETERMINING BEST PRACTICE TECHNIQUES AND DELIVERING EVIDENCE-BASED CARE W ORKING WITH GHP, THE GEISINGER CLINICAL ENTERPRISE ESTABLISHED A GLOBAL FEE THAT INCLUDES PRE-OPERATIVE CARE, HOSPITALIZATION, PHYSICIAN FEES, REHABILITATION AND ANY CARE (ADMISSIO NS DUE TO COMPLICATIONS) RELATED TO THE SURGERY WITHIN 90 DAYS THIS ADDITIONAL CARE IS NO T 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 A DDITION TO CABG, GEISINGER NOW HAS PROGRAMS FOR ANGIOPLASTY WITH AN ACUTE MYOCARDIAL INFAR CTION (HEART ATTACK), HIP REPLACEMENT, CATARACTS, ERYTHROPOIETIN (A DRUG USED FOR KIDNEY P ATIENTS), 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 IMPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ANT COMPONENT OF ENSURING COMPREHENSIVE AND HIGH QUALITY HEALTHCARE SERVICES GEISINGER HA S ALIGNED RESOURCES AND IMPLEMENTED NEW STRATEGIES WITHIN THE HOSPITAL AS WELL AS WITHIN P RIMARY AND SPECIALTY SETTINGS TO ANTICIPATE PATIENT NEEDS AND COORDINATE SERVICES TO ASSUR E TIMELY AND SAFE TRANSITIONS THESE NEW STRATEGIES HAVE INCORPORATED MORE TIMELY COMMUNIC ATION FROM THE HOSPITAL TO PRIMARY CARE PROVIDERS, LEVERAGED DATA FROM THE ELECTRONIC HEAL TH RECORD & CLAIMS TO IDENTIFY RISK AND USED CASE MANAGERS TO PROVIDE EARLY FOLLOW UP SERV ICES 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 T HE 100 MILLION INVESTED IN THE EHR OVER THE LAST SEVERAL YEARS THE POSSIBILITIES FOR IMPR OVING THE QUALITY OF CARE WITH THE EHR ARE ENDLESS CURRENTLY, GHP USES THE EHR TO COMMUNI CATE WITH MEMBERS WHO ARE INVOLVED IN MEDICAL OR DISEASE MANAGEMENT PROGRAMS AND THEIR PHY SICIANS GEISINGER ALSO ALLOWS COMMUNITY HOSPITALS AND PHYSICIANS TO ACCESS PATIENT INFORM ATION 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 CHRON IC CONDITIONS THE PROGRAMS ARE FOCUSED ON CONGESTIVE HEART FAILURE, HYPERTENSION, DIABETE S, CORONARY ARTERY DISEASE, OSTEOPOROSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC K IDNEY DISEASE, ASTHMA, TOBACCO CESSATION AND WEIGHT MANAGEMENT THESE IN-DEPTH PROGRAMS WE RE THE RESULT OF A COLLABORATION OF EXPERTISE BETWEEN GHP AND PROVIDERS IN GEISINGER AND H AVE ATTAINED NATIONAL RECOGNITION BY HEALTH MANAGEMENT ORGANIZATIONS & INDUSTRY GROUPS TH E 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 HAN D HYGIENE, ASTHMA CARE, THE IMPORTANCE OF SCREENINGS & IMMUNIZATIONS AND WELLNESS IN ALL, GHP PROVIDED INFORMATION TO 828,418 INDIVIDUALS AT 3,107 EVENTS INCLUDING HEALTH FAIRS, S CHOOL-BASED PRESENTATIONS, SEMINARS AND ORGANIZATIONAL MEETINGS THIS EDUCATION INCLUDES "MORE THAN 450 HEALTH EDUCATION EVENTS FOR CHILDREN WERE HELD THAT COVERED DENTAL, NUTRITI ON & PHYSICAL ACTIVITY, HAND HYGIENE AND SUN SAFETY TOPICS MORE THAN 8,200 CHILDREN ATTEN DED THE EVENTS "MORE THAN 520 EVENTS WERE HELD THAT SUPPORTED EVIDENCE-BASED CHRONIC DISE ASE PROGRAMMING, REACHING A TOTAL PARTICIPATION OF OVER 3,600 INDIVIDUALS "NEARLY 3,200 W ELLNESS ACTIVITIES WERE HELD AT EMPLOYER GROUPS AND COMMUNITY EVENTS ALL OF OUR PROGRAMS ARE AVAILABLE TO OUR COMMERCIAL MEMBERS WHICH REPRESENT APPROXIMATELY 259,386 INDIVIDUALS "179 EMPLOYER GROUP AND COMMUNITY FLU EVENTS WERE HELD, PROVIDING 9,569 FLU SHOTS IN ADD ITION, GHP EDUCATES THE GENERA

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 2018 REPORTING PERIOD ON BEHALF OF ITSELF AND ITS AFFILIATES WAS 1,602 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? JANET F TOMCAVAGE, RN, MSN, HEATHER M ACKER, V CHRIS HOLCOMBE, PE, BRUCE J BROWN, CHRISTOPHER B SULLIVAN, DAVID J WEADER, ESQUIRE, JOHN C BRAVMAN, PHD, KAREN DAVIS, PHD, KURT WROBEL, FSA, MAAA, MICHAEL CHARLTON, PAMELA D, KEHALY, ROGER HADDON, STEVEN R YOUSO, THOMAS H LEE, JR, MD, MSC, WILLIAM H ALEXANDER, DAVID J FELICIO, ESQUIRE, JAEWON RYU, MD, JD, DAVID T FEINBERG, MD, MBA, AND KEVIN V ROBERTS, MBA, CPA, AND 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 2B 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 -87,423

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO PARENT, GEISINGER HEALTH -45,000,000 481A ADJUSTMENT -2,240 TOTAL -45,002,240

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GEISINGER HEALTH PLAN

Employer identification number
23-2311553

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

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) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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		No

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0795959	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-6291113	PHYSN SVCS	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1996150	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2171417	D&A REHAB	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2164794	SUPPORT SV	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2967235	HEALTHCARE	PA	501C3	10	GSS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 14-1909894	SELF INS	VT	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0862246	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2568288	LNGTM CARE	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2193572	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2242854	SKILLED NU	PA	501C3	10	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1352187	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2344362	HOLDING CO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1651582	PHYSN SVCS	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-4359893	RHIO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2337286	SUPPORT SV	PA	501C3	12A	CMC		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 25-1865142	PHILANTHRO	PA	501C3	12A	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-1512747	HOSPITAL	PA	501C3	3	HSHS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2214540	HOLDING CO	PA	501C2		HSHS		No

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	PHYSN SVCS	PA	501C3	10	HSHS		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2463002	HEALTHCARE	PA	501C3	10	GC		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 26-0812968	EDUCATION	PA	501C3	2	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 24-0792115	HOSPITAL	PA	501C3	3	GH		No
100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2480603	HEALTHCARE	PA	501C3	3	GH		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-4432109	HOSPITAL	PA	501C3	3	N/A		No
801 OSTRUM STREET BETHLEHEM, PA 18015 82-5423865	HEALTHCARE	PA	501C3	3	GSL HOSP		No
2511 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 08234 21-0721208	HEALTHCARE	NJ	501C3	7	ARHS		No
6725 DELILAH ROAD EGG HARBOR TOWNSHIP, NJ 08234 22-2148992	SUPPORT AR	NJ	501C3	7	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 61-1608389	HEALTHCARE	NJ	501C3	12A	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265214	HEALTHCARE	NJ	501C3	10	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3265213	SUPPORT AR	NJ	501C3	12A	GH		No
1925 PACIFIC AVENUE ATLANTIC CITY, NJ 08401 21-0634549	HOSPITAL	NJ	501C3	3	ARHS		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 02-0701782	HEALTHCARE	NJ	501C3	10	AH SYSTEM		No
2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 80-0834222	HOLDING CO	NJ	501C3	12A	AH SYSTEM		No
6550 DELILAH ROAD SUITE 304 EGG HARBOR TOWNSHIP, NJ 08234 23-3836022	HOME HEALT	NJ	501C3	10	AH SYSTEM		No

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) Disproprtionate 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	
(1) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 45-5484165	ACO	PA	N/A					No			No	
(1) LIFESOURCE GEISINGER BLOOD CTR LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 36-4718005	BLOOD COLL	PA	N/A					No			No	
(2) GEISINGER ENCOMPASS HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 72-1398803	PHY THERAP	PA	N/A					No			No	
(3) EVANGELICAL-GEISINGER HEALTH LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-0567687	HEALTHCARE	PA	N/A					No			No	
(4) LEMED II 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2391766	RENTAL	PA	N/A					No			No	
(5) GEISINGER-SCA HOLDINGS LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1615328	MANAGEMENT	DE	N/A					No			No	
(6) CAMP HILL AMBULATORY CENTERS 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597478	HEALTHCARE	PA	N/A					No			No	
(7) GRANDVIEW SURGERY CENTER LTD 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 52-1597483	HEALTHCARE	PA	N/A					No			No	
(8) LACKAWANNA PHYS AMB SURG CTRLLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 23-3024998	HEALTHCARE	PA	N/A					No			No	
(9) SOUTHERN JERSEY ONCOLOGY PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 94-3463625	HEALTHCARE	NJ	N/A					No			No	
(10) ATLANTICARE SURGERY CENTER LLC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 22-3491867	HEALTHCARE	NJ	N/A					No			No	
(11) COOPERATIVE HEALTH SRVS OF S JERSEY 1301 ATLANTIC AVENUE ATLANTIC CITY, NJ 08401 22-3619231	PURCHASING	NJ	N/A					No			No	
(12) GEISINGER-HM JOINT VENTURE LLC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 83-1871064	HEALTHCARE	PA	N/A					No			No	
(13) KEYSTONE HEALTHCARE PARTNERSHIPLLC 901 HUGH WALLIS ROAD LAFAYETTE, LA 70508 83-3134941	HOME HLTH	PA	N/A					No			No	
(14) SOUTHERN JERSEY MEDICAL PROPERTIES 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 38-3830843	REAL ESTAT	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
(1) ISS SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2077663	HOTEL/REST	PA	N/A						No
(1) GEISINGER INDEMNITY INSURANCE CO 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2815174	HLTH INSUR	PA	N/A					Yes	
(2) GEISINGER QUALITY OPTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 20-4275139	HLTH INSUR	PA	N/A					Yes	
(3) XG HEALTH SOLUTIONS INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 46-1657345	CONSULTING	DE	N/A						No
(4) GEISINGER ASSURANCE COMPANY LTD 23 LINE TREE BAY AVE PO BOX 1159 GRAND CAYMAN, GRAND CAYMAN KY1-1102 CJ 98-1016737	INSURANCE	CJ	N/A						No
(5) HOLY SPIRIT VENTURES INC 100 NORTH ACADEMY AVENUE MC 49-70 DANVILLE, PA 17822 23-2407709	MED SERV	PA	N/A						No
(6) ENGLISH CREEK ASSURANCE LTD 44 CHURCH STREET HM12 HAMILTON BERMUDA, BERMUDA BD 98-0656394	FINANCIAL	BD	N/A						No
(7) ATLANTICARE HEALTH SOLUTIONS INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 38-3856295	ACO/HEALTH	NJ	N/A						No
(8) ATLANTICARE ASSURANCE ALLIANCE INC 2500 ENGLISH CREEK AVENUE BLDG 500 EGG HARBOR TOWNSHIP, NJ 08234 46-3730123	HEALTHCARE	NJ	N/A						No
(9) GNJ PHYSICIANS GROUP PC 2500 ENGLISH CREEK AVENUE EGG HARBOR TOWNSHIP, NJ 08234 82-0681884	PHYSIC SVC	NJ	N/A						No

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
(1)	COMMUNITY MEDICAL CENTER	M	68,862,319	GAAP
(1)	FAM HLTH ASSOC OF GEISINGER LEWIST	M	3,770	GAAP
(2)	GEISINGER ASSURANCE COMPANY LTD	M	23,302	GAAP
(3)	GEISINGER CLINIC	A	22,349	FMV
(4)	GEISINGER CLINIC	K	4,776	FMV
(5)	GEISINGER CLINIC	M	367,226,733	GAAP
(6)	GEISINGER CLINIC	Q	66,971,079	GAAP
(7)	GEISINGER COMMUNITY HEALTH SERVICES	M	2,998,694	GAAP
(8)	GEISINGER HEALTH	B	45,000,000	GAAP
(9)	GEISINGER HEALTH	C	43,029	GAAP
(10)	GEISINGER INDEMNITY INSURANCE CO	Q	65,260,791	GAAP
(11)	GEISINGER MEDICAL CENTER	A	69,611	FMV
(12)	GEISINGER MEDICAL CENTER	M	272,705,356	GAAP
(13)	GEISINGER QUALITY OPTIONS INC	Q	23,245,213	GAAP
(14)	GEISINGER SYSTEM SERVICES	A	65,723	FMV
(15)	GEISINGER SYSTEM SERVICES	K	533,850	FMV
(16)	GEISINGER SYSTEM SERVICES	L	5,341,532	GAAP
(17)	GEISINGER SYSTEM SERVICES	M	46,893,409	GAAP
(18)	GEISINGER SYSTEM SERVICES	Q	1,255,769	FMV
(19)	GEISINGER WYOMING VALLEY MED CTR	K	3,271	FMV
(20)	GEISINGER WYOMING VALLEY MED CTR	M	131,282,193	GAAP
(21)	GEISINGER-BLOOMSBURG HEALTHCARE CTR	L	1,578	GAAP
(22)	GEISINGER-BLOOMSBURG HOSPITAL	M	10,528,935	GAAP
(23)	GEISINGER-JERSEY SHORE HOSPITAL	M	5,174,358	GAAP
(24)	GEISINGER-JERSEY SHORE FOUNDATION	M	61,108	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
(26)	GEISINGER-LEWISTOWN HOSPITAL	M	35,094,891	GAAP
(1)	GEISINGER-HOLY SPIRIT HOSPITAL	M	26,531,716	GAAP
(2)	ISS SOLUTIONS INC	M	91,063	GAAP
(3)	KEYSTONE HEALTH INFO EXCHANGE INC	M	775,624	GAAP
(4)	MOUNTAIN VIEW NURSING HOME INC	L	50	GAAP
(5)	SPIRIT PHYSICIAN SERVICES INC	M	3,143,095	GAAP
(6)	WEST SHORE ADVANCED LIFE SUPPORT SV	M	2,363,896	GAAP