

Geisinger Commonwealth School of Medicine

2017 Benefits Enrollment Guide



Geisinger Commonwealth School of Medicine: Introduction to your 2017 benefits

Welcome to the Geisinger family! We're so excited to have you — and everyone at Geisinger Commonwealth School of Medicine — join us.

Caring, at Geisinger, extends beyond the incredible caring you and your colleagues provide for our students and each other. We also want to take care of you and your family.

As part of our commitment to you, we are proud to offer Geisinger Commonwealth employees a suite of benefits that is among the best of any health system of our size nationwide. You have a range of choices that include two medical plan options, as well as enhanced dental and voluntary vision plans. The package also includes a comprehensive Employee Assistance Program through Guidance Resources. All of these benefits will be effective on Monday, May 1, 2017.

A great benefits package is always a work in progress. That's why we're constantly enhancing our benefits based on the input and feedback we receive from our employees and physicians. We deeply appreciate the caring you provide for our students and each other every day, and through our benefits, we strive to take care of you and your family.

Take care,
Amy

[Amy B. Brayford](#)

Executive Vice President
Chief of Staff
Chief Human Resource Officer



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Benefits resources & directory

Contact a benefits vendor

Geisinger Health Plan Customer Service team	570-271-8770 / 800-504-0443
Prescription plan: GHS Pharmacy Service team	570-271-5673 / 800-988-4861
Mail-order pharmacy	570-271-5673 EmployeeMailOrder@geisinger.edu
Mental health/substance abuse: Magellan	800-424-4701
Dental: Delta	800-932-0783 DeltaDentalins.com/geisinger
Vision: VSP	800-877-7195 vsp.com
Guidance Resources: Employee Assistance Program	888-327-4623 GuidanceResources.com

Find a healthcare provider

Visit TheHealthPlan.com

Find a dental provider

Visit DeltaDentalins.com/geisinger

Find a vision provider

Visit vsp.com

Your guide to enrollment

As a Geisinger Commonwealth School of Medicine employee, you and your family now have access to a number of new benefit features. Choosing the right coverage is important. If you follow our easy-to-use guide below, you'll receive answers to common questions, be taken through the process of enrollment step by step, and learn some quick ways to save you and your family money on health expenses.



Helpful tip
Use this handy checklist to navigate your way through the enrollment process.

Enrollment checklist

Below we've outlined some of the key benefit features we offer and options you should consider:

Medical: Which plan should I select?

- Solutions HMO or Select PPO?

Vision:

- Do I need to enroll in voluntary vision coverage?

Dental: Which plan should I select?

- Basic plan – Provides coverage for regular dental exams, X-rays, cleanings, fillings and other services.
- Enhanced plan – Same benefits as the Basic plan, but includes orthodontia coverage for your dependent children up to age 19.

Guidance Resources:

- Do I know what services are available for me and my family through Guidance Resources, our Employee Assistance Program provider? Services include legal consultation, financial counseling, referrals for child care and elder care, etc.

Enrollment guidelines: Frequently asked questions

When can I enroll and when can I make changes?

Enrollment for Geisinger Commonwealth School of Medicine employees is open from Thursday, March 16, through Friday, March 31, 2017.

If you do not enroll, we have to ask you to wait until the next open enrollment period, unless you experience a life status change.

After enrolling, you can only make changes to your benefits during the Annual Enrollment period. However, if you experience a life status change, you can make changes to your benefits within 30 days of the event. Here is a list of examples of life status changes:

- A change in job status
- A change in marital status
- The arrival of a child
- Becoming a legal guardian for a child
- A change in the status of other insurance
- A court order
- A change in Medicare status

You must make your new benefit elections within 30 days of your life status change.

Dates to remember:

2017 Benefits enrollment

Thursday, March 16 – Friday, March 31

Benefits coverage will be effective Monday, May 1 – Sunday, Dec. 31, 2017.

2017 Benefits sessions

Tuesday, March 21: 9:30 – 11 a.m. and 1:30 – 3 p.m.

Thursday, March 23: 2 – 3:30 p.m.

2018 Benefits enrollment

Enrollment for 2018 will begin in November 2017.

Enrollment guidelines: Frequently asked questions

Who else can I cover?

Geisinger allows you to cover you and your family members. Below is a list of eligible dependents and the rules for adding them to your healthcare plan.

Dependents	Eligibility requirements
Legally married spouse	Spouse can be of the same or opposite gender. If your spouse also works for Geisinger, you cannot be covered as both an employee and a dependent.
Children under the age of 26	You can cover your children, your stepchildren and your domestic partner's children up to age 26; if your spouse/domestic partner also works for Geisinger, children may only be covered by one parent's plan.
Disabled children	Children who became disabled before the age of 26 are eligible.
Domestic partner	A domestic partner is someone who is at least 18 years or older, involved with you in a committed relationship (but not legally married), not related to you by marriage or blood, and with whom you are financially interdependent for a minimum of six (6) months. If your domestic partner also works for Geisinger, you cannot be covered as both an employee and as a dependent.

How do I add a domestic partner?

- Domestic partners can only be added during the first 30 days as a new hire or through the year if there is a qualifying event.
- You need to complete the Domestic Partner Affidavit certifying that you are in a domestic partnership.
- Contributions and premiums for your domestic partner and their children are taxable.
- COBRA coverage is not available to your domestic partner and his or her children unless they are also your children.

Our medical plans

Plan highlights: Solutions HMO v. Select PPO

We offer two medical plans. It's up to you to choose which option best fits your medical needs. To help you make the decision that is right for you, we've listed the highlights of each plan here for your review.

***Important note on deductibles: If you paid a deductible to Highmark for services received in 2017, we will carry that amount to the medical plan you elect. We will receive deductible information directly from Highmark.**

Plan feature	Solutions HMO	Select PPO
What is the plan type?	Managed care (HMO)	Direct access preferred provider option (PPO)
What are the deductibles?	\$500 for one person \$1,000 for two people \$1,500 for a family <i>Copays do not apply to the deductible.</i>	In network: \$500 for one person \$750 for two people \$1,000 for a family Out-of-network: \$1,500 for one person \$2,250 for two people \$3,000 for a family <i>Copays do not apply to the deductible.</i>
What is the out-of-pocket maximum?	\$7,150 individual \$14,300 family	In network: \$7,150 individual \$14,300 family Out-of-network: \$10,000 per person \$20,000 for a family
Do I need a referral to see a specialist?	Yes; if you receive treatment without a referral from your PCP, you are responsible for the full cost of these services*	No
Copays	Primary care: \$15/\$20 per visit Specialist: \$30 per visit ED: \$150, waived if admitted Urgent care: \$20	In network: Primary care: \$20 per visit Specialist: \$35 per visit ED: \$150, waived if admitted Urgent care: \$20 Out-of-network: Primary care: After deductible, 30% coinsurance applied Specialist: After deductible, 30% coinsurance applied ED: \$150, waived if admitted Urgent care: \$20

**OB/GYN care: You do not need prior authorization — from Geisinger Health Plan or from any other person, including a primary care provider — in order to obtain obstetric or gynecologic care from a specialist healthcare professional in our network. The healthcare professional may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.*

For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Geisinger Health Plan at 800-504-0443 or by visiting TheHealthPlan.com.

Most frequently used services

	Solutions HMO
Plan feature	Using PCP or referred by PCP
Annual deductible	\$500 individual \$1,000 two person \$1,500 family <i>Copays do not apply to the deductible.</i>
Coinsurance maximum	\$0 individual \$0 two person \$0 family
Out-of-pocket maximum	\$7,150 individual \$14,300 family
Primary care physician services <i>Copay depends on PCP participation in GHP Extra/PHN</i>	\$15 / \$20 copay per primary care physician visit/consultation
Specialist physician services	\$30 copay per specialist visit/consultation
Back/spine surgery	\$1,000 facility copay
Inpatient hospital services	After deductible, 100% coverage
Emergency care at a hospital ER <i>Emergency care and urgent care may be obtained worldwide; member may need to submit for reimbursement from the plan.</i>	100% coverage after \$150 copay, waived if admitted
Ambulance (land/air) <i>Scheduled transportation requires prior authorization</i>	100% coverage
Urgent care visit	\$20 copay
Wellness/preventive care <i>Including routine physical</i>	100% coverage. Other services – deductible applied
Well child care visits <i>Up to age 21</i>	100% coverage. Other services – deductible applied
Preventive services <i>Age-appropriate screenings</i>	100% coverage. Other services – deductible applied
Diagnostic procedures <i>X-ray, lab, etc.</i>	After deductible, 100% coverage

Select PPO	
Using the GHP provider network	Out-of-network
\$500 individual \$750 two person \$1,000 family <i>Copays do not apply to the deductible.</i>	\$1,500 individual \$2,250 two person \$3,000 family <i>Copays do not apply to the deductible.</i>
\$750 individual \$1,125 two person \$1,500 family	\$2,000 individual \$3,000 two person \$4,000 family
<i>The coinsurance maximum and out-of-pocket maximum only applies to GHP's allowed charges. Additional charges billed by an out-of-network provider don't count toward this maximum.</i>	
\$7,150 individual \$14,300 family	\$10,000 individual \$20,000 family
\$20 copay per primary care physician visit/consultation. Other services – deductible and 10% coinsurance applied	After deductible, 30% coinsurance applied
\$35 copay per primary care physician visit/consultation. Other services – deductible and 10% coinsurance applied	After deductible, 30% coinsurance applied
\$1,000 facility copay	\$1,000 facility copay
After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied, requires pre-certification
100% coverage after \$150 copay, waived if admitted	100% coverage after \$150 copay, waived if admitted
100% coverage	100% coverage
\$20 copay	\$20 copay
100% coverage. Other services – deductible & 10% coinsurance applied	After deductible, 30% coinsurance applied
100% coverage. Other services – deductible & 10% coinsurance applied	After deductible, 30% coinsurance applied
100% coverage. Other services – deductible & 10% coinsurance applied	After deductible, 30% coinsurance applied
After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied

Plan services (cont'd)

Plan feature	Solutions HMO	Select PPO	
	Using PCP or referred by PCP	Using the GHP provider network	Out-of-network
Outpatient therapy <i>Physical, occupational, speech</i>	\$30 copay per visit Unlimited visits	After deductible, 10% coinsurance applied. Unlimited visits per calendar year	After deductible, 30% coinsurance applied; unlimited visits per calendar year; pre-certification required
Vision exams <i>(Self-referred)</i>	100% coverage for one eye refraction per person per benefit year with a participating provider; other services – deductible applied	100% coverage for one eye refraction per person per benefit year with a participating provider; other services – \$35 per visit copay, deductible and 10% copay applied	100% coverage for one eye refraction per person per benefit year with a participating provider; other services – 30% copay applied
Maternity care <i>Office visits by your physician before and after the arrival of your child</i>	100% coverage prenatal visits; other diagnostic services – deductible applied	100% coverage prenatal visits; other diagnostic services – deductible and 10% coinsurance applied	After deductible, 30% coinsurance applied; pre-certification required
Maternity care <i>(Motherhood hospitalization, newborn hospitalization)</i>	After deductible, 100% coverage	After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied; pre-certification required
Hospice	100% coverage for nursing aids when patient certified with less than 6 months remaining; 100% coverage when specific criteria are met	100% coverage for nursing aids when patient certified with less than 6 months remaining. 100% coverage when specific criteria are met	100% coverage for nursing aids when patient certified with less than 6 months remaining; 100% coverage when specific criteria are met
Skilled nursing facility	After deductible, 100% coverage	After deductible, 10% coinsurance applied.	After deductible, 30% coinsurance applied; pre-certification required
Oral surgery <i>(Removal of bony impacted wisdom teeth)</i>	100% coverage	After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied
Durable medical equipment	10% coinsurance	After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied
Prosthetic devices	10% coinsurance	After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied
Orthotic devices	50% coinsurance	50% coinsurance	50% coinsurance
Home healthcare	After deductible, 100% coverage	After deductible, 10% coinsurance applied	After deductible, 30% coinsurance applied
Chiropractic	Not covered	Not covered	Not covered
High-cost specialty drugs <i>(Under medical benefit)</i>	\$50 per injection/infusion \$1,200 maximum out-of-pocket per plan year	\$50 per injection/infusion \$1,200 maximum out-of-pocket per plan year	After deductible, 30% coinsurance applied
Mental health & substance abuse treatment <i>(Managed through Magellan, requires pre-certification)</i>	Inpatient: 100% after deductible Outpatient: \$20 copay for individuals/group Partial hospitalization: 100% coverage after deductible	Inpatient: 10% coinsurance after deductible Outpatient: \$20 copay for individuals/group Partial hospitalization: 10% coinsurance after deductible	Inpatient: 30% coinsurance after deductible Outpatient: 30% coinsurance after deductible Partial hospitalization: 30% coinsurance after deductible

Prescription drug plan

Your prescription drug benefits are the same regardless of which medical plan you choose, and you are automatically enrolled in prescription drug coverage upon enrollment in a medical plan. We've included some frequently asked questions about the plan below:

What will I pay for my prescriptions?

You will pay a copay for each prescription based on where the medication is purchased and if it is a generic or brand drug. The copay structure is outlined below:

Free prescriptions

The following are free at Geisinger pharmacies:

- Diabetic supplies, such as test strips and syringes
- Folic acid, low-dose aspirin, iron supplements for children and oral fluoride with a prescription

Tier	Geisinger retail/ CareSite pharmacy <i>30-day supply</i>	Other retail pharmacy <i>30-day supply</i>	Geisinger mail-order pharmacy <i>90-day supply</i>
Select medications <i>Depression, hypertension, diabetes and cholesterol</i>	After deductible, no cost to you	After deductible, you pay the Tier 1, 2 or 3 copay	After deductible, no cost to you
Tier 1 <i>Generic drugs</i>	You pay up to \$7.50	You pay up to \$10	You pay up to \$15
Tier 2 <i>Preferred brand-name drugs</i>	You pay up to \$20	You pay up to \$25	You pay up to \$40
Tier 3 <i>Non-preferred brand-name drugs</i>	You pay up to \$50	You pay up to \$75	You pay up to \$100
Injectable and other biological drugs	You pay up to 20% coinsurance	You pay up to 20% coinsurance	You pay up to 20% coinsurance

Deductible

Individual	\$100
Employee + 1	\$125
Family	\$150

Annual out-of-pocket maximum

Individual	\$1,500
Employee + 1	\$2,500
Family	\$3,500

Mandatory mail-order

Beginning on Thursday, June 1, 2017, maintenance prescriptions (those medications used for chronic illnesses or conditions) will only be available through our mail-order pharmacy. After the first two 30-day fills, further refills must be ordered via mail order. Not only will you save money by receiving a 90-day supply for the copay cost of a 60-day supply, but Geisinger will also save since the cost to purchase medications for a mail-order operation is less expensive than at retail.

What happens if I reach my annual out-of-pocket maximum?

The plan pays 100 percent of eligible costs for the remainder of the calendar year. The annual deductible does not apply to the annual out-of-pocket maximum.

Are there ways to save money on my prescription drug needs?

1. **Use generic drugs.** On average, generic drugs cost 20 to 70 percent less than brand-name drugs.
2. You can save money on prescription drug copays with **Geisinger's mail-order pharmacy**. When you use the mail-order pharmacy, you get a 90-day supply of medication for the cost of a 60-day supply.
3. After meeting the annual deductible, you and your covered dependents can utilize the **Free Drug Program**. The program consists of generic and some brand-name drugs for depression, hypertension, diabetes and cholesterol when you have the prescription filled through a Geisinger retail or CareSite pharmacy, or Geisinger's mail-order pharmacy (mandatory after Thursday, June 1, 2017).
4. If the price of the drug is less than the copay, you will pay the price of the drug.

What options do I have for filling my prescriptions?

You can fill prescriptions at any pharmacy in the Geisinger Health Plan network; however, you will receive a discount by utilizing Geisinger or CareSite pharmacies.

How to use the mail-order pharmacy

You can contact the pharmacy service center at EmployeeMailOrder@geisinger.edu or 570-271-5673 with questions on the mail-order benefit and which medications require you to use mail order.

Dental

We offer two comprehensive dental plans through Delta Dental. Not only is each plan affordable, but we also provide choice and flexibility in providers. You can select any licensed dentist and receive benefits, whether or not the dentist is a member of the Delta Dental network of dentists.

You have two dental plan options:

Basic plan – Provides coverage for regular dental exams, X-rays, cleanings, fillings and other services.

Enhanced plan – Same benefits as the Basic plan, but includes orthodontia coverage for your dependent children up to age 19.

In this section, we outline our coverage for various classes of dental services ranging from routine cleanings (Class I services) to crowns and inlays (Class III services). You must elect either the Basic plan or the Enhanced plan for you and your entire family.

Dental services that are not covered

While our dental plan offers comprehensive and competitive coverage, it's important to mention that the following services and procedures are not covered by either the Basic or the Enhanced dental plans:

- Prescription drugs, pre-medications, relative analgesia
- General anesthesia, except with oral surgery
- Charges for hospitalization
- Plaque-control programs, including oral hygiene and dietary instruction

- Procedures to correct congenital or developmental malformations except for children eligible at birth
- Cosmetic procedures, appliances or restorations
- Replacing tooth structure lost by attrition
- Treatment of dysfunctions of the temporomandibular joint (TMJ)

*Important notes on your dental coverage

- If you and your spouse or domestic partner both work at Geisinger, the dental plan does not coordinate benefits as we do with your medical plan. Therefore, only one of you should enroll in coverage.
- Pregnant women receive an additional oral exam and cleaning, and if necessary, periodontal scaling/root planing with both the Basic and Enhanced plans.
- If you want to utilize the orthodontic benefit for one or more children, you must enroll the whole family in the Enhanced plan.

Enhanced dental plan: What do I get?

- Includes all the services covered in the Basic plan.
- Also includes orthodontia for your dependent children up to age 19.
- There is a \$1,500 lifetime maximum per child for orthodontia.
- Half of the benefit for orthodontia (\$750) is paid at the initial banding, and the other half is paid 12 months later, as long as you are still enrolled to receive the full orthodontic benefits.

	Basic ¹		Enhanced ¹	
	In-network	Out-of-network	In-network	Out-of-network
Class I services <i>Excluded from annual max unless otherwise noted.</i>				
Examinations <i>2 per calendar year</i>	100% coverage	100% coverage ²	100% coverage	100% coverage ²
X-rays <i>Bitewing – 2 per calendar year/Full mouth series – 1 per 3-year period</i>				
Cleanings <i>2 per calendar year 1 additional for expecting mothers</i>				
Fluoride treatments <i>2 per calendar year</i>				
Sealants <i>To age 17, 1 per tooth per 3-year period</i>				
Space maintainers				
Palliative treatment				
Class II services <i>Excluded from annual max unless otherwise noted.</i>				
Basic restorative	75% coverage	75% coverage ²	75% coverage	75% coverage ²
Posterior composites				
Endodontics				
Periodontics <i>Surgical and nonsurgical</i>				
Simple extractions <i>To age 17, 1 per tooth per 3-year period</i>				
Complex oral surgery				
General anesthesia <i>And/or IV sedation</i>				
Class III services				
Inlays, onlays & crowns	50% coverage	50% coverage ²	50% coverage	50% coverage ²
Prosthetics				
Implants				
Orthodontics <i>Dependent child(ren) up to age 19</i>				
Orthodontics	Pre-orthodontic treatment visits only. Orthodontic exam will be paid at \$50 for the first 3 exams only.		50% ² up to \$1,500 lifetime (per child)	
Deductibles and maximums				
Deductible per member <i>Class I services & orthodontics excluded</i>	\$100 per person \$200 per family	\$100 per person \$200 per family	\$100 per person \$200 per family	\$100 per person \$200 per family
Annual program maximum <i>Per person</i>	\$1,800	\$1,500	\$1,800	\$1,500
Lifetime orthodontics maximum	None	None	\$1,500	\$1,500

¹Percentage is based on Delta Dental's applicable maximum plan allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program plus the patient payment equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payments.

² Additional charges may apply if Delta Dental's payment is not accepted as full payment.

Voluntary vision

Geisinger provides you with an affordable eye care plan through VSP (Vision Service Plan). Coverage is available for routine vision exams, glasses and/or contact lenses and laser vision correction discounts. Our plan offers low out-of-pocket costs, flexibility and choice in providers. Here are some highlights of the coverage provided:

Benefit	Description	Copay	Frequency
WellVision exam	Focuses on your eyes and overall wellness	\$0	Every calendar year
Frames	\$150 allowance on frames 20% savings on the amount over your allowance	Included in prescription glasses	Every other calendar year
Prescription lenses	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children	You pay up to \$35	Every calendar year
Lens enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20–25% on other lens enhancements	\$55 for standard \$95–105 for premium \$150–175 for custom	Every calendar year
Contact lenses <i>Instead of glasses</i>	\$110 allowance for contact lenses Contact lens exam	Up to \$50	Every calendar year
Extra savings	<p>Laser vision: 15% off regular price and 5% off promotional price; discounts are available at contracted facilities</p> <p>Glasses & sunglasses: Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements, from most VSP providers within 12 months of your last WellVision exam</p> <p>Retinal screening: No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam</p>		

For more details about our vision plan, visit vsp.com.

Guidance Resources

At Geisinger, we care about your personal well-being, and realize that there are times when you may experience problems that you can't handle on your own. Guidance Resources, our Employee Assistance Program (EAP) provider, is here to help. Here are just some of the services available to eligible employees through our EAP:



Confidential emotional support:

If you're dealing with stress or anxiety issues or just need to talk to someone, on-call counselors are available 24/7.



Work-life solutions:

Referral specialists can help you find trusted providers for child care, elder care, movers, home repair and more.



Legal guidance:

Guidance Resource contracts with licensed attorneys to help answer your questions about legal issues, including buying a home.



Financial resources:

Get advice from CPAs and certified financial planners about refinancing loans and college planning.



Online support:

Online access to information about financial, legal and work-life issues.

For more details and to access resources, visit [GuidanceResources.com](https://www.GuidanceResources.com).

Required notices and other information

COBRA continuation of coverage

Employees who terminate employment, who change to a benefit-ineligible status or who otherwise lose coverage may continue coverage up to 18 months. Spouses and their dependents who lose coverage due to divorce, as well as dependents of employees who lose coverage when they reach age 26, may continue coverage for up to 36 months. Individuals who lose coverage will be mailed a COBRA information packet from Geisinger's COBRA vendor, Vantagen LLC, approximately two weeks from the qualifying event.

Women's Health and Cancer Rights Act

In accordance with the Women's Health and Cancer Rights Act, the medical benefit provides coverage for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthetics and treatment of complications resulting from a mastectomy (including lymphedemas).

Newborn and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Name of program

Geisinger System Services Welfare Benefit Plan

Individual benefits are a component of the Geisinger System Services Welfare Benefit Plan.

Type of plan

Cafeteria Plan, including a Healthcare spending account and a Dependent Care spending account.

Plan sponsor

Geisinger System Services on behalf of its affiliate entities under the common corporate control of Geisinger Health System Foundation, collectively referred to as Geisinger:

Geisinger System Services
100 N. Academy Ave.
MC 24-52
Danville, PA 17822
570-271-6640

Plan year: Monday, May 1 – Sunday, Dec. 31, 2017

EIN: 23-2164794

Plan number: 513

Agent for service of legal process

Geisinger System Services
100 N. Academy Ave.
Danville, PA 17822-1525
Attention: David J. Felicio, Esq.
General Counsel