

NEW Network for nationwide coverage. See pg. 8



2024 Individual and Family Plans

Doing what's **right**, not just what's required

Your health plan may only do what's required.
Unless your health plan is PacificSource.

Whether it's our Northwest-based human service, our no-referrals-required policy, or our covering more no-cost prescription drugs than the law requires, PacificSource has always worked to do what's right, not just what's required—for you and your family.



PacificSource is a **not-for-profit community health plan**. We don't answer to shareholders, but to members, providers, producers, and employers—the people who depend on our products and services.

Health plans that focus on the right things: you, your doctor, and your community



Members first, since 1933

PacificSource is different. We're a local health insurer that works closely with highly rated providers to deliver exceptional member experience.



Integrated care that revolves around members

This patient-centered approach is enabled by close collaboration with our provider partners, supported by best-in-class data analytics.



High-value care and lower costs

We strive to compensate providers fairly, based on quality of outcomes and overall value—not volume.



Ongoing investment in community health

PacificSource continually invests in our own neighborhoods, through financial aid and access to healthcare for diverse populations and those most in need.

Benefits that go beyond what's required



Local, human service

No automated phone trees or offshore call centers. The people who help you are right here in the Northwest. And we answer your calls in less than 30 seconds on average, according to internal call reports.



Convenient telehealth coverage

Members can see a doctor without leaving home. You'll get the care you need, when and where you need it.



No referrals required with any plan

Our plans don't require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)



No-cost preventive care and preventive drugs

We're pleased to offer \$0 copays on:

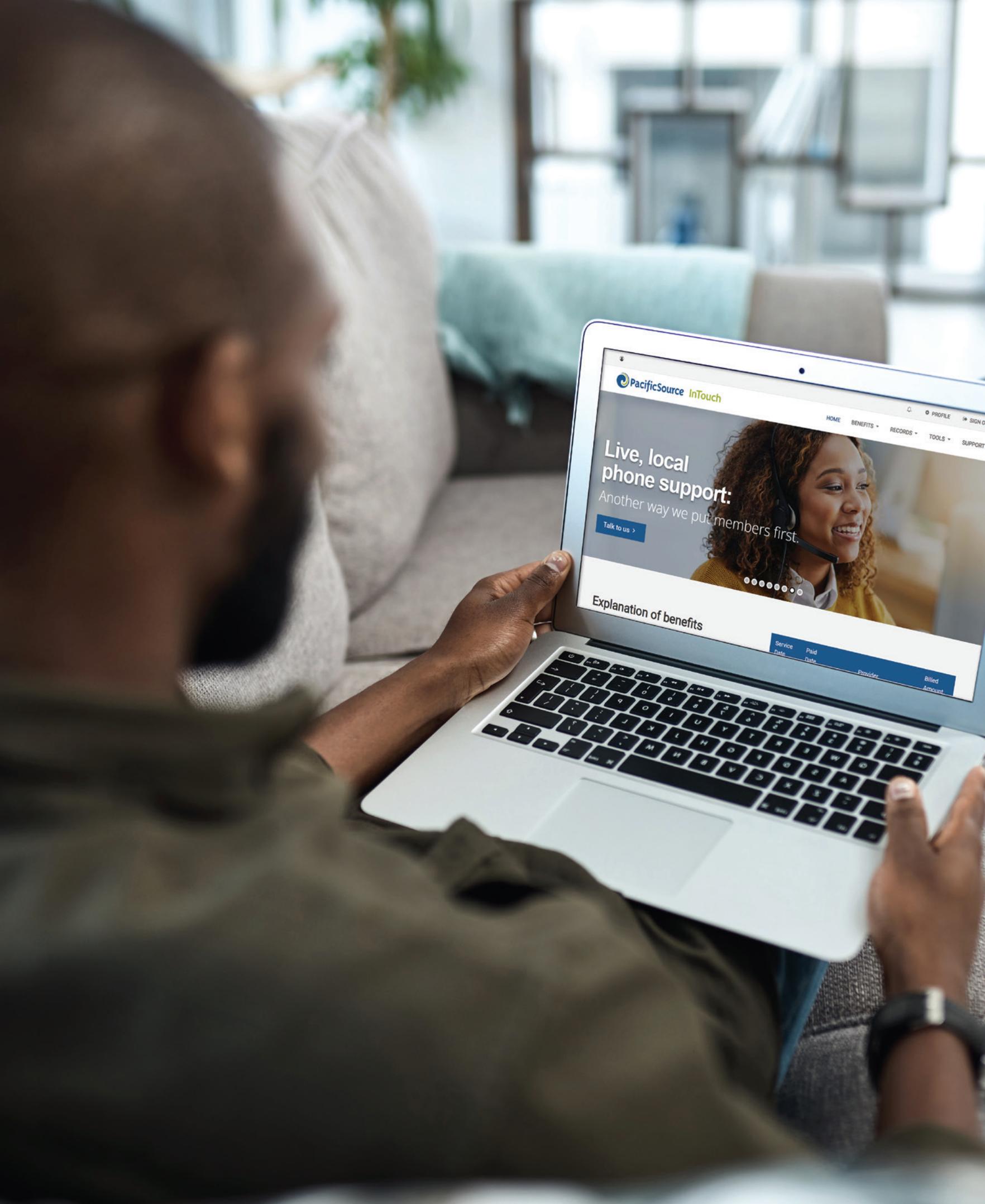
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires (Note: Standard and Cascade plans only use the Standard ACA drug list.)



We cover more than **41,000** individual members
and their families across the Greater Northwest.

PacificSource covers people just like you, who get
their health insurance independently, not from an employer.

Source: monthly enrollment report, March 2023



Live, local phone support:

Another way we put members first.

[Talk to us >](#)

Explanation of benefits

Service Date	Paid Date	Provider	Billed Amount
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InTouch puts you in charge

Manage your benefits from your computer, phone, or tablet—24/7.

With InTouch, you can:



Display your member ID card



Search for a doctor



Schedule doctor visits—physical and behavioral health—through Teladoc®



Select your primary care provider



Review what's covered by your plan



Call our free 24-Hour NurseLine



Read Explanation of Benefits statements



Work toward health goals with our health and wellness portal

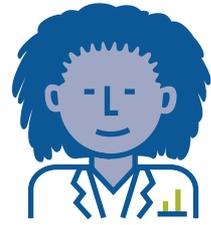


Check your deductible status



Reach our Customer Service team

Quantity and quality – our networks deliver both



We know how important a robust provider network is when shopping for health insurance. That's why we contract with thousands of highly rated healthcare professionals, **including 19 five-star medical facilities***

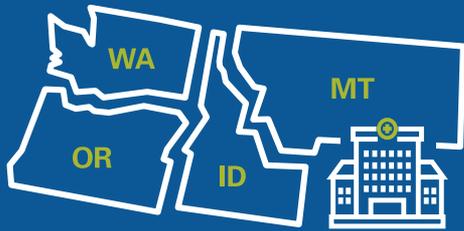
With PacificSource, you have in-network access to providers across our four-state region (Idaho, Montana, Oregon, and Washington) and nationwide.

Wherever you live, work, or travel, you can count on:

- An extensive choice of doctors and facilities
- Specialist care without a referral
- Care that focuses on quality outcomes and patient engagement
- Empowering self-management tools

*Source: Centers for Medicare & Medicaid Services, Hospital Ratings, January 23, 2023.





In-network access to doctors and hospitals across the Northwest...

Idaho



Montana



Oregon



Washington



This is not a complete list of providers for your state, and in-network availability is based on member's plan and network. To search our provider directory, visit PacificSource.com/find-a-doctor.

...and across the nation.

You are covered nationwide through **Aetna Signature Administrators® PPO** (outside Idaho, Montana, Oregon, and Washington).





Vision care for kids



Pediatric vision benefits for members through age 18

All of our medical plans include pediatric vision coverage. This includes routine eye exams at no cost when seeing an in-network doctor. See plan comparison chart for details.

Decide on dental



Good dental health can lead to better overall health

You can:

- Add one of our dental plans to your health plan
- Select dental-only
- Purchase these plans year-round, not just during open enrollment

For more details, search individual and family plans at PacificSource.com.
For assistance with dental or medical coverage, contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com.





Finding the right plan



One factor as you decide on a plan will be whether you want one that can be paired with a health savings account (HSA). Here are things to consider.

All plans

All our health plans include coverage for preventive care, \$0 annual physicals from in-network providers, \$0 copays on many preventive drugs, and most vaccinations.

HSA

HSA-qualified plans help you save for healthcare expenses like deductibles and coinsurance. The plans require that all major benefits be subject to your deductible.

With HSA plans, you'll set up a dedicated bank account, contributions to which are 100% tax deductible (up to a maximum), like an IRA. Another benefit: withdrawals from your HSA account to pay for qualified medical expenses are tax-free.

Non-HSA

Non-HSA plans allow you to use some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

Ten more ways PacificSource gives you more



Access to highly rated hospitals and urgent care centers



24-Hour NurseLine at no cost



Affordable gym memberships through Active&Fit Direct™



No-cost care management for chronic conditions



Global emergency services from Assist America®



Prenatal resources for expectant parents



Help quitting tobacco



Up to \$150 reimbursement for health & wellness classes



Home-delivered pharmacy orders



Weight Watchers® program discounts

Additional benefits are not considered insurance.

Next steps:



Select a health plan



Decide on dental

Shop and enroll:



Contact your
broker



Online at Shop.
PacificSource.com/
individual



Or call us at
855-983-8844,

TTY: 711
We accept all relay calls



We're here to help.

It's natural to have questions about a topic as important as your health. We understand, and we're happy to speak with you by phone or email.

855-983-8844, TTY: 711

We accept all relay calls

Monday through Friday from 8:00 a.m. to 5:00 p.m.

CoverageAdvisors@PacificSource.com

PacificSource.com

	Gold 2000 PD [†]	
	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$2,000 / \$4,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000	\$25,000 / \$50,000
Preventive Services	Covered in full	50% after deductible
Preventive Drug Coverage	Covered in full	90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: \$20 no deductible Specialist: \$40 no deductible	50% after deductible
Telehealth	\$20 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Services	20% after deductible	20% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$70 no deductible Tier 3: 20% no deductible Tier 4: 20% no deductible	90% after deductible
Pediatric Eye Exam	Covered in full	Covered in full up to \$40
Pediatric Vision Hardware	Covered in full up to \$150, then subject to in-network deductible and 20%	
Pediatric Dental Included	Yes	

Plans are available to residents of Clark, Pierce, Spokane, and Thurston Counties.

**Available only through Washington Healthplanfinder.

[†]Pediatric dental coverage is sold separately for plans purchased through Washington Healthplanfinder.

[^]Available only on a direct basis.

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact a Coverage Advisor at **855-767-2312** or by email at CoverageAdvisors@PacificSource.com. Go to PacificSource.com for details or to see a plan's Summary of Benefits.

Accessibility help: for assistance reading this chart or the rest of the document, please call us at 888-977-9299, TTY: 711. We accept all relay calls.

	Silver 3500 PD [^]	Silver 5000 PD [†]	
	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,500 / \$7,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$9,300 / \$18,600	\$7,750 / \$15,500	\$25,000 / \$50,000
Preventive Services	Covered in full		50% after deductible
Preventive Drug Coverage	Covered in full		90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: \$40 no deductible Specialist: \$80 after deductible	Primary / Urgent Care: \$15 no deductible Specialist: \$30 no deductible	50% after deductible
Telehealth	\$40 no deductible	\$15 no deductible	50% after deductible
Inpatient Hospital	35% after deductible	30% after deductible	50% after deductible
Lab / X-ray	35% after deductible	30% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	35% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	35% after deductible	30% after deductible	50% after deductible
Emergency Services	35% after deductible	30% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$40 no deductible	\$15 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$20 no deductible Tier 2: \$80 no deductible Tier 3: 35% no deductible Tier 4: 35% no deductible	30% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full		Covered in full up to \$40
Pediatric Vision Hardware	Covered in full up to \$150, then subject to in-network deductible and 35%	Covered in full up to \$150, then subject to in-network deductible and 30%	Same as in-network
Pediatric Dental Included	Yes		

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	Bronze 7000 PD [†]	Bronze HSA 7500 PD [†]	
	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$7,000 / \$14,000	\$7,500 / \$15,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$8,700 / \$17,400	\$7,500 / \$15,000	\$25,000 / \$50,000
Preventive Services	Covered in full		50% after deductible
Preventive Drug Coverage	Covered in full		90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: \$35 no deductible Specialist: \$50 after deductible	0% after deductible	50% after deductible
Telehealth	\$35 no deductible	0% after deductible	50% after deductible
Inpatient Hospital	40% after deductible	0% after deductible	50% after deductible
Lab / X-ray	40% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	40% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	0% after deductible	50% after deductible
Emergency Services	40% after deductible	0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$35 no deductible	0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	40% after deductible	0% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full		Covered in full up to \$40
Pediatric Vision Hardware	Covered in full up to \$150, then subject to in-network deductible and 40%	Covered in full up to \$150, then subject to in-network deductible and 0%	Same as in-network
Pediatric Dental Included	Yes		

Plans are available to residents of Clark, Pierce, Spokane, and Thurston Counties.

**Available only through Washington Healthplanfinder.

[†]Pediatric dental coverage is sold separately for plans purchased through Washington Healthplanfinder.

[^]Available only on a direct basis.

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2024 Washington Navigator Individual and Family Medical Plans

	Cascade Gold**†	Cascade Silver**†	Cascade Bronze**†	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$600 / \$1,200	\$2,500 / \$5,000	\$6,000 / \$12,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$6,100 / \$12,200	\$9,200 / \$18,400	\$9,200 / \$18,400	\$25,000 / \$50,000
Preventive Services	Covered in full			50% after deductible
Preventive Drug Coverage	Covered in full			90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary: \$15 no deductible Urgent: \$35 no deductible Specialist: \$40 no deductible	Primary/telehealth combined visits 1-2: \$1, visits 3+: \$30 no deductible Urgent/Specialist: \$65 no deductible	Primary/telehealth combined visits 1-2: \$1, visits 3+: \$50 no deductible Urgent: \$100 no deductible Specialist: \$100 after deductible	50% after deductible
Telehealth	\$15 no deductible			50% after deductible
Inpatient Hospital	\$525 no deductible (per day limit of 5 copays per stay)	\$800 after deductible (per day limit of 5 copays per stay)	40% after deductible	50% after deductible
Lab / X-ray	\$30 no deductible	\$65 no deductible	40% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$25 no deductible	\$40 no deductible	40% after deductible	50% after deductible
Outpatient Surgery	\$350 after deductible	\$600 after deductible	40% after deductible	50% after deductible
Emergency Services	\$450 after deductible	\$800 after deductible	40% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$15 no deductible	\$30 no deductible	\$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$10 no deductible Tier 2: \$60 no deductible Tier 3 & 4: \$100 no deductible	Tier 1: \$25 no deductible Tier 2: \$75 no deductible Tier 3 & 4: \$250 after deductible	Tier 1: \$32 no deductible Tier 2, 3, & 4: 40% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full			Covered in full up to \$40
Pediatric Vision Hardware	Covered in full			Covered in full up to \$40
Pediatric Dental Included	No			

Plans are available to residents of Clark, Pierce, Spokane, and Thurston Counties.

**Available only through Washington Healthplanfinder.

†Pediatric dental coverage is sold separately for plans purchased through Washington Healthplanfinder.

^Available only on a direct basis.

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Health Plan Disclosure Information

PacificSource Health Plans | Washington



Thank you for choosing PacificSource Health Plans. We appreciate the opportunity to serve you.

This Health Plan Disclosure Information is a requirement of the state and federal agencies that regulate health plan carriers. It contains or references information that we are required to provide upon your enrollment into a health plan or upon your request. If you have any questions, we welcome your call. **The PacificSource Customer Service team is available at CS@PacificSource.com or 888-977-9299, 8:00 a.m. to 5:00 p.m., Monday through Friday.**

Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, PacificSource will provide you with the following information:

- A list of covered benefits including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost-share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's member handbook.

Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).

If you would like to learn more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the **Washington State Office of the Insurance Commissioner toll-free at 800-562-6900.**

If you have a concern about the pharmacists or pharmacies serving you, please call the **Washington State Department of Health toll-free at 800-525-0127.**

Does this plan limit or exclude certain drugs my healthcare provider may prescribe, or encourage substitutions for some drugs?

In working with pharmacists and physicians, PacificSource has developed a drug list (also referred to as a formulary). This drug list identifies preferred pharmaceutical products, supplies, and devices. Drugs not on the list (or nonformulary drugs) are not covered unless approved by your health plan as medically necessary, and may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

If prescribed a brand-name drug when a generic is available (regardless of the reason or medical necessity), you are responsible for the brand copay, plus the drug cost difference between the generic and brand-name drug unless your prescriber indicates “do not substitute” (DNS) or “dispense as written” (DAW).

Over-the-counter (OTC) drugs, supplies, and devices are generally excluded from all plans. Exceptions may apply. To request a copy of the drug formulary for your specific plan, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday). The drug list is also available at [PacificSource.com/find-a-drug](https://www.pacificsource.com/find-a-drug).

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

A plan’s drug formulary is subject to changes that are based on an established evaluation process. The evaluation process includes review of scientific studies.

Members are notified 30 days prior of any negative changes. Providers are notified 60 days prior by email and with an online posting at [PacificSource.com/resources/articles](https://www.pacificsource.com/resources/articles). If a drug is removed from the formulary, it is no longer covered unless the member: (a) has an approved formulary exception through prior authorization; and (b) meets required formulary exception criteria.

For a complete, up-to-date list of covered drugs, visit our website at [PacificSource.com](https://www.pacificsource.com). For more recent information or other questions, please **contact PacificSource Customer Service at CS@PacificSource.com at 888-977-9299**, 8:00 a.m. to 5:00 p.m., Monday through Friday.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

Benefit changes—Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.

Formulary substitution—Although individuals are not allowed to customize any plan drug formularies, healthcare providers can request coverage of nonformulary medications for patients through a formulary exception process. If your prescribing provider determines that formulary alternatives are not appropriate, they can file an exception request with PacificSource. We’ll review the case and determine if the exception request is approved. If a formulary exception is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the cost of the drug.

If you have pharmacy coverage with a tiered cost-share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to make sure I’m paying the least out-of-pocket amount?

To get the most benefit from your pharmacy coverage, we recommend that you have your prescriptions filled at any of our many in-network pharmacies. A directory of pharmacies is available at [PacificSource.com/members/prescription-drug-information/find-a-pharmacy](https://www.pacificsource.com/members/prescription-drug-information/find-a-pharmacy).

The three steps to fill your prescription:

1. Find an in-network pharmacy in your area.
2. Show your PacificSource ID card when you drop off your prescription(s).
3. Pay your share of the drug's cost. PacificSource will be billed directly for the balance.

Remember to show your PacificSource member ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied and may result in higher out-of-pocket cost.

Covered drugs are subject to the plan cost share. If you decide to purchase a noncovered drug, you will pay the actual charge for the drug.

See your policy for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.

If you need help identifying preferred pharmacies in your area, or if you anticipate needing to fill a prescription when traveling, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Most prescriptions are limited up to a 90-day supply, which can be filled at either our in-network mail or retail pharmacies.

If your plan includes prescription drug coverage, a convenient mail-order service for daily or long-term medications is available to you. (See below.) You are able to order a 90-day supply (999 dose maximum) of covered medications and have them delivered to you, with no standard shipping charge.

What mail-order prescription services are available to me?

You can order refills by phone or mail, or order online 24 hours a day. To fill your prescriptions through the PacificSource preferred mail-service pharmacy by mail, online, or phone:

CVS Caremark® Mail Service

Register online: Caremark.com

Register by mail: For mail-in forms, visit

PacificSource.com/member/mail-order-rx

Call toll-free: **866-329-3051** (TTY/TDD 711)

For prescriptions identified as "specialty medications," fills are limited to a 30-day supply and must be filled at an in-network specialty pharmacy. Specialty medications are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. For specialty pharmacy questions:

CVS Caremark Specialty Pharmacy

800-237-2767 Phone

800-323-2445 Fax

Contact PacificSource Customer Service for your plan's specific mail order pharmacy benefits.

Health information practices

RCW 48-43-510 (1c)

Your health plan protects the confidentiality of members' healthcare information. Together, PacificSource's Privacy Officer and Information Security Officer safeguard your information by providing strategic direction, leadership, and oversight of the privacy and information security programs. These programs include operational policies as well as the execution of organizational privacy and information safeguards.

Under the Information Security Officer's leadership, the Information Security Program is responsible for overseeing the protection of healthcare information and for the development, implementation, and monitoring of policies, standards, and education concerning the security of confidential member data.

PacificSource has established policies regarding employee responsibility for safeguarding healthcare information, oversight and accountability for confidentiality and security, access controls for member information and systems, secure use and disclosure of member information, and responding to member requests to exercise individual rights.



We welcome your questions

For more detailed information about your PacificSource coverage, please review your plan materials. If you have questions, **please contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).