



Self-Funded Administrative Solutions

With a Human Touch

Why PacificSource?



We help to reduce the cost of care—for you and your employees.

With our “Detect-and-Correct” population health methodology, you’ll be part of a team that includes local doctors, PacificSource medical directors, and our expert staff. We’ll work together, using best-in-class analytics, to address your employees’ unique circumstances and keep them as healthy as possible.



We go beyond what’s required to do what’s right

Whether it’s our Northwest-based human service, our no-referrals-required policy, or including more no-cost prescription drugs in our formulary than the law requires, PacificSource goes the extra mile for you and your employees.

We also work with providers and community partners to help employees struggling with inadequate housing, food insecurity, transportation, and more.



We’re a trusted local presence with national reach.

Founded in 1933 in Eugene, Oregon, we’re a regional health insurer and third-party administrator serving diverse individuals and businesses. Our four-state service area includes Idaho, Montana, Oregon, and Washington. And our collaborations with highly rated providers nationwide mean members can count on quality care wherever they go.

We're here to be your third-party administrator

Administration services

We offer flexible solutions to meet your needs, including claims administration, best-in-class clinical services, robust provider networks, data analytics, and exceptional local customer service.

Pharmacy and clinical resources

PacificSource offers comprehensive pharmacy services integrated with total health services as part of our population health strategy, consistently delivering low net cost, high quality, and outstanding member satisfaction.

Stop-loss insurance

We underwrite new and renewing stop-loss policies designed to protect you from unforeseen risk. Features include immediate pickup on ISL claims, flexible contract terms, and no new lasers at renewal. Policies mirror the core plan document to ensure no-gap coverage.









Better well-being is good business

We collaborate with you to create a health plan that features:

- ☒ Strategies aimed at increasing healthcare value
- ☒ Resources and best practices to ensure high-quality care
- ☒ Transparency and flexibility that enable cost savings

What's in it for you?

-  **Added control**
Control what happens to your plan.
-  **Customized benefits**
Address benefit needs and ensure consistency across geographic regions.
-  **Fewer responsibilities**
Simplify with reduced regulatory requirements.
-  **Reduced taxes**
Limit insurance premium tax burden.
-  **Optimized cash flow**
Fund claims only as they're being paid.
-  **Transparency**
Access claims and financial reporting.

Play to your strengths

When it comes to your organization, you know best. When it comes to administrative services, we bring the depth of resources necessary to help keep your employees healthy and cared for. It's accomplished by working closely with you to identify your needs, then creating a plan that's flexible, stable, cost-effective, and transparent.

Employers—and their employees—appreciate the range of offerings



Competitive network solutions



Calculation of COBRA rates



Claims administration



Extensive data analytics and reporting



Creative plan design options



Online enrollment



Total health management



Core plan document with customized benefits

Performance by the numbers

We pride ourselves on friendly, professional service at every level of our organization.



Average time it takes to answer calls
(internal call reports)



A.M. Best rating of A-
(Excellent)

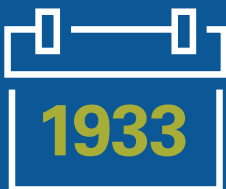


Benefit and payment accuracy for claims (based on an internal audit)



Average employer satisfaction rating
(survey of employers, YTD as of February 2023)

Strength in stability



The year PacificSource was founded in Eugene, Oregon



Number of PacificSource employees
(June 2023)



Contracted doctors
(unique providers reporting, April 2023)

We take making a difference seriously

As an employer, your most pressing challenges around health insurance are for us to address. It's why we're here:

To get ahead
of the rising costs of
healthcare

To create clarity
for what you and your
employees are paying for

To keep you informed
about what's available
and the best fit

To improve affordability for better outcomes, we're laser focused on investing in all the right places:

**Optimizing
quality**
through carefully
selected providers

Aligning priorities
to achieve goals and
objective of the
plan sponsor

**Preventing
redundancies**
in care through better
member outreach



We take health personally

Personalized service and member support are at the core of what we do.

Our local teams help members get the care they need—quickly, completely, and with compassion. We build strong partnerships with providers, so they can coordinate the best care possible. And we invest in our communities to improve access to care and improve the well-being of those around us.



Coverage across the USA



Our provider networks are cost-effective and stable, and give employees **access to high-quality, in-network providers throughout the country.** Any plan you design is supported by a strong network of providers. Telehealth services and 24-Hour NurseLine are also available. No matter where your employees are, they're able to get the care they need when they need it.

Global emergency services from Assist America®



For employees away from home and traveling abroad, Assist America is a value-added third-party option to cover the need for medical referrals, critical care monitoring, and evacuation to the nearest facility. Once under the care of a physician or medical facility, PacificSource coverage applies.



Choosing a network

Your network choice determines the doctors, hospitals, and other healthcare providers to best serve your employees.

Each network comes with the convenience of having one point of contact with PacificSource as your administrator—and great healthcare for your employees. See the comparison chart on the right.

Voyager and Navigator from the employee point of view



As our preferred provider organization (PPO), **Voyager** offers our broadest network of providers and allows employees to choose their doctors across a four-state service area and beyond. With its expanded choice of in-network healthcare professionals, **Voyager** is designed to support a company culture that is broad in geography and prefers a more self-directed experience.



With **Navigator**, each member's personal provider navigates care within a well-coordinated network of health professionals focused on the individual throughout their health journey.

How Navigator benefits you, the employer

Employees experience seamless, accountable care, the result of the efficiencies and expertise of a dedicated team of providers. Navigator benefits you and your employees through:

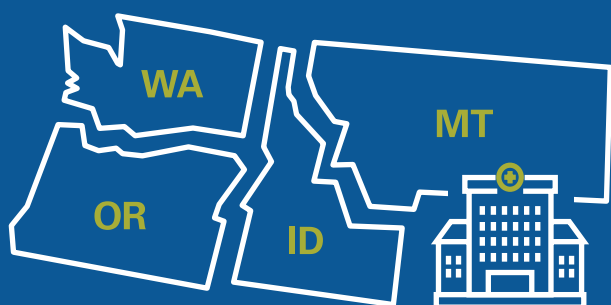
- ✓ **Controlled costs**
- ✓ **Clinical integration**
- ✓ **Unified communications**

Which network is right for you?

	Voyager	Navigator
Cost	\$\$	\$
Broadest access to in-network providers and facilities	★	
Coordinated-care experience at select provider groups and facilities		★
Primary care doctors, specialists, and hospitals work together as a team		★
Plan allows members access to specialists without a referral	★	★
In-network providers when traveling nationwide	★	★
Out-of-network provider access	★	★

Access to care for wherever you are

Our networks form a cohesive four-state provider system



Navigator allows members-first access

Available for purchase in all counties, Navigator adds the benefits of coordinated care with the flexibility of access to in-network care across Idaho, Montana, Oregon and Washington.



In-network coverage beyond the Northwest

Whether you choose Voyager or Navigator, your employees are covered nationwide through our collaboration with Aetna Signature Administrators® PPO (outside Idaho, Montana, Oregon, and Washington).





Manage your employees' benefits through our online tools

Secure, convenient access to your health plan.



Manage enrollment status

Add or delete members, and update member information.



Info on demand

Get plan documents, summaries of benefit coverage (SBCs), and more.



Run reports

Access comprehensive self-service reporting and analytics.



Keep in touch

Expect quick, convenient access to all the answers you need.



ID cards

Request ID cards and print temporary ones.

Pharmacy network coverage



Healthcare works better when information flows easier.

By processing pharmacy claims along with medical services, you're doing a lot more than looking out for your employees. Pharmacy coverage bolsters everything from doctor-recommended medication treatment plans to educating prescribers for better outcomes. It's a level of integration to give us deeper, real-time insight that reduces waste and elevates quality of care.

You have the flexibility to design a pharmacy plan that benefits all of your employees. With the buying power of CVS Caremark® and the national network—combined with our locally developed programs and in-house pharmacy service team—we're saving employees time and money.

It's a level of integration to give us deeper, real-time insight that reduces waste and elevates quality of care.



Coordinating evidence-based care for better outcomes



You can expect PacificSource to provide powerful analytics and turn them into actionable insights. Armed with the right information, you're able to pinpoint savings opportunities, be more prepared for sudden change, and control expenses based on the specialized care needs of your employee population.

Real-time transparency

You have a dedicated team to assist with questions about stop-loss reporting, submissions, and notifications. Our tools give you dashboard reporting, precise pharmacy updates, along with flexible billing and file-format options.

Large claims

Facility claims over \$20,000 and professional claims more than \$7,500 are automatically routed for additional review before being released for payment.

Clinical services

For better clinical outcomes, specialized teams representing pharmacy, medical, behavioral, and dental health collaborate to review member health from a "whole person" perspective.

Care management

You and your employees are taken care of with additional care management support, which includes:

- ✓ Support for chronic disease, expectant mothers, tobacco cessation, and more.
- ✓ Palliative care coordination for patients—and their families and caregivers—who are confronted with end-of-life conditions.

Accountable partners

Collaborative and clear accountabilities with providers allow us to ensure quality and alignment of priorities around cost reduction and member outreach. Our reimbursement model emphasizes value over volume; it drives the right care, in the right setting, at the optimal cost.

The continuum of care

We use assessment tools to identify each member's needs and anticipate what might be around the corner. We help remove member obstacles to interact and engage. To provide best-in-class information and decision-support tools, we use a combination of:



Personal service



Proven partner offerings



Technology

Who benefits? You, and your employees.

Health and wellness

Programs that encourage healthy choices and habits.

Utilization management

For members with specific but temporary care needs (such as pregnancy and birth).

Care coordination/case management

For members with moderate follow-up care needs.

Condition support

For members with chronic illness (such as diabetes, asthma, CAD, CHF, and COPD).

Complex case management

For members with intensive, ongoing care needs.

Count on flexibility for a smooth implementation



PacificSource provides a smooth transition throughout the implementation process.

A dedicated implementation team coordinates with you to ensure an understanding of plan benefits and administrative needs. The team facilitates everything from employee enrollment to care coordination. The goal? Support a consistent and outstanding member experience.



To assist with initial enrollment, an Account Executive is available to attend your organization's benefit meetings to answer employee questions in person.

We're always eager to assist with education on plan offerings and making sure everyone has the tools they need.



We bring a deep support structure that advocates for your unique needs and preferences.

Whatever the size of group and number of variables, we remain flexible and nimble, ready to exceed expectations for a future of ongoing results.

PacificSource helps to elevate the employee experience.
We work to improve people's health and reduce the cost of care.

Let's collaborate. Together, we'll create administrative solutions
for better results. Contact a PacificSource team representative.

Idaho

Boise:	888-492-2875
Coeur d'Alene:	800-688-5008
Idaho Falls:	800-688-5008

Montana

Billings/Helena:	855-422-1008
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Oregon

Bend:	888-877-7996
Springfield:	800-624-6052
Medford:	800-899-5866
Portland:	866-540-1191

Washington

Spokane/Tacoma:	866-556-1224
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PacificSource.com