Imagine360 TPA Services

Built to deliver — with the flexibility to fit your needs.

imagine360

TPA Services That Work Smarter

Built to flex, integrate & perform

We support self-funded health plans through a fully integrated third-party administration (TPA) model that connects plan administration, member support, care coordination, and performance insights to help plans run smoothly and deliver better results.

Built to support how your plan works

Flexibility isn't just about customization — it requires accuracy and consistency. Backed by nearly 50 years of TPA experience and 900+ current TPA clients, our team brings deep expertise in benefit design, third-party integration and claims management — including complex claims across multiple contracts and networks.

The result: A TPA model that adapts to your strategy — not the other way around.

Proven Results

Meaningful savings. More support. Real peace of mind.

Employers trust Imagine360 to deliver measurable savings, stronger support for employees, and more consistent plan performance — backed by proven results.

Experience & scale

- Nearly 50 years of TPA experience
- 900+ current TPA clients
- Supporting a wide range of plan designs, including those with national PPOs, reference-based pricing, or dual option models.

Claims performance & accuracy

- 1.5M+ claims audited annually to ensure payment integrity
- 91% of clean claims processed within 10 business days
- ~85% auto-adjudication rate
- 99.24% payment accuracy

Member experience you can measure

- 24-second average speed to answer
- 78% first-call resolution rate
- 98% call quality
- 78 Net Promoter Score

Real-world results

A public-sector employer with more than 60 locations and more than 9,000 health plan members was struggling with rising healthcare costs and limited plan flexibility.

They moved to Imagine360's TPA model — integrating on-site clinical support, direct contracts, and RBP — and transformed their health plan:

- **$10M in savings in the first two years**
- **76% reduction in out-of-network claims costs**
- **Improved access to care**
- **Savings reinvested into richer benefits and lower employee costs**

Plan Operations

Built for seamless implementation, administration & compliance

We manage the core functions that keep your plan running smoothly — delivering end-to-end execution with the discipline and precision to handle complex plan designs accurately and consistently while supporting employers and helping members navigate their benefits with confidence.

Administration & compliance

Our team handles the day-to-day operations that ensure your plan performs as designed.

- Enrollment data intake and eligibility administration, including ID cards
- Medical claims administration aligned to plan rules
- Payment processing, reconciliation, and consolidated billing across health plan vendors
- Plan documents, regulatory compliance, fiduciary support, and stop loss coordination

Controls & performance insights

We actively monitor performance and provide visibility across your plan — so you can make informed decisions with confidence.

- Pre- and post-payment claims accuracy review
- In-house utilization management and medical management programs that help control costs and improve plan performance
- Pharmacy oversight, including contract guidance and specialty medication management
- Integrated reporting and plan analytics
- Dedicated HR support to interpret trends and guide next steps

Implementation & transition

We lead implementations with coordination, transparency, and disciplined execution from start to finish.

- Dedicated implementation team guiding every step
- Close coordination with your broker throughout implementation
- Clear milestones and status updates across contracts, plan design, technology, and integrations
- Thorough system and integration testing to ensure accuracy before launch
- Support leading up to go-live, including dedicated HR and member support
- Post-implementation review and transition to an ongoing client relationship team

Claims Administration

Built for precision & performance

Claims administration is at the core of plan performance — and requires more than speed alone. It takes disciplined processes, advanced configuration, and ongoing oversight to handle every claim accurately, fairly, and in alignment with your plan design.

Disciplined claims handling

We combine proven processes with ongoing oversight — delivered through our integrated, in-house model — to deliver precision, consistency, and efficiency across every claim.

- Adjudication aligned to plan rules, contracts, and custom payment logic
- Pre- and post-payment review processes to ensure integrity and compliance
- Out-of-network pricing strategies and payment optimization
- Enhanced focus on complex or high-cost claims
- Coordination across networks, stop loss, vendors, and plan components

Payment integrity & cost control

We take an active role in protecting plan spend — ensuring accurate, timely payment processing and reconciliation while identifying opportunities to reduce unnecessary costs and maintain fair, compliant payment practices.

- Claims auditing and validation to minimize errors and overpayments
- Negotiation and optimization for out-of-network claims
- Alignment with plan design and cost containment strategies
- Continuous monitoring to identify trends and improvement opportunities

Proven performance

- 1.5M+ claims audited annually
- 99.24% payment accuracy
- 99.43% procedural accuracy
- 99.71% financial accuracy
- 91% of clean claims processed within 10 business days

Member Support

Built for better member experiences

Members shouldn't have to navigate healthcare on their own. We provide real, human support to help them understand their benefits, resolve issues, and access care with clarity and confidence.

Personalized support, every step of the way

We provide expert guidance and advocacy to help members navigate their benefits and access care.

- One number to call for fast, expert help with benefits questions and issues
- Personalized advocacy for claims, billing questions, and provider concerns
- Clear, proactive communication to reduce confusion and avoid surprises
- Coordination across medical, pharmacy, and care partners
- Support for complex, chronic, maternity, and behavioral health needs

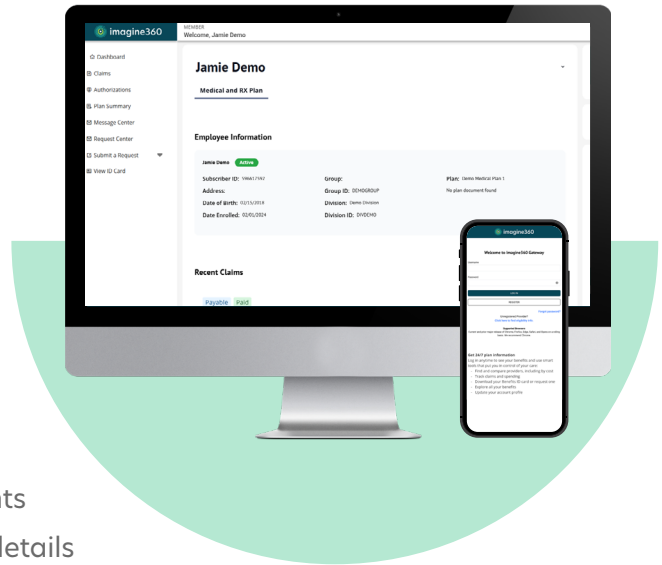
A better experience for members & employers

By providing clear, coordinated support, we create a smoother experience for members while easing the administrative workload for HR teams.

- Reduces frustration, delays, and unnecessary back-and-forth
- Helps members understand coverage and next steps
- Supports continuity of care and preserves provider relationships
- Resolves issues before they escalate — reducing the burden on HR

Proven performance

- 98% member satisfaction
- 78% first-call resolution
- Under 30 seconds average speed to answer



Easy, anytime, anywhere access

- Members stay connected through our member portal and mobile app:
- Provider search with quality, access, and cost insights
- Real-time visibility into claims, spending, and plan details
- Live or on-demand support

Medical Management

Built for more coordinated care

URAC-accredited Medical Management brings clinical expertise, member support, and data-driven insights together to identify high-risk members earlier and guide timely care — improving outcomes while reducing unnecessary costs.

UTILIZATION MANAGEMENT*

Data & Analytics | Identification for Interaction | Evidence-Based Reviews

Triage Nurses

- Direction to high-quality providers
- Triage to self-care, PCP, or appropriate sites of care
- Post-discharge follow-up

31% steerage from ER to alternative

Case Management

- Dedicated in-house nurse backed by full interdisciplinary clinical team
- Coordination for high-cost care (e.g., transplants, catastrophic events, and complex diagnoses)
- Ongoing coordination across providers and care settings

3% lower in-patient admissions

Disease Management Programs

- High-touch clinical support for diabetes, cardiac disease, respiratory conditions, autoimmune disorders, and more
- Proactive outreach to identify and address gaps in care
- Support for long-term condition management

5.1% lower Rx PMPM

Specialized Care Programs

- Maternity, behavioral health, and oncology programs
- Individualized care plans for each member
- Coordination across providers and services

100% maternity program member satisfaction

**Some rental networks require their own utilization management.*

Proven clinical scale & impact

- 120+ clinical staff, including licensed professionals across all 50 states
- Bilingual support available in English and Spanish
- 2:1 average program savings ROI

Plan Design & Cost Containment

Built for smarter cost control

Take greater control of healthcare costs with plan design strategies that balance cost, care access, and quality. Here's how Imagine360 clients are putting these strategies into action.

Custom Network Arrangements	Onsite & Near-Site Care	Out-of-Network Management
Unique network arrangements offer greater control over plan spend when executed correctly. • Provider contracts negotiated on your behalf • Network strategy options, including national and regional PPOs • RBP integration for out-of-network coverage • Claims configuration for accurate processing across pricing arrangements and networks	These alternative care models improve access and help manage utilization. • Onsite clinic strategies to expand access and reduce costs • Coordinated care models that connect members to the right care • Integration with plan design, referrals, and care coordination • Ongoing support to align operations and the member experience	Out-of-network costs are one of the most variable areas of plan spend. A structured, data-driven approach helps manage them. • RBP strategies to provide out-of-network savings • Plan design and incentives that guide more cost-effective care • Payment integrity processes for fair, accurate reimbursement • Member advocacy to support navigation and minimize disruption
Example: A multi-location employer implemented a customized network strategy to improve care access and lower employee premiums: • Pieced together multiple direct contracts and regional PPO networks • Negotiated direct contracts on client's behalf • Built plan configurations to support multiple plan options	**Example:** A school district expanded care access while reducing unnecessary specialist and ER utilization: • Implemented an onsite health center as the first point of care • Integrated with advocacy and steerage partners for referrals and deductible waivers • Supported ad hoc reporting requests	**Example:** An employer turned to Imagine360 to support a complex benefits model after prior TPA struggled: • Implemented a tiered benefits model with RBP for out-of-network claims • Strengthened payment oversight and claims accuracy • Reduced OON claims costs by 76% within the first two years

Pharmacy & Stop Loss Integration

Built for flexibility & choice

We offer pharmacy and stop loss solutions designed to fit your strategy — delivered through our in-house capabilities or coordinated with your preferred partners — so you can balance cost control, protection, and flexibility on your terms.

Pharmacy solutions
Integrated. Flexible. Built to control costs

Our pharmacy solutions can be integrated directly into your broader plan strategy — helping you manage rising prescription costs while maintaining control over how your plan is structured and administered.

- Flexibility to leverage our in-house capabilities or work with your preferred PBM partners
- Integrated pharmacy management aligned with medical and care programs
- Visibility into pharmacy spend and utilization trends
- Targeted strategies for specialty and infusion cost management

Stop loss strategies
Built to protect your plan from high-cost risk.

We help employers design stop loss strategies that protect against high-cost claims while aligning with their overall plan design and cost management goals.

- Flexibility to work with preferred stop loss partners or implement a fully integrated solution
- Access to a broad network of stop loss carriers
- Seamless alignment with plan design and funding strategy
- Support with underwriting, policy structure, and renewals

Vendor Integration

Built for seamless connectivity

As health plans become more complex, employers often rely on multiple partners. We bring it all together by connecting vendors, aligning data, and making your plan work as one.

Integration built to scale with your strategy

Whether you're maintaining existing partnerships or introducing new solutions, we make it easy to integrate everything — without adding complexity to how your plan is managed.

- Vendor-neutral approach focused on the right mix — not a single solution
- Flexible integration across wellness, digital health, direct primary care, specialty, and pharmacy vendors
- Proven experience coordinating data across clinical, member service, and administrative systems
- Alignment with plan design, claims administration, and the overall member experience

A simpler experience for HR & members

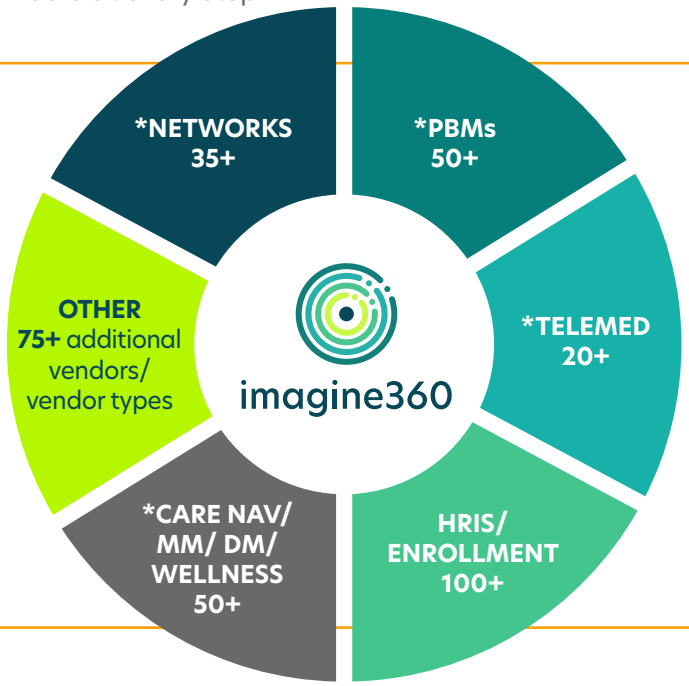
Integration isn't just about systems — it's about making your plan easier to manage and easier to use.

- One coordinated plan instead of disconnected point solutions
- Fewer handoffs and clearer points of contact
- Better alignment between vendors, advocacy, and clinical teams
- A more seamless experience for members at every step

Broad integration experience

We've built and managed integrations across a complex vendor ecosystem — from networks and pharmacy to clinical and administrative partners — ensuring your plan works as one.

**Imagine360 has in-house solution and/or preferred vendor partner(s)*



Reporting & Analytics

Built for actionable insight

We give employers a clear view of their health plan — and the insight to act on it.

Clear data. Complete visibility.

Your data is your data. If we can access it, we share it — giving you a transparent view of plan performance.

- Easy-to-use dashboards with financial and clinical trends
- Standard monthly reporting with clear, decision-ready insights
- Custom and ad hoc reporting based on your needs
- Visibility into cost drivers, utilization, and member engagement

Insight that drives action

We combine reporting with analytics and expert guidance to help you improve performance and guide your strategy. Powered by proprietary analytics leveraging 30M+ member months of data, we help identify trends early and guide smarter decisions.

- Identify avoidable spend and cost drivers
- Uncover trends across claims and utilization
- Translate insights into clear next steps

A better health plan is built to perform

Let us power your plan with smarter, simpler administration.

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Ready to explore what's possible?

Let's connect.

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