

What makes Employers Health different?

One of the longest-running programs in the industry, Employers Health has been group purchasing pharmacy benefits for more than 25 years. Founded by employers and governed by a client-based board of directors, we are committed to our clients' success and make sure to align our interests accordingly. With multiple PBMs to choose from, Employers Health provides flexibility for organizations looking to group purchase pharmacy benefits.

What is our Market Check?

In the context of pharmacy benefit management (PBM), contracts and changing circumstances are so common that contract renegotiation to address these issues has its own term of art – “Market Check.” At its core, the market check combats brand price inflation, ensuring that our clients have access to market-leading pricing each and every year of their contract. Employers Health attorneys and pharmacy experts conduct the market check on a calendar year basis because it best coincides with the decision-making process for our clients and prospective clients. Employers Health's negotiation of the market check is based on market dynamics, including growth in the coalition, rather than a pre-determined formula.

What are the benefits of being an Employers Health client?

Ensuring clients have the best PBM contract is only part of the value clients receive with Employers Health. Our team of pharmacy experts, including clinical pharmacists, attorneys and actuaries, are focused on ensuring you and your participants have an exceptional experience with our PBM suppliers. Whether it's fixing an issue, designing custom clinical strategies to avoid waste or working proactively on communication materials, the team at Employers Health works with clients and their consultants every step of the way. Importantly, clients also have dedicated professionals from the PBM to manage their relationship. In this way, the team at Employers Health is an added layer of support and not a roadblock between our clients and PBM suppliers.

Clients also have access to complimentary learning and networking opportunities, as well as turnkey initiatives like Right Direction, a first-of-its-kind educational initiative to help decrease the stigma of depression in the workplace.

What is the lead time for implementation?

We prefer 120 days for implementation which provides ample time to build and review your plan design, code and test the system, develop a communication strategy (including mailers), test eligibility layouts and transfer files. We can implement if notice is given up to 90 days prior to go-live.

Do I have to change my plan design?

No. We have negotiated our contracts to accommodate multiple plan designs and each client maintains its own plan design as part of this program. Changing PBMs may include a change in formulary, but a formulary disruption analysis is available to identify those changes ahead of time and participant communication is a key part of implementation. It's important to note that all formularies experience some level of change each year, even when staying with your incumbent.

What is the contract term and are there fees if I terminate early?

Employers Health's contract is on a “rolling” three-year term due to our annual market check. Our clients may terminate, with or without cause, with 180 days' written notice and no penalty. New clients that terminate before the first three years of the contract owe a prorated portion of any implementation credits.

How can I evaluate Employers Health?

Employers Health can work with your company directly or your existing benefits consultant to reprice your current arrangement at no cost. We would also be happy to participate in your competitive RFP process, as we do more than 200 times per year with prospective clients throughout the country.

For More Information, Contact:

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