

EMPLOYER MEMBERSHIP APPLICATION

Applicant Company Name: _____

Type of Industry: _____

Primary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Secondary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Copy and attach additional pages to list additional secondary contacts

Health plan plan funding model:

- ☐ Self-funded
☐ Fully-insured

Health plan model types offered (check all that apply):

- ☐ HMO product
☐ PPO product
☐ High-deductible health plan
☐ Other (describe) _____

Health plan contractors (check all that apply):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Horizon BCBS |
| <input type="checkbox"/> AmeriHealth | <input type="checkbox"/> Humana |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Independence Blue Cross |
| <input type="checkbox"/> Highmark | <input type="checkbox"/> United Healthcare |
| | <input type="checkbox"/> Other: _____ |

Pharmacy/PBM services vendor(s): _____

- ☐ Pharmacy benefits not provided
☐ Pharmacy benefits offered through same insurer/TPA as medical benefits

Do you offer retiree medical benefits? ☐ Yes ☐ No If Yes, please complete the information below.

Retirees <65: Type and name of health plan(s) _____

Retirees ≥65: Type and name of health plan(s) _____

Vision benefits vendor(s): _____

Dental benefits vendor(s): _____

Employee Assistance Program (EAP) vendor(s): _____

Benefits consulting organization(s):

Employee well-being vendor(s):

Complete the following table. If exact numbers are not available, please provide an estimate.

	In the GPBCH service area*	In the United States
Total number of FTE employees		
Number of benefit eligible FTE employees		
Total number of covered lives (employees & family members)		

*GPBCH service area includes the Philadelphia five-county area of Southeastern Pennsylvania, the State of Delaware, and Southern New Jersey.

GPBCH Employer Member Benefits	Employer Membership Category	
	Standard	Premier
# Free registrations for monthly educational programs on health issues of importance to employers	2	3
# Free registrations for Annual Conference and Annual Wellness Summit	2	3
Free subscription to GPBCH monthly newsletter	✓	✓
Access to group purchasing and discount pricing programs	✓	✓
Employers only forums	✓	✓
GPBCH representation of employer interests for improving population health and healthcare quality, safety and value through engagement with healthcare stakeholder organizations (e.g. Leapfrog Group, National Quality Forum, National Academy of Medicine)	✓	✓
GPBCH representation of employer interests in local, state and national healthcare and benefits policy discussions	✓	✓
Networking with other national and regional public/private employer health care purchasers	✓	✓
Access to library of educational programs, speaker presentations and employer benchmarking surveys	✓	✓
Access to GPBCH tools/resources to benchmark and promote best practices for employee health and well-being	✓	✓
Complimentary analysis of estimated inpatient lives and dollars lost using Leapfrog Hidden Surcharge Calculator	✓	✓
Complimentary webinar or on-site employee education on consumer strategies to promote healthcare safety and avoid medical errors	✓	✓
Access to networking and resources from National Alliance of Healthcare Purchaser Coalitions	✓	✓
Ability to participate in work groups on health and well-being, transparency, and benefit design	✓	✓
Opportunity to run for Board of Directors seat	✓	✓
Opportunity to apply for GPBCH Annual Health Benefits Innovation Awards	✓	✓
Discount to sponsor/exhibit at GPBCH programs	25%	50%
Premier Employers sessions – 2 per year		✓
Exclusive meetings with local and national healthcare thought leaders		✓
Executive Briefing for C-Suite from GPBCH CEO		✓
Special recognition on GPBCH website		✓
Opportunity to submit article for GPBCH Newsletter		✓

GPBCH Employer Annual Membership Dues

Standard: Standard annual membership dues are based on total number of employees (FTE's) in the GPBCH service area. The cost is \$5 per benefits-eligible employee in the region, with minimum dues of \$1,000 (≤ 200 employees) and maximum dues of \$5,000 ($\geq 1,000$ employees). Certain non-profit and public employers may qualify for a discount on annual dues.

Premier: Standard membership dues plus \$2,500 additional dues.

Dues are invoiced annually on the anniversary of initial application.

Date of application:

Dues calculation:

Standard: # of FTE's in region _____ x \$5/emp. = _____ [min \$1,000, max \$5,000]

☐ Discount, if applicable _____

☐ Premier Membership Upgrade (additional \$2,500)

By signing below, I am indicating that I am authorized to commit my organization to joining the Greater Philadelphia Business Coalition on Health. I understand that my organization will be invoiced based on the rate schedule indicated above. My organization may choose to terminate its membership at any time, but will not be entitled to a refund of dues paid.

Signature: _____

Name: _____

Title: _____

THANK YOU FOR JOINING GPBCH

Please return this form to:

Tom Belmont, President & CEO

Greater Philadelphia Business Coalition on Health

123 South Broad Street, Suite 1235

Philadelphia, PA 19109

tbelmont@gpbch.org

The Greater Philadelphia Business Coalition on Health (GPBCH) seeks to increase the value of health benefit spending for the region's employers. We do this by improving workforce and community health, increasing healthcare quality and safety, and reducing health care costs. The Coalition represents employer interests in working with health plans, health care providers, benefits consultants, suppliers and other system stakeholders to address population health priorities and to ensure that when health care is needed it is accessible, affordable, equitable, high-quality, and safe.