

QualityPath Network Addendum

The undersigned member (“Member”) and Employer Health Care Alliance Cooperative, a Wisconsin cooperative (“The Alliance” or the “Cooperative”) are parties to a Cooperative Membership and Stock Subscription Agreement (effective date _____) (“Membership Agreement”). Member and The Alliance hereby enter into this QualityPath Network Addendum to be effective as of _____, 20____ (“Effective Date”) and to be incorporated into the Membership Agreement. All capitalized terms not specific to the QualityPath Network and not defined herein are defined in the Membership Agreement.

1. Member will offer each Alliance Eligible Employee/Dependent participating in its health plan under the Membership Agreement the opportunity to participate in the QualityPath Network (“QualityPath Network”). The Alliance has established the Quality Path Network with providers (“QualityPath Providers”) who meet proven standards for delivering quality care for non-emergency surgical and other selected procedures (“QualityPath Procedures”) at negotiated bundled prices.
2. Member will implement a health benefit plan which encourages Alliance Eligible Employee/Dependents to participate in the QualityPath Network and to use QualityPath Providers for QualityPath Procedures. Benefit plan and incentive requirements can be found in the Handbook under the section QualityPath Network. Member will provide The Alliance, as required in the Handbook, with copies of its plan language and employee informational materials regarding the QualityPath Network as part of its complete and current health plan materials.
3. The Alliance will develop and Member will provide its employees with access to information, tools and a patient experience function in its employee benefit intranet or other system that can be used to enroll in the QualityPath Network and to select QualityPath Providers for QualityPath Procedures.
4. Member will pay a retainage fee for use of the QualityPath Network as described and calculated according to the Handbook.

This Agreement is signed on _____, _____, to be effective as of the Effective date.

Authorized Signature

Member

Name

Title

Accepted by the Cooperative this ____ day of _____, 20__.

By: _____
Cheryl A. DeMars, CEO