Greater Philadelphia Business Coalition On Health

"Building Bridges to Better Healthcare"

MEMBERSHIP APPLICATION

Applicant Company Name: _____

Primary Contact

Name: _____

Title: _____

Address: _____

_____

Phone: _____ Fax: _____

e-mail: _____

Other contact information (optional)

Secondary Contact (optional)

Name: _____

Title: _____

Address: _____

_____

Phone: _____ Fax: _____

e-mail: _____

Other contact information (optional)

Copy and attach additional pages to list additional secondary contacts

PLEASE COMPLETE THIS PAGE IF YOU ARE APPLYING AS AN EMPLOYER

Which best-describes your health benefits plan's funding?

__ Self-funded
__ Fully-insured

Which health plan model(s) do you currently offer (check all that apply)

__ HMO product
__ PPO product
__ Consumer-directed or high-deductible health plan
__ Other (describe) _____

Which company is your primary contractor for medical benefits in the GPBCH service area* (check all that apply)

__ Aetna
__ AmeriHealth
__ Cigna
__ Coventry/HealthAmerica
__ Highmark
__ Horizon BCBS
__ Humana
__ Independence Blue Cross (IBC)
__ United Healthcare
__ Other: _____

Which company is your primary contractor for pharmacy/PBM services in the GPBCH service area:

_____

__ Pharmacy benefits not provided
__ Pharmacy benefits provided through same insurer as medical benefits

Please list the name(s) of the benefits consulting organization(s) you work most closely with:

_____

Please list the name(s) of any vendors/companies you are using for worksite wellness services:

_____

Please 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 in your organization		
Number of benefit eligible FTE employees		
Number of covered lives (employees and family members)		

*GPBCH service area includes Philadelphia, Delaware, Bucks, Chester and Montgomery Counties in PA; Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May Counties in NJ; New Castle, Kent and Sussex Counties in DE.

PLEASE COMPLETE THIS PAGE IF YOUR ARE APPLYING AS AN AFFILIATED (NON-EMPLOYER) MEMBER

Which of the following categories best describes your organization's services? (check all that apply)

___ Brokerage services
___ Benefits consulting services
___ Pharmaceutical/biomedical services and products
___ Pharmacy benefits management services
___ Health and wellness program services
___ Disease management/care management services
___ Quality measurement and improvement services
___ Health insurance services
___ Medical services (hospital, healthsystem, physician group, etc.)
___ Behavioral health services
___ Other (please describe):

Membership Dues

Employer dues are $5/FTE in the GPBCH service area. Minimum dues are $2,500 (<500 FTE's) and Maximum dues are $5,000 (>1,000 FTE's).

Affiliate memberships are available for organizations that provide services related to employee health and health benefits, and that are joining GPBCH in a capacity other than as an employer. Affiliate memberships will be made available from a waiting list of new applicants, to maintain a minimum 1:1 ratio of employers to affiliates. Affiliate members are invited to have up to two representatives of their organization attend all GPBCH educational seminars and membership meetings, and to participate in Coalition work groups. Affiliate membership dues are $5,000.

Dues are invoiced annually on the anniversary of initial application.

Date of application: __ __ / __ __ / __ __

Dues calculation:

___ I am applying as an employer member:

# of FTE's in region _____ x $5/emp. = _____ [min $2,500, max $5,000]

___ I am applying as an affiliated member [$5,000 annual dues]

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:
Neil Goldfarb, President & CEO
Greater Philadelphia Business Coalition on Health
123 South Broad Street, Suite 1235
Philadelphia, PA 19109
ngoldfarb@gpbch.org