

Consumer Health Alliance

THE VOICE OF THE DISCOUNT HEALTHCARE INDUSTRY

OVERVIEW AND APPLICATION



Consumer Health Alliance (CHA) is the national trade association of the discount healthcare industry. Founded in 2002, CHA serves more than 45 million U.S. consumers through its member companies. Through legislative advocacy, industry outreach and setting of industry standards, CHA works to:

- Protect consumers' rights to choose affordable and practical non-insurance discount healthcare programs providing discounts on prescription drugs, physician and hospital services, dental, vision and hearing care, chiropractic treatment, and more.
- Promote fair and ethical business practices within the discount healthcare industry.

✚ The Mark of Integrity CHA members agree to abide by the organization's Code of Conduct, which establishes standards for discount healthcare companies to operate with integrity, fairness and accountability. Key provisions of the Code of Conduct address, among other concerns:

- Provider agreements and requirements
- Marketing practices and materials
- Complaint resolution procedures
- Operational requirements regarding toll-free numbers, websites and membership cards
- Cancellation and refund policies
- Disclosure requirements
- Compliance with all state and federal regulations

CHA membership has become the mark of integrity among discount healthcare programs nationwide. For consumers, our Code of Conduct provides a guide for choosing a reputable discount healthcare program. For the complete Code of Conduct, please visit our website at: www.consumerhealthalliance.org.

✚ Advocating on Your Behalf CHA acts as the voice of the discount healthcare industry with state legislatures and regulatory agencies across the U.S. CHA works collaboratively with state legislators and regulators to ensure fair and balanced treatment of the discount healthcare industry, helping to foster a climate in which our members can succeed.

CHA's lobbyists and attorneys continuously monitor new and emerging state legislation and work to ensure our members' voices are heard and understood.

Many states have used CHA's Code of Conduct to help guide them in framing appropriate and fair legislation and compliance guidelines for the industry.

✚ Tools for Your Success CHA member companies use best practices and set high standards that demonstrate the leadership and vision of CEOs and Executives in the discount healthcare industry. CHA provides networking opportunities among member companies, including member contact information, all-member conference calls and our annual discount healthcare symposium. Through regular compliance updates, we arm you with the information you need to thrive in the marketplace.

- Annual discount healthcare symposium
- Monthly all-member conference calls
- Monthly compliance committee calls
- Access to CHA's members-only website information

✚ Join Us! Membership in CHA is your opportunity to:

- Stay informed on key legislative issues and state-by-state regulatory requirements facing the discount healthcare industry today.
- Align yourself with an organization whose members are recognized as operating well-run, consumer-friendly programs of the highest standards.
- Support our efforts to create an environment where your business can flourish.
- Let your voice be heard and help us shape the future of our industry.



For more information, contact:

Allen Erenbaum (310)643-8000
or e-mail at allen@erenbaum.com



Consumer Health Alliance

MEMBERSHIP APPLICATION

DATE OF APPLICATION _____

NAME OF ENTITY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

STREET ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP CODE + 4 _____

PHONE () _____ EXT _____ FAX () _____

E-MAIL _____ WEBSITE [www.](#) _____

REFERRED BY _____ COMPANY _____

PLEASE SELECT YOUR DESIRED MEMBERSHIP LEVEL BY MARKING ONE OF THE BOXES BELOW:



BOARD MEMBER



\$15,000/month

For discount health-care program operators and other companies taking a leadership role for industry

DMP MEMBER



\$2,500/month

For discount health-care program operators

EXECUTIVE MEMBER



\$850/month

For non-DMPO marketers, associations and other distribution entities, and large product suppliers

AFFILIATE



\$400/month

For other program/product suppliers to the discount industry

INFORMATION SHARING AND GOVERNANCE:

- Board voting privileges
- Monthly board meeting calls
- Monthly member calls
- Monthly compliance calls

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MEMBER ONLY ACCESS TO:

- CHA Portal/Website
- Summary charts of state discount healthcare laws, licensing and registration requirements, and laws by topic
- Comprehensive web-based state-by-state regulatory guide containing laws, regulations and forms
- Timely e-mail updates on key state and federal activity
- Access to CHA Attorneys
- Access to CHA lobbyists
- Limited email access to CHA attorneys

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RESEARCH:

- Industry data

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MARKETING & NETWORKING:

- Access to CHA member contact information
- Use of CHA's logo
- Link from CHA site to member website

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CHA ANNUAL MEETING:

- Strategy and planning
- Networking and program forums

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Consumer Health Alliance

MEMBERSHIP APPLICATION, CONT.

List all states in which your company operates: _____

Is your company the subject of any pending administrative or enforcement action brought by any federal or state regulatory authority?

If yes, please explain: _____

A voting Delegate and Alternate must be designated to vote on CHA matters. Please indicate below who will have this authority from your company. (Information pertaining to official CHA business will be sent to the designated contact person.)

DELEGATE (Name & Title) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

PHONE (____) _____ EXT _____ FAX (____) _____ TOLL-FREE _____

E-MAIL _____

ALTERNATE (Name & Title) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE + 4 _____

PHONE (____) _____ EXT _____ FAX (____) _____ TOLL-FREE _____

E-MAIL _____

CERTIFICATION AGREEMENT

Membership applicants must submit the following for review by CHA for compliance with applicable requirements of CHA's Code of Conduct:

- ☐ Company website address and toll-free customer service number
- ☐ All company marketing materials including enrollment forms (4 copies of each item preferred)
- ☐ All company fulfillment materials including membership cards (4 copies of each item preferred)

Compliance of such materials with CHA's Code of Conduct does not guarantee membership in CHA. Membership decisions rest with CHA's Board of Directors.

To be a member in good standing, each Member shall (i) certify annually that it complies with the requirements of CHA's Code of Conduct adopted by the Board of Directors, as amended, (ii) subscribe to and support the purposes of CHA, (iii) satisfy the membership criteria as provided by the bylaws or as developed by the Board of Directors, (iv) remain current in the payment of dues and assessments, and (v) be in good standing with the appropriate federal and state regulatory authorities which govern its business. Companies that terminate CHA membership agree to cease and desist from further use of CHA materials, including CHA's logo.

I hereby certify that I have read and agree to the conditions of membership as set forth in this application, I have the authority to sign this application on behalf of my company, and my company complies with the applicable provisions of CHA's Code of Conduct, published at www.consumerhealthalliance.org. If accepted for membership, my company grants permission to CHA to list my company's name as a CHA member on its website and materials. I understand that an estimated 50% of annual dues are allocated to lobbying and political action and are not deductible as a business expense.

SUBMITTED BY _____ TITLE _____

SIGNATURE _____ DATE _____

Mail the completed, signed application, materials, and appropriate membership dues made payable to Consumer Health Alliance to:

CONSUMER HEALTH ALLIANCE MEMBERSHIP COMMITTEE, P.O. Box 2568, Frisco, Texas 75034

FOR CHA MEMBERS WHO CHOOSE TO PAY DUES MONTHLY:

By check: Include first month's dues of \$850 plus a voided check to set-up draft. (*Drafted on the 1st of each month*)

By credit card: CREDIT CARD# _____ EXPIRATION DATE _____