



## 2021 AFFILIATE MEMBERSHIP APPLICATION / RENEWAL: MCO OR COMMERCIAL HEALTH PLAN AFFILIATE MEMBERSHIP

### ORGANIZATION INFORMATION

Organization Name:		
Year of Incorporation:	EIN:	For-Profit / Non-Profit CBE: Y / N
Street address:		
City:	State:	ZIP Code:
Primary Contact Name:	E-mail:	Phone:

### MCO OR COMMERCIAL HEALTH PLAN AFFILIATE INFORMATION

MCOs or Commercial Health Plans are invited to join as affiliate members. This membership category is based on the total enrollment of all District of Columbia residents who are members or beneficiaries under coverage, regardless of type of coverage or extent of benefit. Beneficiary enrollment should be reported based on 1) current enrollment or 2) enrollment as of the last day of the most recently completed month. Dues are based on the size of the total plan, not the number of beneficiaries whose care is administered by any subcontracted entity or unit under the plan.

### BUDGET AND DUES INFORMATION

Please select dues as a MCO or commercial health plan affiliate member below based on your organization's total beneficiary enrollment for all District residents under coverage across all plans or products:

<input type="checkbox"/>	<25,000 DC Beneficiaries	\$500	<input type="checkbox"/>	50,000 – 75,000 DC Beneficiaries	\$3,000
<input type="checkbox"/>	25,000 – 50,000 DC Beneficiaries	\$1,500	<input type="checkbox"/>	75,000 – 100,000 DC Beneficiaries	\$7,000
For new members, dues are pro rated 25% per quarter.			<input type="checkbox"/>	100,000+ DC Beneficiaries	\$10,500

If your organization does not provide the services listed above, please review our member agency and affiliate membership categories, or contact Mark LeVota, DCBHA Executive Director, by phone at 202-929-3757 or by email at [Mark.LeVota@DCBehavioralHealth.org](mailto:Mark.LeVota@DCBehavioralHealth.org) to discuss becoming a corporate partner.

DCBHA dues for renewing members and affiliate members are due March 31, 2021. If your organization would like to pay half now and the balance by June 30, 2021:	<input type="checkbox"/>	Half-Year Payment Plan
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**Please remit payment to: DC Behavioral Health Association, PO Box 33515, Washington, DC 20033-3515**