

CCHP Individual/Family Plan Eligibility & Enrollment Guidelines

1. You must live or work in San Francisco County or northern San Mateo County.
2. Determine the rates that best fits your situation by selecting the appropriate age band and subscriber category. If you and your spouse are applying, chose the younger of the two - rates are based on the age of the subscriber. Fulltime student up to age 23 are eligible for coverage.
3. The monthly rates shown are standard rates effective January 1, 2010. The rates shown are for people in good health. **Rates are subject to change and may vary based on medical underwriting classification.**
4. **All** applications are subject to medical underwriting. To ensure timely processing, the information on the application must be thorough for each person.
5. **Select a primary care physician (PCP)** for you and each covered family member from the CCHP Provider Directory. If you don't have one now, we will help you choose.
6. **Sign and date the application form and attach a check deposit in the amount of the standard monthly rate you chose above.** The check will be cashed upon receipt of your application. If your application is approved at a different rate, you will be informed of the reason in writing and billed for the balance due. If your application is declined, we will refund your deposit.
7. If you have recently had other health coverage, please attach a copy of the Certificate of Creditable Coverage from your previous carrier.
8. Mail your application form and the applicable standard monthly rate deposit check to:

CCHP Sales Department
445 Grant Avenue, Suite 700
San Francisco, CA 94108

If you have any questions, please contact Sales Department at
415.955.8800 | 888.681.3888 or by email at mktginfo@cchphmo.com.



Chinese
Community
Health
Plan

CCHP

445 Grant Avenue, Suite 700, San Francisco, CA 94108 • Tel: (415) 955-8800 • Fax: (415) 955-8818 • www.cchphmo.com

華人保健 - 個人 / 家庭計劃 申請事項須知

1. 所有投保人必須在三藩市或聖馬刁縣北部內居住或工作。
2. 請選擇合適的投保年齡，如閣下與配偶一同投保，保費標準將以年輕的一位申請者來計算。請在申請表上填上年輕的配偶為第一申請者。23 歲或以下的全職學生子女可以家屬身份申請投保。
3. 華人保健計劃標準月費表的生效日期為 2010 年 1 月 1 日，但最終的保費是按照申請者的醫療狀況由審核部分類後而作出決定。
4. 所有申請必須經由審核部作醫療審查。為保證您的申請能及時辦理，請每位申請人填妥申請表上的所有問題。
5. 申請者及其家屬必須在『華人保健計劃』的醫生名錄內選擇一位家庭醫生。
6. 請在申請表上簽署及填寫日期並按照標準月費表的首月保費以支票形式一起寄回。我們會將該支票兌現，若閣下的申請獲批准但保費是高於標準收費，我們將以書面方式提供理由及通知閣下所需支付的餘下款項。如閣下的申請不被接納，首月的保費將全數退回。
7. 如閣下最近終止了醫療保障，請附上由前保健公司發出的保健證明信副本。
8. 請將申請表連同首月的標準保費以支票形式一起寄往：

CCHP Sales Department
華人保健計劃營業部
445 Grant Avenue, Suite 700
San Francisco, CA 94108

如有任何疑問，請致電 415.955.8800 或免費電話 888.681.3888，
或電郵到 mktginfo@cchphmo.com 與華人保健計劃營業部聯絡。