

## Individual & Family Plan Monthly Rate 個人 / 家庭計劃月費表

Copay 25 Plan				
Age	Subscriber	Subscriber w/ Spouse	Subscriber w/ Child(ren)	Family
年齡	投保人	投保人及配偶	投保人及子女	家庭
<30	\$223	\$440	\$412	\$715
30-39	\$242	\$475	\$464	\$832
40-49	\$332	\$652	\$563	\$954
50-54	\$425	\$839	\$634	\$1,124
55-59	\$526	\$1,036	\$744	\$1,182
60-64	\$603	\$1,184	\$894	\$1,284
65-74	\$1,221	\$2,402	\$1,809	\$2,606
75+	\$1,343	\$2,646	\$1,989	\$2,871

Active Choice				
Age	Subscriber	Subscriber w/ Spouse	Subscriber w/ Child(ren)	Family
年齡	投保人	投保人及配偶	投保人及子女	家庭
<30	\$154	\$304	\$284	\$493
30-39	\$167	\$327	\$320	\$574
40-49	\$229	\$450	\$389	\$659
50-54	\$294	\$579	\$438	\$775
55-59	\$363	\$715	\$514	\$816
60-64	\$416	\$818	\$616	\$887
65-74	\$843	\$1,658	\$1,249	\$1,798
75+	\$927	\$1,827	\$1,372	\$1,982

The monthly rate you pay for your coverage depends on your age, where you live, and how many family members are covered. Rates shown are CCHP's standard monthly rates. Final rates may vary based on medical underwriting. Rates are subject to change. 每月月費是根據投保人的年齡，郵區號碼及投保人數計算。以上是華人保健計劃的標準月費表。最終保費是由審核部門按照申請人的醫療狀況作出決定。月費會有更改。

## Individual & Family Plan Monthly Rate 個人 / 家庭計劃月費表

Copay 25 Plan				
Age	Subscriber	Subscriber + Spouse	Subscriber + Child(ren)	Family
年齡	投保人	投保人及配偶	投保人及子女	家庭
<30	\$240	\$476	\$445	\$772
30-39	\$261	\$511	\$469	\$899
40-49	\$357	\$705	\$608	\$1,030
50-54	\$460	\$905	\$686	\$1,213
55-59	\$568	\$1,119	\$803	\$1,277
60-64	\$650	\$1,280	\$965	\$1,388
65-74	\$1,319	\$2,595	\$1,954	\$2,814
75+	\$1,450	\$2,859	\$2,147	\$3,101

Active Choice				
Age	Subscriber	Subscriber w/ Spouse	Subscriber w/ Child(ren)	Family
年齡	投保人	投保人及配偶	投保人及子女	家庭
<30	\$166	\$328	\$307	\$533
30-39	\$180	\$353	\$324	\$620
40-49	\$247	\$486	\$420	\$711
50-54	\$317	\$625	\$473	\$837
55-59	\$392	\$772	\$555	\$881
60-64	\$449	\$884	\$666	\$958
65-74	\$910	\$1,791	\$1,349	\$1,943
75+	\$1,001	\$1,973	\$1,482	\$2,140

### Zip Codes in San Mateo County Service Area

Areas / 地區	Codes / 郵區號	Areas / 地區	Zip Codes / 郵區號
Brisbane	94005	Moss Beach	94038
Burlingame	94010 - 94012	Pacifica	94044, 94045
Daly City	94013 - 94017	San Bruno	94066, 94067, 94096, 94098
Half Moon Bay	94019	South San Francisco	94080, 94083, 94099
Millbrae	94030, 94031	S. F. Airport	94128
Montara	94037	San Mateo	94401 - 94409, 94497

The monthly rate you pay for your coverage depends on your age, where you live, and how many family members are covered. Rates shown are CCHP's standard monthly rates. Final rates may vary based on medical underwriting. Rates are subject to change. 每月月費是根據投保人的年齡，郵區號碼及投保人數計算。以上是華人保健計劃的標準月費表。最終保費是由審核部門按照申請人的醫療狀況作出決定。月費會有更改。