

Minimum Coverage HMO



Individual & Family Plan
個人/家庭計劃

Combined Evidence of Coverage and Disclosure Form 保障說明書

DMHC Approval Date – 08/13/2020

Balance
by CCHP



**COVERED
CALIFORNIA**



Combined
Evidence of Coverage and
Disclosure Form
CCHP Minimum Coverage HMO



445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | www.cchphealthplan.com

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