Plan: 華人保健計劃 CCHP Health Plan ______________________

Monthly Premium: ___________________

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Access code: ________________________

Cov. Cal. Case#: ____________________

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CCHP Health Plan - Pay by the 15th for coverage to start the following month:

online: log in to your coveredca.com account and follow payment instructions

by mail: 445 Grant Ave, #700
San Francisco, CA 94108

No invoice? 877-224-7808

General: 888-775-7888 / 415-834-2118

www.cchphealthplan.com

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