

Your Business. Your Choice.

Get affordable, anytime healthcare that supports holistic wellness for your employees



TABLE OF CONTENTS

3 About Balance

4 Why Balance

5 Access to Care

6 Amazon One Medical Membership

7 Our Products

8 Optional Dental, Vision & Infertility Rider Coverage

9 Value Added Services

10 2026 Plan Benefit Highlights

14 2026 Rates

26 Application Submission Checklist

East. West. Balance your health.

Affordable health plans integrating
Eastern and Western medicine



About Balance

We are a Bay Area Original

Balance is brought to you by CCHP, a full-service health plan with nearly 40 years of experience. We know this diverse and dynamic region well—because it's where we live and work.

Our plans are designed for companies based in San Francisco, San Mateo and Alameda County. Recognizing today's distributed workforce across the Bay Area, we also extend coverage to employees residing in Contra Costa County.

Health Plans Bridging Two Powerful Traditions

Bridging modern science and ancient wisdom to deliver care that's comprehensive, culturally inclusive, and deeply personal. With Balance, members get modern Western medicine with access to time-honored Eastern healing traditions at affordable rates.

Our Eastern and Western medicine providers are dedicated to supporting employees' holistic health and well-being. Members can visit Chinese Hospital's East West Clinic, access to acupuncture services, along with free Yoga, Tai Chi, and Qi Gong classes to enhance wellness, energy, and balance in everyday life.

East Meets West: A Unified Approach to Total Well-Being

- Supports a diverse, culturally inclusive workforce
- Enhances employee engagement & satisfaction
- Promotes long-term wellness & stress reduction
- Reduces healthcare costs through prevention
- Differentiates your benefits package

Why Balance

“My health plan is Balance from CCHP. Over the years, I have appreciated that the Balance account team offered me different options and helped me make the best possible decision. They always go the extra distance.”

- Mr. Hau Chung Lai, eCircle Investment, Inc.

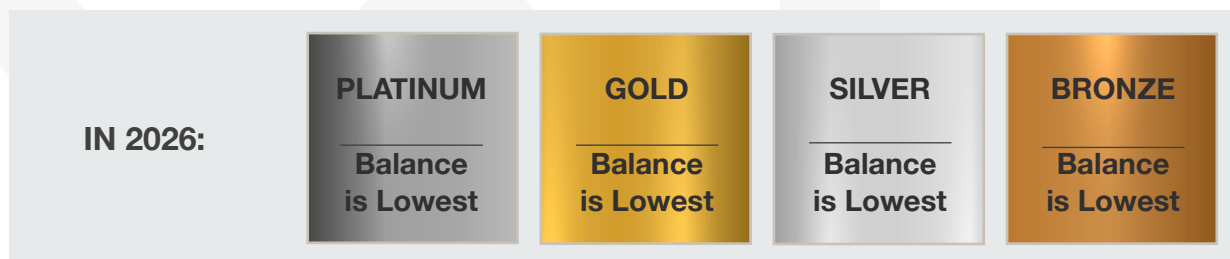
Your Employees Deserve Quality—and Balance Delivers

Balance group plans empower you to offer high-quality, affordable health coverage to your employees. A strong health plan not only supports employee well-being and productivity—it also helps you attract and retain top talent.

We partner with a growing network of over 3,000 healthcare providers and collaborate with hospitals in the region to keep costs low for our Members—without compromising on care.

Affordable Rates That Lead the Market

In 2025, Balance offered the lowest rates in two of the four major plan categories compared to our top competitors. And in 2026, we’re continuing to lead with competitive pricing. Discover how much your company could save with Balance.



Source: DMHC 2024, 2025

Plans That Fit Your Business Needs

Balance plans are available to employers and employees who live or work in San Francisco, San Mateo, and Alameda County, with extended coverage for those residing in Contra Costa County.

- Welcoming groups of all sizes—from solo employers to companies with hundreds of employees
- A variety of copayment and premium options to suit your budget and workforce
- HSA-compatible high-deductible health plans (HDHP) available
- A dedicated, local account manager to support your team

For many of our clients operating in San Francisco, Balance plans also help ensure compliance with local health ordinances, including the Health Care Accountability Ordinance (HCAO) and Health Care Security Ordinance (HCSO).

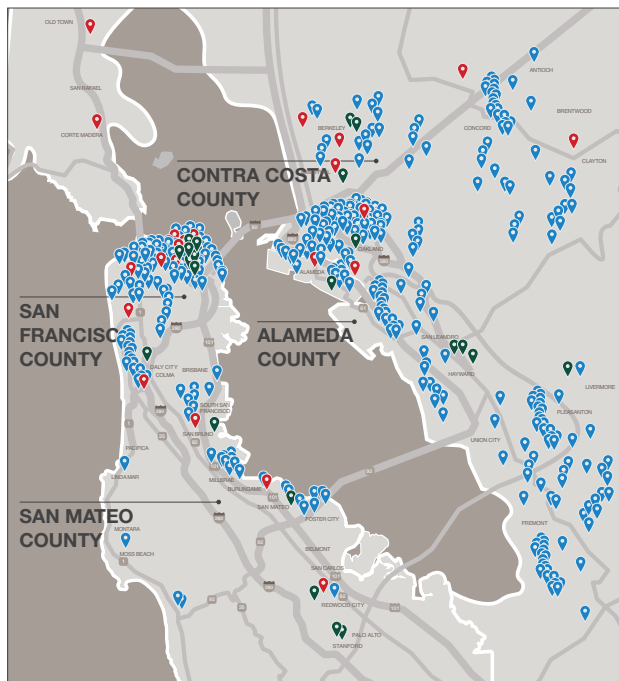


Access to Care

Large Network of Doctors and Hospitals

With every plan, you and your employees have access to more than 3,000 in-network doctors, specialists, and facilities conveniently located throughout our service area. We are proud to partner with Hill Physicians, the largest medical group in Northern California.

Our complete network includes Jade Health Care, Hill Physicians, and trusted hospital partners across our service area.



- PCP/Specialist
- Hospital
- Urgent Care

MEDICAL GROUPS



HOSPITALS



URGENT CARE



Balance: Amazon One Medical sponsored for your employees and their eligible family members

Choose Balance today and get an Amazon One Medical membership for your eligible employees and covered dependents at no cost to your employees.

No Ordinary Doctor's Office

Amazon One Medical is known for welcoming neighborhood locations, the ability to see a doctor right away, and appointments that don't feel rushed. The no-cost membership makes a great plan even better with:

- **Care for everything** from common illnesses to chronic diseases and mental health—plus lab work, vaccines, and preventative care
- **In-office visits** with expanded hours 7 days a week and many convenient locations throughout the Bay Area
- **24/7 virtual care** to message the care team, schedule video visits, and book same or next-day appointments



amazon one medical

How to enjoy Amazon One Medical at No Cost - for eligible employees and covered dependents.

We'll cover their full-year membership, including covered family members.

1. Amazon One Medical typically charges an annual membership fee of \$199. When you enroll in Balance by CCHP, we cover the full cost of your yearly membership.
2. Complete a short Initial Health Assessment (IHA).
3. For more details, please contact our sales representative at 1-877-256-2477.



Amazon One Medical and all related logos are trademarks of Amazon.com, Inc. or its affiliates.



Our Products

We offer a variety of plan options so you can choose the level of coverage that best fits your business needs.

Balance Ruby Series 10/20/40: Comprehensive Plans

Ruby Series is the right choice for groups who want the peace-of-mind of comprehensive coverage and may use medical services regularly.

- \$0 copays for preventive care
- For other primary care services, you choose the copay that's best for your group (\$10/\$20/\$40)
- Fixed copayment for most covered services so you and your employees can enjoy predictable health care costs — you'll know your out-of-pocket costs in advance.

Balance Opal Series 25/50: Economical Plans

Opal Series is the popular option for health-conscious and budget-minded employers who don't foresee using many medical services.

- Lower monthly premiums
- Includes \$0 copay for preventive services

Balance Metal Plans: Off-Exchange Mirror Plans

For employers looking for plans like those on the Covered CA exchange but prefer to work directly with us.

- Range of cost shares
- Range of premiums to suit any company

Ask us about our group plans designed to meet your diverse needs.



Optional Dental, Vision, Infertility Treatment and Fertility Services Rider Coverage

Balance employer group plans include pediatric vision and dental coverage. For adults, we offer optional supplemental plans.



Balance offers dental coverage through our partner, Delta Dental, nation's leading provider of dental insurance. Having Delta Dental coverage means access to their network of dentists for professional and reliable care. You'll also get preventive care, like regular cleanings and exams, at low or no cost. Be sure to ask about this important coverage.

Monthly Rate Per Member: \$18.05



Balance's optional vision coverage is offered through our partner, VSP, one of the leading vision insurance providers. VSP doctors provide personalized care that focuses on keeping your eyes healthy. When you see a VSP doctor, you will enjoy lower out-of-pocket costs for care and have access to hundreds of eye glass frame options from leading brands.

Monthly Rate Per Member: \$3.54

Balance by CCHP offers the option of choosing infertility treatment and fertility services with its small employer group medical plans.

Benefit coverage is only for the diagnosis and treatment of infertility and fertility services, including a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society of Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.

All services require prior authorization. Medically necessary infertility and fertility services that are authorized under the plan will be covered according to the same cost sharing requirements that apply to other medical services. Members should refer to their plan's Evidence of Coverage (EOC) and Summary of Benefits and Coverage (SBC) for specific details regarding applicable copayments, coinsurance, and deductibles.

Monthly Rate Per Member: please refer to the rate sheet

Value Added Services

Our mission is to help your employees and their family members achieve optimal health. We offer many ways to help them stay healthy, well, and thriving.



Balance Member Portal



Member Services – 3 walk-in locations
(San Francisco and Daly City)



Quarterly Community Health Newsletter



Free Fitness classes like Yoga, Qi Gong and Tai Chi



Wellness classes on topics like perinatal and
healthy eating



Acupuncture services



Programs for managing chronic conditions like
diabetes and to help quit smoking



Convenient access to Urgent Care centers for
non-emergencies



24/7 Nurse Advice Line



2026 Plan Benefit Highlights

Plan Name	Ruby 10 Platinum HMO	Ruby 20 Platinum HMO	Ruby 40 Platinum HMO	Opal 25 HMO
Metal Level / Actuarial Value %⁽¹⁾	Platinum / 91.80%	Platinum / 89.94%	Platinum / 89.49%	Gold / 81.73%
SERVICES AND FEATURES				
Annual Deductible	\$0	\$0	\$0	Individual \$2,100 Family \$4,200 ⁽³⁾
Out-of-Pocket Limit on Expenses	Individual \$3,900 Family \$7,800	Individual \$3,700 Family \$7,400	Individual \$3,000 Family \$6,000	Individual \$6,100 Family \$12,200
LIFETIME MAXIMUMS	No Limit			
PROFESSIONAL SERVICES	Member Cost Share			
Preventive Care/ Screening/Immunization	\$0 Copay			
Primary Care Physician (PCP) Visit to Treat an Injury or Illness	\$15 Copay	\$20 Copay	\$40 Copay	\$30 Copay
Specialist Visit	\$30 Copay	\$20 Copay	\$40 Copay	\$35 Copay
Maternity Care - Preconception/ Prenatal/Postnatal Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	\$150 Copay/Day (Up to First 5 Days)	\$150 Copay/Day (Up to First 5 Days)	\$250 Copay/Day (Up to First 5 Days)	\$250 Copay/Day (Up to First 5 Days) (After Deductible)
Delivery and all Inpatient Services (Professional Services)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
OUTPATIENT SERVICES				
Laboratory Tests & X-Rays	Laboratory: \$15 Copay X-Ray: \$10 Copay	\$10 Copay	\$10 Copay	\$25 Copay
Imaging (CT/PET Scans, MRIs)	\$180 Copay	\$160 Copay	\$150 Copay	\$250 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$100 Copay (Chinese Hospital) \$300 Copay (Other Facilities)	\$100 Copay (Chinese Hospital) \$300 Copay (Other Facilities)	\$150 Copay (Chinese Hospital) \$450 Copay (Other Facilities)	\$250 Copay (Chinese Hospital) \$750 Copay (Other Facilities) (After Deductible)
Physician/Surgeon Fees	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Opal 50 HMO	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Silver / 70.37%	Platinum / 88.72%	Gold / 81.67%	Silver / 71.69%	Bronze / 64.14%	Bronze / 64.97%
Individual \$2,500 Family \$5,000 ⁽³⁾	\$0	Individual \$250 Family \$500	Individual \$3,200 Family \$6,400 ⁽³⁾	Individual \$6,300 Family \$12,600 ⁽³⁾	Individual \$7,100 Family \$14,200 ⁽³⁾ (Combined Medical/ Drug Deductible)
Individual \$9,100 Family \$18,200	Individual \$4,500 Family \$9,000	Individual \$7,800 Family \$15,600	Individual \$9,500 Family \$19,000	Individual \$8,200 Family \$16,400	Individual \$7,100 Family \$14,200
No Limit					
Member Cost Share					
\$0 Copay					
\$50 Copay	\$20 Copay	\$35 Copay	\$55 Copay	\$65 Copay (Deductible Applies after First 3 Non- Preventive Visits)	0% Coinsurance (After Deductible)
\$100 Copay	\$30 Copay	\$55 Copay	\$90 Copay	\$95 Copay (Deductible Applies after First 3 Non- Preventive Visits)	0% Coinsurance (After Deductible)
\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
\$250 Copay/Day (Up to First 5 Days) (After Deductible)	\$250/day (Up to the First 5 Days)	\$600/day (Up to the First 5 Days) (After Deductible)	35% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
\$0 Copay	\$0 Copay	\$0 Copay	35% Coinsurance	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
Laboratory: \$50 Copay X-Ray: \$110 Copay	Laboratory: \$20 Copay X-Ray: \$30 Copay	Laboratory: \$35 Copay X-Ray: \$55 Copay	Laboratory: \$60 Copay X-Ray: \$150 Copay	Laboratory: \$40 Copay X-Ray: 40% Coinsurance (After Deductible for X- Ray)	0% Coinsurance (After Deductible)
\$285 Copay	\$100 Copay	\$250 Copay (After Deductible)	\$300 Copay (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
\$300 Copay (Chinese Hospital) \$750 Copay (Other Facilities) (After Deductible)	\$100 Copay	\$300 Copay (After Deductible)	35% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
30% Coinsurance	\$25 Copay	\$35 Copay	35% Coinsurance	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)



2026 Plan Benefit Highlights

Plan Name	Ruby 10 Platinum HMO	Ruby 20 Platinum HMO	Ruby 40 Platinum HMO	Opal 25 HMO
Metal Level / Actuarial Value %⁽¹⁾	Platinum / 91.80%	Platinum / 89.94%	Platinum / 89.49%	Gold / 81.73%
SERVICES AND FEATURES				
Annual Deductible	\$0	\$0	\$0	Individual \$2,100 Family \$4,200 ⁽³⁾
Out-of-Pocket Limit on Expenses	Individual \$3,900 Family \$7,800	Individual \$3,700 Family \$7,400	Individual \$3,000 Family \$6,000	Individual \$6,100 Family \$12,200
LIFETIME MAXIMUMS	No Limit			
PROFESSIONAL SERVICES	Member Cost Share			
Preventive Care/ Screening/Immunization	\$0 Copay			
Primary Care Physician (PCP) Visit to Treat an Injury or Illness	\$15 Copay	\$20 Copay	\$40 Copay	\$30 Copay
Specialist Visit	\$30 Copay	\$20 Copay	\$40 Copay	\$35 Copay
Maternity Care - Preconception/ Prenatal/Postnatal Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	\$150 Copay/Day (Up to First 5 Days)	\$150 Copay/Day (Up to First 5 Days)	\$250 Copay/Day (Up to First 5 Days)	\$250 Copay/Day (Up to First 5 Days) (After Deductible)
Delivery and all Inpatient Services (Professional Services)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
OUTPATIENT SERVICES				
Laboratory Tests & X-Rays	Laboratory: \$15 Copay X-Ray: \$10 Copay	\$10 Copay	\$10 Copay	\$25 Copay
Imaging (CT/PET Scans, MRIs)	\$180 Copay	\$160 Copay	\$150 Copay	\$250 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	\$100 Copay (Chinese Hospital) \$300 Copay (Other Facilities)	\$100 Copay (Chinese Hospital) \$300 Copay (Other Facilities)	\$150 Copay (Chinese Hospital) \$450 Copay (Other Facilities)	\$250 Copay (Chinese Hospital) \$750 Copay (Other Facilities) (After Deductible)
Physician/Surgeon Fees	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Opal 50 HMO	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Silver / 70.37%	Platinum / 88.72%	Gold / 81.67%	Silver / 71.69%	Bronze / 64.14%	Bronze / 64.97%
Individual \$2,500 Family \$5,000 ⁽³⁾	\$0	Individual \$250 Family \$500	Individual \$3,200 Family \$6,400 ⁽³⁾	Individual \$6,300 Family \$12,600 ⁽³⁾	Individual \$7,100 Family \$14,200 ⁽³⁾ (Combined Medical/ Drug Deductible)
Individual \$9,100 Family \$18,200	Individual \$4,500 Family \$9,000	Individual \$7,800 Family \$15,600	Individual \$9,500 Family \$19,000	Individual \$8,200 Family \$16,400	Individual \$7,100 Family \$14,200
No Limit					
Member Cost Share					
\$0 Copay					
\$50 Copay	\$20 Copay	\$35 Copay	\$55 Copay	\$65 Copay (Deductible Applies after First 3 Non- Preventive Visits)	0% Coinsurance (After Deductible)
\$100 Copay	\$30 Copay	\$55 Copay	\$90 Copay	\$95 Copay (Deductible Applies after First 3 Non- Preventive Visits)	0% Coinsurance (After Deductible)
\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
\$250 Copay/Day (Up to First 5 Days) (After Deductible)	\$250/day (Up to the First 5 Days)	\$600/day (Up to the First 5 Days) (After Deductible)	35% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
\$0 Copay	\$0 Copay	\$0 Copay	35% Coinsurance	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
Laboratory: \$50 Copay X-Ray: \$110 Copay	Laboratory: \$20 Copay X-Ray: \$30 Copay	Laboratory: \$35 Copay X-Ray: \$55 Copay	Laboratory: \$60 Copay X-Ray: \$150 Copay	Laboratory: \$40 Copay X-Ray: 40% Coinsurance (After Deductible for X- Ray)	0% Coinsurance (After Deductible)
\$285 Copay	\$100 Copay	\$250 Copay (After Deductible)	\$300 Copay (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
\$300 Copay (Chinese Hospital) \$750 Copay (Other Facilities) (After Deductible)	\$100 Copay	\$300 Copay (After Deductible)	35% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)
30% Coinsurance	\$25 Copay	\$35 Copay	35% Coinsurance	40% Coinsurance (After Deductible)	0% Coinsurance (After Deductible)

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$442.22	\$437.41	\$415.54	\$359.53	\$322.99
15	\$481.52	\$476.30	\$452.48	\$391.49	\$351.70
16	\$496.55	\$491.16	\$466.60	\$403.71	\$362.68
17	\$511.58	\$506.03	\$480.73	\$415.93	\$373.66
18	\$527.77	\$522.04	\$495.94	\$429.09	\$385.48
19	\$543.95	\$538.05	\$511.15	\$442.25	\$397.30
20	\$560.72	\$554.63	\$526.90	\$455.88	\$409.55
21	\$578.06	\$571.78	\$543.19	\$469.98	\$422.21
22	\$578.06	\$571.78	\$543.19	\$469.98	\$422.21
23	\$578.06	\$571.78	\$543.19	\$469.98	\$422.21
24	\$578.06	\$571.78	\$543.19	\$469.98	\$422.21
25	\$580.37	\$574.07	\$545.37	\$471.86	\$423.90
26	\$591.93	\$585.51	\$556.23	\$481.26	\$432.35
27	\$605.81	\$599.23	\$569.27	\$492.54	\$442.48
28	\$628.35	\$621.53	\$590.45	\$510.87	\$458.95
29	\$646.85	\$639.83	\$607.83	\$525.91	\$472.46
30	\$656.10	\$648.97	\$616.53	\$533.43	\$479.21
31	\$669.97	\$662.70	\$629.56	\$544.70	\$489.35
32	\$683.84	\$676.42	\$642.60	\$555.98	\$499.48
33	\$692.52	\$685.00	\$650.75	\$563.03	\$505.81
34	\$701.76	\$694.15	\$659.44	\$570.55	\$512.57
35	\$706.39	\$698.72	\$663.78	\$574.31	\$515.94
36	\$711.01	\$703.29	\$668.13	\$578.07	\$519.32
37	\$715.64	\$707.87	\$672.47	\$581.83	\$522.70
38	\$720.26	\$712.44	\$676.82	\$585.59	\$526.08
39	\$729.51	\$721.59	\$685.51	\$593.11	\$532.83
40	\$738.76	\$730.74	\$694.20	\$600.63	\$539.59
41	\$752.63	\$744.46	\$707.24	\$611.91	\$549.72
42	\$765.93	\$757.61	\$719.73	\$622.72	\$559.43
43	\$784.43	\$775.91	\$737.11	\$637.76	\$572.94
44	\$807.55	\$798.78	\$758.84	\$656.56	\$589.83
45	\$834.72	\$825.66	\$784.37	\$678.65	\$609.68
46	\$867.09	\$857.68	\$814.79	\$704.97	\$633.32
47	\$903.51	\$893.70	\$849.01	\$734.58	\$659.92
48	\$945.13	\$934.87	\$888.12	\$768.41	\$690.32
49	\$986.17	\$975.46	\$926.69	\$801.78	\$720.30
50	\$1032.41	\$1021.21	\$970.15	\$839.38	\$754.07
51	\$1078.08	\$1066.38	\$1013.06	\$876.51	\$787.43
52	\$1128.37	\$1116.12	\$1060.32	\$917.40	\$824.16
53	\$1179.24	\$1166.44	\$1108.12	\$958.76	\$861.32
54	\$1234.16	\$1220.76	\$1159.72	\$1003.40	\$901.43
55	\$1289.07	\$1275.08	\$1211.32	\$1048.05	\$941.54
56	\$1348.61	\$1333.97	\$1267.27	\$1096.46	\$985.02
57	\$1408.73	\$1393.44	\$1323.76	\$1145.34	\$1028.93
58	\$1472.90	\$1456.90	\$1384.06	\$1197.50	\$1075.80
59	\$1504.69	\$1488.35	\$1413.94	\$1223.35	\$1099.02
60	\$1568.85	\$1551.82	\$1474.23	\$1275.52	\$1145.89
61	\$1624.35	\$1606.71	\$1526.38	\$1320.64	\$1186.42
62	\$1660.76	\$1642.73	\$1560.60	\$1350.25	\$1213.02
63	\$1706.43	\$1687.91	\$1603.51	\$1387.38	\$1246.37
64+	\$1734.17	\$1715.34	\$1629.57	\$1409.92	\$1266.63

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

Age	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
0-14	\$439.01	\$402.21	\$317.66	\$265.38	\$268.32
15	\$478.04	\$437.96	\$345.90	\$288.97	\$292.17
16	\$492.96	\$451.63	\$356.69	\$297.99	\$301.29
17	\$507.88	\$465.30	\$367.49	\$307.01	\$310.41
18	\$523.95	\$480.02	\$379.11	\$316.72	\$320.23
19	\$540.02	\$494.74	\$390.74	\$326.44	\$330.05
20	\$556.66	\$509.99	\$402.78	\$336.50	\$340.22
21	\$573.88	\$525.76	\$415.24	\$346.91	\$350.74
22	\$573.88	\$525.76	\$415.24	\$346.91	\$350.74
23	\$573.88	\$525.76	\$415.24	\$346.91	\$350.74
24	\$573.88	\$525.76	\$415.24	\$346.91	\$350.74
25	\$576.17	\$527.87	\$416.90	\$348.29	\$352.14
26	\$587.65	\$538.38	\$425.21	\$355.23	\$359.16
27	\$601.42	\$551.00	\$435.17	\$363.56	\$367.58
28	\$623.80	\$571.50	\$451.37	\$377.09	\$381.25
29	\$642.17	\$588.33	\$464.65	\$388.19	\$392.48
30	\$651.35	\$596.74	\$471.30	\$393.74	\$398.09
31	\$665.12	\$609.36	\$481.26	\$402.06	\$406.51
32	\$678.89	\$621.98	\$491.23	\$410.39	\$414.93
33	\$687.50	\$629.86	\$497.46	\$415.59	\$420.19
34	\$696.68	\$638.28	\$504.10	\$421.14	\$425.80
35	\$701.28	\$642.48	\$507.42	\$423.92	\$428.60
36	\$705.87	\$646.69	\$510.75	\$426.69	\$431.41
37	\$710.46	\$650.89	\$514.07	\$429.47	\$434.22
38	\$715.05	\$655.10	\$517.39	\$432.24	\$437.02
39	\$724.23	\$663.51	\$524.03	\$437.79	\$442.63
40	\$733.41	\$671.92	\$530.68	\$443.34	\$448.25
41	\$747.19	\$684.54	\$540.64	\$451.67	\$456.66
42	\$760.39	\$696.63	\$550.19	\$459.65	\$464.73
43	\$778.75	\$713.46	\$563.48	\$470.75	\$475.95
44	\$801.70	\$734.49	\$580.09	\$484.63	\$489.98
45	\$828.68	\$759.20	\$599.61	\$500.93	\$506.47
46	\$860.81	\$788.64	\$622.86	\$520.36	\$526.11
47	\$896.97	\$821.77	\$649.02	\$542.21	\$548.21
48	\$938.29	\$859.62	\$678.92	\$567.19	\$573.46
49	\$979.03	\$896.95	\$708.40	\$591.82	\$598.36
50	\$1024.94	\$939.01	\$741.62	\$619.57	\$626.42
51	\$1070.28	\$980.55	\$774.42	\$646.98	\$654.13
52	\$1120.20	\$1026.29	\$810.55	\$677.16	\$684.65
53	\$1170.71	\$1072.55	\$847.09	\$707.69	\$715.51
54	\$1225.22	\$1122.50	\$886.54	\$740.64	\$748.83
55	\$1279.74	\$1172.45	\$925.99	\$773.60	\$782.15
56	\$1338.85	\$1226.60	\$968.76	\$809.33	\$818.28
57	\$1398.53	\$1281.28	\$1011.94	\$845.41	\$854.75
58	\$1462.23	\$1339.64	\$1058.03	\$883.91	\$893.69
59	\$1493.80	\$1368.56	\$1080.87	\$902.99	\$912.98
60	\$1557.50	\$1426.92	\$1126.96	\$941.50	\$951.91
61	\$1612.59	\$1477.39	\$1166.83	\$974.80	\$985.58
62	\$1648.74	\$1510.51	\$1192.99	\$996.66	\$1007.68
63	\$1694.08	\$1552.05	\$1225.79	\$1024.06	\$1035.39
64+	\$1721.62	\$1577.28	\$1245.71	\$1040.71	\$1052.21

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$468.89	\$464.09	\$442.22	\$385.94	\$349.66
15	\$510.57	\$505.34	\$481.52	\$420.24	\$380.75
16	\$526.50	\$521.11	\$496.55	\$433.36	\$392.63
17	\$542.44	\$536.88	\$511.58	\$446.48	\$404.51
18	\$559.60	\$553.87	\$527.77	\$460.60	\$417.31
19	\$576.76	\$570.86	\$543.95	\$474.73	\$430.11
20	\$594.54	\$588.45	\$560.72	\$489.36	\$443.37
21	\$612.92	\$606.65	\$578.06	\$504.49	\$457.08
22	\$612.92	\$606.65	\$578.06	\$504.49	\$457.08
23	\$612.92	\$606.65	\$578.06	\$504.49	\$457.08
24	\$612.92	\$606.65	\$578.06	\$504.49	\$457.08
25	\$615.38	\$609.08	\$580.37	\$506.51	\$458.91
26	\$627.63	\$621.21	\$591.93	\$516.60	\$468.05
27	\$642.34	\$635.77	\$605.81	\$528.71	\$479.02
28	\$666.25	\$659.43	\$628.35	\$548.39	\$496.84
29	\$685.86	\$678.84	\$646.85	\$564.53	\$511.47
30	\$695.67	\$688.55	\$656.10	\$572.60	\$518.78
31	\$710.38	\$703.11	\$669.97	\$584.71	\$529.75
32	\$725.09	\$717.67	\$683.84	\$596.82	\$540.72
33	\$734.28	\$726.76	\$692.52	\$604.38	\$547.58
34	\$744.09	\$736.47	\$701.76	\$612.46	\$554.89
35	\$748.99	\$741.32	\$706.39	\$616.49	\$558.55
36	\$753.90	\$746.18	\$711.01	\$620.53	\$562.21
37	\$758.80	\$751.03	\$715.64	\$624.56	\$565.86
38	\$763.70	\$755.88	\$720.26	\$628.60	\$569.52
39	\$773.51	\$765.59	\$729.51	\$636.67	\$576.83
40	\$783.32	\$775.30	\$738.76	\$644.74	\$584.15
41	\$798.03	\$789.86	\$752.63	\$656.85	\$595.12
42	\$812.12	\$803.81	\$765.93	\$668.46	\$605.63
43	\$831.74	\$823.22	\$784.43	\$684.60	\$620.26
44	\$856.26	\$847.49	\$807.55	\$704.78	\$638.54
45	\$885.06	\$876.00	\$834.72	\$728.49	\$660.02
46	\$919.39	\$909.97	\$867.09	\$756.74	\$685.62
47	\$958.00	\$948.19	\$903.51	\$788.52	\$714.41
48	\$1002.13	\$991.87	\$945.13	\$824.85	\$747.32
49	\$1045.65	\$1034.94	\$986.17	\$860.67	\$779.78
50	\$1094.68	\$1083.47	\$1032.41	\$901.03	\$816.34
51	\$1143.10	\$1131.40	\$1078.08	\$940.88	\$852.45
52	\$1196.43	\$1184.18	\$1128.37	\$984.77	\$892.22
53	\$1250.37	\$1237.56	\$1179.24	\$1029.17	\$932.44
54	\$1308.59	\$1295.19	\$1234.16	\$1077.10	\$975.86
55	\$1366.82	\$1352.83	\$1289.07	\$1125.02	\$1019.28
56	\$1429.95	\$1415.31	\$1348.61	\$1176.99	\$1066.36
57	\$1493.70	\$1478.40	\$1408.73	\$1229.45	\$1113.90
58	\$1561.73	\$1545.74	\$1472.90	\$1285.45	\$1164.64
59	\$1595.44	\$1579.11	\$1504.69	\$1313.20	\$1189.77
60	\$1663.48	\$1646.44	\$1568.85	\$1369.20	\$1240.51
61	\$1722.32	\$1704.68	\$1624.35	\$1417.63	\$1284.39
62	\$1760.93	\$1742.90	\$1660.76	\$1449.41	\$1313.19
63	\$1809.35	\$1790.83	\$1706.43	\$1489.27	\$1349.29
64+	\$1838.76	\$1819.94	\$1734.17	\$1513.47	\$1371.22



Employer Group Plans with Infertility

2026 Monthly Rates | San Francisco County

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$465.69	\$428.88	\$344.33	\$292.05	\$294.99
15	\$507.08	\$467.00	\$374.94	\$318.01	\$321.21
16	\$522.91	\$481.58	\$386.64	\$327.94	\$331.23
17	\$538.74	\$496.15	\$398.34	\$337.87	\$341.26
18	\$555.78	\$511.85	\$410.95	\$348.56	\$352.06
19	\$572.82	\$527.55	\$423.55	\$359.25	\$362.85
20	\$590.48	\$543.81	\$436.60	\$370.32	\$374.04
21	\$608.74	\$560.63	\$450.11	\$381.77	\$385.61
22	\$608.74	\$560.63	\$450.11	\$381.77	\$385.61
23	\$608.74	\$560.63	\$450.11	\$381.77	\$385.61
24	\$608.74	\$560.63	\$450.11	\$381.77	\$385.61
25	\$611.18	\$562.87	\$451.91	\$383.30	\$387.15
26	\$623.35	\$574.08	\$460.91	\$390.93	\$394.86
27	\$637.96	\$587.54	\$471.71	\$400.10	\$404.11
28	\$661.70	\$609.40	\$489.26	\$414.98	\$419.15
29	\$681.18	\$627.34	\$503.67	\$427.20	\$431.49
30	\$690.92	\$636.31	\$510.87	\$433.31	\$437.66
31	\$705.53	\$649.77	\$521.67	\$442.47	\$446.92
32	\$720.14	\$663.22	\$532.47	\$451.63	\$456.17
33	\$729.27	\$671.63	\$539.23	\$457.36	\$461.96
34	\$739.01	\$680.60	\$546.43	\$463.47	\$468.12
35	\$743.88	\$685.09	\$550.03	\$466.52	\$471.21
36	\$748.75	\$689.57	\$553.63	\$469.58	\$474.29
37	\$753.62	\$694.06	\$557.23	\$472.63	\$477.38
38	\$758.49	\$698.54	\$560.83	\$475.69	\$480.46
39	\$768.23	\$707.51	\$568.03	\$481.79	\$486.63
40	\$777.97	\$716.48	\$575.23	\$487.90	\$492.80
41	\$792.58	\$729.94	\$586.04	\$497.06	\$502.06
42	\$806.58	\$742.83	\$596.39	\$505.85	\$510.93
43	\$826.06	\$760.77	\$610.79	\$518.06	\$523.27
44	\$850.41	\$783.20	\$628.80	\$533.33	\$538.69
45	\$879.02	\$809.55	\$649.95	\$551.28	\$556.81
46	\$913.11	\$840.94	\$675.16	\$572.66	\$578.41
47	\$951.46	\$876.26	\$703.51	\$596.71	\$602.70
48	\$995.29	\$916.62	\$735.92	\$624.19	\$630.46
49	\$1038.51	\$956.43	\$767.88	\$651.30	\$657.84
50	\$1087.21	\$1001.28	\$803.89	\$681.84	\$688.69
51	\$1135.30	\$1045.57	\$839.45	\$712.00	\$719.15
52	\$1188.26	\$1094.34	\$878.61	\$745.22	\$752.70
53	\$1241.83	\$1143.68	\$918.21	\$778.81	\$786.63
54	\$1299.66	\$1196.94	\$960.97	\$815.08	\$823.27
55	\$1357.49	\$1250.20	\$1003.73	\$851.35	\$859.90
56	\$1420.19	\$1307.94	\$1050.10	\$890.67	\$899.62
57	\$1483.50	\$1366.25	\$1096.91	\$930.37	\$939.72
58	\$1551.07	\$1428.48	\$1146.87	\$972.75	\$982.52
59	\$1584.55	\$1459.31	\$1171.62	\$993.75	\$1003.73
60	\$1652.12	\$1521.54	\$1221.59	\$1036.12	\$1046.53
61	\$1710.56	\$1575.36	\$1264.80	\$1072.77	\$1083.55
62	\$1748.91	\$1610.68	\$1293.15	\$1096.83	\$1107.84
63	\$1797.00	\$1654.97	\$1328.71	\$1126.99	\$1138.31
64+	\$1826.21	\$1681.87	\$1350.31	\$1145.30	\$1156.81

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$477.58	\$472.40	\$448.78	\$388.29	\$348.82
15	\$520.03	\$514.39	\$488.67	\$422.80	\$379.83
16	\$536.26	\$530.44	\$503.92	\$436.00	\$391.69
17	\$552.49	\$546.50	\$519.17	\$449.19	\$403.54
18	\$569.97	\$563.79	\$535.60	\$463.41	\$416.31
19	\$587.45	\$581.08	\$552.02	\$477.62	\$429.08
20	\$605.56	\$598.98	\$569.04	\$492.34	\$442.30
21	\$624.29	\$617.51	\$586.63	\$507.56	\$455.98
22	\$624.29	\$617.51	\$586.63	\$507.56	\$455.98
23	\$624.29	\$617.51	\$586.63	\$507.56	\$455.98
24	\$624.29	\$617.51	\$586.63	\$507.56	\$455.98
25	\$626.78	\$619.98	\$588.98	\$509.59	\$457.80
26	\$639.27	\$632.33	\$600.71	\$519.74	\$466.92
27	\$654.25	\$647.15	\$614.79	\$531.93	\$477.87
28	\$678.60	\$671.23	\$637.67	\$551.72	\$495.65
29	\$698.58	\$690.99	\$656.44	\$567.96	\$510.24
30	\$708.57	\$700.87	\$665.83	\$576.08	\$517.54
31	\$723.55	\$715.69	\$679.91	\$588.27	\$528.48
32	\$738.53	\$730.51	\$693.99	\$600.45	\$539.42
33	\$747.90	\$739.78	\$702.79	\$608.06	\$546.26
34	\$757.89	\$749.66	\$712.17	\$616.18	\$553.56
35	\$762.88	\$754.60	\$716.87	\$620.24	\$557.21
36	\$767.87	\$759.54	\$721.56	\$624.30	\$560.85
37	\$772.87	\$764.48	\$726.25	\$628.36	\$564.50
38	\$777.86	\$769.42	\$730.95	\$632.42	\$568.15
39	\$787.85	\$779.30	\$740.33	\$640.54	\$575.44
40	\$797.84	\$789.18	\$749.72	\$648.67	\$582.74
41	\$812.82	\$804.00	\$763.80	\$660.85	\$593.68
42	\$827.18	\$818.20	\$777.29	\$672.52	\$604.17
43	\$847.16	\$837.96	\$796.06	\$688.76	\$618.76
44	\$872.13	\$862.66	\$819.53	\$709.07	\$637.00
45	\$901.47	\$891.68	\$847.10	\$732.92	\$658.43
46	\$936.43	\$926.26	\$879.95	\$761.34	\$683.97
47	\$975.76	\$965.17	\$916.91	\$793.32	\$712.69
48	\$1020.71	\$1009.63	\$959.15	\$829.87	\$745.52
49	\$1065.03	\$1053.47	\$1000.80	\$865.90	\$777.90
50	\$1114.98	\$1102.87	\$1047.73	\$906.51	\$814.38
51	\$1164.30	\$1151.66	\$1094.07	\$946.61	\$850.40
52	\$1218.61	\$1205.38	\$1145.11	\$990.76	\$890.07
53	\$1273.55	\$1259.72	\$1196.73	\$1035.43	\$930.20
54	\$1332.85	\$1318.38	\$1252.46	\$1083.65	\$973.51
55	\$1392.16	\$1377.05	\$1308.19	\$1131.87	\$1016.83
56	\$1456.46	\$1440.65	\$1368.62	\$1184.14	\$1063.80
57	\$1521.39	\$1504.87	\$1429.63	\$1236.93	\$1111.22
58	\$1590.68	\$1573.42	\$1494.74	\$1293.27	\$1161.83
59	\$1625.02	\$1607.38	\$1527.01	\$1321.19	\$1186.91
60	\$1694.32	\$1675.92	\$1592.13	\$1377.53	\$1237.53
61	\$1754.25	\$1735.20	\$1648.44	\$1426.25	\$1281.30
62	\$1793.58	\$1774.11	\$1685.40	\$1458.23	\$1310.03
63	\$1842.90	\$1822.89	\$1731.74	\$1498.33	\$1346.05
64+	\$1872.85	\$1852.52	\$1759.89	\$1522.68	\$1367.93

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

Age	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
0-14	\$474.12	\$434.37	\$343.06	\$286.61	\$289.77
15	\$516.27	\$472.98	\$373.56	\$312.08	\$315.53
16	\$532.38	\$487.75	\$385.22	\$321.82	\$325.38
17	\$548.50	\$502.51	\$396.88	\$331.56	\$335.23
18	\$565.85	\$518.41	\$409.43	\$342.05	\$345.83
19	\$583.20	\$534.31	\$421.99	\$352.54	\$356.44
20	\$601.18	\$550.77	\$434.99	\$363.41	\$367.43
21	\$619.77	\$567.81	\$448.45	\$374.65	\$378.79
22	\$619.77	\$567.81	\$448.45	\$374.65	\$378.79
23	\$619.77	\$567.81	\$448.45	\$374.65	\$378.79
24	\$619.77	\$567.81	\$448.45	\$374.65	\$378.79
25	\$622.25	\$570.08	\$450.24	\$376.15	\$380.30
26	\$634.64	\$581.44	\$459.21	\$383.64	\$387.88
27	\$649.52	\$595.06	\$469.97	\$392.63	\$396.97
28	\$673.69	\$617.21	\$487.46	\$407.24	\$411.74
29	\$693.52	\$635.38	\$501.81	\$419.23	\$423.87
30	\$703.44	\$644.46	\$508.99	\$425.23	\$429.93
31	\$718.31	\$658.09	\$519.75	\$434.22	\$439.02
32	\$733.19	\$671.72	\$530.51	\$443.21	\$448.11
33	\$742.48	\$680.23	\$537.24	\$448.83	\$453.79
34	\$752.40	\$689.32	\$544.42	\$454.82	\$459.85
35	\$757.36	\$693.86	\$548.00	\$457.82	\$462.88
36	\$762.32	\$698.40	\$551.59	\$460.82	\$465.91
37	\$767.27	\$702.95	\$555.18	\$463.81	\$468.94
38	\$772.23	\$707.49	\$558.77	\$466.81	\$471.97
39	\$782.15	\$716.57	\$565.94	\$472.81	\$478.03
40	\$792.06	\$725.66	\$573.12	\$478.80	\$484.09
41	\$806.94	\$739.29	\$583.88	\$487.79	\$493.18
42	\$821.19	\$752.35	\$594.19	\$496.41	\$501.90
43	\$841.03	\$770.52	\$608.54	\$508.40	\$514.02
44	\$865.82	\$793.23	\$626.48	\$523.38	\$529.17
45	\$894.95	\$819.91	\$647.56	\$540.99	\$546.97
46	\$929.65	\$851.71	\$672.67	\$561.97	\$568.18
47	\$968.70	\$887.48	\$700.92	\$585.57	\$592.05
48	\$1013.32	\$928.37	\$733.21	\$612.55	\$619.32
49	\$1057.33	\$968.68	\$765.05	\$639.15	\$646.22
50	\$1106.91	\$1014.10	\$800.93	\$669.12	\$676.52
51	\$1155.87	\$1058.96	\$836.36	\$698.72	\$706.44
52	\$1209.79	\$1108.36	\$875.37	\$731.31	\$739.40
53	\$1264.33	\$1158.33	\$914.83	\$764.28	\$772.73
54	\$1323.21	\$1212.27	\$957.44	\$799.87	\$808.72
55	\$1382.09	\$1266.21	\$1000.04	\$835.46	\$844.70
56	\$1445.92	\$1324.70	\$1046.23	\$874.05	\$883.72
57	\$1510.38	\$1383.75	\$1092.87	\$913.02	\$923.11
58	\$1579.17	\$1446.77	\$1142.64	\$954.60	\$965.16
59	\$1613.26	\$1478.00	\$1167.31	\$975.21	\$985.99
60	\$1682.05	\$1541.03	\$1217.09	\$1016.79	\$1028.04
61	\$1741.55	\$1595.54	\$1260.14	\$1052.76	\$1064.40
62	\$1780.60	\$1631.31	\$1288.39	\$1076.36	\$1088.26
63	\$1829.56	\$1676.17	\$1323.82	\$1105.96	\$1118.19
64+	\$1859.30	\$1703.41	\$1345.33	\$1123.93	\$1136.36



Employer Group Plans with Infertility

2026 Monthly Rates | San Mateo County

- Each family member will be charged the premium for their age and rates are based on the Employer’s zip code, regardless of each employee’s residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$506.38	\$501.20	\$477.58	\$416.80	\$377.63
15	\$551.40	\$545.75	\$520.03	\$453.85	\$411.19
16	\$568.61	\$562.79	\$536.26	\$468.02	\$424.03
17	\$585.82	\$579.82	\$552.49	\$482.18	\$436.86
18	\$604.35	\$598.16	\$569.97	\$497.44	\$450.69
19	\$622.89	\$616.51	\$587.45	\$512.69	\$464.51
20	\$642.08	\$635.51	\$605.56	\$528.49	\$478.82
21	\$661.94	\$655.16	\$624.29	\$544.84	\$493.63
22	\$661.94	\$655.16	\$624.29	\$544.84	\$493.63
23	\$661.94	\$655.16	\$624.29	\$544.84	\$493.63
24	\$661.94	\$655.16	\$624.29	\$544.84	\$493.63
25	\$664.59	\$657.78	\$626.78	\$547.02	\$495.61
26	\$677.83	\$670.89	\$639.27	\$557.92	\$505.48
27	\$693.71	\$686.61	\$654.25	\$570.99	\$517.33
28	\$719.53	\$712.16	\$678.60	\$592.24	\$536.58
29	\$740.71	\$733.13	\$698.58	\$609.68	\$552.37
30	\$751.30	\$743.61	\$708.57	\$618.39	\$560.27
31	\$767.19	\$759.33	\$723.55	\$631.47	\$572.12
32	\$783.08	\$775.06	\$738.53	\$644.55	\$583.97
33	\$793.00	\$784.89	\$747.90	\$652.72	\$591.37
34	\$803.60	\$795.37	\$757.89	\$661.44	\$599.27
35	\$808.89	\$800.61	\$762.88	\$665.79	\$603.22
36	\$814.19	\$805.85	\$767.87	\$670.15	\$607.17
37	\$819.48	\$811.09	\$772.87	\$674.51	\$611.12
38	\$824.78	\$816.33	\$777.86	\$678.87	\$615.06
39	\$835.37	\$826.82	\$787.85	\$687.59	\$622.96
40	\$845.96	\$837.30	\$797.84	\$696.30	\$630.86
41	\$861.85	\$853.02	\$812.82	\$709.38	\$642.71
42	\$877.07	\$868.09	\$827.18	\$721.91	\$654.06
43	\$898.25	\$889.06	\$847.16	\$739.35	\$669.86
44	\$924.73	\$915.26	\$872.13	\$761.14	\$689.60
45	\$955.84	\$946.06	\$901.47	\$786.75	\$712.80
46	\$992.91	\$982.74	\$936.43	\$817.26	\$740.45
47	\$1034.61	\$1024.02	\$975.76	\$851.58	\$771.55
48	\$1082.27	\$1071.19	\$1020.71	\$890.81	\$807.09
49	\$1129.27	\$1117.71	\$1065.03	\$929.50	\$842.14
50	\$1182.23	\$1170.12	\$1114.98	\$973.08	\$881.63
51	\$1234.52	\$1221.88	\$1164.30	\$1016.13	\$920.62
52	\$1292.11	\$1278.88	\$1218.61	\$1063.53	\$963.57
53	\$1350.36	\$1336.53	\$1273.55	\$1111.47	\$1007.01
54	\$1413.24	\$1398.77	\$1332.85	\$1163.23	\$1053.90
55	\$1476.13	\$1461.01	\$1392.16	\$1214.99	\$1100.80
56	\$1544.31	\$1528.50	\$1456.46	\$1271.11	\$1151.64
57	\$1613.15	\$1596.63	\$1521.39	\$1327.77	\$1202.98
58	\$1686.62	\$1669.36	\$1590.68	\$1388.25	\$1257.77
59	\$1723.03	\$1705.39	\$1625.02	\$1418.22	\$1284.92
60	\$1796.51	\$1778.11	\$1694.32	\$1478.69	\$1339.72
61	\$1860.05	\$1841.01	\$1754.25	\$1531.00	\$1387.10
62	\$1901.76	\$1882.28	\$1793.58	\$1565.32	\$1418.20
63	\$1954.05	\$1934.04	\$1842.90	\$1608.37	\$1457.20
64+	\$1985.81	\$1965.48	\$1872.85	\$1634.51	\$1480.88



Employer Group Plans with Infertility

2026 Monthly Rates | San Mateo County

- Each family member will be charged the premium for their age and rates are based on the Employer’s zip code, regardless of each employee’s residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$502.93	\$463.18	\$371.87	\$315.41	\$318.58
15	\$547.63	\$504.35	\$404.92	\$343.45	\$346.90
16	\$564.73	\$520.09	\$417.56	\$354.17	\$357.72
17	\$581.82	\$535.83	\$430.20	\$364.89	\$368.55
18	\$600.23	\$552.79	\$443.81	\$376.43	\$380.21
19	\$618.63	\$569.74	\$457.42	\$387.98	\$391.87
20	\$637.70	\$587.30	\$471.52	\$399.93	\$403.95
21	\$657.42	\$605.46	\$486.10	\$412.30	\$416.44
22	\$657.42	\$605.46	\$486.10	\$412.30	\$416.44
23	\$657.42	\$605.46	\$486.10	\$412.30	\$416.44
24	\$657.42	\$605.46	\$486.10	\$412.30	\$416.44
25	\$660.05	\$607.88	\$488.05	\$413.95	\$418.11
26	\$673.20	\$619.99	\$497.77	\$422.20	\$426.44
27	\$688.98	\$634.52	\$509.43	\$432.09	\$436.43
28	\$714.62	\$658.14	\$528.39	\$448.17	\$452.67
29	\$735.66	\$677.51	\$543.95	\$461.36	\$466.00
30	\$746.17	\$687.20	\$551.72	\$467.96	\$472.66
31	\$761.95	\$701.73	\$563.39	\$477.86	\$482.66
32	\$777.73	\$716.26	\$575.06	\$487.75	\$492.65
33	\$787.59	\$725.34	\$582.35	\$493.94	\$498.90
34	\$798.11	\$735.03	\$590.13	\$500.53	\$505.56
35	\$803.37	\$739.87	\$594.02	\$503.83	\$508.89
36	\$808.63	\$744.72	\$597.90	\$507.13	\$512.22
37	\$813.89	\$749.56	\$601.79	\$510.43	\$515.56
38	\$819.15	\$754.40	\$605.68	\$513.73	\$518.89
39	\$829.67	\$764.09	\$613.46	\$520.32	\$525.55
40	\$840.19	\$773.78	\$621.24	\$526.92	\$532.21
41	\$855.96	\$788.31	\$632.90	\$536.82	\$542.21
42	\$871.08	\$802.24	\$644.08	\$546.30	\$551.79
43	\$892.12	\$821.61	\$659.64	\$559.49	\$565.11
44	\$918.42	\$845.83	\$679.08	\$575.98	\$581.77
45	\$949.32	\$874.29	\$701.93	\$595.36	\$601.34
46	\$986.13	\$908.19	\$729.15	\$618.45	\$624.66
47	\$1027.55	\$946.34	\$759.78	\$644.43	\$650.90
48	\$1074.89	\$989.93	\$794.77	\$674.11	\$680.88
49	\$1121.56	\$1032.92	\$829.29	\$703.39	\$710.45
50	\$1174.16	\$1081.35	\$868.18	\$736.37	\$743.77
51	\$1226.09	\$1129.18	\$906.58	\$768.94	\$776.67
52	\$1283.29	\$1181.86	\$948.87	\$804.81	\$812.90
53	\$1341.14	\$1235.14	\$991.65	\$841.09	\$849.54
54	\$1403.60	\$1292.66	\$1037.83	\$880.26	\$889.11
55	\$1466.05	\$1350.18	\$1084.00	\$919.43	\$928.67
56	\$1533.77	\$1412.54	\$1134.07	\$961.90	\$971.56
57	\$1602.14	\$1475.51	\$1184.63	\$1004.78	\$1014.87
58	\$1675.11	\$1542.71	\$1238.58	\$1050.54	\$1061.10
59	\$1711.27	\$1576.01	\$1265.32	\$1073.22	\$1084.00
60	\$1784.24	\$1643.22	\$1319.28	\$1118.98	\$1130.23
61	\$1847.36	\$1701.35	\$1365.94	\$1158.57	\$1170.20
62	\$1888.77	\$1739.49	\$1396.57	\$1184.54	\$1196.44
63	\$1940.71	\$1787.32	\$1434.97	\$1217.11	\$1229.34
64+	\$1972.26	\$1816.37	\$1458.29	\$1236.89	\$1249.32

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$431.15	\$426.47	\$405.15	\$350.54	\$314.91
15	\$469.47	\$464.38	\$441.16	\$381.70	\$342.90
16	\$484.13	\$478.87	\$454.93	\$393.61	\$353.61
17	\$498.78	\$493.37	\$468.70	\$405.52	\$364.31
18	\$514.56	\$508.98	\$483.53	\$418.35	\$375.83
19	\$530.34	\$524.58	\$498.36	\$431.18	\$387.36
20	\$546.69	\$540.75	\$513.71	\$444.47	\$399.30
21	\$563.59	\$557.48	\$529.60	\$458.22	\$411.65
22	\$563.59	\$557.48	\$529.60	\$458.22	\$411.65
23	\$563.59	\$557.48	\$529.60	\$458.22	\$411.65
24	\$563.59	\$557.48	\$529.60	\$458.22	\$411.65
25	\$565.85	\$559.71	\$531.72	\$460.05	\$413.29
26	\$577.12	\$570.86	\$542.31	\$469.22	\$421.53
27	\$590.65	\$584.23	\$555.02	\$480.21	\$431.41
28	\$612.63	\$605.98	\$575.68	\$498.08	\$447.46
29	\$630.66	\$623.82	\$592.62	\$512.75	\$460.63
30	\$639.68	\$632.74	\$601.10	\$520.08	\$467.22
31	\$653.21	\$646.11	\$613.81	\$531.07	\$477.10
32	\$666.73	\$659.49	\$626.52	\$542.07	\$486.98
33	\$675.19	\$667.86	\$634.46	\$548.95	\$493.15
34	\$684.20	\$676.78	\$642.94	\$556.28	\$499.74
35	\$688.71	\$681.24	\$647.17	\$559.94	\$503.03
36	\$693.22	\$685.70	\$651.41	\$563.61	\$506.33
37	\$697.73	\$690.16	\$655.65	\$567.27	\$509.62
38	\$702.24	\$694.61	\$659.88	\$570.94	\$512.91
39	\$711.26	\$703.53	\$668.36	\$578.27	\$519.50
40	\$720.27	\$712.45	\$676.83	\$585.60	\$526.09
41	\$733.80	\$725.83	\$689.54	\$596.60	\$535.97
42	\$746.76	\$738.66	\$701.72	\$607.14	\$545.43
43	\$764.80	\$756.49	\$718.67	\$621.80	\$558.61
44	\$787.34	\$778.79	\$739.85	\$640.13	\$575.07
45	\$813.83	\$805.00	\$764.75	\$661.67	\$594.42
46	\$845.39	\$836.21	\$794.40	\$687.33	\$617.47
47	\$880.90	\$871.33	\$827.77	\$716.19	\$643.41
48	\$921.48	\$911.47	\$865.90	\$749.19	\$673.05
49	\$961.49	\$951.05	\$903.50	\$781.72	\$702.27
50	\$1006.58	\$995.65	\$945.87	\$818.38	\$735.20
51	\$1051.10	\$1039.69	\$987.71	\$854.58	\$767.72
52	\$1100.14	\$1088.19	\$1033.78	\$894.44	\$803.54
53	\$1149.73	\$1137.25	\$1080.39	\$934.76	\$839.76
54	\$1203.27	\$1190.21	\$1130.70	\$978.30	\$878.87
55	\$1256.82	\$1243.17	\$1181.01	\$1021.83	\$917.98
56	\$1314.87	\$1300.59	\$1235.56	\$1069.02	\$960.38
57	\$1373.48	\$1358.57	\$1290.64	\$1116.68	\$1003.19
58	\$1436.04	\$1420.45	\$1349.43	\$1167.54	\$1048.88
59	\$1467.04	\$1451.11	\$1378.55	\$1192.74	\$1071.52
60	\$1529.60	\$1512.99	\$1437.34	\$1243.60	\$1117.21
61	\$1583.70	\$1566.51	\$1488.18	\$1287.59	\$1156.73
62	\$1619.21	\$1601.63	\$1521.55	\$1316.46	\$1182.67
63	\$1663.73	\$1645.67	\$1563.39	\$1352.66	\$1215.19
64+	\$1690.77	\$1672.42	\$1588.80	\$1374.64	\$1234.94

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$428.03	\$392.14	\$309.71	\$258.74	\$261.60
15	\$466.08	\$427.00	\$337.24	\$281.74	\$284.86
16	\$480.62	\$440.33	\$347.77	\$290.54	\$293.75
17	\$495.17	\$453.66	\$358.29	\$299.33	\$302.64
18	\$510.84	\$468.01	\$369.63	\$308.80	\$312.21
19	\$526.50	\$482.36	\$380.96	\$318.27	\$321.79
20	\$542.73	\$497.23	\$392.70	\$328.08	\$331.70
21	\$559.52	\$512.61	\$404.85	\$338.22	\$341.96
22	\$559.52	\$512.61	\$404.85	\$338.22	\$341.96
23	\$559.52	\$512.61	\$404.85	\$338.22	\$341.96
24	\$559.52	\$512.61	\$404.85	\$338.22	\$341.96
25	\$561.75	\$514.66	\$406.47	\$339.58	\$343.33
26	\$572.94	\$524.91	\$414.57	\$346.34	\$350.17
27	\$586.37	\$537.21	\$424.28	\$354.46	\$358.38
28	\$608.19	\$557.20	\$440.07	\$367.65	\$371.71
29	\$626.10	\$573.61	\$453.03	\$378.47	\$382.66
30	\$635.05	\$581.81	\$459.50	\$383.89	\$388.13
31	\$648.48	\$594.11	\$469.22	\$392.00	\$396.34
32	\$661.91	\$606.41	\$478.94	\$400.12	\$404.54
33	\$670.30	\$614.10	\$485.01	\$405.19	\$409.67
34	\$679.25	\$622.30	\$491.49	\$410.60	\$415.14
35	\$683.73	\$626.40	\$494.73	\$413.31	\$417.88
36	\$688.20	\$630.51	\$497.97	\$416.02	\$420.62
37	\$692.68	\$634.61	\$501.20	\$418.72	\$423.35
38	\$697.16	\$638.71	\$504.44	\$421.43	\$426.09
39	\$706.11	\$646.91	\$510.92	\$426.84	\$431.56
40	\$715.06	\$655.11	\$517.40	\$432.25	\$437.03
41	\$728.49	\$667.41	\$527.11	\$440.37	\$445.24
42	\$741.36	\$679.20	\$536.43	\$448.15	\$453.10
43	\$759.26	\$695.61	\$549.38	\$458.97	\$464.04
44	\$781.64	\$716.11	\$565.58	\$472.50	\$477.72
45	\$807.94	\$740.20	\$584.60	\$488.40	\$493.80
46	\$839.27	\$768.91	\$607.27	\$507.34	\$512.95
47	\$874.52	\$801.20	\$632.78	\$528.65	\$534.49
48	\$914.81	\$838.11	\$661.93	\$553.00	\$559.11
49	\$954.53	\$874.51	\$690.67	\$577.01	\$583.39
50	\$999.29	\$915.51	\$723.06	\$604.07	\$610.75
51	\$1043.50	\$956.01	\$755.04	\$630.79	\$637.76
52	\$1092.17	\$1000.61	\$790.27	\$660.21	\$667.51
53	\$1141.41	\$1045.72	\$825.89	\$689.98	\$697.61
54	\$1194.57	\$1094.41	\$864.35	\$722.11	\$730.09
55	\$1247.72	\$1143.11	\$902.82	\$754.24	\$762.58
56	\$1305.35	\$1195.91	\$944.51	\$789.08	\$797.80
57	\$1363.54	\$1249.22	\$986.62	\$824.25	\$833.37
58	\$1425.65	\$1306.12	\$1031.56	\$861.80	\$871.32
59	\$1456.42	\$1334.31	\$1053.82	\$880.40	\$890.13
60	\$1518.52	\$1391.21	\$1098.76	\$917.94	\$928.09
61	\$1572.24	\$1440.42	\$1137.63	\$950.41	\$960.92
62	\$1607.49	\$1472.72	\$1163.13	\$971.72	\$982.46
63	\$1651.69	\$1513.21	\$1195.12	\$998.44	\$1009.48
64+	\$1678.54	\$1537.81	\$1214.54	\$1014.66	\$1025.88

- Each family member will be charged the premium for their age and rates are based on the Employer's zip code, regardless of each employee's residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$457.15	\$452.47	\$431.15	\$376.28	\$340.92
15	\$497.79	\$492.69	\$469.47	\$409.73	\$371.22
16	\$513.33	\$508.07	\$484.13	\$422.52	\$382.81
17	\$528.86	\$523.45	\$498.78	\$435.31	\$394.39
18	\$545.60	\$540.01	\$514.56	\$449.08	\$406.87
19	\$562.33	\$556.57	\$530.34	\$462.85	\$419.35
20	\$579.66	\$573.72	\$546.69	\$477.11	\$432.27
21	\$597.59	\$591.47	\$563.59	\$491.87	\$445.64
22	\$597.59	\$591.47	\$563.59	\$491.87	\$445.64
23	\$597.59	\$591.47	\$563.59	\$491.87	\$445.64
24	\$597.59	\$591.47	\$563.59	\$491.87	\$445.64
25	\$599.98	\$593.83	\$565.85	\$493.84	\$447.42
26	\$611.93	\$605.66	\$577.12	\$503.68	\$456.34
27	\$626.27	\$619.86	\$590.65	\$515.48	\$467.03
28	\$649.58	\$642.93	\$612.63	\$534.66	\$484.41
29	\$668.70	\$661.85	\$630.66	\$550.40	\$498.67
30	\$678.26	\$671.32	\$639.68	\$558.27	\$505.80
31	\$692.60	\$685.51	\$653.21	\$570.08	\$516.50
32	\$706.95	\$699.71	\$666.73	\$581.88	\$527.19
33	\$715.91	\$708.58	\$675.19	\$589.26	\$533.88
34	\$725.47	\$718.04	\$684.20	\$597.13	\$541.01
35	\$730.25	\$722.77	\$688.71	\$601.07	\$544.57
36	\$735.03	\$727.51	\$693.22	\$605.00	\$548.14
37	\$739.81	\$732.24	\$697.73	\$608.94	\$551.70
38	\$744.59	\$736.97	\$702.24	\$612.87	\$555.27
39	\$754.15	\$746.43	\$711.26	\$620.74	\$562.40
40	\$763.72	\$755.90	\$720.27	\$628.61	\$569.53
41	\$778.06	\$770.09	\$733.80	\$640.42	\$580.22
42	\$791.80	\$783.70	\$746.76	\$651.73	\$590.47
43	\$810.93	\$802.62	\$764.80	\$667.47	\$604.73
44	\$834.83	\$826.28	\$787.34	\$687.14	\$622.56
45	\$862.92	\$854.08	\$813.83	\$710.26	\$643.51
46	\$896.38	\$887.20	\$845.39	\$737.81	\$668.46
47	\$934.03	\$924.46	\$880.90	\$768.79	\$696.54
48	\$977.05	\$967.05	\$921.48	\$804.21	\$728.62
49	\$1019.48	\$1009.04	\$961.49	\$839.13	\$760.26
50	\$1067.29	\$1056.36	\$1006.58	\$878.48	\$795.91
51	\$1114.50	\$1103.09	\$1051.10	\$917.34	\$831.12
52	\$1166.49	\$1154.55	\$1100.14	\$960.13	\$869.89
53	\$1219.08	\$1206.60	\$1149.73	\$1003.42	\$909.11
54	\$1275.85	\$1262.78	\$1203.27	\$1050.14	\$951.44
55	\$1332.62	\$1318.97	\$1256.82	\$1096.87	\$993.78
56	\$1394.17	\$1379.90	\$1314.87	\$1147.53	\$1039.68
57	\$1456.32	\$1441.41	\$1373.48	\$1198.69	\$1086.03
58	\$1522.65	\$1507.06	\$1436.04	\$1253.29	\$1135.49
59	\$1555.52	\$1539.59	\$1467.04	\$1280.34	\$1160.00
60	\$1621.85	\$1605.24	\$1529.60	\$1334.94	\$1209.47
61	\$1679.22	\$1662.03	\$1583.70	\$1382.16	\$1252.25
62	\$1716.87	\$1699.29	\$1619.21	\$1413.14	\$1280.33
63	\$1764.08	\$1746.01	\$1663.73	\$1452.00	\$1315.53
64+	\$1792.75	\$1774.39	\$1690.77	\$1475.60	\$1336.91

- Each family member will be charged the premium for their age and rates are based on the Employer’s zip code, regardless of each employee’s residential location.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Bronze 60 HMO	Bronze 60 HDHP HMO
Age	Rate	Rate	Rate	Rate	Rate
0-14	\$454.03	\$418.15	\$335.71	\$284.75	\$287.61
15	\$494.39	\$455.32	\$365.56	\$310.06	\$313.17
16	\$509.82	\$469.53	\$376.97	\$319.73	\$322.95
17	\$525.25	\$483.74	\$388.38	\$329.41	\$332.72
18	\$541.87	\$499.04	\$400.66	\$339.83	\$343.25
19	\$558.49	\$514.35	\$412.95	\$350.26	\$353.77
20	\$575.70	\$530.20	\$425.68	\$361.05	\$364.68
21	\$593.51	\$546.60	\$438.84	\$372.22	\$375.96
22	\$593.51	\$546.60	\$438.84	\$372.22	\$375.96
23	\$593.51	\$546.60	\$438.84	\$372.22	\$375.96
24	\$593.51	\$546.60	\$438.84	\$372.22	\$375.96
25	\$595.88	\$548.78	\$440.60	\$373.71	\$377.46
26	\$607.75	\$559.72	\$449.37	\$381.15	\$384.98
27	\$622.00	\$572.84	\$459.91	\$390.08	\$394.00
28	\$645.14	\$594.15	\$477.02	\$404.60	\$408.66
29	\$664.14	\$611.64	\$491.06	\$416.51	\$420.70
30	\$673.63	\$620.39	\$498.09	\$422.47	\$426.71
31	\$687.88	\$633.51	\$508.62	\$431.40	\$435.73
32	\$702.12	\$646.63	\$519.15	\$440.33	\$444.76
33	\$711.02	\$654.82	\$525.73	\$445.92	\$450.40
34	\$720.52	\$663.57	\$532.75	\$451.87	\$456.41
35	\$725.27	\$667.94	\$536.27	\$454.85	\$459.42
36	\$730.01	\$672.32	\$539.78	\$457.83	\$462.43
37	\$734.76	\$676.69	\$543.29	\$460.80	\$465.43
38	\$739.51	\$681.06	\$546.80	\$463.78	\$468.44
39	\$749.01	\$689.81	\$553.82	\$469.74	\$474.46
40	\$758.50	\$698.55	\$560.84	\$475.69	\$480.47
41	\$772.75	\$711.67	\$571.37	\$484.63	\$489.50
42	\$786.40	\$724.24	\$581.47	\$493.19	\$498.14
43	\$805.39	\$741.73	\$595.51	\$505.10	\$510.17
44	\$829.13	\$763.60	\$613.06	\$519.99	\$525.21
45	\$857.03	\$789.29	\$633.69	\$537.48	\$542.88
46	\$890.26	\$819.90	\$658.26	\$558.33	\$563.93
47	\$927.65	\$854.33	\$685.91	\$581.78	\$587.62
48	\$970.39	\$893.69	\$717.51	\$608.58	\$614.69
49	\$1012.52	\$932.50	\$748.66	\$635.00	\$641.38
50	\$1060.01	\$976.22	\$783.77	\$664.78	\$671.46
51	\$1106.89	\$1019.41	\$818.44	\$694.18	\$701.16
52	\$1158.53	\$1066.96	\$856.62	\$726.57	\$733.87
53	\$1210.76	\$1115.06	\$895.24	\$759.32	\$766.95
54	\$1267.14	\$1166.99	\$936.93	\$794.68	\$802.67
55	\$1323.52	\$1218.91	\$978.62	\$830.04	\$838.38
56	\$1384.65	\$1275.21	\$1023.82	\$868.38	\$877.11
57	\$1446.38	\$1332.06	\$1069.46	\$907.09	\$916.21
58	\$1512.26	\$1392.73	\$1118.17	\$948.41	\$957.94
59	\$1544.90	\$1422.80	\$1142.31	\$968.88	\$978.61
60	\$1610.78	\$1483.47	\$1191.02	\$1010.20	\$1020.35
61	\$1667.76	\$1535.94	\$1233.15	\$1045.93	\$1056.44
62	\$1705.15	\$1570.38	\$1260.79	\$1069.38	\$1080.12
63	\$1752.04	\$1613.56	\$1295.46	\$1098.78	\$1109.82
64+	\$1780.51	\$1639.78	\$1316.52	\$1116.64	\$1127.86



Employer Group Application Submission Checklist

Thank you for choosing Balance by CCHP for your group coverage. This checklist will help you gather and submit all required documents to start coverage. All new group applications must provide information supporting their qualification for employer group coverage. A new group must demonstrate it has been in business for a minimum of six (6) weeks, with at least one (1) employee working an average of thirty (30) hours or more per week. An employer with 1-100 full-time employees qualifies for Small Group plans and employers with 100+ employees are considered Large Groups. A Small Group is eligible for guaranteed issue and renewability when it meets and continues to satisfy the Small Group definition under California state regulations.

Please use this checklist to gather the following documents when submitting the Master Group Application to ensure prompt processing.

- A signed original Employer Master Group Application
- If a Broker is involved, please complete Section 10 of the Master Group Application.
- A copy (all pages) of the most recent state Quarterly Wage and Tax Report (DE9C).
 - Please indicate each employee’s status on the DE9C using the following codes:

- | | |
|--|---|
| T Terminated (include Termination Date) | PT Part-Time |
| E Eligible and enrolling | WP Waiting Period (include Date of Hire) |
| W Eligible and waving coverage | TEMP Temporary Employee |
| S Seasonal | |

- For all employees who do not appear on the current DE9C, a copy of the most recent payroll is required.
- Proof of Worker’s Compensation.
- If the group has not been in business long enough to have a DE9C, six weeks of payroll, including withholdings, may be submitted.
- A copy of the current carrier’s most recent billing statement (all pages). If applicable, Employees appearing on the current bill with a reported termination date of 90 days or greater will be required a COBRA application or waiver form to be completed as verification of their eligibility to continue or decline coverage.
- Enrollment forms completed and signed by all eligible employee(s) enrolling or waiving coverage.
- If Medicare is primary, a copy of each employee’s Medicare card is required to verify enrollment in parts A and B. A copy of the Medicare card is also required to confirm participation requirements.
- First-month premium check made payable to: **Balance by CCHP**.

Submit the completed forms with the first month's premium check:

By mail to:

Balance Sales Department
445 Grant Avenue
San Francisco, CA 94108

OR
Submit via your Agent/Broker

For assistance, call our Sales Department at 1-888-681-3888.

Please keep a copy of your application for your records.

Proof of Ownership/Company Structure:

Required for groups of any size. This document is used to verify the prospective client is a legitimate, active Small Group eligible for coverage. The information is also used to verify an Owner, Officer, or Partner is actively engaged in the business eligible for coverage. Balance may conduct online searches to validate filings and other documentation. Balance may decline a group for coverage if a search is not successful.

Sole Proprietorship:

- Most recent IRS Schedule C (Form 1040), or
- California Business License, or
- Fictitious Business Name Statement, if any

Partnership and Sole Proprietorship (Individual & Husband/Wife)

Businesses must have a minimum of one (1) DE9C/employee on the payroll.

- Partnerships where the only employees are the partners themselves do not qualify for small group coverage
- Partnerships where the only employees are the partners and/or the spouse of the partners do not qualify for small group coverage
- Sole proprietors where the only employee is the sole proprietor do not qualify for small group coverage
- Sole proprietors where the only employee(s) is the sole proprietor and/or its spouse do not qualify for small group coverage

Partnership:

- IRS Schedule K-1 (Form 1065) for all enrolling partners, or
- Partnership Agreement signed by each partner plus a federal EIN assignment letter

Corporation:

- S-Corps: IRS Schedule K-1 (Form 1120S) for all enrolling owners/officers.
- C-Corps: IRS Form 1120 (pages 1 & 2) which includes "Schedule E"
- Statement of Information (Form LLC-12)

LLC:

- LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for an S-Corp, Partnership or Sole Proprietorship based on how the LLC was formed), or
- Statement of Information (Form LLC-12)

New/Start-up Businesses

New/Start-up Businesses typically may meet all the underwriting requirements with the exception of the length of time they have been in business. Balance will consider groups that have been in business for at least six (6) weeks but retain the right to defer the group until the California Small Group requirements have been met. To obtain approval for a New/Start-up Business, the following may be required:

- Payroll records or applicable filings indicating the length of time the group has been in business. These documents must span the twelve (12) weeks preceding the effective date and demonstrate one or more eligible employees for the entire period. Payroll records must include all pages for all pay periods and list the following:
 - Company Name
 - Type of Company (see above)
 - Date of pay periods
 - Employee Names, wages paid, withholdings, and grand totals
- Individual payroll/pay stubs, estimated payroll, payroll summaries, or handwritten journals are not deemed acceptable.



Contact Information



Call or Email

7 days a week, 8 a.m. - 8 p.m.



1-877-256-2477

(TTY: 1-877-681-8898)



Sales@BalanceByCCHP.com

In Person

Monday - Friday, 9 a.m. - 5 p.m.

San Francisco Office

445 Grant Avenue

San Francisco, CA 94108

Daly City Office

386 Gellert Boulevard

Daly City, CA 94015

Balance by CCHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Balance_2026SGInfoKit_EN