

Covered California's Health Insurance Companies and Plan Rates for 2018

Preliminary Rates

Aug. 1, 2017

About Covered California

Covered California is the state's health insurance marketplace, where Californians can find affordable, high-quality insurance from top insurance companies. Covered California is the only place where individuals who qualify can get financial assistance on a sliding scale to reduce premium costs. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Depending on their income, some consumers may qualify for the low-cost or no-cost Medi-Cal program.

Covered California is an independent part of the state government whose job is to make the health insurance marketplace work for California's consumers. It is overseen by a five-member board appointed by the governor and the legislature. For more information about Covered California, please visit www.CoveredCA.com.

On the Cover: All six of the individuals pictured on the cover of this report are current or former Covered California enrollees who have benefited directly from the coverage they have received. They provide important reminders that not only is health care "local," it is also very personal. Click on each name to see their individual stories:

Sarah: <https://www.youtube.com/watch?v=iXY9AmEiSrM>

Charley: <https://www.youtube.com/watch?v=8--TJjJLF6Y>

Adam: <https://youtu.be/1yncCdA07F0>

Anita: <https://www.youtube.com/watch?v=ddPwOjh2UQI&t=3s>

Guadalupe: <https://www.youtube.com/watch?v=97So0dhfH6I&t=13s>

Kellie: <https://www.youtube.com/watch?v=2Gi4QH5pypc&t=48s>

Visit www.CoveredCA.com/real-stories to view other Covered California stories.

This booklet is a brief summary of information about individual health insurance plans for Covered California. The rate information in this book is preliminary as it is still subject to public regulatory review.

This booklet does not include offerings for Covered California for Small Business.

Table of Contents

Covered California: Stability in the Face of Uncertainty 1

Improving the Quality of Care and Going Beyond Expanding Coverage ... 9

About Covered California Health Insurance Companies for the
2018 Plan Year..... 16

Covered California’s Regional Offerings for 2018 28

2018 Statewide Rate Change Summary 30

Covered California Pricing Regions

 Region 1 (Northern counties)..... 32

 Region 2 (North Bay counties)..... 34

 Region 3 (Greater Sacramento) 36

 Region 4 (San Francisco County)..... 38

 Region 5 (Contra Costa County) 40

 Region 6 (Alameda County) 42

 Region 7 (Santa Clara County)..... 44

 Region 8 (San Mateo County) 46

 Region 9 (Central Coast)..... 48

 Region 10 (Central Valley)..... 50

 Region 11 (Central Valley)..... 52

 Region 12 (Central Coast)..... 54

 Region 13 (Eastern Region) 56

 Region 14 (Central Valley)..... 58

 Region 15 (Los Angeles County, northeast)..... 60

 Region 16 (Los Angeles County, southwest)..... 62

 Region 17 (Inland Empire)..... 64

 Region 18 (Orange County)..... 66

 Region 19 (San Diego County)..... 68

Covered California: Stability in the Face of Uncertainty

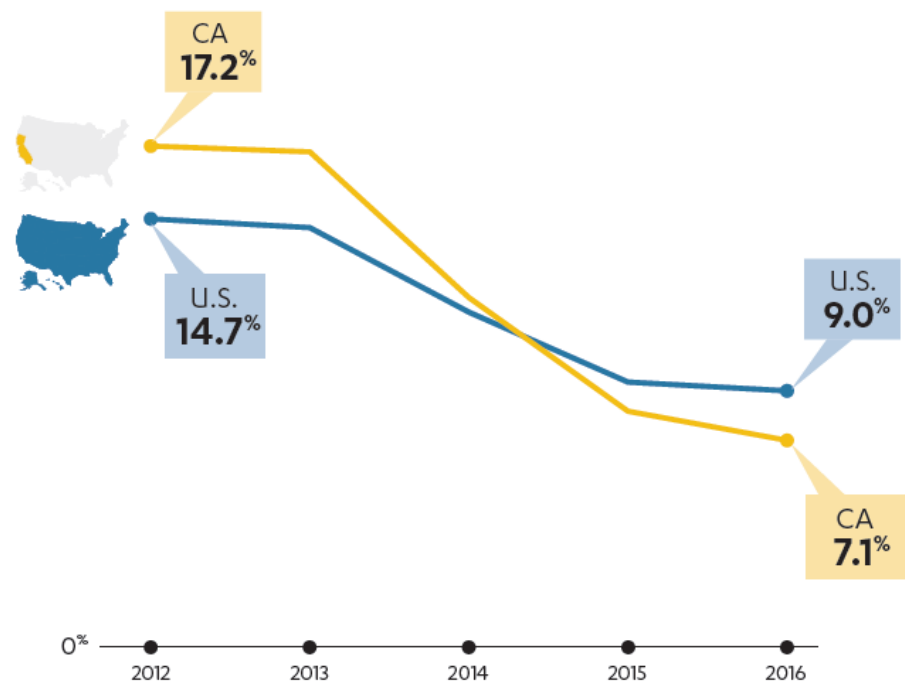
The Patient Protection and Affordable Care Act created a new era of health care across the nation, and Covered California has sought to make the possibility of affordable and meaningful coverage real for millions of Californians. Covered California has served more than 3 million consumers since it began offering coverage in 2014, introducing a new generation to health care and providing a critical safety net for those who need help paying for their coverage.

California has the biggest individual market in the nation, and Covered California is the largest state-based exchange. From its outset, Covered California has strived to actively use all of the tools available in the Affordable Care Act to shape a competitive market that puts consumers in control. From actively selecting the health insurance companies that will participate on the exchange, to designing the benefits that will be offered to consumers and negotiating the rates, Covered California works to make sure that consumers drive the market by shopping for what provides them the best value.

In the face of unprecedented uncertainty at the federal level, Covered California remains a stable model in these uncertain times. The latest data from the Centers for Disease Control and Prevention shows that since Covered California began offering health care coverage in 2014, the uninsured rate in the state has been cut from 17 percent at the end of 2013 to 7.1 percent by the end of 2016. As a result, the uninsured rate is dropping faster in California compared to the nation and stands at the lowest level on record.

In addition, a recent federal report from the Centers for Medicare and Medicaid Services showed that the risk mix in California's individual market is stable and is approximately 20 percent lower than the national average.

The Rate of Uninsured Is Dropping Faster in California Compared to the Nation

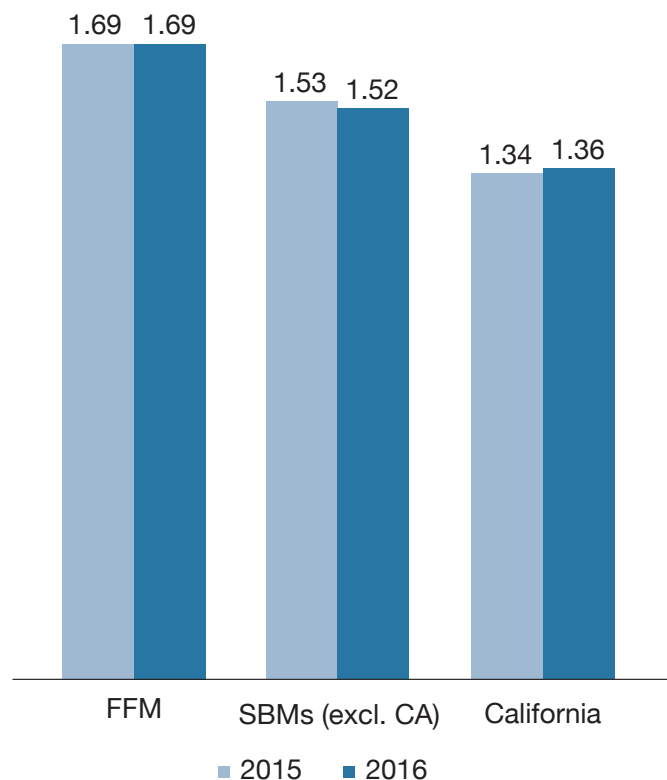


Source: U.S. Centers for Disease Control and Prevention's National Health Institute Survey

The report, “Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year,” (<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Downloads/Summary-Reinsurance-Payments-Risk-2016.pdf>) shows the “average risk score” across federal marketplace states, state-based marketplaces and California was nearly the same from 2015 to 2016. (See Figure 1: Average Risk Score Comparison.)

More importantly, since California’s individual market has a risk profile far better than the national average, health care costs are nearly 20 percent lower than they otherwise would have been based on the healthier mix of enrollees who have signed up in California compared to the national average.

Figure 1: Average Risk Score Comparison Federal Marketplace, State-Based Markets (Excluding California) and California for 2015 and 2016



Another sign of the growing stability of the individual insurance market can be found in a recent report by the Kaiser Family Foundation that examined the profitability of carriers. The report, “Individual Insurance Market Performance in Early 2017,” shows that health plans’ first-quarter 2017 profit margins have reached breakeven or modest profit levels, concluding, “Early results from 2017 suggest the individual market is stabilizing and insurers in this market are regaining profitability. Insurer financial results show no sign of a market collapse.”

Covered California's 2018 Rate Change

Covered California is announcing that all 11 of its health insurance companies will be returning in 2018 and the weighted average rate change for 2018 is 12.5 percent, at a time of unprecedented uncertainty.

The reasons for the increase vary, but the biggest factor remains medical trend, the general change in the cost of medical services or products combined with how often those services and products are utilized. In addition to the current uncertainty in the market, this year's rates feature a one-time adjustment for the implementation of the Affordable Care Act's health insurance tax (HIT), which adds 2.8 percent to the rate change. Without the addition of the HIT, Covered California's rate change would be less than 10 percent, which is another sign of Covered California's stability when one focuses on the elements it can directly control.

Covered California's market means that in 2018 more than 82 percent of consumers will be able to choose from three or more carriers. Every consumer will have between one and two options. In addition, more than 83 percent of hospitals in California will be available through at least one Covered California health insurance company in 2018, and 59 percent will be available in two or more plans.

	PLAN YEAR				4-Year Average
	2015	2016	2017	2018	
Weighted Average Increase	4.2%	4.0%	13.2%	12.5%	8.5%
Effective Rate Increase*	3.9%	3.6%	11.5%	—	—
Lowest-Priced Bronze (unweighted)	4.4%	3.3%	3.9%	11.8%	5.8%
Lowest-Priced Silver (unweighted)	4.8%	1.5%	8.1%	9.2%	5.9%
If a consumer switches to the lowest-priced plan in the same tier	—	-4.5%	-1.2%	+3.3%	—

* The effective rate increase reflects the weighted average rate increase based on the plans actually chosen by enrollees in historical enrollment data, holding age constant.

Many Consumers Will Pay Less Than Initial Rates Suggest

It is important to note that the weighted average rate change assumes that all current Covered California consumers would renew their coverage in their current plan. We know that this is not the case and that many consumers will pay less than initial rates suggest, for two reasons:

- Shopping matters and consumers have the power to switch coverage based on which plan fits their needs and provides them the best value. If a consumer shops and switches to the lowest-priced plan in their same metal tier, they can reduce their 2018 rate change to an average increase of less than 3.3 percent.

Consumers have shopped for the best value in previous years. A recent independent study by The Commonwealth Fund found Covered California's consumers regularly ended up paying much less than the average price of plans (<http://www.commonwealthfund.org/publications/in-the-literature/2017/jan/consumers-buy-lower-cost-plans>). The study looked at the policies Covered California consumers purchased between 2014 and 2016 and found the average price paid in each year has been between 11 and 15 percent less than the average price of the plans offered.

Among the study's key findings:

- The study found consumers in each metal tier paid 11.6 percent less than the average price offered in 2014, 13.2 percent less in 2015 and 15.2 percent less in 2016.
- When measured as an average purchase price, consumers saw a premium increase of 2 percent over the 2014–15 period, and 3 percent over the 2015–16 period.
- Consumers responded to rate changes by shifting to lower-cost plans. In 2016, 62 percent of new enrollees and 56 percent of renewing enrollees chose the lowest- or second-lowest-priced plans available.
- The findings suggest Covered California is helping to moderate cost growth. The researchers said, “Covered California demonstrates — straight out of Economics 101 — that if consumers have easy-to-understand, transparent information without being overwhelmed with too many choices, they will buy lower-premium products available on their tier.”

In fact, Covered California's research shows that consumers paid less than the average rate increase. In 2015, the effective rate increase was 3.9 percent; in 2016, the effective rate was 3.6 percent and in 2017, the effective rate was 11.5 percent.

- Subsidies rise when premiums increase, providing consumers with more financial help to purchase their health coverage. The most recent data from March 2017 shows that 87 percent of Covered California members receive financial help in the form of a tax credit that lowers their monthly premium and pays on average 71

percent of the monthly premium on their household policy. When premiums rise, that financial help will increase, helping consumers offset any rate changes.

The Department of Health and Human Services studied consumers who renewed their coverage in the federal marketplace in 2016 to find their actual rate change (<https://aspe.hhs.gov/system/files/pdf/198636/MarketplaceRate.pdf>). The study found that consumers who shopped around sharply reduced their premium changes. The result was that subsidized consumers saw their average premium rise only \$4 per month and the “effective rate change” amounted to an increase of 4 percent.

As important as the average overall increase — which again assumes that consumers all stay with their existing benefit design and insurance company — is the increase of the lowest-priced Bronze and Silver plans. These two tiers have more than 90 percent of Covered California’s enrollment, and their respective average rate increases are 11.8 percent and 9.2 percent. These rate changes indicate that consumers who are willing to shop and change health insurance companies can experience an even smaller increase in their premiums.

Covered California Is Working to Protect Consumers From Uncertainty

The national debate over the future of health care and the lack of clarity surrounding how the federal government will fund the cost-sharing reduction subsidy program that benefits more than 650,000 Californians made it difficult for health plans to put forward their best possible rates for consumers.

The Affordable Care Act requires carriers to offer additional benefits to low-income consumers — such as lower copays and deductibles when they access the care they need — in the form of cost-sharing reductions (CSRs). Consumers who have a household income between 138 percent and 250 percent of the federal poverty level are eligible to enroll in a Silver plan with CSR benefits. (See Table 1: Household Incomes of Consumers Eligible for Cost-Sharing Reductions.)

Table 1: Household Incomes of Consumers Eligible for Cost-Sharing Reductions

Household Size	Federal Poverty Level	
	138 percent	250 percent
1	\$16,643	\$30,150
2	\$22,412	\$40,600
3	\$28,180	\$51,050
4	\$33,948	\$61,500

Cost-sharing reductions allow individuals making less than \$30,000 a year, and families of four earning approximately \$60,000 a year, to pay less for services such as copays and deductibles. In some cases, deductibles can be as low as \$75 for an individual

(See Table 2: 2018 Patient-Centered Benefit Designs by Income) and the copay for an office visit only \$5.

More than 48 percent of Covered California’s 1.4 million consumers benefit from these cost-sharing reductions, which are a critical ingredient to improving the overall health of the entire risk pool. This in turn lowers premiums for everyone in the individual health insurance market.

Table 2: 2018 Patient-Centered Benefit Designs by Income

MEDICAL COST SHARES			
Coverage Category	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73
Eligibility Based on Income and Premium Assistance	Covers 94% average annual cost	Covers 87% average annual cost	Covers 73% average annual cost
Single Income Ranges	up to \$18,090 (≤150% FPL)	\$18,091 to \$24,120 (>150% to ≤200% FPL)	\$24,121 to \$30,150 (>200% to ≤250% FPL)
Annual Wellness Exam	\$0	\$0	\$0
Primary Care Visit	\$5	\$10	\$30
Specialty Care Visit	\$8	\$25	\$75
Urgent Care Visit	\$5	\$10	\$30
Emergency Room Facility	\$50	\$100	\$350
Laboratory Tests	\$8	\$15	\$35
X-Ray and Diagnostics	\$8	\$25	\$75
Imaging	\$50	\$100	\$300
Medical Deductible	Individual: \$75 Family: \$150	Individual: \$650 Family: \$1,300	Individual: \$2,200 Family: \$4,400
Pharmacy Deductible	—	Individual: \$50 Family: \$100	Individual: \$130 Family: \$260
Annual Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$2,450 Family: \$4,900	Individual: \$5,850 Family: \$11,700

Benefits shown in blue are not subject to any deductible.

DRUG COST SHARES: 30-DAY SUPPLY			
Generic Drugs (Tier 1)	\$3 or less	\$5 or less	\$15 after drug deductible
Preferred Drugs (Tier 2)	\$10 or less	\$20 after drug deductible	\$50 after drug deductible
Non-preferred Drugs (Tier 3)	\$15 or less	\$35 after drug deductible	\$75 after drug deductible
Specialty Drugs (Tier 4)	10%, up to \$150 per script	15% up to \$150 after drug deductible	20%, up to \$250 after drug deductible

As of the release of these rates, the federal government has only made month-to-month commitments to make the payments to health plans for these required subsidies. They have not committed to making those payments in 2018. Covered California has taken some steps in an effort to stabilize the market due to this uncertainty:

- Covered California’s board adopted a policy aimed at reassuring its health insurance companies, and most importantly, protecting consumers. In the absence of a clear and reliable policy from the federal government that it will provide CSR funding through 2018, all health plans in Covered California will add a surcharge of the amount needed to cover the costs of the CSR subsidy program to their on-exchange Silver-tier products. In addition, Covered California is directing the health plans to offer a virtually identical Silver product off the exchange that does not include the CSR surcharge. These policies have been critical to giving health plans the certainty they need to participate in California’s individual market in 2018. They will also protect consumers by applying the CSR surcharge only to Silver-tier plans, where consumers will receive increased federal subsidies. Consumers enrolled in Bronze, Gold and Platinum plans will not be directly affected.
- While subsidized consumers at the Silver tier would see an increase in the gross cost of their premiums, they will also see an increase in the amount of financial assistance they receive in the form of a larger Advanced Premium Tax Credit (APTC). The increased tax credit will offset the CSR surcharge for most Silver-tier consumers and increase the amount of APTC that can be applied to purchasing other tiers for consumers selecting Bronze, Gold and Platinum plans.
- Covered California will conduct extensive outreach with unsubsidized consumers, both those with a health plan through Covered California and those who enroll directly through a health insurance company off the exchange. Covered California looks forward to working with its contracted health plans, insurance agents and other enrollers to make sure consumers understand that they do not need to pay the CSR surcharge. For those enrolled through Covered California, their options include moving to a Bronze, Gold or Platinum product — without the CSR surcharge — or moving to the off-exchange Silver product that does not include a CSR surcharge.

While this action protects consumers, the far preferable option would be to have federal clarity that the CSR reimbursements will continue to be directly made to health plans as they have for the past four years. Adopting the CSR surcharge policy will entail significant consumer education and outreach, *and* it would end up costing the federal government more to not continue its direct funding of CSRs than to have the cost be built into the Advanced Premium Tax Credit. The increase in premiums will directly lead to an increase in the amount of financial help all consumers receive.

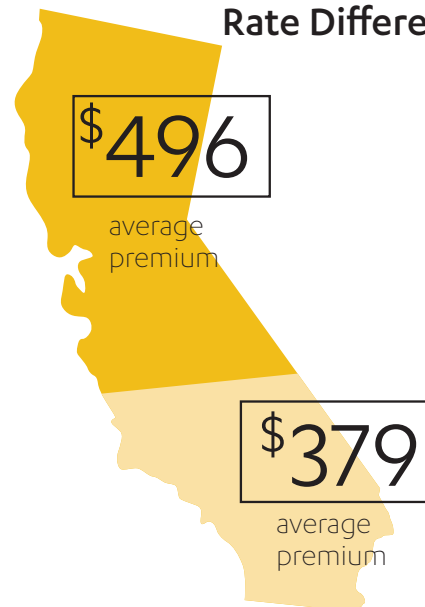
A recent analysis by the Kaiser Family Foundation found that the increased cost to the federal government of higher premium tax credits would actually be 23 percent more than the savings from eliminating cost-sharing reduction payments. For fiscal year 2018, that would result in a net increase in federal costs of \$2.3 billion. Over a 10-year period, the federal government would end up spending \$31 billion more if the payments were to end.¹

Moving forward, Covered California will continue to look for ways to stabilize the market to reassure carriers, provide robust competition and choice and protect consumers.

Regional Variation in Premiums

Provider concentration and regional factors remain as important drivers of why premiums vary dramatically depending on where a consumer lives and receives care. In California, this regional variation in cost is apparent between the northern and southern California counties where premiums can be up to 78 percent higher (for example, comparing the San Francisco region to the Los Angeles region). This regional variance is not unique to Covered California; it is also evident with other large purchasers of health care, such as CalPERS.

Northern vs. Southern California Rate Differences*



* Rates based on a 40-year-old living in these regions.

¹ Levitt, Larry. Cynthia Cox. Gary Claxton. Kaiser Family Foundation. April 25, 2017. "The Effects of Ending the Affordable Care Act's Cost-Sharing Reduction Payments." <http://kaiserf.am/2sGsx3a>.

Improving the Quality of Care and Going Beyond Expanding Coverage

Covered California's work extends beyond increasing the number of insured Californians. The broader mission is to improve health care quality and access to care, promote better health, lower costs and reduce health disparities through an innovative and competitive marketplace that empowers consumers with choice and transparency. To this end, 2017-19 qualified health plan contracts have been significantly adjusted to drive delivery-system reform.

Covered California's collective market share of 1.4 million enrollees on the exchange, plus an additional 689,602 through mirrored products off the exchange, puts our 11 health insurance companies at a unique advantage to have an impact on the delivery system when they adopt common strategies. In addition, these initiatives often act as pilots for the millions of Californians served through the overlap with Medi-Cal, Medicare and employer coverage. Covered California's integrated quality agenda leverages benefit design, provider network structure and standards and provider payment strategies to drive improved health care outcomes.

Benefit Design

The Affordable Care Act defines essential health benefits and establishes "tiers" of coverage with established actuarial values. To meet insurance-design actuarial values of 60 percent (for Bronze) or even 70 percent (for Silver, the metal tier most often selected), deductibles can be high in many products. High deductibles have been documented to be a barrier to high-value care:

<https://economics.stanford.edu/events/what-does-deductible-do-impact-cost-sharing-health-care-prices-quantities-and-spending>). Covered California has set a priority on ensuring access to care that can delay or prevent the advancement of a disease and thus reduce the use of expensive hospital care.

Since its inception, Covered California has worked through a process that has engaged insurers, clinicians, hospital representatives and consumer advocates to establish patient-centered benefit designs. These designs ensure that for most tiers, neither primary care nor specialty ambulatory care visits are subject to the deductible, and copays for primary care visits are lower than those for specialty or emergency department care. (See Table 3: 2018 Patient-Centered Benefit Designs by Metal Tier.)

All 11 health plans offer identical patient-centered benefit designs, maximizing their impact on consumers and providers' practices while minimizing the confusion for consumers and providers that all too often results in there being a range of different copays or coverage terms. These priorities align benefit design with the goal of supporting patients in getting the right care at the right time:

<http://www.nejm.org/doi/full/10.1056/NEJMp1514921>).

Table 3: 2018 PATIENT-CENTERED BENEFIT DESIGNS BY METAL TIER

MEDICAL COST SHARES				
Coverage Category	Bronze	Silver	Gold	Platinum
	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$75	\$35	\$25	\$15
Specialty Care Visit	\$105	\$75	\$55	\$30
Urgent Care Visit	\$75	\$35	\$25	\$15
Emergency Room Facility	Full cost until out-of-pocket maximum is met	\$350	\$325	\$150
Laboratory Tests	\$40	\$35	\$35	\$15
X-Ray and Diagnostics	Full cost until out-of-pocket maximum is met	\$75	\$55	\$30
Medical Deductible	Individual: \$6,300 Family: \$12,600	Individual: \$2,500 Family: \$5,000	N/A	N/A
Pharmacy Deductible	Individual: \$500 Family: \$1,000	Individual: \$130 Family: \$260	N/A	N/A
Annual Out-of-Pocket Maximum	\$7,000 individual and \$14,000 family	\$7,000 individual and \$14,000 family	\$6,000 individual and \$12,000 family	\$3,350 individual and \$6,700 family

Benefits shown in blue are not subject to any deductible.

White corner = subject to a deductible after first three visits. Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, they will be at full cost until the medical deductible is met.

DRUG COST SHARES: 30-DAY SUPPLY				
Generic Drugs (Tier 1)	Full cost up to \$500, after drug deductible is met	\$15 after drug deductible	\$15 or less	\$5 or less
Preferred Drugs (Tier 2)	Full cost up to \$500, after drug deductible is met	\$55 after drug deductible	\$55 or less	\$15 or less
Non-preferred Drugs (Tier 3)	Full cost up to \$500, after drug deductible is met	\$80 after drug deductible	\$75 or less	\$25 or less
Specialty Drugs (Tier 4)	Full cost up to \$500, after drug deductible is met	20% up to \$250 after drug deductible	20% up to \$250	10% up to \$250

Primary Care

As of 2017, Covered California and the qualified health plans successfully matched 99 percent of enrollees with a primary care physician or clinician (such as a nurse practitioner) as a first point of contact and advocate in all products. In this new initiative, Covered California and health plan communications have emphasized that for PPOs, the primary care physician will *not* serve as a gatekeeper, and that having a primary care physician imposes no rule-based restrictions on accessing other services. Rather, the intent is to reclaim the supportive role of primary care physicians as the preferred initial point of entry into a complex care system.

Now that all enrollees are matched to primary care physicians, health plans are redesigning a payment system for primary care services that moves away from fee for service and toward models that include at least partial population-based payment and performance-based bonuses based on standard measures of quality, patient experience and financial accountability. Population-based payment supports new models of primary care such as the Patient-Centered Medical Home that includes alternatives to face-to-face visits, sharing care with nurses and pharmacists and emphasizing coordination with specialists and hospitals. For a full description of Covered California’s work in primary care, see our Health Affairs Blog Post: [\(http://healthaffairs.org/blog/2017/06/14/moving-the-needle-on-primary-care-covered-californias-strategy-to-lower-costs-and-improve-quality/\)](http://healthaffairs.org/blog/2017/06/14/moving-the-needle-on-primary-care-covered-californias-strategy-to-lower-costs-and-improve-quality/).

Provider Networks Based on Quality

As part of the 2017-19 contract, qualified health plans agreed to include quality as a priority in all provider and facility selection criteria while designing and composing Covered California networks. Currently, the most reliable and comprehensive measurement available for hospital safety includes common avoidable hospital-acquired infections. In the past year, Covered California worked with stakeholders to establish baseline measurements for all contracted hospitals. In 2017, health plans are implementing new payment strategies contingent on quality outcomes, including safety

and patient satisfaction and readmissions. Health plans are working with hospitals to reduce the remarkable variation in performance (complication rates can range from zero to five times the expected rate) through collaborative efforts to improve quality. This is a big change from previous accountability for average performance across the provider network. Health plans are now working to minimize poor performance by the end of 2019 so that enrollees can count on safe care at every hospital across California.

There is similar variation for cesarean-section rates for low-risk pregnancies across hospitals in California. Working through Smart Care California (<http://www.iha.org/our-work/insights/smart-care-california>), which is co-chaired by the three large California state purchasers (Department of Health Care Services, CalPERS, and Covered California), an honor roll was created to recognize hospitals that achieved the national target of a 23.9 percent C-section rate for low-risk pregnancies. The hospitals on the honor roll were acknowledged at an inaugural press conference in October 2016 by Diana Dooley, the secretary for the California Health and Human Services Agency and chair of the Covered California Board of Directors. Smart Care California also reviewed the evidence regarding payment strategies for maternity services that meet Covered California requirements that there be no incentive for C-sections that are not medically necessary. In the fall of 2017, it will release an issue brief listing a menu of options for health plans to negotiate with hospitals aligning reimbursement with quality maternity care.

Health Disparities

As part of the 2017-19 contract, health plans are tracking health disparities among all their patients by racial or ethnic group. The goal is to identify and reduce disparities in health outcomes beginning with four major conditions: diabetes, hypertension, asthma and depression. In 2017, baseline performance data was submitted and targets for improvement are being negotiated.

Covered California's health insurance companies are leading the nation in their efforts to reach and serve the rich diversity of California's population. Four of Covered California's 11 insurers — Health Net, Kaiser Permanente, L.A. Care Health Plan and Molina Healthcare — have achieved top scores and recognition from the National Committee for Quality Assurance based on their commitment to the collection of race/ethnicity and language data, provision of language assistance, cultural responsiveness, quality improvement of culturally and linguistically appropriate services and reduction of health care disparities. Additionally, Covered California will be hiring a new health equity officer to support health plan efforts to reduce disparities by harnessing evidence-based strategies in public health literature.

Consumer Tools and Telehealth

As part of the 2017-19 contract, health plans are developing tools and capabilities that will enable consumers to know provider-specific cost shares (based on contracted rates) and quality information for inpatient, outpatient and ambulatory services and prescription drugs. These tools will also allow members to see plan-specific accumulations toward deductibles and out-of-pocket maximums.

In addition, Covered California plans are innovating in the area of telehealth. Five plans currently offer video telehealth visits for primary care, mental health and substance abuse services, and others are working to bolster this capability. Though not a part of the 2017-19 contract, Covered California is working with health plans to understand best practices that align with delivering quality care to patients at the right time in this relatively new modality.

In the years ahead, Covered California and qualified health plans will continue to raise the bar to ensure consumers are getting the right care at the right time. In this way, Covered California will help make even greater strides toward the triple aim of health care reform: better health, better quality and lower costs.

Factors Considered During the Selection Process

Principles adopted to guide the selection and oversight of health insurance companies included:

- Promoting affordability for consumers, both in terms of premium cost and at the point of receiving care.
- Ensuring access to quality care for consumers presenting with a range of health statuses and conditions.
- Facilitating consumers' informed choice of health insurance plans, doctors and hospitals.
- Promoting wellness and prevention.
- Reducing health disparities and fostering health equity.
- Working to reform the health care delivery system while being mindful of Covered California's impact on, and role in, the broader health care delivery system.
- Performing responsively and using resources efficiently in the most focused possible way.

Covered California Plans Meet the Needs of Californians

In its selection of health insurance companies, Covered California takes into consideration provider networks to ensure high-quality care, as well as companies' plans to ensure that consumers get the care they need when they need it. A Henry J. Kaiser Family Foundation independent survey of consumers that was released in May 2015 reported that 91 percent of Covered California enrollees said it was "very" easy or "somewhat easy" to travel to their usual source of care:

<http://files.kff.org/attachment/report-coverage-expansions-and-the-remaining-uninsured-a-look-at-california-during-year-one-of-aca-implementation>).

Covered California has worked hard with health insurance companies and regulators to offer consumers access to quality care and will continue to diligently monitor all companies on a regular basis to ensure adequate networks are in place.

In 2017, Covered California established an ombudsman program to help consumers who experience challenges with their coverage. Covered California will continue to help consumers navigate the process with their plan and with state agencies to resolve their individual cases. Covered California will also work with its health insurance companies and regulators to resolve any challenges consumers experience in accessing provider networks.

Additionally, Covered California will continue to refer consumers to the Health Consumer Alliance, an independent legal assistance organization that is supported by Covered California to assist enrollees and help monitor patterns of problems.

California Consumers Have Good Options for Enrollment

All renewing consumers are encouraged to look at their coverage options to ensure that the plan they are currently enrolled in continues to be the plan that has the most value for them. Consumers who are enrolling for the first time in Covered California can either shop for and compare plans on their own or seek the free assistance of a certified enroller.

Additionally, consumers can enroll directly with the health insurance company of their choosing in the individual market. The products offered inside Covered California are available outside the exchange with the exact same benefit design and at the same price without premium assistance. If consumers are eligible for premium assistance, they can only receive the premium assistance if they purchase through Covered California. The open-enrollment period is the same for Covered California and the individual market at large.

How to Calculate Gross Monthly Premium (Before Subsidy) for a Specific Age

Covered California's shopping tool is undergoing improvements and will not be available until the fall. In the meantime, step-by-step instructions to calculate an individual consumer's gross monthly premium are available here: <http://coveredca.com/news/pdfs/Gross-Monthly-Premium-Calculation-by-Age-2017.xlsx>. These calculations do not include any potential subsidy amounts.

Calculating Premium Assistance

Covered California's mission to expand coverage by making health care more affordable is based on Californians getting the health insurance they need at an affordable price. Many people get health insurance through their job but could not afford it if they needed to pay the full premium themselves, just as many households can only afford their premium because of the financial assistance that is available from the federal government. This assistance reduces the amount an individual pays for health insurance depending on the individual's or family's income. Almost 90 percent of those who enrolled through Covered California receive premium assistance to make their health insurance more affordable. Premium assistance is calculated based on where the person falls in the federal poverty level scale.

The following table depicts incomes and federal poverty level percentages. Those making 138 percent of the federal poverty level or less may qualify for Medi-Cal, the low-cost or no-cost health insurance program in California.

FEDERAL POVERTY LEVELS FOR THE 2018 BENEFIT YEAR						
Size of Household	138%	150%	200%	250%	300%	400%
1	\$16,643	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240
2	\$22,412	\$24,360	\$32,480	\$40,600	\$48,720	\$64,960
3	\$28,180	\$30,630	\$40,840	\$51,050	\$61,260	\$81,680
4	\$33,948	\$36,900	\$49,200	\$61,500	\$73,800	\$98,400
5	\$39,717	\$43,170	\$57,560	\$71,950	\$86,340	\$115,120

About Covered California Health Insurance Companies for the 2018 Plan Year

Covered California has tentatively selected 11 health insurance companies to be available for enrollment starting Nov. 1, 2017, for coverage that begins on Jan. 1, 2018. These health insurance companies will offer quality health care to millions of Californians in the individual market while providing consumers meaningful choices of affordable plans in every region of the state.

Several of Covered California's current carriers will be changing their coverage areas in 2018. Anthem will be removing coverage from most areas except for Northern California, Santa Clara, and some parts of Central California. Blue Shield's HMO is expanding into Solano, Contra Costa, Alameda, and Ventura counties. Health Net is adding its PPO to Region 3 in Sacramento, Placer, Yolo, Los Angeles, San Diego and other parts of Southern California, while partially removing its HMO from a few regions. Oscar, already in San Francisco, Santa Clara and San Mateo counties, will be expanding to Northeast Los Angeles.

With the changes of its current carriers, more than 95 percent of consumers will have at least two carriers to choose from and 82 percent of consumers will be able to choose from three or more carriers. Covered California also announced that quality providers such as Hill Physicians, UCSF Health and others are available in more plans for 2018.

Health Insurance Companies Selected for 2018

1. Anthem Blue Cross of California.
2. Blue Shield of California.
3. Chinese Community Health Plan.
4. Health Net.
5. Kaiser Permanente.
6. L.A. Care Health Plan.
7. Molina Healthcare.
8. Oscar Health Plan of California.
9. Sharp Health Plan.
10. Valley Health Plan.
11. Western Health Advantage.

These health insurance companies represent a mix of major insurers and smaller companies, regional and statewide doctor and hospital networks, and for-profit and nonprofit plans. They deliver exceptional value and choice with affordable premiums, a wide choice of benefit levels and good access to doctors and hospitals in all areas of the state.

The following pages include detailed information about the benefits and specific care models of each of the 11 participating health insurance companies.



Anthem Blue Cross of California | www.anthem.com/ca
(877) 702-3074

Anthem Blue Cross is one of the largest managed health care companies in California. It is an independent licensee of the Blue Cross Blue Shield Association based in Thousand Oaks, California. Anthem and its affiliates serve over 8 million Californians and have offered Covered California plans since 2014.

Changes in 2018

Though still committed to providing quality healthcare through Covered California, Anthem is reducing its coverage areas in 2018. Anthem will still offer health plans in Regions 1, 7, and 10. We will work to help transition members in impacted regions to other Covered California health plans. Anthem still offers a strong list of providers, and with our EPO plans, members get access to a wide network of doctors and hospitals when traveling across the U.S. and other parts of the world through the BlueCard program.

Innovative Programs

Anthem is working with doctors and hospitals that share responsibility for increasing access to appointments, improving the member experience, and providing a more coordinated treatment plan to patients. Anthem's Enhanced Personal Health Care Program leverages medical groups care capabilities and Anthem staff to drive improvements in quality.

Anthem Whole Health Connection is transforming the face of health care by connecting claims and clinical data from all Anthem coverage lines, including dental, vision, pharmacy and medical, so members get complete care with administrative ease. Benefits include one quote, one bill, single sign-on and more.

24/7 Access with Telehealth

Anthem's LiveHealth Online telehealth program gives members access to real-time, face-to-face visits with a choice of doctors across a range of specialties via computer, tablet or mobile phone 24 hours a day.

Mobile and Online Tools

Anthem's easy to use mobile app enables on-the-go members to manage their care from anywhere. Features include a benefit balance dashboard where members can track deductibles and out-of-pocket-limits as well the ability to view their electronic ID card, find a doctor or urgent care and estimate their cost of care. With the recently redesigned anthem.com/ca, built with easy access and personalization in mind, members can find all the same features as the mobile app and much more.



Blue Shield of California | blueshieldca.com
(855) 836-9705

Blue Shield of California is a nonprofit health plan driven to ensure all Californians have access to high-quality healthcare at an affordable price. Blue Shield is committed to partnering with Covered California as well as providers to improve access and the cost and quality of individual coverage.

Trio HMO

Blue Shield's Trio HMO plan is designed to make it easier for members to access the quality care they need when they need it. Blue Shield works together with physicians and hospitals to provide members with coordinated care, to help Californians get the care they deserve at a price they can afford.

Exclusive PPO Network

Blue Shield's exclusive PPO network offers choice and includes more than 350 hospitals and more than 46,000 total physicians.

Consumer Transparency Tools

Blue Shield provides PPO health plan members with access to an online Treatment Cost Estimator*, an easy-to-use tool to help plan future health care spending. Members can compare estimates of network providers for more than 400 medical treatments and services, using current overall medical spending to estimate out-of-pocket costs.

Wellness Services

Blue Shield's WellvolutionSM program uses online and mobile technologies to encourage healthy lifestyle choices and physical and emotional health. It also includes daily reminders and challenges designed to improve well-being. Members can take advantage of lower prices on a variety of helpful programs, services and products.

Getting Care Anywhere

Blue Shield members have 24/7 access to phone or video consultations for primary care through Teladoc, a telehealth service. Telehealth doctors can provide care to treat non-emergency medical issues outside of an urgent care center or provider's office. In addition to Teladoc, NurseHelp 24/7SM and other retail clinic services are also available.

About Blue Shield

Blue Shield of California is a San Francisco-based nonprofit health plan founded in 1939 by the California Medical Association.

* Please note that service and treatment information from the Treatment Cost Estimator is for reference. Actual out-of-pocket costs may vary. Members should consult their physician because this information is not a substitute for a doctor's care.



Chinese Community Health Plan (CCHP) | www.cchphealthplan.com
(888) 775-7888

CCHP is a community-based health plan started in San Francisco more than 30 years ago. While CCHP began by providing health plan coverage to an underserved Chinese community, it has evolved to serve the broader community needs in San Francisco and northern San Mateo County. The mission of CCHP is to improve the health of the community by delivering high-quality, affordable health care through culturally competent and linguistically appropriate services.

Today, CCHP is proud to offer coverage to a diverse group of individuals, families and employer groups. CCHP serves Covered California enrollees in pricing regions 4 (San Francisco County) and 8 (San Mateo County).

Expanded Provider Network

There are now over 1,700 physicians serving in CCHP's provider network. CCHP's network expansion includes the new Jade Health Care Medical Group and the Hill Physicians Medical Group. Additionally, Chinese Hospital expanded capacity and services last year to include a new comprehensive clinic in Daly City, a completely new patient tower at Chinese Hospital and an expansion of a new Outpatient Center located in the Chinatown Financial District.

In-Language Services

Over 60 percent of CCHP's Covered California enrollees identify themselves as Chinese and just over half prefer Cantonese or Mandarin as their primary language. Other significant languages spoken by members are Spanish, Vietnamese and Tagalog. CCHP assists members in their language and seeks to reach prospective enrollees with informational seminars and outreach at community fairs and events.

Member Services in Real Life

Once enrolled in CCHP, the personalized experience does not end with a telephonic customer service. CCHP provides in-person customer service at locations in San Francisco and Daly City where a real person is happy to help members navigate the complexities of health care coverage.

Member Portal and App

CCHP offers its new member portal and app to make it easy to conduct business conveniently. Members can track their status on preventive health measures; check their eligibility, benefits and claim status; print their member ID cards; contact member services; and make premium payments. The CCHP Member Portal is accessible on cchphealthplan.com or downloadable on the Apple App Store and Google Play.



Health Net | www.healthnet.com
(877) 288-9082

Based in Woodland Hills, California, Health Net is a managed health care company that was founded in 1985.

EnhancedCare PPO: All the Flexibility of a PPO Without All the Cost

New for 2018, EnhancedCare PPO gives members choice in how and where they get care, so they can better control what they pay. It comes with a smaller PPO network for lower premiums while providing access to nurse advice, virtual doctor visits and retail clinics, along with all the doctors and hospitals in the EnhancedCare network. Plus, members can choose to use out-of-network services for a higher out-of-pocket cost.

Culturally Appropriate Care and Outreach

Health Net has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance (NCQA) for its health equity projects aimed at mitigating member disparities. One example is disparity-reduction efforts to improve outcomes among our culturally diverse members.

Telehealth

Our CommunityCare HMO and EnhancedCare PPO plans now feature virtual doctor visits via phone, video or web at a \$0 copay for most plan designs.

Online Tools: Knowledge Is Power

Health Net puts information in members' hands with tools like our Treatment Cost Advisor, Health Net Mobile app and myStrength online tools for managing stress, anxiety and depression, plus a whole lot more.

Health and Wellness

Message and email campaigns help educate members on key topics such as the importance of flu shots, colorectal cancer screening and the reduction of early elective deliveries. In addition, one-on-one phone wellness coaching is offered for smoking cessation, weight loss, meeting fitness goals and other health topics.

Some plans include a \$50 incentive for members who take a health risk questionnaire, share it with their doctor and fill out the attestation form.

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.



Kaiser Permanente | www.kp.org
(800) 464-4000

Kaiser Permanente is a nonprofit, group-practice health plan with headquarters in Oakland, California. Kaiser Permanente is composed of Kaiser Foundation Health Plans (nonprofit, public-benefit corporations), Kaiser Foundation Hospitals (a nonprofit, public-benefit corporation) and the Permanente Medical Groups (for-profit professional organizations). Kaiser Permanente has offerings in all pricing regions in 2017.

Culturally Appropriate Care

Efforts to improve culturally and linguistically appropriate services and reduce health care disparities have earned Kaiser the Multicultural Health Care Distinction from the National Committee for Quality Assurance. Nearly one in four Kaiser Permanente physicians — over 3,000 — is bilingual, fully fluent in Spanish, Armenian, Cantonese, Mandarin or Russian. For new members, guidebooks are available in 12 languages, and language preference surveys are given to enable automatic communication in the member's language of choice. Member satisfaction surveys indicate that new Spanish-speaking Kaiser members are as satisfied as English-speaking members.

Disease Management

Kaiser has long worked to improve disease management. An example of this is cardiovascular disease, which includes both heart disease and strokes. While the evidence and means for modifying cardiovascular disease were well known, they had not historically been reliable and systematically implemented. Kaiser was ahead of the nation in systematically implementing risk-factor modification (control of hypertension and diabetes, reductions in smoking, lipid management, etc.) across its membership. Kaiser reported that by 2008 the death rate from cardiovascular disease for its northern California membership had dropped to below that of cancer.

Health Management Tools

Kaiser's online tools provide support to members as well as to providers. Members can email their doctors directly, make appointments, view their laboratory results, order prescription refills online, understand costs for common procedures and check accumulations toward out-of-pocket maximums and deductibles. The online Personal Action Plan provides members with a tool to learn more about their health care and be sure they are receiving recommended health screenings.



L.A. Care
HEALTH PLAN

L.A. Care Health Plan | www.lacare.org
(855) 222-4239

L.A. Care Health Plan has been serving Los Angeles County for 20 years by providing health coverage to our culturally diverse residents through Medi-Cal, Medicare and Covered California. L.A. Care serves Covered California enrollees in regions 15 and 16.

Expanded Networks to Increase Access to Care

L.A. Care continues to expand the number of doctors, hospitals and medical groups in its provider network. The network includes 42 hospitals, 2,000 physicians and 1,000 pharmacies, including CVS and Rite Aid stores. L.A. Care's comprehensive network includes leading hospitals such as Children's Hospital of Los Angeles, Good Samaritan Hospital and Huntington Memorial Hospital. It contracts with many of the largest independent practice associations (IPAs) and medical groups in the county, including Healthcare Partners, Prospect and Talbert.

L.A. Care Family Resource Centers

L.A. Care's Family Resource Centers offer a fun and engaging space to learn, prevent illness and improve members' health. All of our classes and services are free and open to L.A. Care members and the public. They are conveniently located in Boyle Heights, Inglewood, Lynwood, Pacoima and Palmdale.

Wellness Programs Designed to Keep Members Healthy

L.A. Care offers in-person wellness workshops, one-on-one telephone counseling and online health and wellness tools. Registered dietitians and health coaches are available to members to create an action plan to promote healthy living. Plans also include access to a Nurse Advice Line, 24/7.

Innovations in Customer Service

L.A. Care has added features so members can easily manage their plan. Members can access their plan information on their mobile device by downloading the L.A. Care Connect™ app, and they can also pay their monthly premium online or with cash.

Culturally Diverse Care and Outreach

L.A. Care's efforts to increasingly serve the diverse population and cultures in Los Angeles County has earned L.A. Care the Multicultural Health Care Distinction from the National Committee for Quality Assurance for the past four years. L.A. Care offers language assistance to help our members get the care they need. The plan provides translated health plan information, interpreters at doctor's appointments, and staff that is trained on cultural competency.



Molina Healthcare | www.MolinaHealthcare.com
(888) 562-5442

Since 1985, Molina Healthcare of California has been providing care for low-income individuals. Its mission is to bring high-quality and cost-effective health care to children, adults, seniors, families and people with disabilities. The company serves approximately 765,000 members through Medi-Cal, Medicare, Medicare-Medicaid (Duals) and Covered California. Molina's service areas include Sacramento, Los Angeles, San Bernardino, Riverside, San Diego and Imperial counties.

Practical Health Management Tools

With the MyMolina portal, members have 24/7 online access to find or change doctors, view their plan and benefits, check the drug formulary, see their balance and medical history, print a temporary ID card and much more.

Through MyMolina, members can enter a procedure code into the Procedure Cost Estimator search tool to get an idea of in-network and out-of-network expenses for common services. In addition, Molina supports members, providers, and care teams in making decisions by providing information about diagnoses, care plans, medications, assessments and other needed services.

Community Connectors Program

By linking members with liaisons who coordinate their care, this program addresses the social determinants of health while helping prevent extra costs due to unnecessary procedures and excessive use of emergency medicine. Geared toward those with complex medical, behavioral and social issues, the program educates members so they can better manage their own conditions, connect to community resources and advocate for themselves. In addition to reducing expenses, this program has resulted in improved outcomes among the plan's most vulnerable members.

Multicultural Approach to Health and Wellness

Molina promotes health among young adults through activities in nearby trade schools, and among families through English as a second language (ESL) parent groups in local school districts. These and other efforts have earned Molina the Multicultural Health Care Distinction from the National Committee for Quality Assurance (NCQA).



Oscar Health Plan of California | www.hioscar.com
(855) OSCAR-88

Oscar was founded in 2013 and offers simple, intuitive tools that guide members to better care. Oscar Health Plan of California offers coverage in pricing regions 4, 16, and 18 and is expanding to Region 15 in 2018.

Consumer Tools

Oscar's approach to health care puts the member first and empowers them with seamless, guided access to care. Oscar members have a dedicated Concierge team, a carefully curated network of health providers and an easy-to-use app and website that make it easier to find providers, understand benefits and connect virtually with doctors in minutes. Some of Oscar's many features include:

- Concierge Team: a team of three care guides and one nurse matched to every member who are dedicated to guiding members through their entire health journey.
- Step Tracking: up to \$240 in rewards each year for staying healthy and engaged by meeting daily step goals.
- Health Profile: an easily accessible summary of all of a member's health information on file with Oscar, such as past physician visits and prescriptions.
- Virtual Visits: free, 24/7, unlimited access to on-call physicians who can give medical advice, second opinions and prescription refills within 10 minutes.
- Care Router: an intuitive way to search for the best provider or location for a particular health condition, including cost estimates to help members manage their out-of-pocket spending.

Access to High-Quality Providers

Oscar offers a curated network of high-quality providers in each of its service areas. Oscar's southern California network in regions 16 and 18 includes systems such as Providence Health and Services, UCLA Health and St. Joseph Hoag Health, which will also cover Region 15 with Oscar's network expansion in 2018. Oscar's northern California network in Region 4 will continue to include systems such as UCSF and Hill Physicians.

Customer Service

Oscar believes healthcare should be human and transparent, and that an Oscar representative should and can be available to members whenever needed. Each Oscar member has a designated Concierge Team, consisting of three care guides and a nurse, dedicated to guiding members through their entire health journey. Every time members call they speak to the same team, who offer personalized care to help understand their plan, find a doctor and save money on care. Members can access help at any time by calling (855) OSCAR-88, emailing Oscar at help@hioscar.com or messaging their Concierge Team or doctor through the Oscar app.



Sharp Health Plan | sharphealthplan.com
(800) 359-2002

Sharp Health Plan is a nonprofit health plan operating in San Diego and southern Riverside counties since 1992. A subsidiary of Sharp HealthCare, it is the largest provider of comprehensive health care services in San Diego. Sharp Health Plan serves Covered California enrollees in Region 19.

Member Satisfaction

Sharp Health Plan is the highest member-rated health plan in California.² It is also one of the highest rated health plans in the nation, earning a rating of 4.5 out of 5 in NCQA's private health insurance plan ratings, 2016-2017.

High-Quality Care

Members receive access to an expansive network of high-quality physicians from Sharp Rees-Stealy (SRS), Sharp Community Medical Group (SCMG) and other local medical groups. Sharp Health Plan is the highest member-rated health plan in California in the categories of health care, personal doctor and specialist among reporting California health plans.³

Convenient Access to Care

Sharp offers free telehealth options from select SRS physicians for members with certain medical conditions and for follow-up appointments. For treatment of minor illnesses or injuries, members can use MinuteClinic[®], the walk-in clinic inside select CVS/pharmacy[®] stores. Members can also use Sharp Nurse Connection[®], an after-hours nurse advice phone service. In addition, Sharp Health Plan makes it easy to connect to medical services when traveling 100 miles away from home or internationally through an emergency travel services line.

Consumer Health Management Tools

FollowMyHealth, Sharp's mobile app and web portal, allows members with participating doctors to schedule appointments and view test results. Additionally, members can access the health plan's mobile-friendly portal, Sharp Connect, to securely access plan information, temporary ID card, prescription details and estimated drug costs.

Wellness Promotion

The Best Health integrated wellness program provides free one-on-one health coaching, online workshops, fitness tracking tools, and an extensive health library. Sharp is the only Covered California plan to hold accreditation for Wellness & Health Promotion from the National Committee for Quality Assurance (NCQA).

^{2,3} For rating of a health plan among reporting California health plans, as measured by NCQA's 2016 Quality Compass including the Consumer Assessment of Healthcare Providers and Systems survey (https://en.wikipedia.org/wiki/Consumer_Assessment_of_Healthcare_Providers_and_Systems).



Valley Health Plan | www.valleyhealthplan.org
(888) 421-8444

Valley Health Plan (VHP) is a Knox-Keene licensed, not for profit, NCQA-Accredited health maintenance organization (HMO), and the only locally based commercial health plan in Santa Clara County. VHP has proudly served the community for over 30 years, and currently provides health coverage to more than 168,000 members.

Condition Management Program

VHP proudly announces its new CarePoint Condition Management Program through AxisPoint Health. CarePoint offers one-on-one support and advice from a nurse to engage members when they need it most, through personal touch points and digital tools for optimal health outcomes.

Health Education

VHP encourages members to take an active role in their health. Members may take a Personal Health Assessment to learn more about their current health status and access helpful tools, including the ability to chat online with a registered dietitian and taking online health workshops. Members also find it easy to choose a wellness class to fit every level and interest, with access to fitness classes, diabetes prevention programs and nutrition classes, all free of cost.

Telehealth With MDLIVE

Members now have 24/7 access every day of the year to board-certified doctors via phone, secure video, or the MDLIVE app — from anywhere. MDLIVE has members feeling better faster, without the need to leave the home or office. Plus, if necessary, the doctors can send prescriptions electronically to the closest VHP pharmacy.

Pharmacy Portal

VHP members can use the Navitus online pharmacy portal to access formulary information, pharmacy search, drug search and medication history, and can initiate a request for non-formulary drugs.

Provider Network Expansion

VHP continues to add culturally and linguistically appropriate medical groups as well as hospitals, urgent care clinics and other outpatient facilities to its already extensive list of community-based providers.



Western Health Advantage | choosewha.com
(888) 563-2250

Western Health Advantage (WHA) is a nonprofit that was founded in 1996 by a trusted group of Sacramento and Solano doctors and health care providers. Based in Sacramento, WHA health plan serves Covered California enrollees in pricing regions 2 and 3 (Colusa, El Dorado, Marin, Napa, Placer, Sacramento, Solano, Sonoma and Yolo counties).

Integrated Model

As a provider-owned organization, WHA excels at providing integrated, coordinated and quality care. WHA members have access to providers in these contracted medical groups: Hill Physicians, Mercy Medical Group, Meritage Medical Network, NorthBay Healthcare and Woodland Healthcare/Dignity Health.

Advantage Referral Program

WHA's unique Advantage Referral program gives members access to any participating specialist in WHA's network, not just to those within a member's particular medical group. Members can ask their primary care physician to refer them to any of the specialists that participate in Advantage Referral.

24/7 Access

WHA offers personalized online resources to make it easy to manage a health plan with the convenience of anytime access.

- MyWHA is a one-stop overview of members' plan information, including online conveniences like changing their doctor, ordering replacement cards and even making premium payments.
- For members on deductible plans, there is a service-cost estimator and an accumulator to track and manage out-of-pocket expenses.
- MyWHA Wellness is the central hub for all wellness components, including a 24/7 nurse advice line and chat, decision-aid tool and disease management programs for members living with the chronic conditions of asthma, coronary artery disease and diabetes, at no additional cost.

Travel Assistance

As part of a member's health plan, urgent care and emergency care services are covered wherever the member is in the world. WHA members benefit from the added comfort provided by Assist America. Anytime they travel 100 miles or more away from home they are eligible for assistance with medical consultations and referrals, care of minor child, lost luggage and other vital services.

Covered California Regional Offerings for 2018

Pricing Regions

California is composed of 19 pricing regions. Each region has different pricing and health insurance options. The 11 companies represent a mix of large multi-state companies and smaller region-specific companies. Nearly all Covered California consumers have at least three health insurance companies to choose from in their region, and in some regions as many as seven.



2018 Covered California Regional Options

PRICING REGION	ANTHEM		BLUE SHIELD		CCHIP	HEALTHNET OF CA		HEALTH NET LIFE		KAISER PERMANENTE	L.A. CARE	MOLINA HEALTHCARE	OSCAR	SHARP HEALTH PLAN	VALLEY HEALTH PLAN	WESTERN HEALTH ADV.
	EPO	PPO	HMO	HSP		HMO	PPO	EPO	HMO							
1 Northern counties	●	●	●							●						
2 North Bay Area		●	●						●	●						●
3 Greater Sacramento		●	●					●	●	●						●
4 San Francisco County		●	●	●	●				●	●			●			
5 Contra Costa County		●	●	●					●	●						
6 Alameda County		●	●	●					●	●						
7 Santa Clara County	●	●	●							●					●	
8 San Mateo County		●	●		●				●	●						
9 Santa Cruz, San Benito, Monterey		●	●	●					●	●						
10 Central Valley	●	●	●						●	●						
11 Fresno, Kings, Madera counties		●	●						●	●						
12 Central Coast		●	●						●	●						
13 Eastern counties		●	●						●	●		●				
14 Kern County		●	●			●	●		●	●						
15 Los Angeles County, partial		●	●			●	●	●	●	●	●	●	●			
16 Los Angeles County, partial		●	●			●	●	●	●	●	●	●	●			
17 Inland Empire		●	●			●	●	●	●	●		●	●			
18 Orange County		●	●			●	●	●	●	●		●	●			
19 San Diego County		●	●			●	●	●	●	●		●	●	●	●	

- Full Region
- Partial Region

2018 Statewide Rate Change Summary

The number below reflects the statewide weighted average increase across health insurance companies and plans.

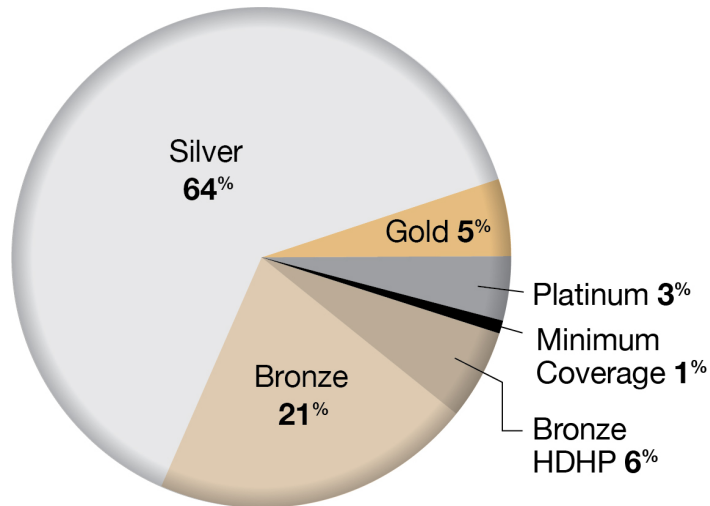
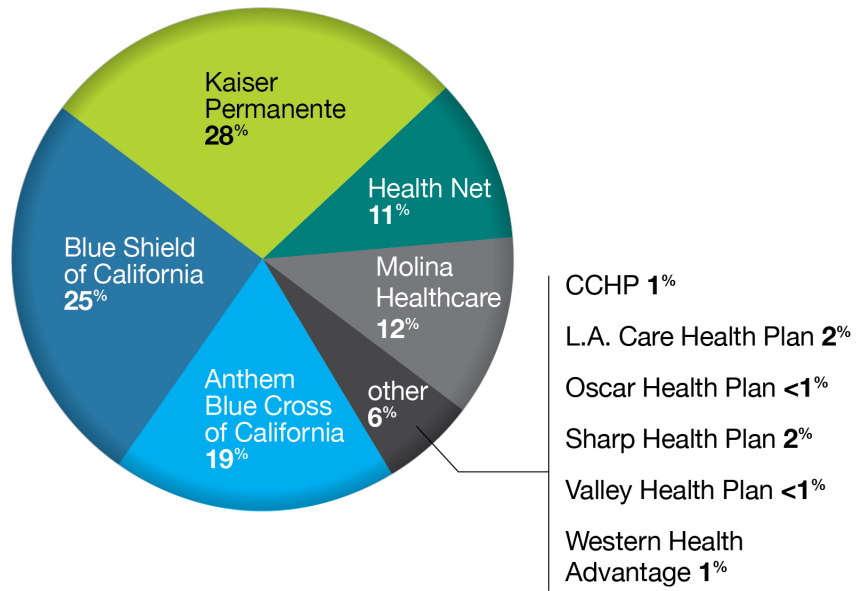
2018 Statewide Rate Change	12.5%
2017 Statewide Rate Change (weighted average)	13.2%
Lowest-price Bronze plan (unweighted average)	11.8%
Lowest-price Silver plan* (unweighted average)	9.2%
Lowest-price Silver plan with surcharge included (unweighted average)	23.5%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	3.3%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Statewide Observations

- If consumers change to the lowest-priced plan at the same metal tier, the weighted average change would be a decrease of 1.2 percent.
- Regions 1 to 14 (northern counties) encompass 45 percent of Covered California's enrollment and have a weighted average increase of 11.6 percent.
- Regions 15 to 19 (southern counties) encompass 55 percent of Covered California enrollment and have a weighted average increase of 13.2 percent.
- Almost 55 percent of consumers will either be able to pay less or see their rate go up by no more than 5 percent if they switch plans.

2017 Statewide Enrollment (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 1

Northern counties

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties

Regional Rate Change (weighted average)	33.2%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	10.3%
Lowest-price Silver plan* (unweighted average)	3.9%
Lowest-price Silver plan with surcharge included (unweighted average)	19.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	29.5%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 56,187 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 91 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as three.
- Heath Net of California is withdrawing its HMO and HSP products from this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

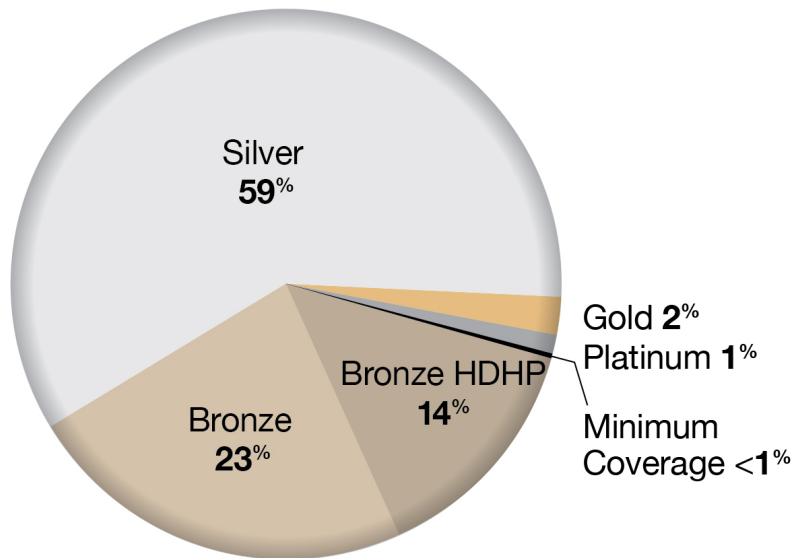
Pricing Region 1

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	20% – 54%	11%	77%
Blue Shield HMO	10% – 26%	8%	<1%
Blue Shield PPO	10% – 24%	8%	22%
Health Net HMO	N/A	12%	<1%
Kaiser Permanente HMO	3% – 7%	15%	1%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 2

Marin, Napa, Solano and Sonoma counties

Regional Rate Change (weighted average)	7.4%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	7.9%
Lowest-price Silver plan* (unweighted average)	11.2%
Lowest-price Silver plan with surcharge included (unweighted average)	27.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	1.4%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 52,562 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 87 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Blue Shield is expanding its HMO product to a larger part of this region, at three levels of coverage: Platinum, Gold and Silver.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

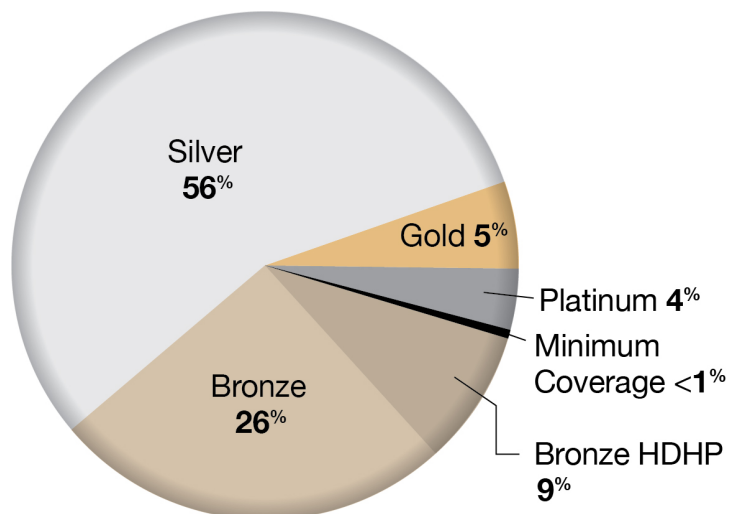
Pricing Region 2

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	8%
Blue Shield HMO	14% – 31%	8%	<1%
Blue Shield PPO	14% – 28%	8%	16%
Health Net EPO	14%	13%	1%
Kaiser Permanente HMO	3% – 7%	15%	60%
Western Health Advantage HMO	0% – 9%	17%	15%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 3

Greater Sacramento

Sacramento, Placer, El Dorado and Yolo counties

Regional Rate Change (weighted average)	5.7%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	6.6%
Lowest-price Silver plan* (unweighted average)	2.5%
Lowest-price Silver plan with surcharge included (unweighted average)	11%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	0.1%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 78,104 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 91 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as four.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Heath Net of California is withdrawing its HMO and HSP products from this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Health Net Life is now offering a new PPO product in some ZIP codes within this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

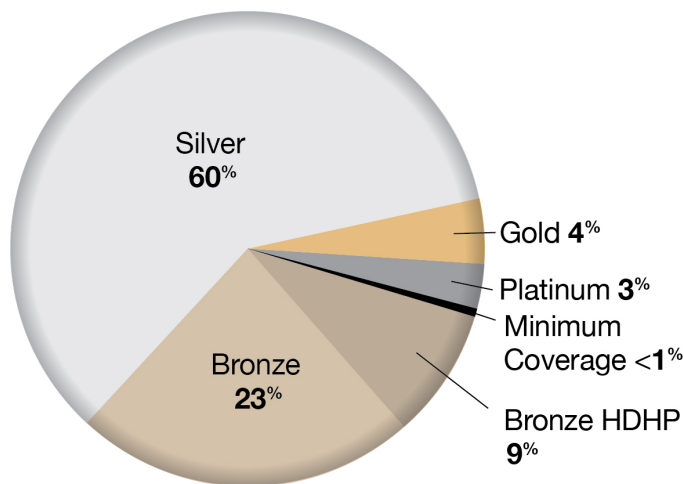
Pricing Region 3

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	18%
Anthem HMO	N/A	N/A	<1%
Blue Shield HMO	(-20%) – (-8%)	8%	<1%
Blue Shield PPO	10% – 24%	8%	14%
Health Net HMO	N/A	12%	<1%
Kaiser Permanente HMO	3% – 7%	15%	61%
Western Health Advantage HMO	11% – 19%	18%	6%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 4

San Francisco County

Regional Rate Change (weighted average)	6.6%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	7.9%
Lowest-price Silver plan* (unweighted average)	6.3%
Lowest-price Silver plan with surcharge included (unweighted average)	23.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-1.6%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 36,955 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 81 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of five insurance companies.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

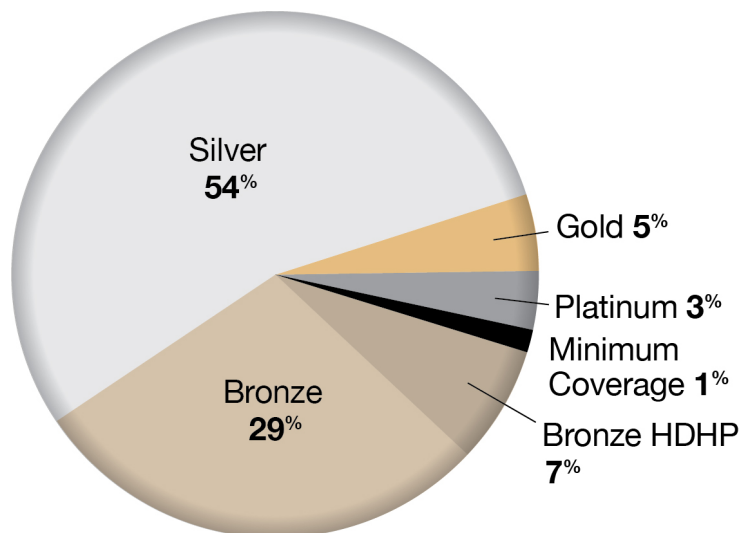
Pricing Region 4

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	6.7%
Blue Shield HMO	7% – 23%	8%	<1%
Blue Shield PPO	7% – 20%	8%	24%
CCHP HMO	6% – 9%	16%	26%
Health Net EPO	14%	13%	1%
Kaiser Permanente HMO	3% – 7%	15%	42%
Oscar EPO	(-13%) – 24%	10%	<1%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 5

Contra Costa County

Regional Rate Change (weighted average)	8.2%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	6.6%
Lowest-price Silver plan* (unweighted average)	3.9%
Lowest-price Silver plan with surcharge included (unweighted average)	19.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-0.7%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 41,637 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 86 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of three insurance companies.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Blue Shield is expanding its HMO product to the entire region, at three levels of coverage: Platinum, Gold and Silver.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

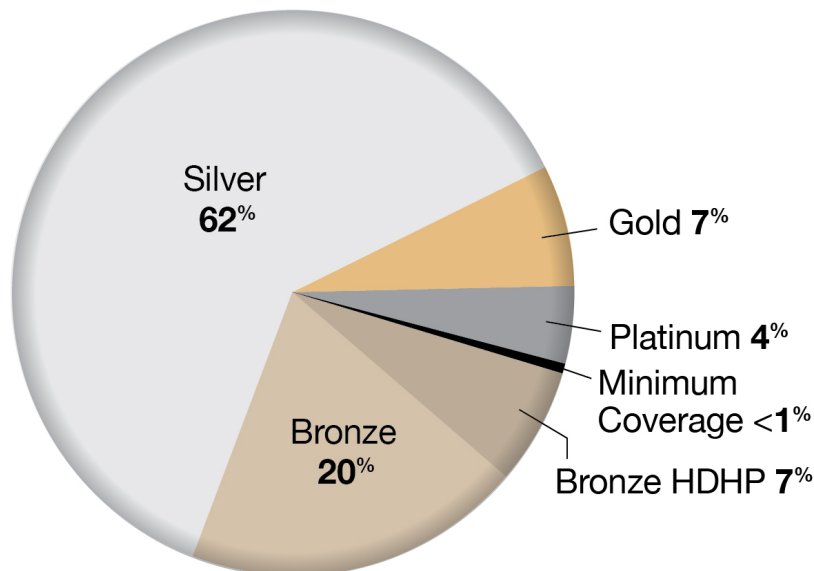
Pricing Region 5

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	3%
Blue Shield HMO	9% – 25%	8%	<1%
Blue Shield PPO	10% – 24%	16%	30%
Health Net EPO	14%	13%	1%
Kaiser Permanente HMO	3% – 7%	15%	66%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 6

Alameda County

Regional Rate Change (weighted average)	8.3%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	6.6%
Lowest-price Silver plan* (unweighted average)	3.9%
Lowest-price Silver plan with surcharge included (unweighted average)	19.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	2.2%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 63,582 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 86 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of two insurance companies.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Blue Shield is expanding its HMO product to the entire region, at three levels of coverage: Platinum, Gold and Silver.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

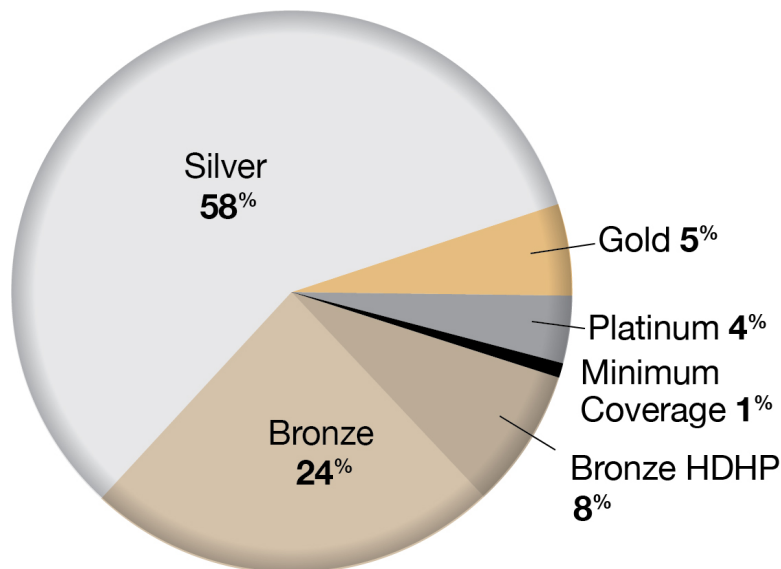
Pricing Region 6

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	5%
Blue Shield HMO	11% – 28%	8%	<1%
Blue Shield PPO	12% – 26%	8%	31%
Kaiser Permanente HMO	3% – 7%	15%	63%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 7

Santa Clara County

Regional Rate Change (weighted average)	10.4%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	0.0%
Lowest-price Silver plan* (unweighted average)	0.0%
Lowest-price Silver plan with surcharge included (unweighted average)	12%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-8.7%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 59,721 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 85 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Heath Net of California is withdrawing its HMO and HSP products from this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.

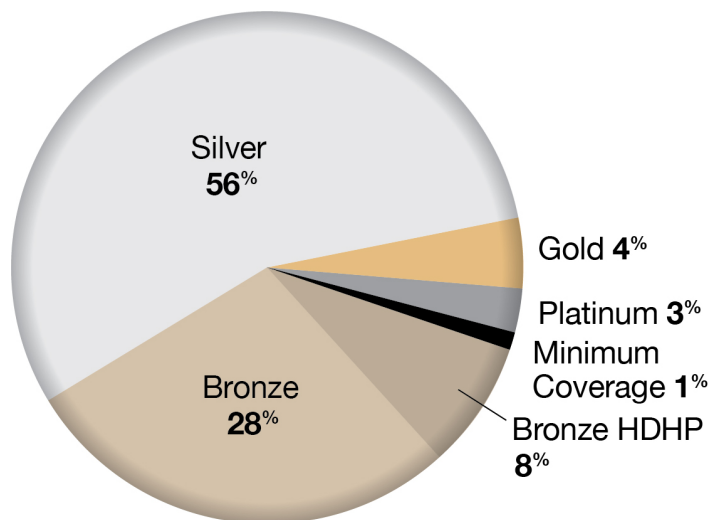
Pricing Region 7

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	6% – 37%	11%	33%
Anthem HMO	N/A	11%	1%
Blue Shield HMO	7% – 23%	8%	1%
Blue Shield PPO	7% – 21%	8%	10%
Health Net HMO	N/A	12%	2%
Kaiser Permanente HMO	3% – 7%	15%	44%
Valley Health Plan HMO	(-3%) – 10%	12%	10%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 8

San Mateo County

Regional Rate Change (weighted average)	4.3%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	6.6%
Lowest-price Silver plan* (unweighted average)	3.9%
Lowest-price Silver plan with surcharge included (unweighted average)	19.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-1.1%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 24,970 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 84 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

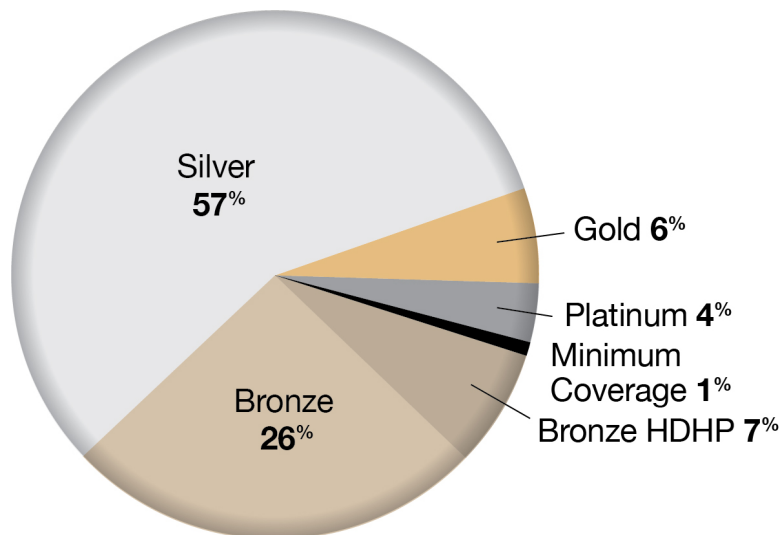
Pricing Region 8

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	11%
Blue Shield HMO	1% – 16%	8%	<1%
Blue Shield PPO	2% – 15%	8%	15%
CCHP HMO	5% – 7%	16%	8%
Health Net EPO	14%	12%	2%
Kaiser Permanente HMO	3% – 7%	15%	64%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 9

Monterey, San Benito and Santa Cruz counties

Regional Rate Change (weighted average)	12.5%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	6.6%
Lowest-price Silver plan* (unweighted average)	3.9%
Lowest-price Silver plan with surcharge included (unweighted average)	18.6%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	7.2%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 29,050 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 89 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

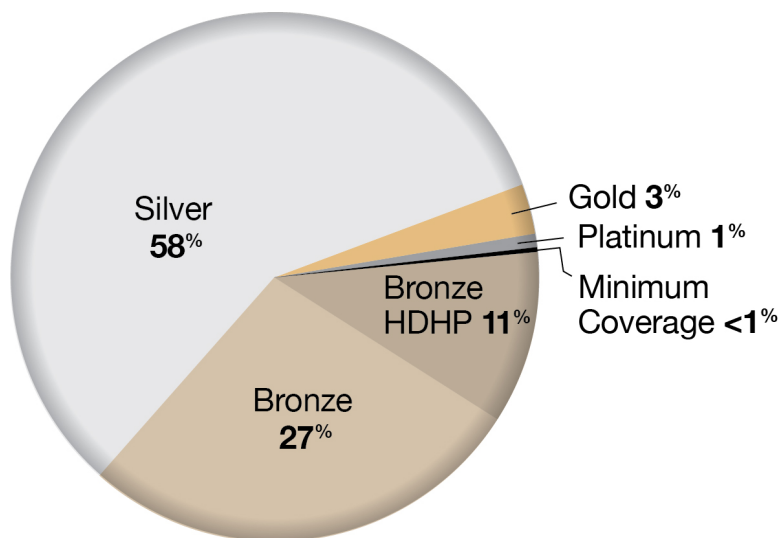
Pricing Region 9

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	39%
Blue Shield HMO	8% – 24%	8%	8%
Blue Shield PPO	10% – 23%	8%	34%
Health Net EPO	-10%	13%	2%
Kaiser HMO	3% – 7%	15%	17%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties

Regional Rate Change (weighted average)	24.0%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	15.0%
Lowest-price Silver plan* (unweighted average)	6.7%
Lowest-price Silver plan with surcharge included (unweighted average)	22%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	13.5%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 67,091 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 93 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as four.
- Anthem is withdrawing its PPO product, while now offering an EPO product in the entire region at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

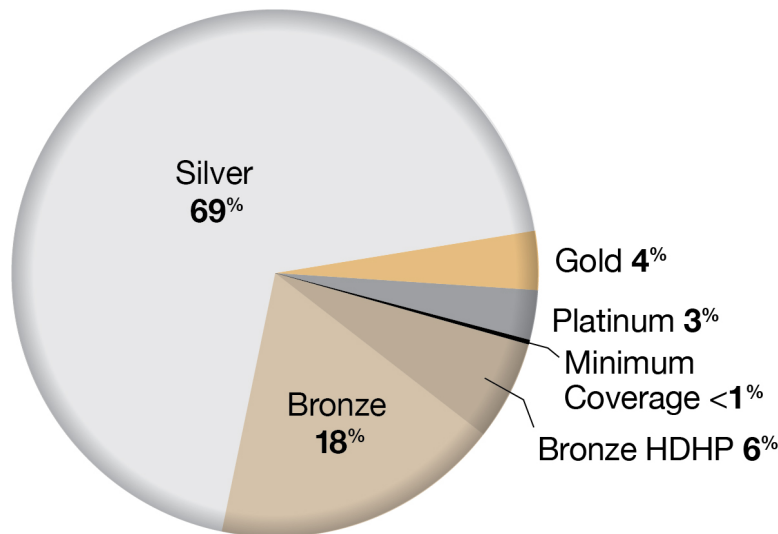
Pricing Region 10

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem PPO	15% – 48%	11%	67%
Blue Shield HMO	8% – 24%	8%	<1%
Blue Shield PPO	9% – 22%	8%	5%
Health Net EPO	14%	13%	<1%
Kaiser Permanente HMO	3% – 7%	15%	27%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 11

Fresno, Kings and Madera counties

Regional Rate Change (weighted average)	4.7%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	7.5%
Lowest-price Silver plan* (unweighted average)	7.5%
Lowest-price Silver plan with surcharge included (unweighted average)	16.5%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	3.9%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 31,852 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 93 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have two.
- Anthem is withdrawing its HMO product from the entire region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its PPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Heath Net of California is withdrawing its HMO and HSP products from this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

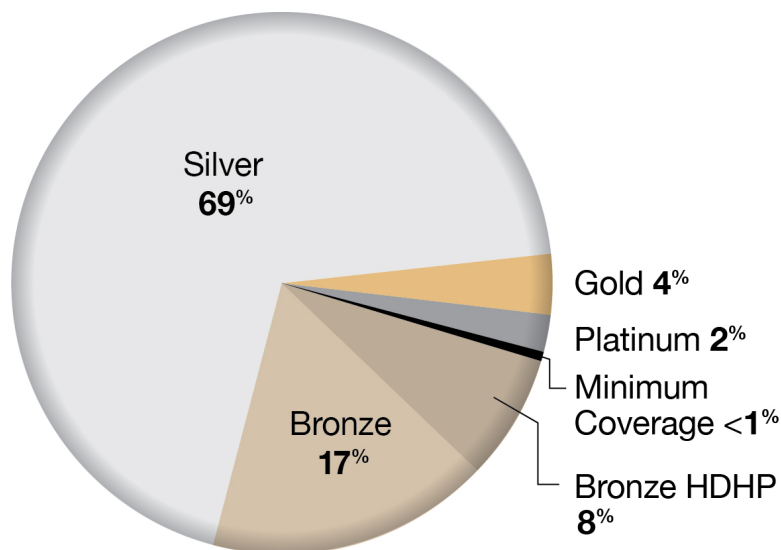
Pricing Region 11

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem HMO	N/A	N/A	<1%
Anthem PPO	N/A	N/A	28%
Blue Shield PPO	0% – 13%	8%	42%
Health Net HMO	N/A	12%	<1%
Kaiser Permanente HMO	3% – 7%	15%	29%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 12

San Luis Obispo, Santa Barbara and Ventura counties

Regional Rate Change (weighted average)	6.1%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	9.3%
Lowest-price Silver plan* (unweighted average)	4.3%
Lowest-price Silver plan with surcharge included (unweighted average)	13.0%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-3.3%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 66,003 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 90 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have two.
- Anthem is withdrawing its PPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Blue Shield is expanding its HMO product to a larger part of this region, at three levels of coverage: Platinum, Gold and Silver.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

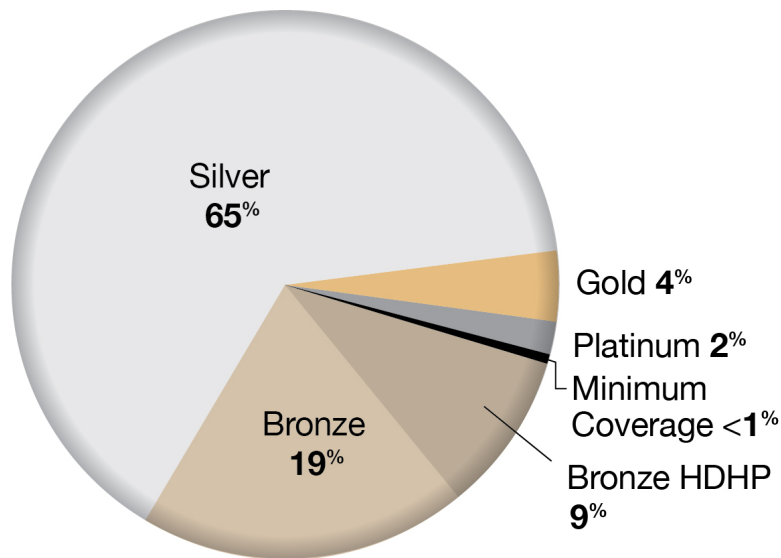
Pricing Region 12

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem PPO	N/A	N/A	37%
Blue Shield HMO	4% – 20%	8%	3%
Blue Shield PPO	5% – 18%	8%	46%
Kaiser Permanente HMO	6% – 10%	15%	14%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 13

Mono, Inyo and Imperial counties

Regional Rate Change (weighted average)	16.3%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	19.4%
Lowest-price Silver plan* (unweighted average)	16.0%
Lowest-price Silver plan with surcharge included (unweighted average)	38.8%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	14.5%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 12,606 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 96 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- Anthem is withdrawing its PPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

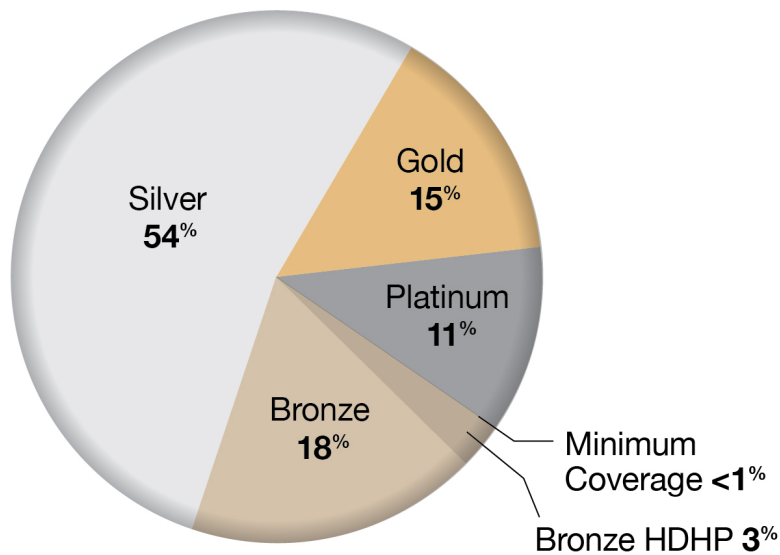
Pricing Region 13

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem PPO	N/A	N/A	22%
Blue Shield PPO	4% – 17%	8%	9%
Kaiser Permanente HMO	6% – 10%	15%	<1%
Molina Healthcare HMO (Coinsurance)	16% – 29%	20%	69%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 14

Kern County

Regional Rate Change (weighted average)	7.9%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	15.6%
Lowest-price Silver plan* (unweighted average)	12.6%
Lowest-price Silver plan with surcharge included (unweighted average)	26.7%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	3.2%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 18,362 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 93 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- Anthem is withdrawing its PPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

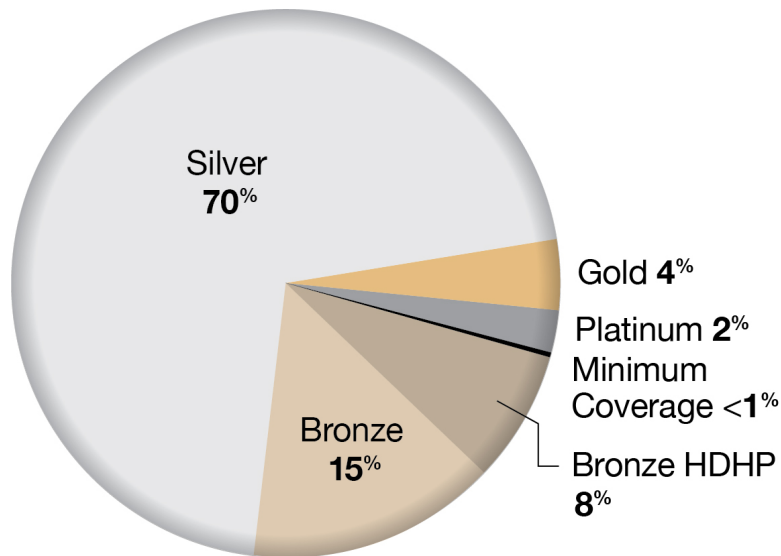
Pricing Region 14

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem PPO	N/A	N/A	29%
Blue Shield HMO	2% – 18%	8%	<1%
Blue Shield PPO	1% – 13%	8%	39%
Health Net HMO	8% – 13%	12%	14%
Kaiser Permanente HMO	6% – 10%	15%	19%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 15

Los Angeles County (northeast)

Regional Rate Change (weighted average)	13.4%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	16.0%
Lowest-price Silver plan* (unweighted average)	13.7%
Lowest-price Silver plan with surcharge included (unweighted average)	29.6%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	0.5%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 169,015 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 90 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as six.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Health Net Life is now offering a new PPO product in the entire region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Oscar is now offering an EPO product in some ZIP codes within this region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

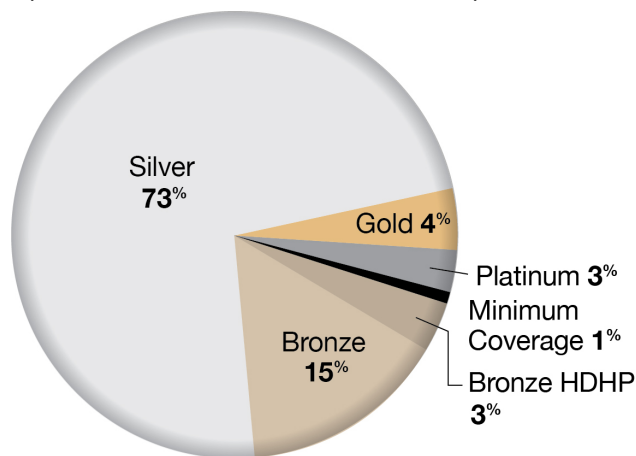
Pricing Region 15

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	5%
Anthem HMO	N/A	N/A	2%
Blue Shield HMO	6% – 22%	8%	1%
Blue Shield PPO	7% – 20%	8%	36%
Health Net HMO	7% – 19%	12%	20%
Kaiser Permanente HMO	6% – 10%	15%	15%
L.A. Care HMO	8% – 10%	21%	7%
Molina Healthcare HMO (Coinsurance)	36% – 51%	20%	15%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 16

Los Angeles County (southwest)

Regional Rate Change (weighted average)	13.2%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	28.6%
Lowest-price Silver plan* (unweighted average)	19.3%
Lowest-price Silver plan with surcharge included (unweighted average)	34.3%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	1.3%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 218,321 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 85 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of five insurance companies, and some will have as many as six.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Health Net Life is now offering a new PPO product in the entire region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

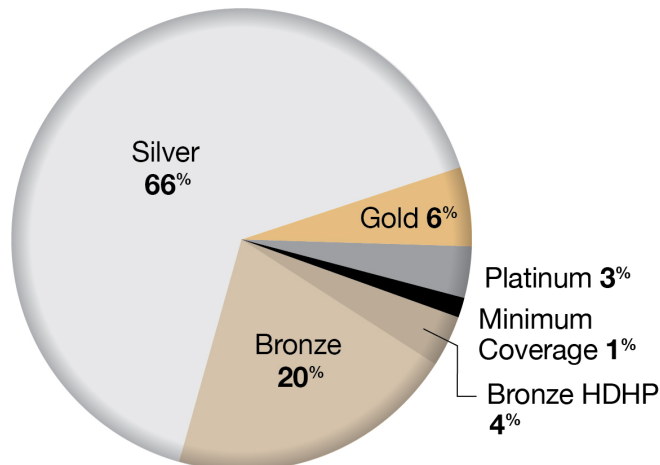
Pricing Region 16

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	7%
Anthem HMO	N/A	N/A	6%
Blue Shield HMO	8% – 24%	8%	<1%
Blue Shield PPO	13% – 28%	8%	19%
Health Net HMO	6% – 17%	12%	15%
Kaiser Permanente HMO	6% – 10%	15%	20%
L.A. Care HMO (Coinsurance)	11% – 13%	21%	6%
Molina Healthcare HMO (Coinsurance)	27% – 42%	20%	24%
Oscar EPO	(-13%) – 24%	10%	2%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 17

San Bernardino and Riverside counties

Regional Rate Change (weighted average)	17.2%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	23.3%
Lowest-price Silver plan* (unweighted average)	24.9%
Lowest-price Silver plan with surcharge included (unweighted average)	37.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	9.9%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 129,230 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 90 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as four.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Health Net Life is now offering a new PPO product in some ZIP codes within this region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

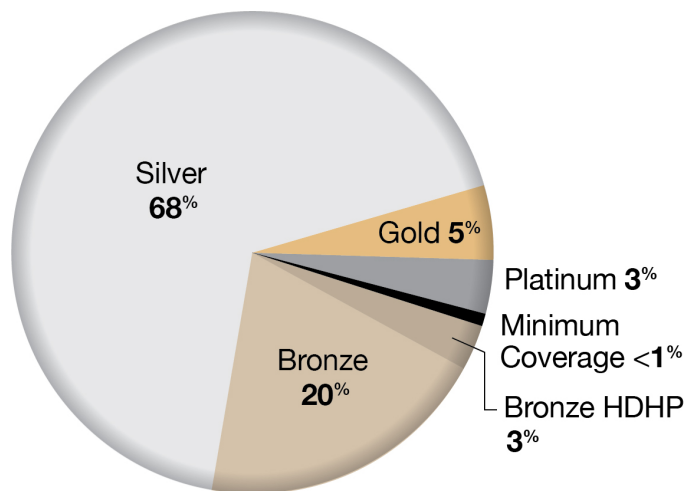
Pricing Region 17

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	4%
Anthem HMO	N/A	N/A	1%
Blue Shield HMO	8% – 24%	8%	1%
Blue Shield PPO	8% – 21%	8%	23%
Health Net HMO	8% – 20%	12%	23%
Kaiser Permanente HMO	6% – 10%	15%	20%
Molina Healthcare HMO (Coinsurance)	27% – 42%	20%	28%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 18

Orange County

Regional Rate Change (weighted average)	10.2%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	12.0%
Lowest-price Silver plan* (unweighted average)	13.5%
Lowest-price Silver plan with surcharge included (unweighted average)	27.7%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-0.6%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 133,101 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 88 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of five insurance companies.
- Anthem is withdrawing its HMO product from the entire region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Health Net Life is now offering a new PPO product in the entire region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

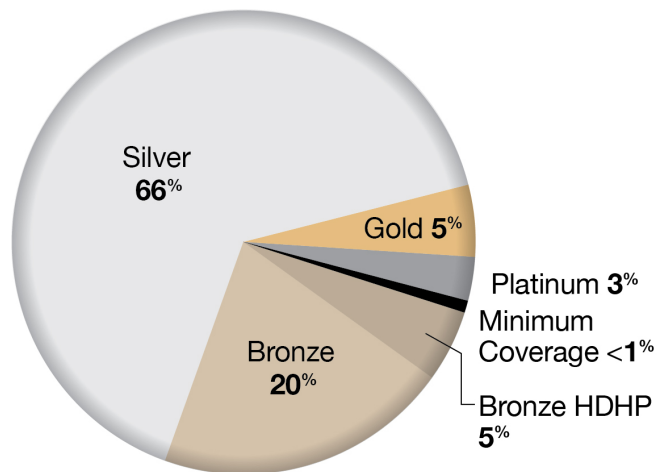
Pricing Region 18

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	14%
Anthem HMO	N/A	N/A	1%
Blue Shield HMO	8% – 24%	8%	1%
Blue Shield PPO	6% – 20%	8%	33%
Health Net HMO	8% – 22%	12%	22%
Kaiser Permanente HMO	6% – 10%	15%	15%
Molina Healthcare HMO (Coinsurance)	20% – 34%	20%	12%
Oscar EPO	(-13%) – 24%	10%	1%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.

Pricing Region 19

San Diego County

Regional Rate Change (weighted average)	11.5%
Statewide Rate Change (weighted average)	12.5%
Lowest-price Bronze plan (unweighted average)	18.6%
Lowest-price Silver plan* (unweighted average)	17.4%
Lowest-price Silver plan with surcharge included (unweighted average)	32.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	4.3%

* If Covered California determines that it must incorporate a surcharge due to lack of CSR funding, Silver-tier plans would increase to make up for the loss. The additional surcharge would be paid predominantly by the federal government in the form of higher premium assistance for consumers. The average increase per plan is detailed on the following page.

Regional Observations

- 122,570 individuals renewed their coverage or signed up for coverage during the fourth open-enrollment period.
- 87 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2018.
- All consumers in this region will have a choice of four insurance companies, and some will have as many as five.
- Anthem is withdrawing its HMO product from this region, at three levels of coverage: Platinum, Gold and Silver.
- Anthem is withdrawing its EPO product from the entire region, at six levels of coverage: Platinum, Gold, Silver, Bronze, minimum coverage and HDHP.
- Health Net Life is now offering a new PPO product in the entire region, at five levels of coverage: Platinum, Gold, Silver, Bronze and minimum coverage.
- Consumers in this region may benefit from shopping around for lower-cost insurance-company options that offer a lower premium in the same metal tier.

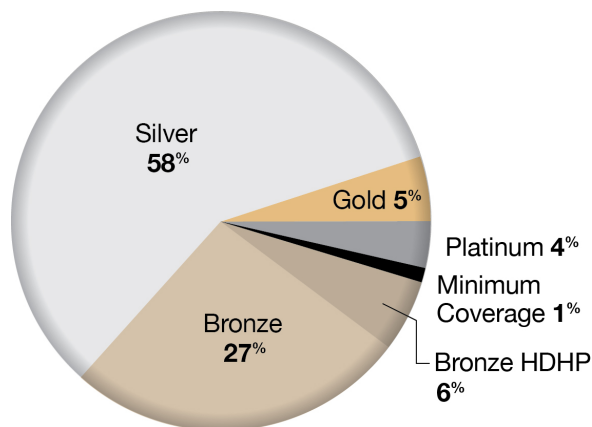
Pricing Region 19

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2018 Rate Changes” reflects the range of 2017-2018 rate changes for a carrier’s offering in the region by capturing the smallest and largest of the rate changes specific to a carrier’s products and benefit-design levels (e.g., Bronze and Silver).

Carriers	Range of 2018 Rate Changes	Potential CSR Surcharge (Silver-Tier Only)	Percent of Enrollment in 2017
Anthem EPO	N/A	N/A	4%
Anthem HMO	N/A	N/A	<1%
Blue Shield HMO	(-16%) – (-3%)	8%	<1%
Blue Shield PPO	7% – 20%	8%	17%
Health Net HMO	8% – 13%	12%	17%
Kaiser Permanente HMO	6% – 10%	15%	23%
Molina Healthcare HMO (Coinsurance)	18% – 31%	20%	19%
Sharp Health Plan HMO Network 2 (Coinsurance)	6% – 17%	27%	12%
Sharp Health Plan HMO Network 1 (Copay)	6% – 10%	27%	9%

2017 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 1, 2017. Enrollment percentages may not total 100 percent due to rounding.