



Covered California's Health Insurance Companies and Plan Rates for 2019

Preliminary Rates

August 16, 2018

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: The works of art depicted on the cover of this document are part of a series of murals commissioned by Covered California to attract attention to enrollment locations, promote the role of health and wellness locally and demonstrate that Covered California is woven into the fabric of communities across the state. The murals, located statewide, were part of Covered California's open-enrollment promotion for 2018.

Visit Covered California's website, <http://hbex.coveredca.com/murals.shtml>, to learn more about all 17 murals and their locations.

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

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

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Table of Contents

Covered California: Strong, Stable and Successful 1

About Covered California Health Insurance Companies for the
2019 Plan Year 18

Covered California’s Regional Offerings for 2019 30

2019 Statewide Rate Change Summary 32

Covered California Pricing Regions

- Region 1 (Northern counties) 34
- Region 2 (North Bay counties) 36
- Region 3 (Greater Sacramento) 38
- Region 4 (San Francisco County) 40
- Region 5 (Contra Costa County) 42
- Region 6 (Alameda County) 44
- Region 7 (Santa Clara County) 46
- Region 8 (San Mateo County) 48
- Region 9 (Central Coast) 50
- Region 10 (Central Valley) 52
- Region 11 (Central Valley) 54
- Region 12 (Central Coast) 56
- Region 13 (Eastern Region) 58
- Region 14 (Central Valley) 60
- Region 15 (Los Angeles County, northeast) 62
- Region 16 (Los Angeles County, southwest) 64
- Region 17 (Inland Empire) 66
- Region 18 (Orange County) 68
- Region 19 (San Diego County) 70

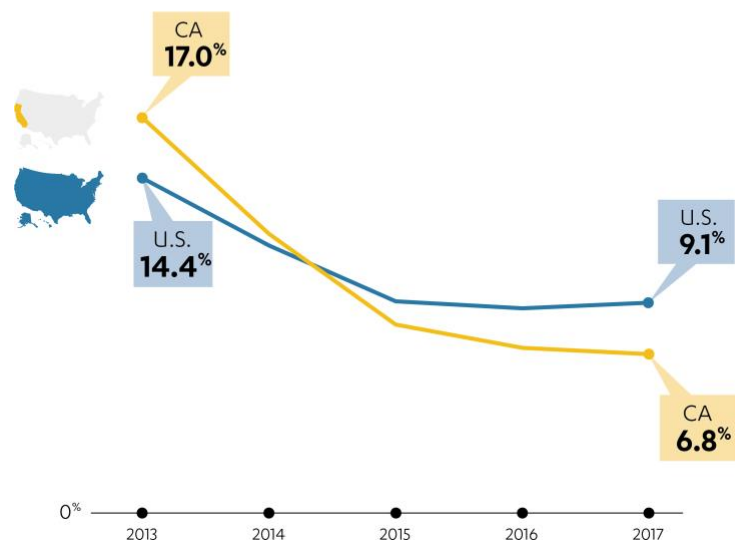
Covered California: Strong, Stable and Successful

Covered California began as the first state-based health insurance marketplace established under the Patient Protection and Affordable Care Act. Since then, California has made historic progress in reducing the state's uninsured rate and delivering on the promise of making high-quality health care more accessible for millions.

Heading into 2019, Covered California will continue to use all of the tools available in the Affordable Care Act to maintain a stable and competitive marketplace that puts consumers in control. From actively selecting the health insurance companies that will participate in the marketplace, to designing the patient-centered 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.

Covered California is a stable model in this new era of health care that has served 3.5 million Californians since it first began offering coverage in 2014. Today, 1.4 million consumers are actively enrolled in Covered California, making it the largest state-based marketplace in the country. In addition, more than 5 million Californians have enrolled in California's expanded Medi-Cal program. Together, these achievements have helped California reduce its uninsured rate from 17 percent at the end of 2013 to a record low of 6.8 percent at the end of 2017. As a result, the uninsured rate is dropping faster in California compared to the nation and stands at the lowest level on record. While the uninsured rate in California remained on a steady decline, the national uninsured rate increased, showing its first uptick since the passage of the Affordable Care Act, moving from 9.0 percent in 2016 to 9.1 percent in 2017.

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



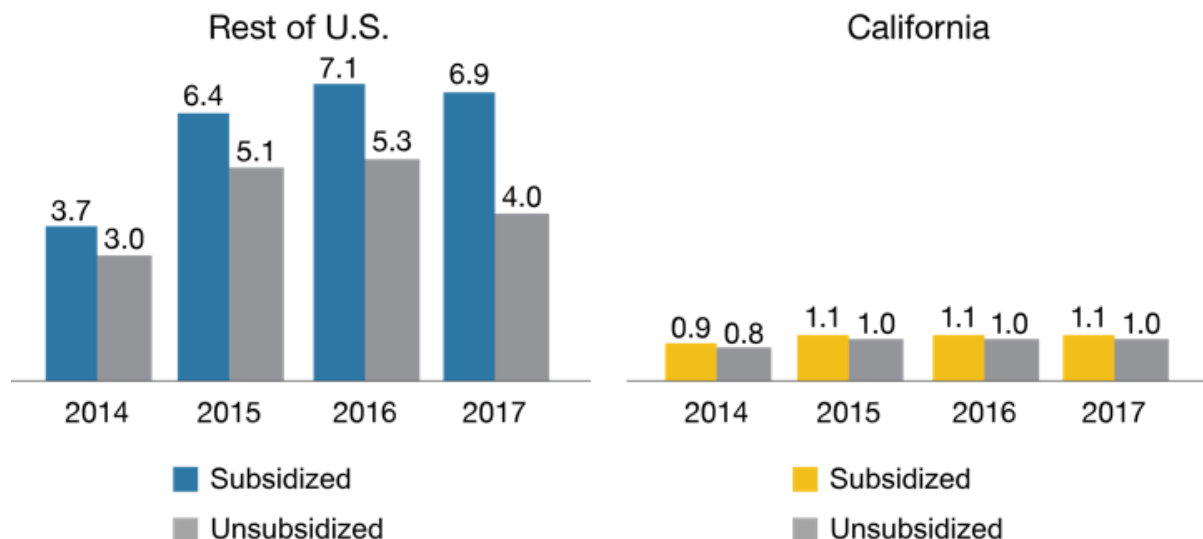
In addition to a historically low uninsured rate, two recent reports show that California continues to attract a healthy mix of consumers to its individual insurance market, which is a key element to a strong and stable exchange. A healthier consumer pool means lower premiums for everyone in the individual market.

A recent study, "[National vs. California Comparison: Detailed Data Help Explain the Risk Differences Which Drive Covered California's Success](#)," was posted in Health Affairs Blog, a prominent health policy website.

The study noted three key findings:

- California’s individual market risk score was about 20 percent lower than the other states’ average risk scores from 2015 through 2017.
- Covered California’s risk scores are lower than the national average across every metal tier (Bronze, Silver, Gold and Platinum) for each of the three years examined.
- California’s off-exchange enrollment, wherein unsubsidized consumers enroll outside of Covered California but generally get the same products at the same prices as they would through Covered California, remained relatively constant from 2015 to 2017. The rest of the nation’s off-exchange enrollment decreased by 1.3 million during that same period (see Figure 1). This decrease is important because off-exchange enrollees tend to be healthier than average, and these are individuals who do not have the federal tax credit to make coverage more affordable.

Figure 1: Total Individual Market Enrollment, in millions



Source: Centers for Medicare and Medicaid Services. “Trends in Subsidized and Unsubsidized Individual Health Insurance Enrollment.” July 2, 2018.

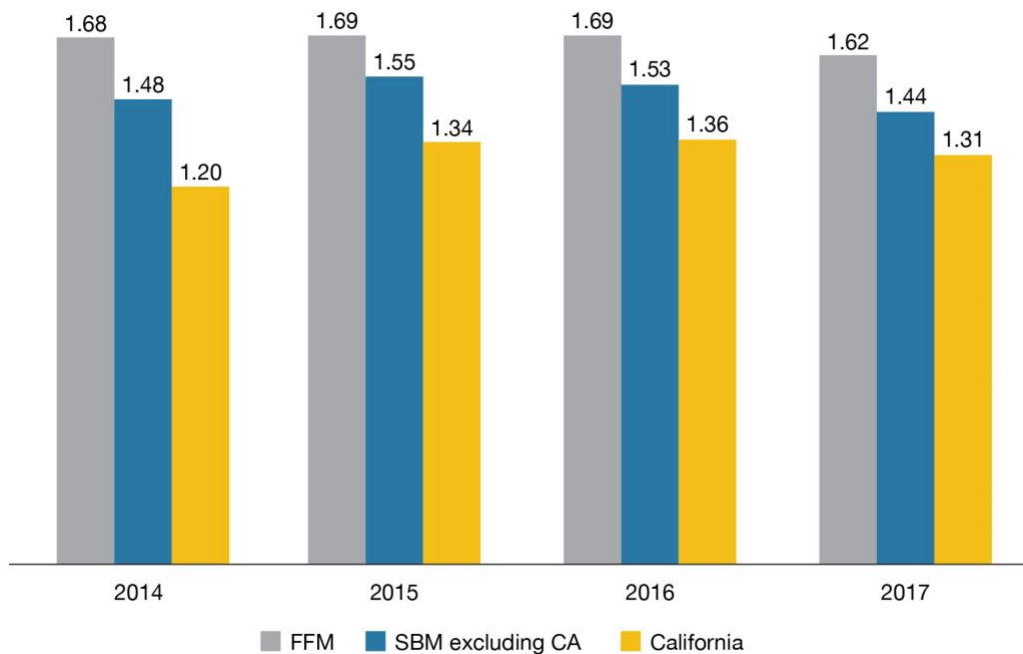
The study pointed to four key reasons why California has been successful in attracting and retaining a healthier mix of consumers:

1. California expanded its Medicaid program, known as Medi-Cal, and studies show that states that expanded Medicaid coverage have lower risk scores.
2. States that established their own marketplace, such as Covered California, have lower risk scores than states that rely on the federal marketplace.

3. Covered California and other state-based exchanges tend to invest more in marketing and outreach, which are critical to enrolling new consumers.
4. Covered California’s patient-centered benefit designs, which are standard across plans in each metal tier, help reduce consumer confusion.

In addition, data from the [Centers for Medicare and Medicaid Services](#) shows that California continues to have one of the lowest “average plan liability risk scores” in the individual market, placing it in the top five for the fourth year in a row. When compared to the federally facilitated marketplace (FFM) and state-based marketplaces (SBMs), California’s risk scores were 19.1 percent and 9 percent lower. Over the past four years, California’s scores were an average of 22 percent lower than the FFM and 13.1 percent lower than SBMs (see Figure 2).

Figure 2: Comparison of FFM, SBM and California Risk Scores, 2014-2017



Source: Centers for Medicare and Medicaid Services Summary Reports on Permanent Risk Adjustment Transfers, 2014 to 2017.

Finally, the individual insurance market as a whole continues to grow in stability. A recent report by the Kaiser Family Foundation, “[Individual Insurance Market Performance in Early 2018](#),” examined the financial data from the first quarter of 2018 and found that “Insurers saw better financial performance in the first quarter of 2018 than in all the earlier years of the ACA, and are returning to pre-ACA levels of profitability.” The reports warns, however, that “the repeal of the individual mandate penalty as part of tax reform legislation and the likely proliferation of loosely-regulated short-term insurance plans cloud expectations for the future.”

In addition, the director of S&P Global Ratings — which closely monitors the health insurance industry — told [The New York Times](#) that “The market is in a better position now than it has ever been since the exchanges have opened.”

Covered California’s 2019 Rate Change

For the 2019 coverage year, Covered California is announcing — for the third straight year — that all 11 of its health insurance companies will be returning to serve consumers. The overall weighted average rate change will be 8.7 percent for existing consumers who renew coverage in their same plan in 2019.

For the majority of Covered California consumers, those who receive financial help in the form of tax credits, their net premiums — or the amount they pay out of pocket for their coverage after subsidies — will rise an average of 6.0 percent. The latest data shows that 88 percent of Covered California’s 1.4 million enrollees received subsidies as of March 2018.

Most consumers will also be able to reduce their rate change by an average of -0.7 percent if they shop for the best value and switch to the lowest-priced plan in the same metal tier.

Table 1: Covered California’s Premiums

	PLAN YEAR					5-Year Average
	2015	2016	2017	2018	2019	
Weighted Average Increase	4.2%	4.0%	13.2%	12.5%*	8.7%	8.4%
Lowest-Priced Bronze (unweighted)	4.4%	3.3%	3.9%	11.8%	10.2%	6.7%
Lowest-Priced Silver (unweighted)	4.8%	1.5%	8.1%	9.2%*	5.2%	5.7%
If a consumer switches to the lowest-priced plan in the same tier	—	-4.5%	-1.2%	3.3%	-0.7%	—

* The 2018 weighted average has been adjusted to remove the cost-sharing reduction surcharge applied in 2018, since unsubsidized or off-exchange enrollees do not incur the surcharge, and tax credits help defray the costs of rate increases for those eligible for subsidies.

Elimination of the Penalty Affects Rates

There are several factors that will have an impact on rates in 2019, including the federal decision to eliminate the individual mandate penalty. Without a penalty in place, healthy consumers could decide to roll the dice and take the risk of going without health insurance. Carriers added between 2.5 and 6 percent to their rates, with an average of 3.5 percent, due to concerns that the removal of the penalty will lead to a less healthy and costlier consumer pool. Without the elimination of the penalty, Covered California's rate change would be closer to 5 percent, which is another sign of Covered California's stability.

The higher rates will also mean unsubsidized consumers will be faced with paying more for coverage, the federal government will be forced to spend more on tax credits as premiums go up, and we will likely see a decrease in enrollment both in California and across the nation. Together, the increase in premiums and decrease in enrollment will lead to future rate increases, particularly if those who leave are healthier than the average consumer.

Covered California estimates the 3.5 percent increase in rates will mean Californians will be spending \$400 million more for their health care coverage in 2019. While subsidized consumers will be protected from this increase, since the amount of financial help they receive will also increase, the federal government will end up paying an estimated \$250 million more in higher tax credits. Unsubsidized consumers on and off the exchange will bear the full brunt of the increase.

Covered California projects that the elimination of the individual mandate penalty could reduce enrollment in California's individual market by 262,000 consumers in 2019, including 162,000 consumers from Covered California and 100,000 from the off-exchange market. Analysis conducted by PricewaterhouseCoopers found that the removal of the individual mandate penalty could also result in uncompensated care rising by \$1,000 per newly uninsured person. If all uncompensated care costs — that are not covered elsewhere — were shifted to private insurance, the cost of employer-sponsored coverage could increase by between 2 and 4 percent, a cost that would most likely be shared between the employer and the employee.

In addition, medical trend accounts for 7.5 percent of the rate change. Medical trend is the general change in the unit cost of medical services or products combined with how often those services and products are used and any change in the intensity or amount of services for a condition.

One factor that lowered rates this year is the federal suspension of the annual health insurer tax for 2019. Health insurers pay the fee to help fund the federal and state marketplaces. Covered California estimates the suspension lowered rates by approximately 1.6 percent. Barring further legislative action, the tax is scheduled to return for the 2020 coverage year.

Many Consumers Will Pay Less Than Initial Rates Suggest

The overall weighted average rate change reflects the price current Covered California members would pay if they all renewed their coverage in their current plan. However, history shows that many consumers will pay less than the initial rates suggest.

Covered California's competitive market gives consumers the power to shop around for the best value and easily find a plan that fits their needs. As noted earlier, consumers who shop and switch to the lowest-priced plan in their same metal tier can save an average of -0.7 percent on their 2019 rates.

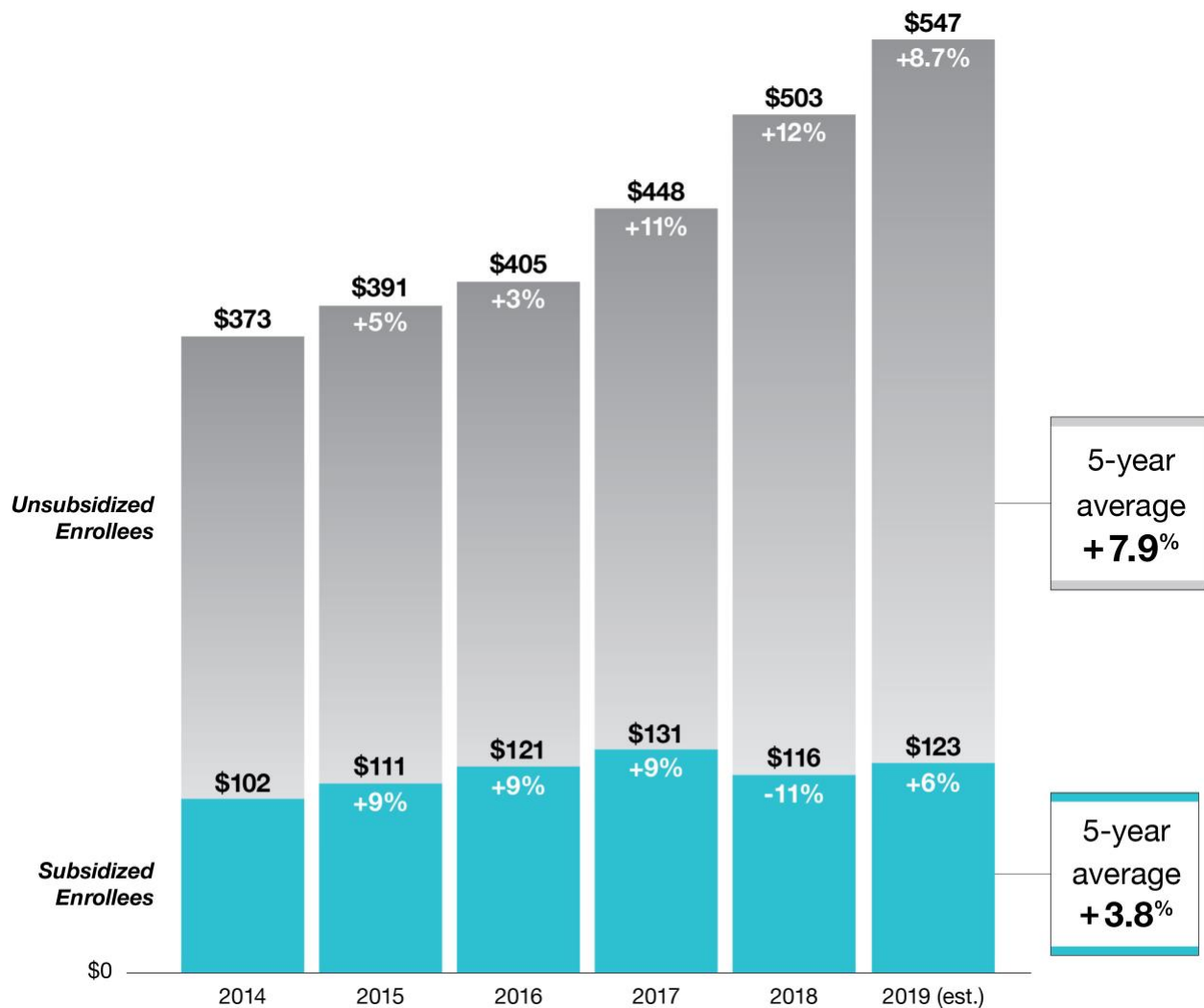
Consumers have historically shopped for the best value in coverage. A 2017 study by The Commonwealth Fund, "[Consumers Buy Lower-Cost Plans on Covered California, Suggesting Exposure to Premium Increases is Less than Commonly Reported](#)," found Covered California's consumers regularly ended up paying much less than the average price of 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:

- 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."

Over the past five years, Covered California has held actual average annual rate changes for unsubsidized consumers to an estimated average of 7.9 percent and 3.8 percent for subsidized consumers (see Figure 3: California's Individual Market Premiums).

Figure 3: California’s Individual Market Premiums¹



¹ Premiums shown are the actual observed average premiums in Covered California administrative data for renewal and open-enrollment plan selections for plan years 2014 through 2018, and the percentage change is the change to the average observed premiums. Year over year, the average premiums shown may be influenced by changes in the population distributions (such as for region, age, metal tier, etc.). Average premiums for the off-exchange market as a whole could differ from the Covered California unsubsidized premiums to the extent that the off-exchange population and plan-choice profiles differ from the on-exchange, unsubsidized profile. Additionally, the 2018 unsubsidized premiums have been adjusted to remove the cost-sharing reduction “surcharge” in Silver, since off-exchange enrollees do not incur the surcharge, and Covered California encouraged its unsubsidized Silver enrollees to move off-exchange to avoid the surcharge in 2018. For coverage year 2019 premiums, this chart shows an estimate of what premiums would be if all consumers enrolled in their same 2018 plan for 2019. The chart applies the global weighted Covered California average increase of 8.7 percent to produce the estimated average unsubsidized premium, which is an estimate of what off-exchange enrollees may pay in 2019 (the actual 2019 amount will depend on enrollee take-up and plan choice during renewal and open enrollment).

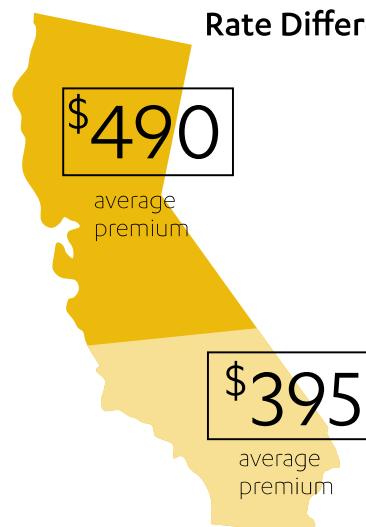
In addition to the importance of shopping for the best value, subsidies rise when premiums increase, providing consumers with more financial help to purchase their health coverage. The most recent data from March 2018 shows that 88 percent of Covered California members receive financial help in the form of a tax credit that pays on average 80 percent of the monthly premium on their household policy. When premiums rise, that financial help will increase, helping consumers offset any rate changes.

Regional Variation in Premiums

Provider concentration and regional factors remain 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 24 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



Covered California Goes Beyond Coverage

Covered California remains committed to ensuring that consumers have access to high-quality coverage and can get the care they need. In 2019, 96 percent of consumers will have at least two carriers to choose from, and 82 percent will be able to choose from three or more carriers. In addition, 91 percent of general acute care hospitals in California will be available through at least one Covered California health insurance company.

The agency's 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 issuer contracts have been significantly adjusted to drive delivery-system reform.

Covered California's collective market share of 1.4 million enrollees on 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. Research, such as the study done by Stanford University (“[What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics](#)”) has shown that high deductibles have been documented to be a barrier to high-value care. 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 2: 2019 Patient-Centered Benefit Designs by Metal Tier.)

Table 2: 2019 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	\$40	\$30	\$15
Specialty Care Visit	\$105	\$80	\$55	\$30
Urgent Care Visit	\$75	\$40	\$30	\$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: \$200 Family: \$400	N/A	N/A
Annual Out-of-Pocket Maximum	\$7,550 individual and \$15,100 family	\$7,550 individual and \$15,100 family	\$7,200 individual and \$14,400 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. The 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				
Metal Tier	Bronze	Silver	Gold	Platinum
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

Benefits shown in blue are not subject to any deductible.

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. As stated in the article [“Toward Lower Costs and Better Care — Averting a Collision between Consumer- and Provider-Focused Reforms,”](#) published in the New England Journal of Medicine, “The aim is to enable consumers to make apples-to-apples comparisons among plans based on cost and network composition (rather than hard-to-interpret differences in deductibles and copayments) and to ensure that consumers do not face undue financial barriers to receiving primary and other high-value care.”

Cost-Sharing Benefits

In addition, more than 44 percent of Covered California’s 1.4 million consumers benefit from cost-sharing reductions (CSRs), such as lower copays and deductibles when they access the care they need. 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 3), 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 3: 2019 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 \$18,210 (≤150% FPL)	\$18,211 to \$24,280 (>150% to ≤200% FPL)	\$24,281 to \$30,350 (>200% to ≤250% FPL)
Annual Wellness Exam	\$0	\$0	\$0
Primary Care Visit	\$5	\$15	\$35
Specialty Care Visit	\$8	\$25	\$75
Urgent Care Visit	\$5	\$15	\$35
Emergency Room Facility	\$50	\$100	\$350
Laboratory Tests	\$8	\$15	\$35
X-ray and Diagnostics	\$8	\$30	\$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: \$175 Family: \$350
Annual Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000	Individual: \$2,600 Family: \$5,200	Individual: \$6,300 Family: \$12,600

Benefits shown in blue are not subject to any deductible.

DRUG COST SHARES: 30-DAY SUPPLY			
Metal Tier	Silver 94	Silver 87	Silver 73
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

Benefits shown in blue are not subject to any deductible.

Primary Care

As of 2017, Covered California and its qualified health plan issuers have 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, which includes alternatives to face-to-face visits, sharing care with nurses and pharmacists and emphasizing coordination with specialists and hospitals.

Covered California presented a description of its work in primary care in the article [“Moving the Needle on Primary Care: Covered California’s Strategy to Lower Costs and Improve Quality,”](#) which was published on the Health Affairs Blog.

Provider Networks Based on Quality

As part of the 2017-19 contract, qualified health plan issuers 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 insurance companies implemented new payment strategies contingent on quality outcomes, including safety, patient satisfaction and readmissions. Health insurance companies 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](#), 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. [The most recent report honored 111 hospitals for their work in reducing C-sections.](#)

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, Smart Care California released “[Aligning Birth Payment to Reduce Unnecessary C-Section: 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 has hired a new health equity officer to bolster disparity-reduction efforts by engaging the stakeholder community, harnessing evidence-based strategies in public health literature

and infusing a health equity lens into new and already existing quality-improvement activities.

Consumer Tools and Telehealth

As part of the 2017-19 contract, health insurance companies 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 health insurance companies 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 insurance companies to understand the 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 the qualified health plan issuers 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

Covered California's criteria for health insurance company selection considers activities in many consumer-focused areas, including:

- 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 way possible.

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, "[Coverage Expansions and the Remaining Uninsured: A Look at California During Year One of ACA Implementation](#)," 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.

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 Shop and Compare Tool is being updated with 2019 rates and tax credit information. Consumers can visit Covered California's website at www.CoveredCA.com and begin using the Shop and Compare Tool in October.

In the meantime, step-by-step instructions to calculate an individual consumer's gross monthly premium are available here:

(<https://www.coveredca.com/news/PDFs/Gross-Monthly-Premium-Calculation-by-Age-2019.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 paid 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 on 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 2019 BENEFIT YEAR						
Size of Household	138%	150%	200%	250%	300%	400%
1	\$16,754	\$18,210	\$24,280	\$30,350	\$36,420	\$48,560
2	\$22,715	\$24,690	\$32,920	\$41,150	\$49,380	\$65,840
3	\$28,677	\$31,170	\$41,560	\$51,950	\$62,340	\$83,120
4	\$34,638	\$37,650	\$50,200	\$62,750	\$75,300	\$100,400
5	\$40,600	\$44,130	\$58,840	\$73,550	\$88,260	\$117,680

About Covered California Health Insurance Companies for the 2019 Plan Year

Covered California has tentatively selected 11 health insurance companies to be available for enrollment starting Oct. 15, 2018, for coverage that begins on Jan. 1, 2019. 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.

More than 96 percent of consumers will have at least two health insurance companies to choose from and 82 percent of consumers will be able to choose from three or more insurance companies. Quality providers such as Hill Physicians, UCSF Health and others remain available in 2019. In addition, consumers have access to 91 percent of the general acute care hospitals in California through Covered California plan networks.

Health Insurance Companies Selected for 2019

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.

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, life, 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. Anthem's website was 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 dedicated to ensuring that you — and all Californians — have access to high-quality health care at an affordable price. Blue Shield is committed to partnering with Covered California and collaborating with providers to improve access and the cost and quality of individual coverage.

Whether we are collaborating with providers who use the latest technology to make it more convenient for you to access medical care or making our voices heard in Washington, we strive every day to help you get the health care you deserve.

Trio HMO

Blue Shield's Trio HMO plans are designed to make it easier for members to access the 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

For our members who prefer a PPO plan, Blue Shield's Exclusive PPO Network offers choice and includes more than 300 hospitals and 50,000 doctors.

Getting care when and where you need it

Blue Shield gives you access to a quality network of healthcare providers in California, and some innovative and convenient ways to get the care you need. Whether you're at home, at work, or on the go, you always have a way to reach a provider with NurseHelp 24/7SM, Teladoc[®], Heal[™], retail clinics, and more.*

About Blue Shield

Blue Shield of California is a San Francisco-based nonprofit health plan founded in 1939 by the California Medical Association. Blue Shield is one of the most trusted partners when it comes to affordable health insurance in California.

* Some of the services or programs listed here are only available to members with specific plans. To find out if your plan gives you access to these services, please review the plan's *Evidence of Coverage*.

Heal is a trademark of Burrito Labs, Inc.

NurseHelp 24/7 is a service mark of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.



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

Chinese Community Health Plan (CCHP) is a community-based health plan that was started in San Francisco more than 30 years ago. CCHP began by providing health coverage to an underserved Chinese community, and it has evolved to serve the broader community 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 membership of individuals, families and employer groups. CCHP serves Covered California enrollees in rating region 4 (San Francisco County) and the northern part of region 8 (San Mateo County).

About the Network

There are nearly 2,000 physicians serving CCHP's members through affiliations with Jade Health Care Medical Group and Hill Physicians Medical Group. Hospital services are provided through CCHP's relationship with nearly all hospitals in the service area including its parent organization, Chinese Hospital.

In-Language Services

CCHP welcomes all eligible applicants regardless of their primary language to become members. Historically, 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 annually seeks to reach prospective enrollees through enrollment centers, informational seminars and outreach at community fairs and events.

Member Services in Real Life

Even after a member enrolls, the personalized experience extends to 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. CCHP offers member services in all the ways today's customers prefer to communicate: phone, email, and via mobile app and portal.

Member Portal and App

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



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

Based in Woodland Hills, California, Health Net of California, Inc. offers HMO and HSP plans and Health Net Life Insurance Company underwrites PPO and EPO insurance plans.

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 feature virtual doctor visits via phone, video or web at a \$0 copay for most plan designs.

In-Home Doctor Visits

Our EnhancedCare PPO plans now feature primary, preventive and urgent care “house calls” from a doctor who comes to your home, office or hotel. Available through Heal, this service is by appointment and available in select urban areas.

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.

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.

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 rating regions in 2019.

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 (NCQA). 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.lacarecovered.org
(855) 270-2327

As the nation's largest community-inspired health plan, L.A. Care has been elevating health care across Los Angeles County for over 20 years. L.A. Care has been a proud Covered California partner since 2014. Our mission will always be to provide access to quality health care while uplifting and reinvesting in our communities.

An Expanding Network That Creates Better Access to Care

L.A. Care continues to expand its provider network. The network has 63 hospitals, 2,900 physicians and 1,780 pharmacies, including CVS and Rite Aid stores, and leading hospitals such as Children's Hospital of Los Angeles, Good Samaritan Hospital and Huntington Memorial Hospital. It contracts with many independent practice associations (IPAs) and medical groups, such as Healthcare Partners, Prospect and Talbert.

A Growing Family of Family Resource Centers

L.A. Care's Family Resource Centers offer a fun space for engagement in health and wellness activities. From Zumba and aerobics to healthy cooking and health education classes, all free and open to the public, our Family Resource Centers have something for everyone. They are conveniently located in Boyle Heights, Inglewood, Lynwood, Pacoima and Palmdale with more locations to come.

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 plans 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.

A Health Plan for All of L.A.

L.A. Care's efforts to increasingly serve the diverse population and cultures in Los Angeles County has earned it 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 who are trained in cultural competency.



Molina Healthcare | www.molinahealthcare.com
(855) 540-1968

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 656,000 members through Medi-Cal, Medicare, Medicare-Medicaid (duals) and Covered California. Molina's service areas include Sacramento, Los Angeles, San Bernardino, Riverside, San Diego, Orange 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 rating regions 4, 15, 16 and 18.

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 five care guides and one nurse matched to every member who are dedicated to guiding members through their entire health journey.
- **Step tracking:** Up to \$100 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 15, 16 and 18 includes systems such as Providence Health and Services, UCLA Health and St. Joseph Hoag Health. Oscar's northern California network in Region 4 will continue to include systems such as UCSF and Hill Physicians.

Customer Service

Oscar believes health care should be human and transparent, and that an Oscar representative should and can be available to members whenever needed. Every time members call they speak to the same Concierge 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 | www.sharphealthplan.com
(800) 359-2002

Sharp Health Plan is a commercial not-for-profit health plan serving San Diegans of all ages. A subsidiary of Sharp HealthCare, Sharp Health Plan is available to Covered California enrollees in rating region 19.

Member Satisfaction

Sharp Health Plan is the only plan in California to receive a 5-star Summary Quality Rating and a 5-Star Members' Care Experience Rating from Covered California in 2017.¹ It is the highest member-rated health plan in California among reporting California health plans², and one of the highest-rated health plans in the nation, earning 4.5 out of 5 in the National Committee for Quality Assurance (NCQA) private health insurance plan ratings 2017-2018. In addition, Sharp holds an NCQA "Excellent" accreditation and is the only Covered California plan to hold accreditation for Wellness & Health Promotion from NCQA.

High-Quality Care

Members receive access to an expansive network of high-quality physicians from Sharp Rees-Stealy Medical Group (SRS), Sharp Community Medical Group 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, specialist, getting care quickly and customer service among reporting California health plans.²

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 telephone nurse advice service.

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 use the health plan's mobile-friendly portal, Sharp Connect, to securely access benefit plan information, temporary ID cards, prescription details and estimated drug costs.

¹ Health plan quality ratings are calculated by Covered California using data the plans provided to the federal government in 2017. Qualified health plans (QHP) contract with approved survey vendors that independently conduct the QHP Enrollee Survey each year. Quality ratings and QHP enrollee survey results may change from one year to the next. For more information, please see CMS' Health Insurance MarketplaceSM Quality Initiatives website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

² The source for this data is Quality Compass[®] 2017 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass[®] 2017 includes certain CAHPS[®] data. Any data display, analysis, interpretation or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 58.90 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs and EPOs) of 47.71; 64.62 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.34; 70.45 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.26 and 77.18 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 65.86. Sharp Health Plan earned the following composite scores (Usually+Always): 90.37 for Customer Service compared to the California all LOBs average (excluding PPOs & EPOs) of 84.90 and 86.56 for Getting Care Quickly compared to the California all LOBs average (excluding PPOs and EPOs) of 77.58.



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 | www.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 Sacramento, 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 2019

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.



2019 Covered California Regional Options

PRICING REGION	ANTHEM		BLUE SHIELD		CCHP	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

2019 Statewide Rate Change Summary

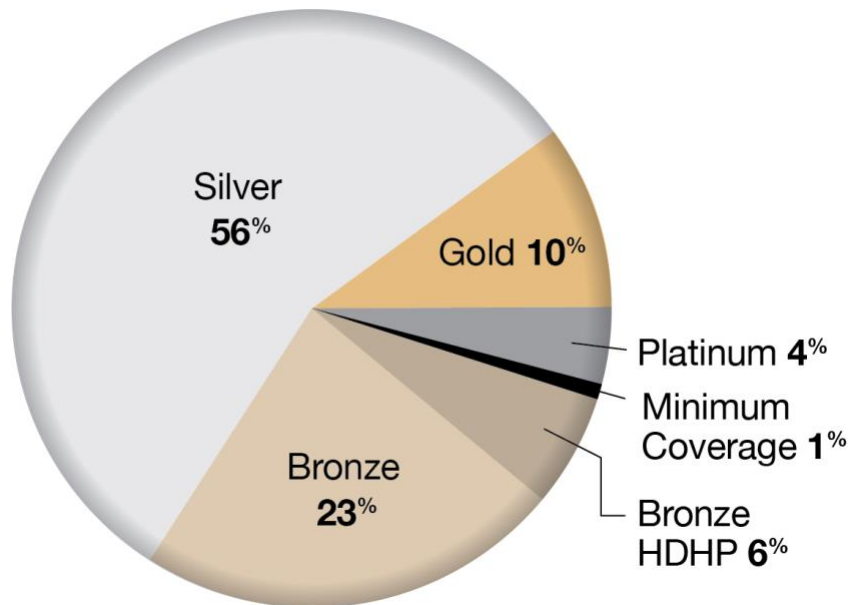
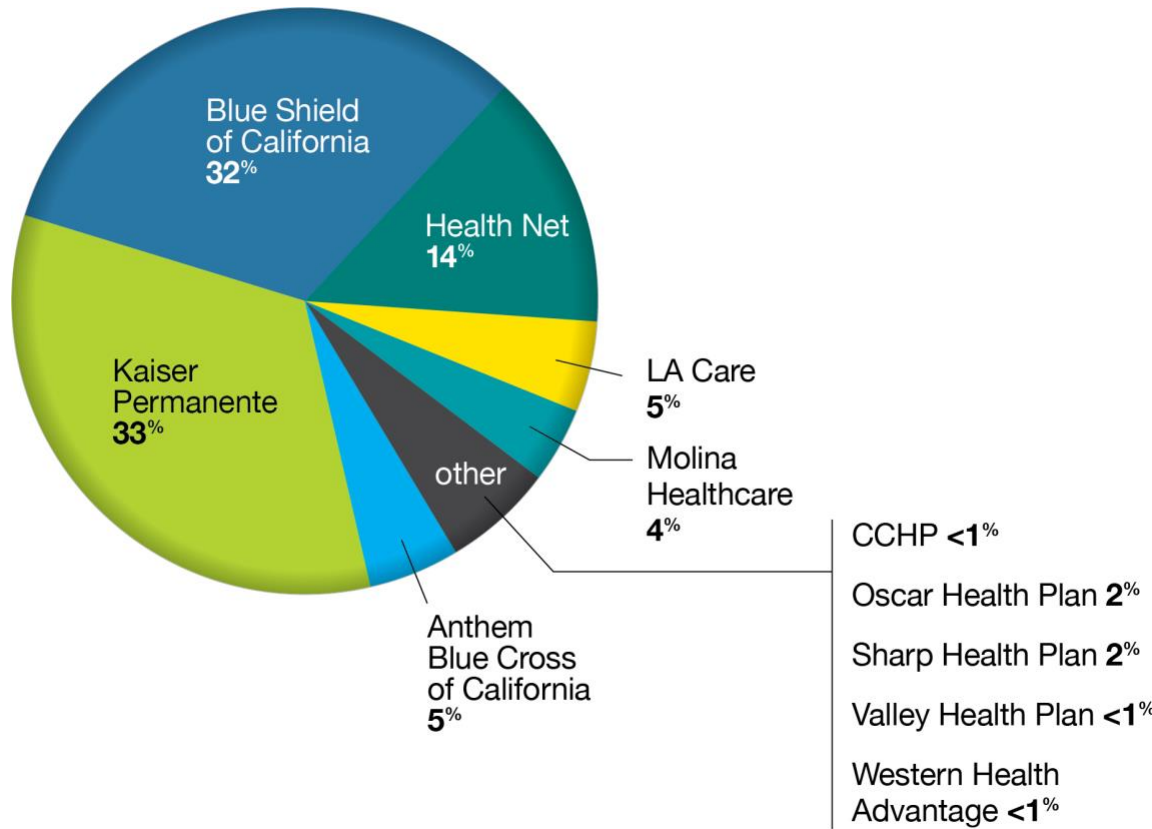
The number below reflects the statewide weighted average increase across health insurance companies and plans.

Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	6.0%
Lowest-price Bronze plan (unweighted average)	10.2%
Lowest-price Silver plan (unweighted average)	5.2%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-0.7%

Statewide Observations

- If consumers change to the lowest-priced plan at the same metal tier, the weighted average change would be a decrease of -0.7 percent.
- Regions 1 to 14 (northern counties) encompass 46 percent of Covered California's enrollment and have a weighted average increase of 8.3 percent.
- Regions 15 to 19 (southern counties) encompass 54 percent of Covered California enrollment and have a weighted average increase of 9.1 percent.
- Almost 63 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.

2018 Statewide Enrollment (subsidized and non-subsidized)



Enrollment represents effectuated individuals with coverage for April 2018. 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)	9.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	5.3%

Regional Observations

- 53,772 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 94 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2019.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as three.
- 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.

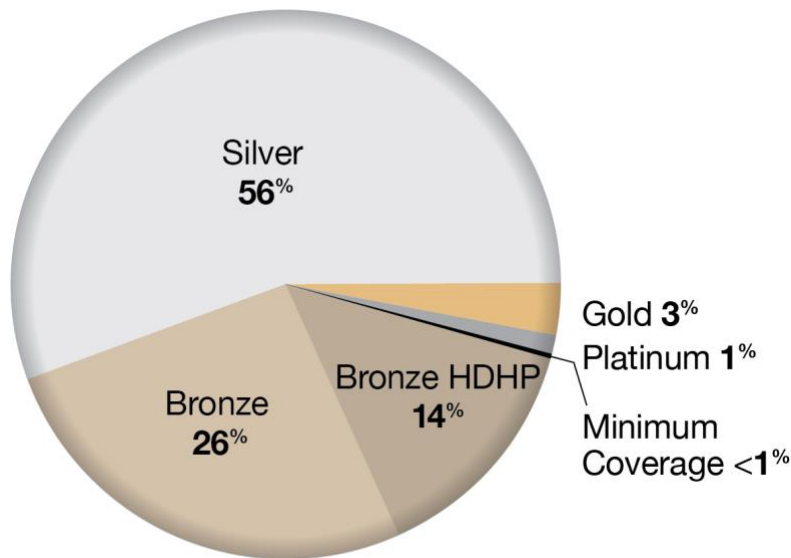
Pricing Region 1

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Anthem EPO	-18.8% - 9.9%	5.7%	47%
Blue Shield HMO	5.5% - 7.0%	6.2%	<1%
Blue Shield PPO	10.7% - 14.2%	11.9%	52%
Kaiser Permanente HMO	3.4% - 13.5%	8.6%	1%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 2

Marin, Napa, Solano and Sonoma Counties

Regional Rate Change (weighted average)	9.1%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	11.7%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	3.1%

Regional Observations

- 51,193 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- 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.

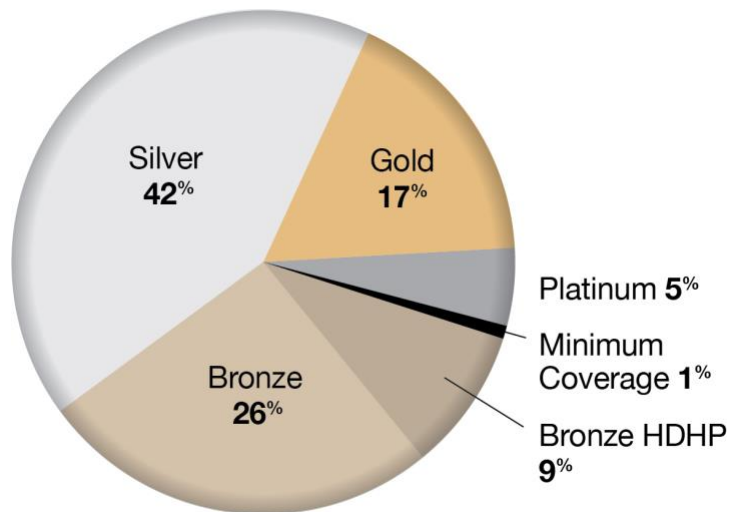
Pricing Region 2

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.1%	<1%
Blue Shield PPO	10.6% - 14.1%	12.0%	14%
Health Net EPO	13.8% - 14.0%	14.0%	1%
Kaiser Permanente HMO	3.4% - 13.5%	8.9%	71%
Western Health HMO	6.9% - 7.0%	7.0%	15%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 3

Sacramento, Placer, El Dorado and Yolo Counties

Regional Rate Change (weighted average)	8.8%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	11.2%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	6.3%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	3.5%

Regional Observations

- 79,158 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 92 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as four.
- Health Net Life PPO is now offering a new high-deductible health plan (HDHP) product in some ZIP codes within this region.
- 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.

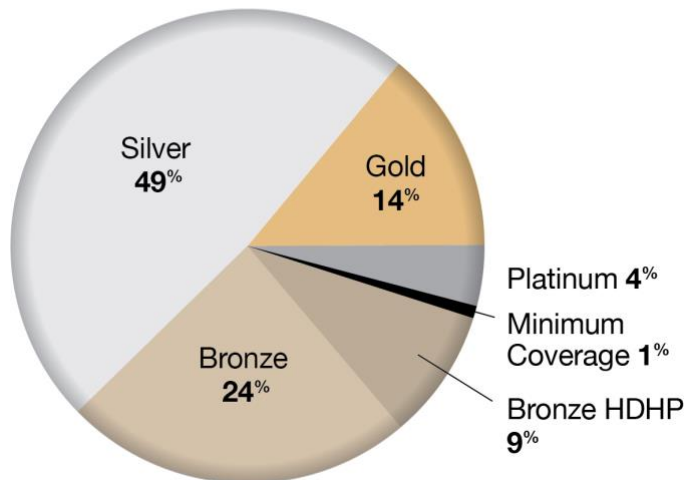
Pricing Region 3

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	14%
Blue Shield PPO	8.93% - 12.3%	10.5%	14%
Health Net HMO	6.1% - 18.9%	16.5%	2%
Kaiser Permanente HMO	3.4% - 13.5%	8.8%	67%
Western Health Advantage HMO	6.9% - 7.1%	7.0%	3%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 4

San Francisco County

Regional Rate Change (weighted average)	9.4%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	20.5%
Lowest-price Bronze plan (unweighted average)	11.2%
Lowest-price Silver plan (unweighted average)	6.0%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	1.5%

Regional Observations

- 36,099 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 82 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2019.
- All consumers in this region will have a choice of five insurance companies.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

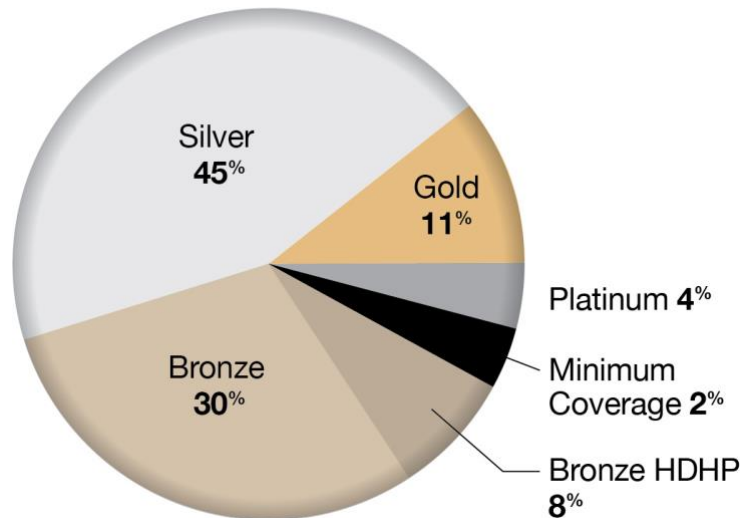
Pricing Region 4

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.2%	1%
Blue Shield PPO	10.3% - 13.7%	11.5%	23%
CCHP HMO	5.8% - 11.2%	7.9%	26%
Health Net EPO	13.8% - 14.0%	13.9%	<1%
Kaiser Permanente HMO	3.4% - 13.5%	9.5%	48%
Oscar EPO	-19.1% - 14.8%	4.2%	2%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 5

Contra Costa County

Regional Rate Change (weighted average)	8.4%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	1.7%

Regional Observations

- 44,114 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of three insurance companies.
- 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.

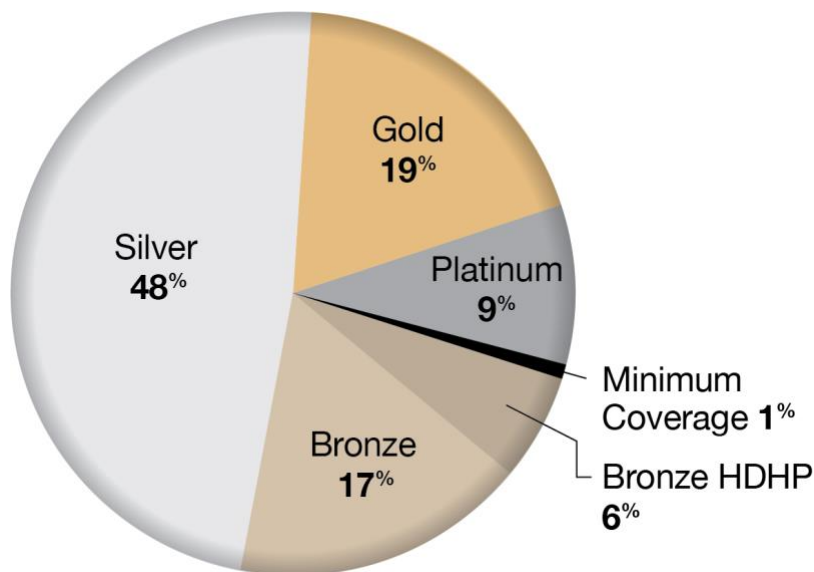
Pricing Region 5

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.2%	<1%
Blue Shield PPO	6.6% - 10.0%	7.6%	24%
Health Net EPO	13.8% - 14.0%	13.9%	1%
Kaiser Permanente HMO	3.4% - 13.5%	8.6%	75%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 6

Alameda County

Regional Rate Change (weighted average)	9.4%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	4.3%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	4.4%

Regional Observations

- 63,554 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of two insurance companies.
- 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.

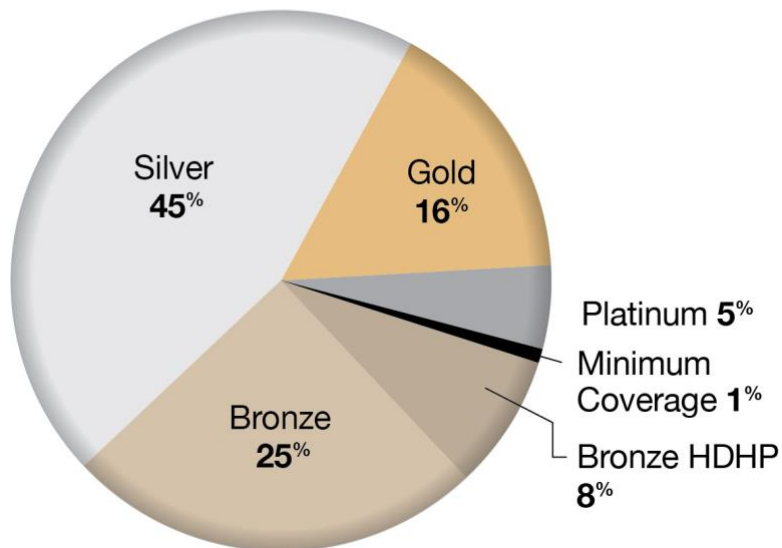
Pricing Region 6

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	3%
Blue Shield PPO	10.3% - 13.7%	11.5%	23%
Kaiser Permanente HMO	3.4% - 13.5%	8.9%	74%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 7

Santa Clara County

Regional Rate Change (weighted average)	6.3%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	1.9%
Lowest-price Bronze plan (unweighted average)	-1.0%
Lowest-price Silver plan (unweighted average)	-2.0%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-12.2%

Regional Observations

- 58,435 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- 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.

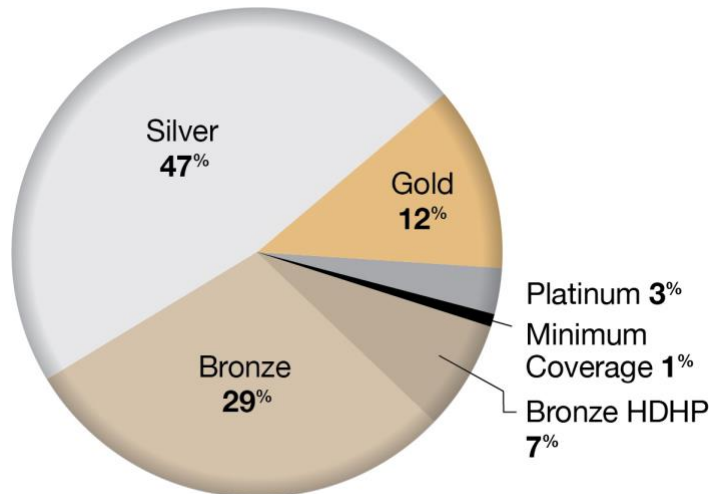
Pricing Region 7

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Anthem EPO	-18.8% - 9.9%	5.9%	19%
Blue Shield HMO	5.5% - 7.0%	6.3%	2%
Blue Shield PPO	9.9% - 13.3%	11.3%	8%
Kaiser Permanente HMO	3.4% - 13.5%	8.9%	50%
Valley Health Plan HMO	-2.0% - 5.0%	-1.2%	21%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 8

San Mateo County

Regional Rate Change (weighted average)	9.3%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	2.7%

Regional Observations

- 24,283 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of three insurance companies, and some will have as many as four.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

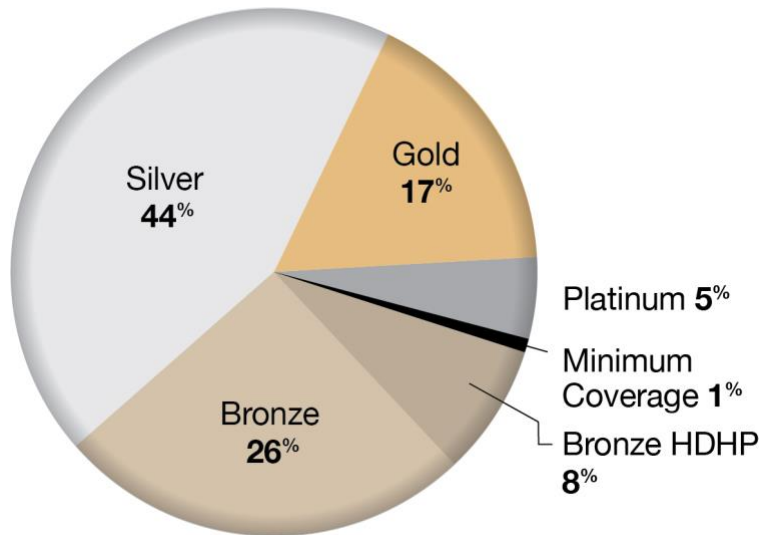
Pricing Region 8

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	1%
Blue Shield PPO	10.3% - 13.8%	11.6%	18%
CCHP HMO	5.8% - 11.2%	8.1%	7%
Health Net EPO	13.8% - 14.0%	13.9%	1%
Kaiser Permanente HMO	3.4% - 13.5%	8.8%	73%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 9

Monterey, San Benito and Santa Cruz Counties

Regional Rate Change (weighted average)	16.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	1.3%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.8%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	11.4%

Regional Observations

- 27,283 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs.

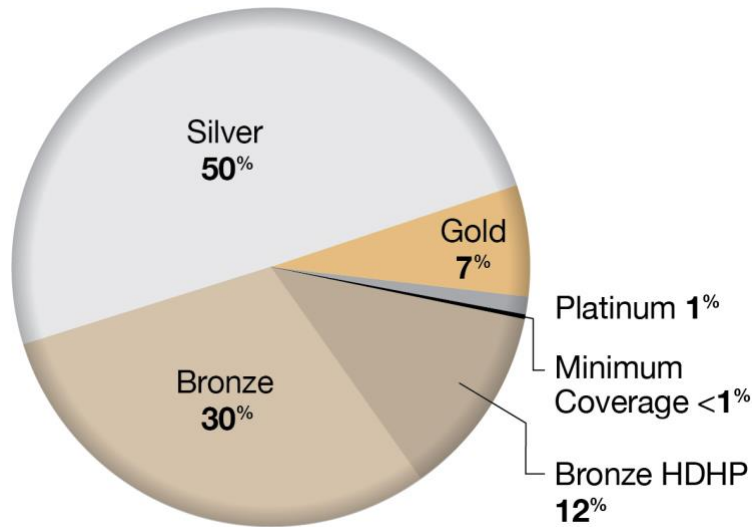
Pricing Region 9

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	9%
Blue Shield PPO	17.9% - 21.6%	19.6%	64%
Health Net EPO	13.8% - 14.0%	14.0%	2%
Kaiser HMO	3.4% - 13.5%	10.3%	24%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa and Tulare Counties

Regional Rate Change (weighted average)	6.8%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	3.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	0.5%

Regional Observations

- 68,817 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 95 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2019.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as four.
- 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.

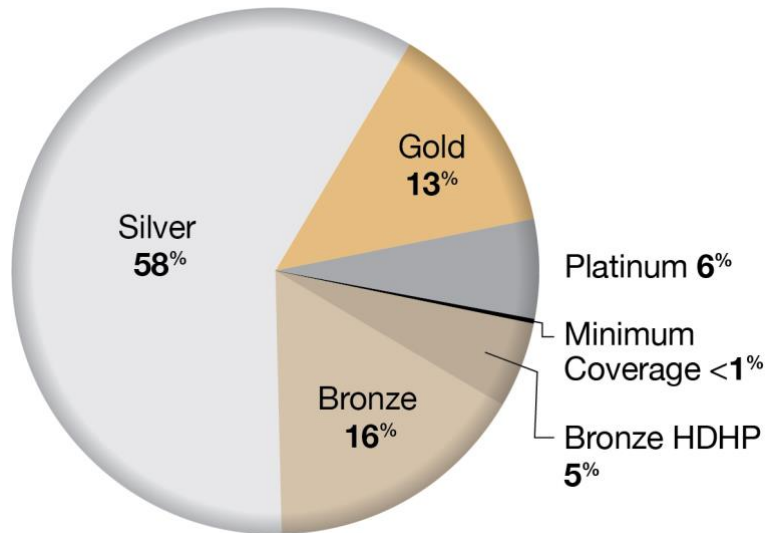
Pricing Region 10

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Anthem EPO	-18.8% - 9.9%	4.5%	48%
Blue Shield HMO	5.5% - 7.0%	6.3%	<1%
Blue Shield PPO	9.9% - 13.4%	11.1%	9%
Health Net EPO	13.8% - 14.0%	14.0%	<1%
Kaiser Permanente HMO	3.4% - 13.5%	8.4%	43%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 11

Fresno, Kings and Madera Counties

Regional Rate Change (weighted average)	3.2%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	-0.3%
Lowest-price Bronze plan (unweighted average)	5.9%
Lowest-price Silver plan (unweighted average)	-0.2%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	0.4%

Regional Observations

- 32,674 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 94 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have two.
- 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.

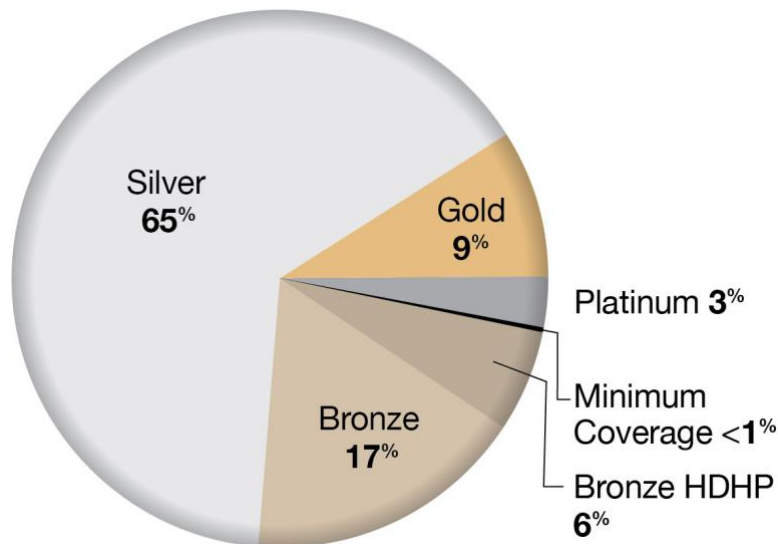
Pricing Region 11

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield PPO	-0.7% - 2.4%	0.1%	64%
Kaiser Permanente HMO	3.4% - 13.5%	8.7%	36%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 12

San Luis Obispo, Santa Barbara and Ventura Counties

Regional Rate Change (weighted average)	8.7%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	4.8%
Lowest-price Bronze plan (unweighted average)	13.5%
Lowest-price Silver plan (unweighted average)	11.6%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	1.4%

Regional Observations

- 65,829 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have two.
- 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.

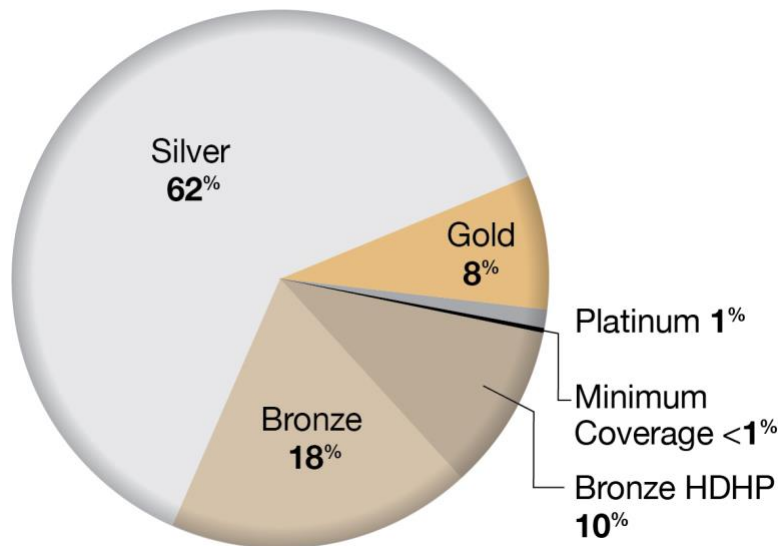
Pricing Region 12

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	10.8% - 12.3%	11.5%	19%
Blue Shield PPO	6.4% - 9.7%	7.7%	66%
Kaiser Permanente HMO	3.4% - 13.5%	9.6%	15%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 13

Mono, Inyo and Imperial Counties

Regional Rate Change (weighted average)	-0.5%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	0.0%
Lowest-price Bronze plan (unweighted average)	5.0%
Lowest-price Silver plan (unweighted average)	-5.5%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-3.5%

Regional Observations

- 13,329 individuals renewed their coverage or signed up for coverage during the fifth open-enrollment period.
- 97 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- 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.

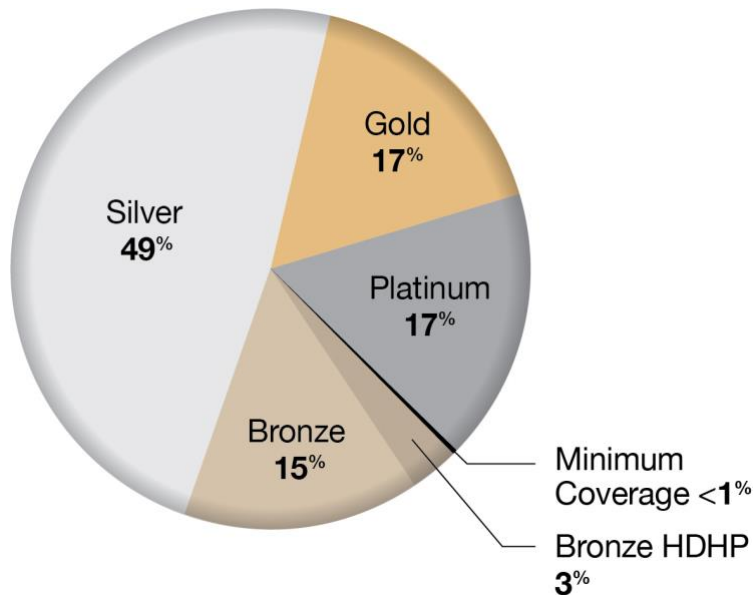
Pricing Region 13

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield PPO	4.8% - 18.1%	6.2%	21%
Kaiser Permanente HMO	3.4% - 13.5%	9.8%	<1%
Molina Healthcare HMO (Coinsurance)	-7.6% - 5.0%	-2.4%	78%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 14

Kern County

Regional Rate Change (weighted average)	8.3%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	-1.0%
Lowest-price Bronze plan (unweighted average)	12.5%
Lowest-price Silver plan (unweighted average)	11.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	6.9%

Regional Observations

- 17,715 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as three.
- 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.

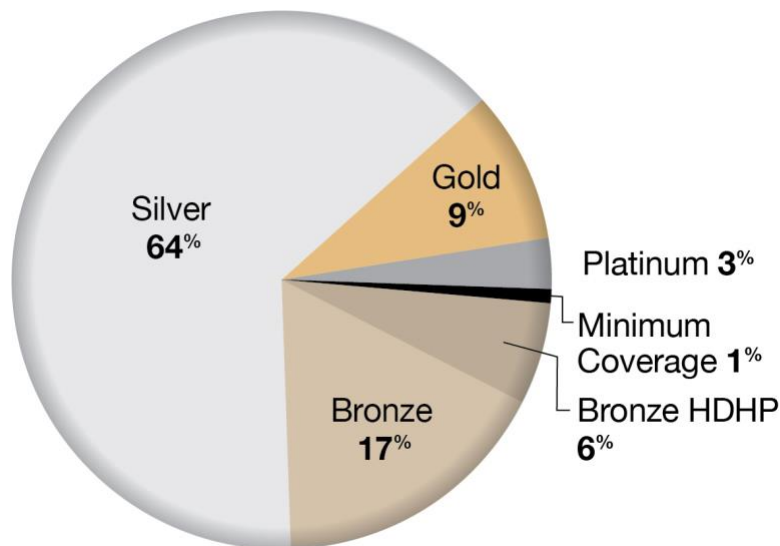
Pricing Region 14

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.2%	<1%
Blue Shield PPO	5.0% - 8.3%	6.0%	52%
Health Net HMO	8.9% - 14.3%	12.9%	19%
Kaiser Permanente HMO	3.4% - 13.5%	9.6%	29%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 15

Los Angeles County (northeast)

Regional Rate Change (weighted average)	10.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	18.4%
Lowest-price Bronze plan (unweighted average)	15.6%
Lowest-price Silver plan (unweighted average)	6.5%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-1.1%

Regional Observations

- 173,381 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of two insurance companies, and some will have as many as six.
- Health Net Life PPO is now offering a new HDHP product in this region.
- 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.

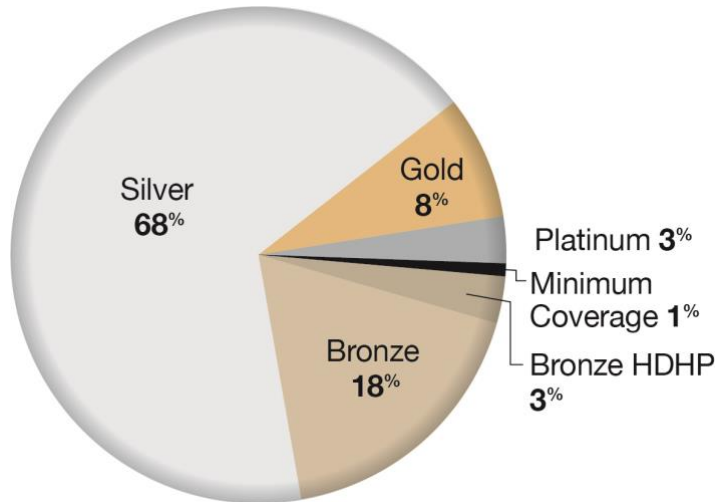
Pricing Region 15

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	6%
Blue Shield PPO	5.8% - 18.1%	15.5%	32%
Health Net HMO	3.5% - 8.9%	3.8%	19%
Health Net PPO	4.8% - 17.4%	15.3%	8%
Kaiser Permanente HMO	3.4% - 13.5%	9.5%	16%
L.A. Care HMO	4.1% - 7.1%	6.7%	17%
Molina Healthcare HMO (Coinsurance)	-5.8% - 7.0%	4.4%	2%
Oscar EPO	-19.1% - 14.8%	4.2%	<1%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 16

Los Angeles County (southwest)

Regional Rate Change (weighted average)	8.6%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	-4.3%
Lowest-price Bronze plan (unweighted average)	6.3%
Lowest-price Silver plan (unweighted average)	6.8%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-5.2%

Regional Observations

- 213,126 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of five insurance companies, and some will have as many as six.
- Health Net Life PPO is now offering a new HDHP product in this region.
- 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.

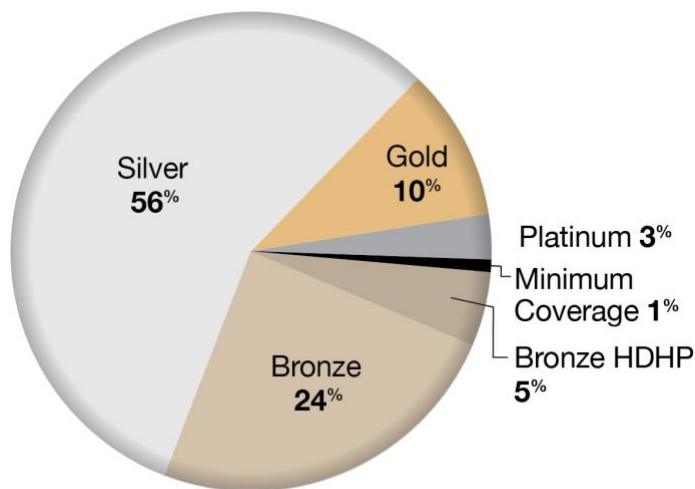
Pricing Region 16

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	1%
Blue Shield PPO	5.3% - 8.6%	6.3%	20%
Health Net HMO	8.9% - 14.4%	13.1%	17%
Health Net PPO	6.5% - 19.4%	14.5%	3%
Kaiser Permanente HMO	3.4% - 13.5%	9.7%	25%
L.A. Care HMO (Coinsurance)	4.1% - 7.1%	6.7%	20%
Molina Healthcare HMO (Coinsurance)	-3.9% - 9.1%	6.2%	7%
Oscar EPO	-19.1% - 14.8%	5.2%	6%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 17

San Bernardino and Riverside Counties

Regional Rate Change (weighted average)	9.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	17.3%
Lowest-price Bronze plan (unweighted average)	14.0%
Lowest-price Silver plan (unweighted average)	6.3%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	0.7%

Regional Observations

- 123,025 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have at least one insurance company available to them, and some will have as many as four.
- Health Net Life PPO is now offering a new HDHP product in this region.
- 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.

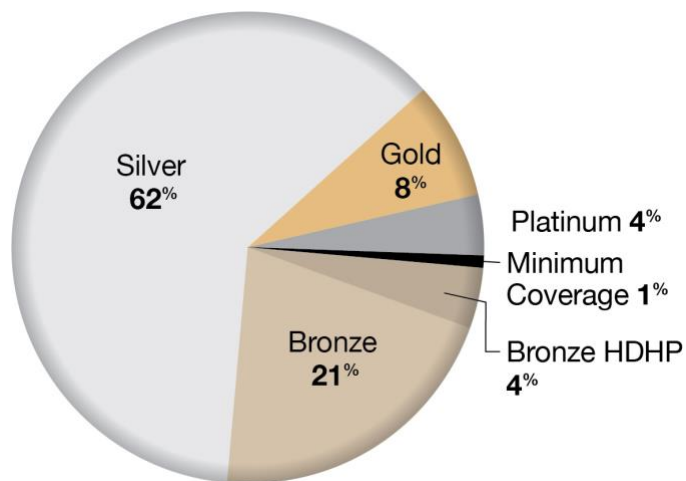
Pricing Region 17

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	14%
Blue Shield PPO	12.5% - 16.0%	13.6%	22%
Health Net HMO	7.0% - 8.9%	7.3%	22%
Health Net PPO	2.2% - 14.6%	11.7%	8%
Kaiser Permanente HMO	3.4% - 13.5%	9.5%	24%
Molina Healthcare HMO (Coinsurance)	-5.8% - 7.0%	2.4%	10%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 18

Orange County

Regional Rate Change (weighted average)	9.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	21.3%
Lowest-price Bronze plan (unweighted average)	6.3%
Lowest-price Silver plan (unweighted average)	9.4%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-2.2%

Regional Observations

- 133,166 individuals renewed their coverage or signed up for coverage during the fifth 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 2019.
- All consumers in this region will have a choice of five insurance companies.
- Health Net Life PPO is now offering a new HDHP product in this region.
- 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.

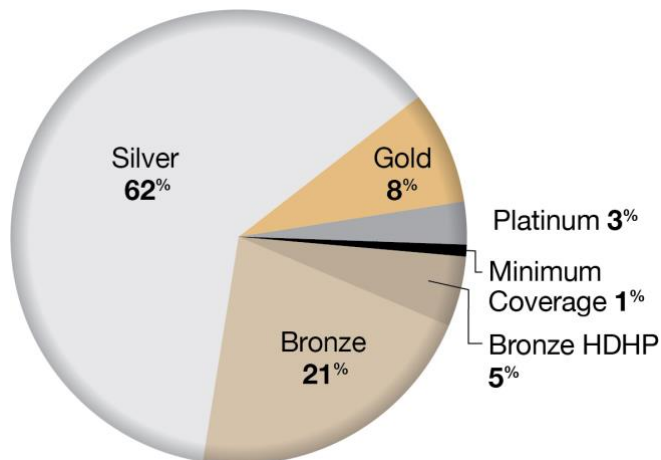
Pricing Region 18

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	4%
Blue Shield PPO	8.6% - 12.0%	9.6%	34%
Health Net HMO	8.9% - 10.6%	9.4%	28%
Health Net PPO	0.3% - 12.5%	10.8%	3%
Kaiser Permanente HMO	3.4% - 13.5%	9.7%	18%
Molina Healthcare HMO (Coinsurance)	-1.4% - 12.0%	7.6%	5%
Oscar EPO	-19.1% - 14.8%	4.8%	8%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.

Pricing Region 19

San Diego County

Regional Rate Change (weighted average)	9.0%
Statewide Rate Change (weighted average)	8.7%
Net Rate Change (weighted median net percent increase)	15.4%
Lowest-price Bronze plan (unweighted average)	4.4%
Lowest-price Silver plan (unweighted average)	-0.1%
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-3.8%

Regional Observations

- 116,149 individuals renewed their coverage or signed up for coverage during the fifth 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 remain the same in 2019.
- All consumers in this region will have a choice of four insurance companies, and some will have as many as five.
- Health Net Life PPO is now offering a new HDHP product in this region.
- 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.

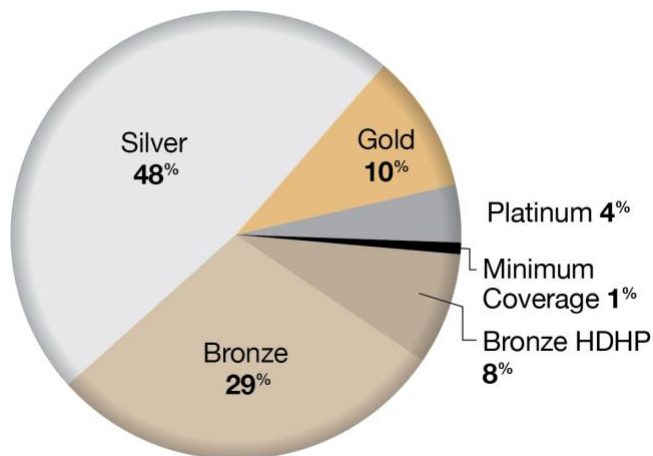
Pricing Region 19

Rate Change for Consumers Who Stay With Their Current Plan

The “Range of 2019 Rate Changes” reflects the range of 2018-2019 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 2019 Rate Changes	Average Rate Change	Percent of Enrollment in 2018
Blue Shield HMO	5.5% - 7.0%	6.3%	6%
Blue Shield PPO	6.4% - 9.7%	7.4%	14%
Health Net HMO	0.6% - 8.9%	1.0%	20%
Health Net PPO	7.0% - 19.9%	17.1%	2%
Kaiser Permanente HMO	3.4% - 13.5%	9.6%	25%
Molina Healthcare HMO (Coinsurance)	-8.5% - 3.9%	-0.3%	9%
Sharp Health Plan HMO Network 1 (Copay)	-4.7% - 32.1%	12.3%	9%
Sharp Health Plan HMO Network 2 (Coinsurance)	-4.3% - 31.4%	24.4%	14%

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)



Enrollment represents effectuated individuals as of April 2018.