ANNOUNCEMENT OF CLOSED SESSION ACTIONS
OVERVIEW

Executive Director’s Report

• Advertising and Marketing Update
• Public Relations Update
• Special Enrollment Update
• Covered California for Small Business Update
• Board Calendar
• Telling California’s Story – Delivering on the Promise

Covered California Policy and Action Items

• SFY 2015-16 Covered California Budget
ADVERTISING & MARKETING CONTRACTOR UPDATE
MARKETING CONTRACTOR SELECTION

• Campbell Ewald
  o Full service, multicultural marketing communications agency with partners providing capabilities in advertising; insights and strategic planning; integrated content strategy and development; understanding of targeted ethnic groups; digital; social; direct mail/email (CRM); and, media planning and buying.
  o Ethnic Subcontractors: Casanova Pendrill (Hispanic/Latino), LAGRANT Communications (African American), Intertrend (Asian)
  o Part of Interpublic Group
  o Other clients: Kaiser Permanente, LifeLock, OnStar, UNICEF, and USAA
  o Efficient, low cost structure
CONTRACT DETAILS

• Initial three-year period (June 1, 2015 – May 31, 2018)

• Two optional one-year extensions (through May 2020)

• Not to exceed $52.2 million per year (of which approximately 80% is for media buys)
COMMUNICATIONS AND PUBLIC RELATIONS
CONTRACTOR UPDATE
COMMUNICATIONS AND PUBLIC RELATIONS
CONTRACTOR SELECTION

• Ogilvy Public Relations
  o Ogilvy Public Relations has been the public relations contractor of record for Covered California since 2012. Since then, the company has helped launch the identity of Covered California through brand awareness; media relations support; special projects and events; and long-term, strategic planning.
  o Ogilvy's proposal was developed by a team with in-house and subcontractor expertise in reaching Latino, Asian and Pacific Islander, and African-American communities. Subcontractors to Ogilvy will include T&T Public Relations, specializing in working in the African-American community; and Imprenta Communications Group, which specializes in Asian-language media.
CONTRACT DETAILS

• Initial three-year contract period
• Two optional one-year extensions
• Not to exceed $2 million per year
SPECIAL ENROLLMENT UPDATE
COVERED CALIFORNIA 2015 SPECIAL ENROLLMENT UPDATE

- **129,800**: Number of special enrollments from February 23 through June 8, 2015
- More than 25% *above* the 25,000 per month forecast for special enrollment.

<table>
<thead>
<tr>
<th>SEP Reason</th>
<th>Individuals Who Selected a Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Recognized American Indian/Alaskan Native</td>
<td>1,216</td>
</tr>
<tr>
<td>Detected change in eligibility for APTC/CSR</td>
<td>593</td>
</tr>
<tr>
<td>Gained citizenship/lawful presence</td>
<td>675</td>
</tr>
<tr>
<td>Got married or entered into domestic partnership</td>
<td>539</td>
</tr>
<tr>
<td>Had a baby or adopted a child</td>
<td>682</td>
</tr>
<tr>
<td>Informed of Tax Penalty Risk (only available 2/22 - 4/31)</td>
<td>42,413</td>
</tr>
<tr>
<td>Lost or will soon lose my health insurance</td>
<td>53,303</td>
</tr>
<tr>
<td>Other qualifying life event</td>
<td>25,209</td>
</tr>
<tr>
<td>Permanently moved to/within California</td>
<td>4,334</td>
</tr>
<tr>
<td>Released from jail or prison</td>
<td>753</td>
</tr>
<tr>
<td>Returned from active duty military service</td>
<td>83</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>129,800</strong></td>
</tr>
</tbody>
</table>
COVERED CALIFORNIA FOR SMALL BUSINESS UPDATE
COVERED CALIFORNIA FOR SMALL BUSINESS

• Current Enrollment through April 2015
  o Groups: 2,607
  o Members: 17,308
  o Average Group Size: 6.6

• Agent Commissions
  o January – September 2014 commissions paid
  o October 2014 – December 2014 commissions processed and submitted to the State Controller’s Office
  o January – March commissions processed and submitted to the State Controller’s Office
  o April commissions are in process and expected to go to State Controller’s office by the end of June
2015 PROPOSED BOARD CALENDAR
2015 BOARD MEETING DATES / UPCOMING ADVISORY COMMITTEES

- Thursday, January 15, 2015
- No meeting in February
- Thursday, March 5, 2015
- Thursday, April 16, 2015
- Thursday, May 21, 2015
- Thursday, June 18, 2015
- No meeting in July
- Thursday, August 20, 2015
- Tentatively no meeting in September
- Thursday, October 22, 2015
- Thursday, November 19, 2015
- Tentatively no meeting in December

Marketing/Outreach Advisory
- Tuesday, July 14, 2015
- Tuesday, September 15, 2015
- Tuesday, December 15, 2015

Plan Management Advisory
- July’s Advisory Meeting Cancelled
- Thursday, August 13, 2015
- Thursday, September 10, 2015
- Thursday, October 15, 2015
- Tuesday, November 10, 2015
- Thursday, December 10, 2015

Small Business (SHOP) Advisory
- Thursday, July 30, 2015
TELLING CALIFORNIA’S STORY: DELIVERING ON THE PROMISE
Covered California’s Promise is Delivering on the Triple Aim:

- Better Care
- Healthier People
- Lower Cost

How Covered California Makes the Promise Real

- Being an Active Purchaser
- Effectively Reaching Consumers
- Affordability
- Right Care at the Right Time
# Major Changes to the Health Care System because of the Affordable Care Act

## Before the Affordable Care Act

<table>
<thead>
<tr>
<th>Before the Affordable Care Act</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Many consumers denied coverage by insurers because of pre-existing conditions.</td>
<td>• Guaranteed coverage for all — no screening or price differences due to health status.</td>
</tr>
<tr>
<td>• Many consumers with insurance bankrupted by gaps in coverage and annual or lifetime limits.</td>
<td>• Insurers are prohibited from setting lifetime limits on essential health benefits, such as hospital stays.</td>
</tr>
<tr>
<td>• Health insurance companies could cancel a plan if an individual omitted minor conditions by accident.</td>
<td>• Insurers are no longer allowed to re-examine a customer’s initial application to cancel, or “rescind,” their coverage due to unintentional mistakes or minor omissions.</td>
</tr>
<tr>
<td>• Insurers could remove young adults from their parents’ policies, leaving them uninsured.</td>
<td>• Dependent children up to age 26 must be offered coverage under a parent’s insurance plan.</td>
</tr>
<tr>
<td>• Children under 19 could be denied coverage because of a chronic condition.</td>
<td>• Insurers may not exclude children under the age of 19 from coverage due to a pre-existing medical condition.</td>
</tr>
<tr>
<td>• Medicaid only covered low-income children, pregnant women, elderly and disabled individuals, and some parents, but excluded other low-income adults.</td>
<td>• Medicaid covers all adults under 65 with income up to 133 percent of the federal poverty level.</td>
</tr>
</tbody>
</table>
Changing Health Care in California

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.

From 2013 to 2015, the number of uninsured Californians has been reduced by almost half.¹

As of March 2015, Covered California has approximately 1.3 million members who have active health insurance. California has also enrolled nearly 3 million more into Medi-Cal of whom over 2 million are newly eligible.

All Californians now benefit from insurance policy changes.

Source: The bar chart data are from California Health Benefits Review Program, Estimates of Sources of Health Insurance in California for 2013 and 2015. Other data are from Covered California as of May. Notes: The Medi-Cal category in the bar chart does not include the Healthy Families program or those simultaneously eligible for Medicare and Medi-Cal. Medicare recipients and other publicly funded insured are not included in the graph.

Covered California is Operating At Scale and Having Big Impacts

It is now one of the largest purchasers of health insurance in California and the nation.

1.3 MILLION
consumers have active health insurance as of March 2015
Covered California is now the second largest purchaser of health insurance in the state for those under 65.

$6.5 BILLION
estimate of funds collected from premiums in 2015
Covered California’s size gives it the clout to shape the health insurance market.

1.8 MILLION
consumers served since Covered California began offering coverage
More than 500,000 Californians have benefitted from coverage through Covered California. Most of them now have either employer-based coverage or Medi-Cal.
Covered California’s Strong Balance Sheet and Financial Management Assures Long-Term Viability

With unrestricted reserves of more than $200 million in 2015 and the ability to adjust plan fees as appropriate, Covered California has a business model that guarantees ongoing support.
Covered California is Enrolling All Communities Across Our State

Enrollment data proves that our efforts to reach California’s diverse population is working.

Second Open Enrollment Nov. 1, 2014 - Feb. 15, 2015

- White 34%
- Latino 37%
- Asian 18%
- Native Hawaiian and other Pacific Islander < 1%
- Black/African-American 4%
- American Indian and Alaska Native < 1%
- Other 3%
- Mixed Race 3%

Estimated subsidy-eligible population of the state developed by the University of California’s statistical model:

- 38% Latino
- 34% White
- 21% Asian/Pacific Islander
- 5% African-American

An independent study conducted by the Kaiser Family Foundation confirmed that:
- Covered California enrollees are more racially diverse than the group of Californians with private coverage. 60 percent identify as a race/ethnicity other than white. Latinos make up 37 percent of the total.

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1 CalSiM version 1.91 Statewide Data Book 2015-2019

Comparing Covered California Subsidy-Eligible Enrollment to Other States

Subsidy-Eligible Plan Selections as a Percent of Total Potential Subsidy-Eligible for All States

Using Kaiser Family Foundation data, by the end of the second open enrollment period Covered California enrolled 68 percent of subsidy-eligible individuals, which is among the top 10 states and 11 percentage points higher than the national average.

---

Independent Study Shows Improvement in Health Care Access for Covered California Enrollees

A Kaiser Family Foundation study from May 2015 shows the following trends:

- **91 percent** of Covered California enrollees reported it was “very” or “somewhat easy” to travel to their usual source of care, which matches the Other Private markets (Figure 19).

- **59 percent** of Covered California enrollees had a check-up or preventive care visit by the Fall of 2014, which is **nearly twice the rate** for preventive visits amongst the uninsured (Figure 20). This is not significantly statistically different from other private market, and if extrapolated over time, this means more than **800,000 preventive visits** have been provided through Covered California since Jan. 2014.

---

**Figure 19**: Ease of Travel to Usual Source of Care Among Nonelderly Adults in California, by Insurance Coverage and Type in Fall 2014

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Uninsured</th>
<th>Newly Insured</th>
<th>Previously Insured</th>
<th>Medi-Cal</th>
<th>Covered California</th>
<th>Other Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source reporting</td>
<td>82%</td>
<td>85%</td>
<td>89%*</td>
<td>82%</td>
<td>83%*</td>
<td>91%*</td>
</tr>
</tbody>
</table>

**Figure 20**: Use of Medical Services Among Nonelderly Adults in California, by Insurance Coverage and Type in Fall 2014

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Uninsured</th>
<th>Newly Insured</th>
<th>Previously Insured</th>
<th>Medi-Cal</th>
<th>Covered California</th>
<th>Other Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use any medical services</td>
<td>45%</td>
<td>58%*</td>
<td>47%*</td>
<td>56%*</td>
<td>58%*</td>
<td>59%*</td>
</tr>
<tr>
<td>Not had check-up or preventive care visit</td>
<td>45%</td>
<td>31%</td>
<td>47%*</td>
<td>56%*</td>
<td>58%*</td>
<td>65%*</td>
</tr>
</tbody>
</table>

## Covered California 2015 Standard Benefit Designs

In California, standard benefits allow apples-to-apples plan comparisons and seek to encourage utilization of the right care at the right time with many services that are not subject to a deductible.

*Benefits below shown in blue are not subject to any deductible.*

<table>
<thead>
<tr>
<th>Coverage Category</th>
<th>Minimum Coverage</th>
<th>Bronze</th>
<th>Enhanced Silver 94</th>
<th>Enhanced Silver 87</th>
<th>Enhanced Silver 73</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of cost coverage changes</td>
<td>Covers 0% until out-of-pocket maximum is met</td>
<td>Covers 60% average annual cost</td>
<td>Covers 94% average annual cost</td>
<td>Covers 87% average annual cost</td>
<td>Covers 73% average annual cost</td>
<td>Covers 70% average annual cost</td>
<td>Covers 80% average annual cost</td>
<td>Covers 90% average annual cost</td>
</tr>
<tr>
<td>Cost-sharing Reduction Single Income Range</td>
<td>N/A</td>
<td>N/A</td>
<td>up to $17,335 (100% to ≤150% FPL)</td>
<td>$17,336 to $22,980 (150% to &lt;200% FPL)</td>
<td>$22,981 to $28,725 (200% to &lt;250% FPL)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Wellness Exam</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary Care Vist</td>
<td>after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met</td>
<td>$60 for first 3 non-preventive visits</td>
<td>$3</td>
<td>$15</td>
<td>$40</td>
<td>$45</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$70 after deductible is met</td>
<td>$5</td>
<td>$20</td>
<td>$50</td>
<td>$65</td>
<td>$50</td>
<td>$40</td>
<td>$20</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>30% after deductible is met</td>
<td>$3</td>
<td>$15</td>
<td>$40</td>
<td>$45</td>
<td>$30</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>X-Rays and Diagnostics</td>
<td>30% after deductible is met</td>
<td>$5</td>
<td>$20</td>
<td>$50</td>
<td>$65</td>
<td>$50</td>
<td>$40</td>
<td>$20</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$15 or less after deductible is met</td>
<td>$3</td>
<td>$5</td>
<td>$15 or less</td>
<td>$15 or less</td>
<td>$15 or less</td>
<td>$5 or less</td>
<td>$5 or less</td>
</tr>
<tr>
<td>Preferred Drugs</td>
<td>$50 after deductible is met</td>
<td>$5</td>
<td>$15</td>
<td>$35</td>
<td>$50</td>
<td>$50</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$300 after deductible is met</td>
<td>$25</td>
<td>$75</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Imaging</td>
<td>30% after deductible is met</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Deductible</td>
<td>$5,000</td>
<td>$0</td>
<td>$500 medical brand drugs</td>
<td>$1,600 medical brand drugs</td>
<td>$2,000 medical brand drugs</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum Individual and Family</td>
<td>$6,600 individual only</td>
<td>$6,250 individual</td>
<td>$4,500 family</td>
<td>$6,250 individual</td>
<td>$4,500 family</td>
<td>$6,250 individual</td>
<td>$12,500 family</td>
<td>$6,250 individual</td>
</tr>
<tr>
<td></td>
<td>$12,500 family</td>
<td>$4,500 family</td>
<td>$12,500 family</td>
<td>$12,500 family</td>
<td>$12,500 family</td>
<td>$8,000 family</td>
<td>$8,000 family</td>
<td>$8,000 family</td>
</tr>
</tbody>
</table>
More Than 69 Percent of Covered California Subsidy-Eligible Enrollees Selected a Silver Plan

58 percent of these enrollees qualified for an Enhanced Silver plan, which means lower out-of-pocket costs when accessing services.

A few notes on monthly premium costs:

- 77 percent pay less than $150 per individual.
- More than 120,000 enrollees pay less than $10 per individual.
- 25 percent of enrollees in an Enhanced Silver plan pay less than $25 per individual, while more than half pay less than $50. In addition, these individuals pay only $13 for doctor visits.

Covered California’s Standard Benefit Design:

- Bronze — three office visits and lab work, not subject to deductible.
- Silver, Gold, Platinum — no deductibles on any outpatient services.
Covered California Standard Benefit Design: A Tale of Three Cities

By offering fewer, but standardized products, Covered California offers **better** options, creating more value for consumers.

<table>
<thead>
<tr>
<th>The number of health insurance products available at the Silver tier:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Los Angeles</strong></td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>Silver products available</td>
</tr>
</tbody>
</table>
Covered California Standard Benefit Design: A Tale of Three Cities

Products offered in states not actively purchasing results in confusing product options that could easily lead consumers to make poor choices, either by picking a product that’s too expensive or has the wrong benefit package.

**Los Angeles – 7 Silver products available**
- **Premium:** $457 - $649
- **Benefits not subject to deductible** – see standard benefit design
- **Deductible**
  - **Brand drug deductible**
  - **High cost and infrequent services**
- **Maximum out-of-pocket** $12,500

**Denver – 35 Silver products available**
- **Premium:** $620 - $1,362
- **Benefits** — For some plans, regular outpatient care is subject to deductible
- **Deductible**
  - Combined medical & drug ranges between: $0 to $10,000
  - Additional details vary widely by plan
- **Maximum Out-of-Pocket**
  - Ranges from $7,300 to $13,200

**Miami – 35 Silver products available**
- **Premium:** $539 - $1,267
- **Benefits** — For some plans, regular outpatient care is subject to deductible
- **Deductible**
  - Combined medical & drug ranges between: $0 to $11,500
  - Additional details vary widely by plan
- **Maximum Out-of-Pocket**
  - Ranges from $7,000 to $13,200

Covered California compared plans in three different states for a family of four with 35 year-old adults who earn $70,000 per year seeking a Silver plan.
Covered California is Building the Platform To Improve the Delivery of Care

For Covered California, being an “active purchaser” is about far more than just selecting plans and negotiating for the best possible rates. The negotiations and contract requirements are specifically designed to promote the triple aim at the delivery of care: better quality, promoting health and wellness and lowering costs.

Covered California recognizes that promoting better care delivery and reducing disparities requires coordinated action across large public and private purchasers and the plans they contract with.

The following link shows the contract terms all Covered California plans must agree to. Specifically, Attachment 7 addresses quality, network management and delivery system standards: http://hbex.coveredca.com/solicitations/QHP/library/QHPModelContractAttachments-Final.pdf.

Based on these, plans have requirements to:

- Participate in payment reform and quality collaboratives
- Develop programs that chart progress in reducing health disparities in meaningful and measurable ways.
- Have a process that determines, monitors and records the health status of consumers over the age of 18 and use the information to promote better health among consumers.
- Encourage consumers to use their insurance and seek health and wellness services.
- Help consumers select a primary care physician, find a federally-qualified clinic or team-based center (medical home) to coordinate all health and wellness needs.
- Actively help consumers with chronic conditions manage their illness through providers specializing in coordinated care. Conditions could include hypertension, diabetes, asthma and heart disease.
- Provide and update information showing total costs and out-of-pocket costs for the most-used services and highest-cost services.

Covered California is assessing health plans efforts in these areas and will be “raising the bar” in coming years.
APPENDIX
SERVICE CHANNEL UPDATE
SALES ENROLLMENT SUPPORT: KEY METRICS

Data as of June 11, 2015

- **13,414 Certified Insurance Agents**
  - 17% Spanish;
  - 9% Mandarin;
  - 8% Cantonese;
  - 4% Vietnamese;
  - 5% Korean

- **5,148 Certified Enrollment Counselors**
  - 59% Spanish;
  - 3% Mandarin;
  - 3% Cantonese;
  - 2% Vietnamese;
  - 1% Korean
## ENROLLMENT SUPPORT: COMPENSATION

### Total CEE Payments through June 16, 2015

<table>
<thead>
<tr>
<th># Certified Enrollment Entities Paid</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered CA Plans</td>
<td>$3,216,661</td>
</tr>
<tr>
<td>Medi-Cal Payments</td>
<td>$7,100,000</td>
</tr>
<tr>
<td><strong>Total Payments made to CEEs</strong></td>
<td><strong>$10,316,661</strong></td>
</tr>
</tbody>
</table>

### Total Agent Commissions Paid through June 16, 2015

<table>
<thead>
<tr>
<th># Certified Insurance Agents Paid</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal Payments</td>
<td>$5,906,471</td>
</tr>
<tr>
<td><strong>Total Medi-Cal Commissions paid to CIAs</strong></td>
<td><strong>$5,906,471</strong></td>
</tr>
</tbody>
</table>
APPENDIX
24 MONTH COVEREDCA.COM ROADMAP
24 MONTH COVEREDCA.COM ROADMAP

• Next release of changes scheduled for July 27 and will include:
  o Long Term Negative Action- Will allow system to execute and communicate denials and discontinuances for Medi-Cal consumers, including mixed households
  o Additional work to further reduce the number of duplicate or repetitive notices (NOD01&NOD02) sent to the Consumers

• Both Covered California and the Department of Health Care Services continues to manage the 24 Month Roadmap in collaboration with CalHEERS Project, County Welfare Directors Association and Statewide Automated Welfare Systems.
APPENDIX
SERVICE CENTER UPDATE
SERVICE CENTER UPDATE

Improving Customer Service
- Covered CA Command Center / Workforce management team attended 5 day WorkForce Management Boot Camp training delivered by International Call Management Institute.
- Implemented enhancements to our Customer Relationship Management (CRM) application to improve escalations and appeals reporting
- Service Center Representative (SCR) workgroup continuing to develop SCR refresher training with Covered California University (CCU) – target roll-out 7/15
- Conducted 2 week training for supervisors in both Rancho and Fresno service centers.

Enhancing Technology Solutions
- Joint Application Design (JAD) Sessions began for the following Interactive Voice Response (IVR) Enhancements:
  - Skill Based Routing
  - Update zip code tables for multiple counties
  - Cantonese language added to self-service functionality
  - Post Call Survey
**SERVICE CENTER PERFORMANCE UPDATE**

### May 2015 Call Statistics

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Calls Offered</th>
<th>Calls Handled</th>
<th>Calls Abandoned</th>
<th>Abandonment Rate</th>
<th>ASA</th>
<th>AHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>168,085</td>
<td>163,772</td>
<td>4021</td>
<td>2.3 %</td>
<td>00:11</td>
<td>14:01</td>
</tr>
</tbody>
</table>

Does not include outbound, SHOP, or internal consults

### Top Consumer Inquiries

1. 1095 documentation
2. Billing/Payment inquiries
3. General inquiries for Covered California

*Performance metrics are measured monthly.*
MAY INDICATORS

• May’s contact volume was 168,085 calls, a 32% decrease from April

• Service Level increased slightly in May to 93.62% from April’s level of 91.4%

• Average Speed of Answer was reduced from April’s 13 seconds to May’s 11 seconds

• Average Handle Time decreased from 14:28 in April to 14:01 in May
May Weekly Quick Sort Transfers to County/Consortia

<table>
<thead>
<tr>
<th>Week 1*</th>
<th>Week 2</th>
<th>Week 3*</th>
<th>Week 4</th>
<th>Week 5*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>207</td>
<td>825</td>
<td>886</td>
<td>902</td>
<td>780</td>
<td>3600</td>
</tr>
</tbody>
</table>

* Partial Week

<table>
<thead>
<tr>
<th></th>
<th>Calls Offered</th>
<th>Service Level</th>
<th>Calls Abandoned</th>
<th>ASA</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-IV</td>
<td>740</td>
<td>93.3%</td>
<td>0</td>
<td>00:03</td>
</tr>
<tr>
<td>CalWIN</td>
<td>1,634</td>
<td>98.6%</td>
<td>19</td>
<td>00:18</td>
</tr>
<tr>
<td>Leader</td>
<td>1,226</td>
<td>92%</td>
<td>3</td>
<td>00:06</td>
</tr>
</tbody>
</table>

Performance metrics are measured monthly. Voice queues normal days of operation for consumers are Monday through Saturday.