



## Media Clips

### COVERED CALIFORNIA BOARD CLIPS May 21, 2015 – June 12, 2015

Since the May 21st Board Meeting, the high visibility media issues included: SB 137 regarding accurate provider directories; AB 1102 regarding pregnancy as a qualifying factor for health coverage; prescription drug cost caps; a study measuring Obamacare enrollee satisfaction; and general coverage and opinions on Covered California and the Affordable Care Act.

Since the May 21st Board Meeting, the term "Covered California" was mentioned 13,100 times in a Google search and the phrase "California Health Benefit Exchange" was noted 176 times. The following clips represent a cross section of media outlets and coverage.

### COVERED CALIFORNIA PRESS RELEASES

#### [Covered California Highlights Rigorous Independent Study That Shows Dramatic Improvements In Health Care Access](#)

Covered California

May 28, 2015.....

#### [Numbers That Matter: Covered Lives and Care Made Truly Affordable](#)

Peter V. Lee

May 27, 2015.....

#### [Covered California Board Protects Consumers Against Skyrocketing Specialty Drug Costs To Ensure Access To Vital Medications](#)

Covered California

May 21, 2015.....

#### [Covered California Has Served 1.8 Million Consumers Since It Began Offering Coverage In 2014](#)

Covered California

May 21, 2015.....

[Covered California Announces Appointment of Dr. Lance Lang as Chief Medical Officer](#)

Covered California

May 21, 2015.....

**HIGHLIGHTS**

[Senate clears bill to require accurate doctor listings from health plans](#)

Sacramento Business Journal

By: Kathy Robertson

June 4, 2015.....

[Bill would let California pregnant women buy health insurance](#)

KPBS-Radio

By: Kenny Goldberg

June 8, 2015.....

[Covered California's prescription drug price cap may open doors for thousands](#)

Los Angeles Daily Breeze

By: Susan Abram

May 24, 2015.....

**PRINT**

[Obamacare 'sticker shock'? Still hasn't happened.](#)

Los Angeles Times

By: Michael Hiltzik

June 12, 2015.....

[California official: Supreme Court risks 'horrible moral precedent' on Obamacare](#)

Los Angeles Times

By: Chad Terhune

June 11, 2015.....

[Here's another way Obamacare is changing U.S. healthcare for the better](#)  
Los Angeles Times  
By: Michael Hiltzik  
June 10, 2015.....

[California considers health coverage for immigrant kids](#)  
The Sacramento Bee  
By: Judy Lin  
June 2, 2015.....

[Why we need stronger coverage of Covered California](#)  
Columbian Journalism Review  
By: Trudy Lieberman  
May 29, 2015.....

[44% of Covered California customers report difficulty paying premiums](#)  
Los Angeles Times  
By: Chad Terhune  
May 29, 2015.....

[Newly insured Californians wary of costs but embracing coverage](#)  
Kaiser Health News  
By: Anna Gorman  
May 29, 2015.....

[Why you can't blame Obamacare for the crisis in 'underinsurance'](#)  
The Los Angeles Times  
By: Michael Hiltzik  
May 26, 2015.....

[Individual enrollment tops small-biz health coverage in California](#)  
Sacramento Business Journal  
By: Kathy Robertson  
May 21, 2015.....

[The best study done so far shows people with Obamacare plans like their plans](#)  
Vox  
By: Sarah Kliff  
May 21, 2015.....

**BROADCAST**

**[Happy 'health care birthday!' It's time to buy insurance](#)**

KPCC-Radio

By: Rebecca Plevin

June 10, 2015.....

**[Here's how to fight an erroneous health insurance bill](#)**

KQED-Radio

By: Emily Bazar

June 2, 2015.....

**[Covered California votes to cap what patients pay for pricey drugs](#)**

NPR-Radio

By: April Dembosky

May 22, 2015.....



# NEWS RELEASE

**FOR IMMEDIATE RELEASE**

May 28, 2015

**Media Line: (916) 206-7777**

## **COVERED CALIFORNIA HIGHLIGHTS RIGOROUS INDEPENDENT STUDY THAT SHOWS DRAMATIC IMPROVEMENTS IN HEALTH CARE ACCESS**

*Study Shows Covered California Customers Have the Access to  
Doctors They Need and Are Getting the Life-Changing Care They  
Deserve*

SACRAMENTO, Calif. — Today, the Henry J. Kaiser Family Foundation released a study titled “Coverage Expansions and the Remaining Uninsured: A Look at California During Year One of ACA Implementation.” This rigorous, independent survey underscores the success of Covered California’s outreach to communities of color and provides hard evidence that Covered California consumers are getting the care they need, when they need it.

“We are heartened by this independent study that validates that what we have been doing for two years is working,” said Covered California Executive Director Peter V. Lee. “To have a stand-alone, independent view that says our enrollees are getting the care they need allows us to move beyond the anecdotes and mythologies, which are often politically motivated, to focus on what’s next for the future of health care in California and across the country.”

This large-scale study included surveys of those insured by Covered California, Medi-Cal and the private market, as well as the uninsured. The survey went through the fall of 2014 and provides early indicators in areas that are critical to Covered California’s mission. The following are highlights from the study, which is online at <http://files.kff.org/attachment/report-coverage-expansions-and-the-remaining-uninsured-a-look-at-california-during-year-one-of-aca-implementation>, that will help inform the exchange’s work going forward.

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### **Enrollment Findings**

The findings affirm that Covered California outreach is reaching California's diverse population and an appropriate mix of ages.

- The newly insured were much more likely to be Latino than the previously insured (page 13 in the study); Latinos made up 37 percent of enrollees in Covered California, which mirrors the exchange's own estimates (Figure 7 in the study).
- The study shows that 50 percent of the newly insured are between the ages of 19 and 34, compared with 31 percent of the previously insured and 48 percent of the uninsured (Figure 5).

### **Access-to-Care Findings**

The findings show Covered California is dramatically improving health care access for many Californians and highlights some areas for improvement.

- 91 percent of Covered California enrollees reported it was "very" or "somewhat easy" to travel to their usual source of care, which matches the findings for what the study calls the "Other Private" market (Figure 19 in the study).
- 59 percent of Covered California enrollees had a checkup or preventive care visit by the fall of 2014, which is nearly twice the rate for preventive care visits among the uninsured (Figure 20). This is not significantly statistically different from the data for the "Other Private" category, and, if extrapolated out over time, this means more than 800,000 preventive care visits have been provided through Covered California plans since January 2014.
- While 69 percent of Covered California enrollees have a usual source of care, this is lower than the 81 percent in the "Other Private" category (Figure 13). This highlights the need to educate Covered California enrollees, many of whom are newly insured, about the importance of having a primary care physician.

### **Cost and Affordability Findings**

The findings validate the fact that health care costs are still a challenge for many Covered California consumers — as they are for many with private coverage through their employer. This reaffirms that the underlying reasons for health care being expensive in this country still need to be changed.

- 26 percent of Covered California enrollees faced costs that were higher than they expected, which compares with 29 percent in the "Other Private" category (Figure 32 in the study).
- 44 percent of Covered California enrollees reported it is "somewhat difficult" or "very difficult" to pay their premium, compared with 25 percent of those in the "Other Private" category (Figure 36).

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“As an active purchaser, one of the ways Covered California is working to keep costs down is by negotiating with health carriers for the very best rates possible,” Lee said. “The study also showed that 84 percent of Covered California enrollees did not face a problem paying their medical bills, which is again comparable to the private market [Figure 38].”

Covered California recently made improvements to its standard benefit design to help consumers get access to care without being subject to a deductible. The changes, which will go into effect for the 2016 coverage year, include adding a specialist visit that will not be subject to a deductible for those in the Bronze plan and removing the application of a deductible for other needed services, such as lab tests, rehabilitation and others. Covered California’s Silver plan will also be simplified by combining copay and coinsurance into a single product. Every doctor visit, lab test and prescription will not be subject to a deductible in this single product.

### **Consumer Literacy Findings**

The study shows more work is needed to educate consumers, especially those who are newly insured, about their health care policies and benefits.

- While a majority of Covered California consumers understand their benefits, 24 percent do not understand cost-sharing, compared with 14 percent of consumers with employer-based coverage (Figure 34 in the study). This highlights a continued need to educate consumers on how to navigate their health insurance.

Covered California Board Member Genoveva Islas participated in a briefing and panel discussion regarding the study.

“I was proud to take part in this discussion, to talk about how Covered California, Medi-Cal and the Affordable Care Act are changing lives in our state,” Islas said. “This is the best current data, with good demographics on actual coverage. This is an independent validation that Covered California is working.”

(more)

**About Covered California**

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

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# Peter's Blog

Peter V. Lee

EXECUTIVE DIRECTOR, COVERED CALIFORNIA



Over the past few years, much attention has been focused on some of Covered California “numbers” — the number enrolled, the amount spent on marketing, the number of enrollees who paid their premium, and premium rate increases, to name a few. These are important numbers that help explain the extent to which we are delivering on our promise.

Increasingly, though, we will be speaking about some new numbers as the primary indicators of our impact on the lives of Californians: covered lives and cost-sharing.

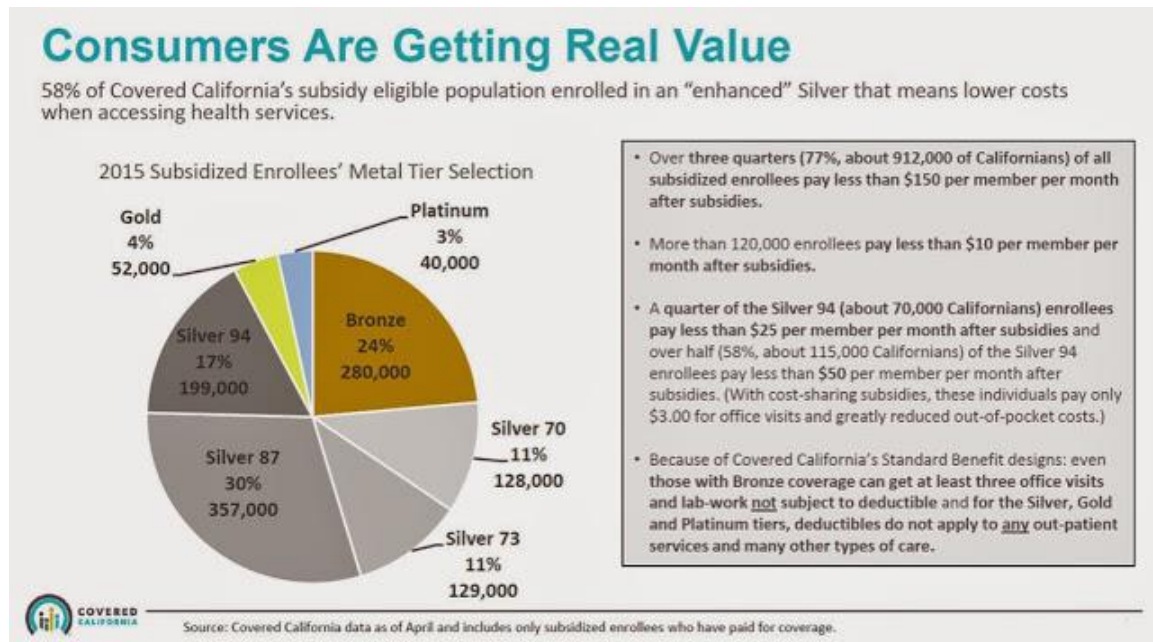
Covered lives means Californians who have selected a health plan through us, have paid their premium and have insurance coverage. As of March 2015, Covered California has more than 1.3 million active “covered lives” that are getting care throughout the state. Of them, 88 percent are receiving federal subsidies to lower their monthly premiums, and many also benefit from lower cost-sharing.

While this number is big — making Covered California one of the largest purchasers of health care in the state — it actually dramatically understates the number of Californians who have benefited from our coverage. Since Covered California opened its doors and began offering quality, affordable health care coverage, we have covered 1,864,014 lives. This means that since we started offering coverage in January 2014, more than 500,000 Californians beyond those covered today have benefited from coverage through Covered California.

This is exactly the kind of “turnover” Covered California planned for. More importantly, this represents a new reality for Californians. Today, because of the Affordable Care Act, Californians are protected by a safety net that didn’t exist before. Now, if they lose their job and their employer-based coverage, they still have access to quality health care at an affordable price. Covered California or the expanded Medi-Cal program will be there when Californians need us. This is further proof that the Affordable Care Act is working in California.

To see more about our enrollment numbers, how affordable coverage can be and how cost-sharing helps consumers save money, take a look at this graphic, which was included with last week's press release:

<http://news.coveredca.com/2015/05/covered-california-has-served-18.html>.



Other numbers that often do not make the headlines are the numbers that are built into the benefit designs of all the health insurance plans we offer. Our designs for deductibles and copayments are part of how we put health care within reach of hundreds of thousands of people who could not obtain or afford coverage in the past, and we're doing it in a way that is designed from the ground up to encourage consumers to get the right care at the right time.

When a consumer enrolls in one of our plans, they are covered by our standard benefit design. That's a fancy way of saying we standardized the insurance products we offer. We have limited out-of-pocket costs, to encourage consumers to see a doctor or get a test when it is necessary. This kind of benefit design makes it easier for consumers to get care when necessary, because it removes the financial roadblocks that could force them to ignore their health needs.

We are making changes for next year that build on our standard benefit designs. We know that when consumers face a deductible or high cost-sharing they may avoid getting needed care. When consumers can get minor problems treated

before they become major issues, which helps keep health care costs down, which is good for all Californians.

Some of the changes Covered California is making for 2016 include:

- For consumers who enroll in a Bronze plan — the most affordable standard plan — they will get three office visits a year, whether it's to a specialist or a primary care provider, without it being subject to a deductible. We will also remove the application of a deductible for other needed services, such as lab tests, rehabilitation and others.
- For consumers with a Silver plan — the most popular standard plan — we will be simplifying consumers' choices but reducing the number of services that are subject to "coinsurance" (which is often confusing to consumers). Already for the Silver, Gold and Platinum levels, every doctor visit, lab test and prescription is not subject to a deductible.
- As part of making sure high-cost drugs are available, Covered California is establishing "caps" on drug costs for consumers. This means that even the most expensive drugs will be available for those with expensive conditions. For more information on our specialty drug caps, see our press release here: <http://news.coveredca.com/2015/05/covered-california-board-protects.html>.

We know that even with these changes, insurance can be confusing. This is especially true for the many who have enrolled in Covered California who never before had insurance coverage. We have important work to do to educate consumers to be more "insurance literate."

We also know that "affordability" is relative. Many of those who are getting insurance, even with large subsidies, still struggle to make their monthly premium payments or to afford their out-of-pocket costs. Because of this, Covered California is doing research to better understand when costs are a barrier to care.

At Covered California, we know that numbers do matter, but we also know that, just as importantly, behind those numbers are individuals and families whose lives are being changed. Increasingly, Covered California looks forward to telling the story of how our standard benefit designs are helping consumers get the right care at the right time.

These are numbers that matter.

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# NEWS RELEASE

**FOR IMMEDIATE RELEASE**  
May 21, 2015

**Media Line: (916) 206-7777**

## **COVERED CALIFORNIA BOARD PROTECTS CONSUMERS AGAINST SKYROCKETING SPECIALTY DRUG COSTS TO ENSURE ACCESS TO VITAL MEDICATIONS**

*Covered California Works with Consumer Groups and Others to  
Become the First Health Exchange to Approve Rules to Help  
Consumers Get the Medications They Need to Fight HIV, AIDS,  
Diabetes, Hepatitis C and Other Chronic Conditions*

SACRAMENTO, Calif. — Covered California made history on Thursday when it became the first health exchange in the nation to adopt benefit design changes to improve access to high-cost specialty drugs. The Covered California Board approved the last in a series of changes, which will take effect in 2016, at its meeting on Thursday. The improvements come after months of meetings between exchange leadership and consumer organizations, stakeholders, carriers and regulators to determine what is in the best interest of all Covered California consumers.

“This is the first time that an exchange has ensured that all of its consumers have access to the medications they need,” said Covered California Executive Director Peter V. Lee. “These new policies strike a balance between ensuring Covered California consumers can afford the medication they need to treat chronic and life-threatening conditions while keeping premiums affordable for all.”

The vast majority of Covered California consumers will see their specialty drugs capped at \$250 per month, per prescription. Overall, the caps will range from \$150 to \$500, and, because of Covered California’s standard benefit design, they must be offered by every health plan in the individual market as well as by all plans offered by the exchange.

(more)

“We are putting California consumers first, and we believe this is the right role for Covered California,” Lee said. “While Covered California is doing its part to protect consumers against these rising costs, a broader solution is needed to curtail the explosion in specialty drug costs so that consumers get the care they need without driving up insurance costs so much that consumers can no longer afford coverage.”

The cap will reduce the monthly out-of-pocket costs for consumers so that enrollees pay less each month. Before the changes, consumers who needed these medications were forced to spend their entire maximum out-of-pocket costs — sometimes thousands of dollars — in their first few months of coverage.

This is the final step in a package of consumer-focused changes made to the benefit design to make sure consumers who use high-cost specialty drugs have multiple affordable options beginning in 2016. Changes adopted by the board in April and May moved certain drugs within categories, or “tiers,” of drug coverage to make them most accessible to consumers. Specifically:

- Plan formularies must include at least one Food and Drug Administration-approved drug in tiers 1, 2 or 3 under certain conditions.
- Plans are required to have an opt-out retail option for mail order.
- Plans must provide enrolled consumers an estimate of the out-of-pocket cost for specific drugs and include a statement on the availability of drugs not listed on the formulary.
- Plans must include an exception process written clearly in their formulary and a dedicated pharmacy customer service line where advocates and prospective consumers can call for clarification.

Lee said the changes came after Covered California conducted analysis and worked with a broad range of consumer groups and stakeholders for six months to find a balance between specialty drug prices and the impact on premiums for all Covered California enrollees.

Covered California has also made it easier for consumers to access the health care services they need by adding a specialist visit, without being subject to a deductible, for those in the Bronze plan and by removing the application of a deductible for other needed services, such as lab tests, rehabilitation and others. Covered California’s Silver plan will also be simplified by combining copay and coinsurance into a single product. Every doctor visit, lab test and prescription will not be subject to a deductible in this single product.

These policies are important because they will allow Covered California consumers to get access to doctors and get the right care at the right time, while minimizing out-of-pocket costs.

(more)

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# NEWS RELEASE

**FOR IMMEDIATE RELEASE**  
May 21, 2015

**Media Line:** (916) 206-7777

## **COVERED CALIFORNIA HAS SERVED 1.8 MILLION CONSUMERS SINCE IT BEGAN OFFERING COVERAGE IN 2014**

SACRAMENTO, Calif. — Covered California Executive Director Peter V. Lee announced Thursday that more than 1.8 million Californians have been covered through the state health benefit exchange, with the majority paying less than \$150 per month and many tens of thousands paying less than \$10 per month for coverage.

“Covered California is now able to tell the story of those who have received the benefits of coverage, not just the tally of those who enrolled,” Lee said. “Covered California is working as intended, delivering on the dream of the Affordable Care Act and putting care within reach for many millions of Californians who could not afford care in the past.”

Lee also told the Covered California Board on Thursday that Covered California currently has more than 1.3 million members who have active health insurance as of March 2015.

“This base of enrollment means we have a solid foundation,” Lee said. “While the size and diversity of California can sometimes be a challenge in terms of reaching the vast pool of potential enrollees, it also means we can operate on a scale that gives us the resources we need to support our operation and continue to reduce the number of uninsured in our state.”

With this announcement, Covered California is now the second-largest purchaser of health insurance for those under 65. Across all ages, Covered California is one of the largest among all purchasers of insurance, behind the federal government, Medi-Cal and the California Public Employees' Retirement System (CalPERS).

(more)



“To give a sense of Covered California’s scale, we currently have more than two times the enrollment of Californians insured by the University of California, Wells Fargo, Wal-Mart, Target and Boeing combined,” Lee said. “Clearly, Covered California has arrived and has the scale to be a major player in helping to shape the delivery system and improve the quality and affordability of care for all Californians.”

The budget proposed for Covered California for fiscal year 2015-2016 was reviewed by the board on Thursday for adoption in June. It projects between 1.37 million and 1.54 million members with active health insurance in 2015. Lee said the new data on effectuated enrollment as of March 2015 means Covered California may exceed the projections, ensuring the revenue the exchange needs for robust ongoing operations.

In a report (see the attachment) to the Covered California Board, Lee said that many exchange enrollees now purchase coverage for as little as a dollar or two per month. Among those who receive financial help to buy health coverage: More than three-quarters of all subsidized enrollees — about 912,000 people — pay less than \$150 per member per month for health coverage. More than 120,000 enrollees pay less than \$10 per member per month for coverage.

Among those with the highest-level Enhanced Silver-tier coverage, which covers 94 percent of an enrollee’s costs, 75,000 enrollees pay less than \$25 per member per month, and 115,000 pay less than \$50 per member per month.

“Covered California is providing financial help that puts health care within reach for millions of Californians,” Lee said.

The 1.3 million Californians with active coverage today is in addition to the 2 million people who obtained coverage through Medi-Cal as a result of the Affordable Care Act and the state’s decision to expand coverage to low-income childless adults in that program.

Lee emphasized to the board that the enrollees in Covered California are an ever-changing pool.

“This represents the reality of Covered California providing a new safety net for all Californians who have the peace of mind of knowing that if they ever lose their employer-based coverage, we are there for them,” Lee said.

In the first year Covered California offered coverage, the number of uninsured Californians dropped from 22 percent to 11 percent, according to the Commonwealth Fund.

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“The Affordable Care Act has changed the landscape in California,” Lee said. “Millions of people now have access to the right care at the right time. In the years ahead, we look forward to enrolling even more of the uninsured.”

Individuals who need health coverage can enroll in Covered California at any time if they meet special-enrollment conditions such as moving, having a baby, experiencing an income change or losing their health coverage. If they do not meet one of those conditions, they must sign up during open enrollment, which begins Nov. 1.

Visit [www.CoveredCA.com](http://www.CoveredCA.com) for more information.

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# NEWS RELEASE

**FOR IMMEDIATE RELEASE**  
May 21, 2015

**Media Line: (916) 206-7777**

## **COVERED CALIFORNIA ANNOUNCES APPOINTMENT OF DR. LANCE LANG AS CHIEF MEDICAL OFFICER**

SACRAMENTO, Calif. — Covered California Executive Director Peter V. Lee announced the appointment of Dr. Lance Lang as chief medical officer.

Dr. Lang will be responsible for working with present and future qualified health plans to ensure that the right care is delivered at the right time for Covered California enrollees. In addition, Dr. Lang will help with strategic planning to incorporate the lessons gained from his experience with innovation work supported by the Patient Protection and Affordable Care Act to negotiate health plan contracts on behalf of consumers.

Since 2010, Dr. Lang has been a private consultant in the health care industry. His clients have included the California Quality Collaborative, a statewide consortium of physician groups, hospitals, health plans and purchasers pooling their resources to accelerate and improve the value of health care service delivery.

“Dr. Lang is a great fit for us,” Lee said. “He brings to Covered California tremendous skills that will help Covered California fulfill its role as an ‘active purchaser’ that negotiates with insurance carriers to ensure the best quality of care for our consumers at affordable rates. Dr. Lang is a respected physician leader who has worked with physician groups, health plans, disease management companies and other stakeholders. His expertise ranges across the industry, with emphasis on team-based, patient-centered care.”

Dr. Lang has also worked as the national vice president, medical integration and quality officer for Health Net Inc.; and the vice president and national director, clinical processes and computing, for Kaiser Permanente. And since 2010, he has consulted for numerous respected organizations such as the University of California, San Francisco, and the California HealthCare Foundation.

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Dr. Lang received his undergraduate degree from Pomona College and a degree in medicine from the University of Connecticut, Farmington. He served his residency at Duke University, Family Medicine Residency.

The annual salary for the position is \$285,000. He will report to Anne Price, director of Covered California's Plan Management Division.

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