



**COVERED
CALIFORNIA**

Media Clips

COVERED CALIFORNIA BOARD CLIPS

Nov. 18, 2021 – Jan. 18, 2022

Since our last board meeting, Covered California continued its Open Enrollment push with outreach throughout the state, including a Virtual Bus Tour and live events in Los Angeles for Latino and Chinese communities. Nationally CMS released updated enrollment for Healthcare.gov.

PRESS RELEASES

<u>Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – San Diego</u> , Covered California, Dec. 7, 2021	4
<u>Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – Bay Area</u> , Dec. 8, 2021	9
<u>Statewide Tour Launched to Promote How the American Rescue Plan Can Provide Huge Savings to Reduce the Number of Uninsured Californians</u> , Covered California, Dec. 9, 2021	14
<u>Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – NorCal</u> , Covered California, Dec. 10, 2021	20
<u>Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – Central Valley</u> , Covered California, Dec. 10, 2021	25
<u>Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – Los Angeles</u> , Covered California, Dec. 12, 2021	30
<u>Covered California Joins African American Health Experts for “Coverage Matters” Virtual Tour to Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Health Plans for 2022</u> , Covered California, Dec. 14, 2021	35

Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians – Sacramento , Covered California, Dec. 14, 2021	40
---	----

Covered California Deadline Approaches as Omicron Surge Underscores Benefits of Health Insurance , Covered California, Dec. 27, 2021	45
--	----

PRINT

Articles of Significance

\$0 Covered California Health Plans Available , Observer Group of Newspapers Southern California, Nov. 23, 2021	50
---	----

\$0 Covered California Health Plans Available , Our Weekly, Nov. 23, 2021	50
---	----

Health: Push For CoveredCA Sign Ups And Booster , Precinct Reporter, Dec. 9, 2021	52
---	----

'Unprecedented Financial Help' Is Available For Those Eligible Without Health Insurance , LAist, Dec. 10, 2021	54
--	----

For thousands of uninsured Central Valley residents, Covered California seeks to be the answer , Bakersfield Californian, Dec. 10, 2021	55
---	----

Humboldt County medical staff encourage Covered California sign-ups , Eureka Times-Standard, Dec. 10, 2021	56
--	----

What to know about Covered California before New Year's Eve , Redding Record Searchlight, Dec. 11, 2021	58
---	----

Covered California Joins African American Health Experts for “Coverage Matters” Virtual Tour to Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Health Plans for 2022 , San Bernardino American, Dec. 14, 2021	60
---	----

African American Health Experts Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Covered CA Health Plans for 2022 , San Diego Voice, Dec. 15, 2021	60
--	----

Health Experts Join Covered California to Urge Blacks to Get COVID Vaccinations and Boosters and Enroll in Health Plans , Pasadena Journal, Dec. 15, 2021	60
---	----

Health Experts Join Covered California to Urge Blacks to Get COVID Vaccinations and Boosters and Enroll in Health Plans , Sac Cultural Hub, Dec. 15, 2021	60
---	----

Covered California’s Insurance Deals Range From ‘No-Brainer’ to Sticker Shock , California Healthline, Dec. 20, 2021	61
--	----

Ring in the 2022 New Year with healthcare savings , Our Weekly, Dec. 22, 2021	63
---	----

<u>California 1st state to top 5M cases amid omicron surge,</u> Associated Press, Dec. 28, 2021	65
<u>Technology Study Finds The Value In A Simple Phone Call,</u> Health Leaders, Jan. 6, 2022	66
<u>Protect Yourself,</u> Sacramento Observer, Jan. 10, 2022	68
<u>California sues 'sharing ministry' health insurance plan,</u> Associated Press, Jan. 12, 2022	69
<u>More Than 6 in 10 of the Remaining 27.4 Million Uninsured People in the U.S. are Eligible for Subsidized ACA Marketplace Coverage, Medicaid or the Children's Health Insurance Program,</u> Kaiser Family Foundation, Nov. 18, 2021	71
<u>Trends in 2021 Affordable Care Act Marketplace Insurers, Locations,</u> Healthpayer Intelligence, Nov. 29, 2021	73
<u>On More Generous Terms, Obamacare Proves Newly Popular,</u> New York Times, Dec. 22, 2021	75
<u>Obamacare is proving popular in red states that didn't expand Medicaid,</u> CNN, Jan. 13, 2022	77
<u>Obamacare open enrollment ends Saturday as interest surges,</u> CNN, Jan. 14, 2022	81
<u>Column: Single-payer healthcare is the right system. Can California build it on its own?,</u> Los Angeles Times, Jan. 14, 2022	87



News Release

Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians San Diego

- *The virtual tour will reach into media markets across California to promote open enrollment and the increased financial help that is now available, which is lowering the cost of coverage for more people than ever before.*
 - *An estimated 1.1 million Californians are uninsured and eligible for financial help, including 83,000 in San Diego County, with the vast majority able to get coverage at no cost through either Covered California or Medi-Cal.*
 - *New data from Covered California shows how much protection and peace of mind insurance provides, with the uninsured facing staggering out-of-pocket costs if they visit an emergency room or are admitted into a hospital.*
 - *People who want their coverage to start on Jan. 1, 2022, must sign up by Dec. 31, 2021. Covered California’s open-enrollment period runs through Jan. 31, 2022.*
-

SAN DIEGO, Calif. — Covered California launched a statewide virtual “Coverage Matters” tour on Tuesday to promote open enrollment and the financial protection it provides Californians who visit the emergency room or are admitted to a hospital in the event of an illness or injury. In addition, the tour will highlight the unprecedented financial help that is lowering the cost of health insurance for more people than ever before.

“Coverage matters, and the data shows just how much financial protection Covered California’s comprehensive plans are providing,” said Peter V. Lee, executive director of Covered California.

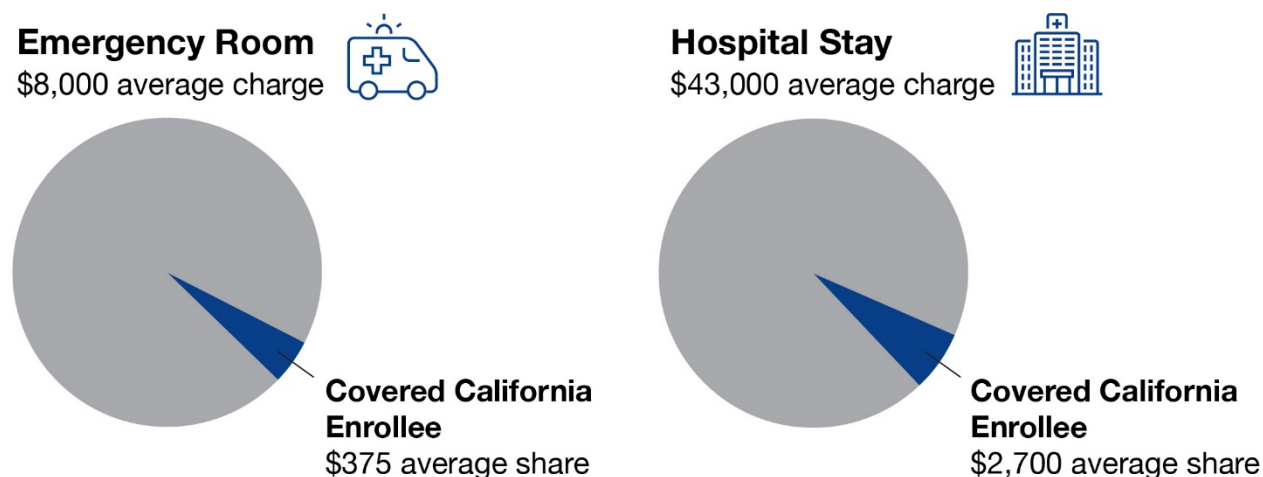
“New coverage options give many Californians access to quality care that can help them stay out of the emergency room or hospital — and if you do end up needing care, this newly affordable health insurance can protect you and your family from medical bills that can be staggering.”

Data Shows How Consumers Save During Emergency Room and Hospital Visits

Recent claims data from Covered California enrollees during 2019 and 2020 shows that about one out of ten enrollees visit the emergency room each year and the average overall hospital charge for those visits is \$8,000. However, the coverage through Covered California paid for more than 95 percent of those costs, with \$375 being the average out-of-pocket cost for their visit.

Similarly, while fewer than 3 percent of Covered California enrollees were admitted to the hospital, the average overall charge for the admission was \$43,000, but of those costs, insurance picked up well over 90 percent — leaving enrollees responsible for an average out-of-pocket cost of just \$2,700.

Figure 1: The Cost of Care for the Uninsured



“No one wants to end up in an emergency room or hospital, but if you do, a quality health insurance plan through Covered California can save you tens of thousands of dollars,” Lee said. “In addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

A [recent study by the Kaiser Family Foundation](#) found that more than two out of every five uninsured adults (42 percent) reported that they had not seen a doctor or health care professional in the last 12 months, and 41 percent said they do not have a usual source of care when they are sick or need medical advice. The study also found that nearly one out of every three uninsured either postponed care (32 percent) or went without care (30 percent) because of cost.

“Regardless of where you live, how much you make, what language you speak or what community you’re from, Covered California wants you to get the care you need to stay healthy,” said Dr. Alice Hm Chen, chief medical officer of Covered California. “Covered California plans provide access to some of the best doctors and hospitals across the state and include coverage for both physical and mental health care.”

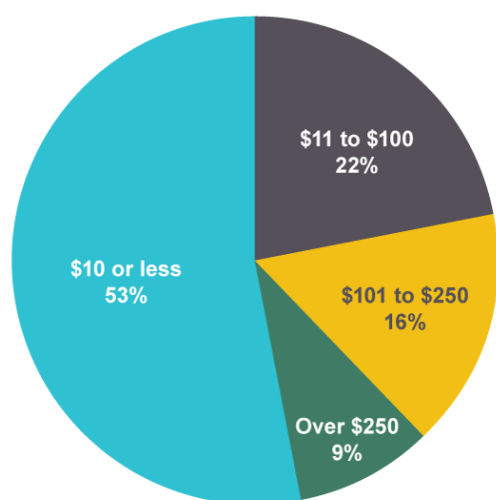
More Financial Help Available to More People Than Ever Before

Enrolling in quality coverage is more affordable — for more people — than ever before thanks to the increased subsidies provided under the American Rescue Plan, the federal law that took effect in 2021.

An estimated 1.1 million Californians are uninsured and eligible for financial help, including 83,000 in San Diego County. The vast majority of the uninsured, more than 940,000 people, can get coverage through Covered California or Medi-Cal at no cost.

Californians who do not qualify for a \$0 premium will still likely see significant savings through the increased financial help available. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

Figure 2: More Than Half of Covered California’s Subsidized Enrollees Are Paying Less Than \$10 Per Month



- Because of the American Rescue Plan, in 2021, more than half of Covered California enrollees pay \$10 or less per month for coverage through brand name health plans.
- Three out of every four enrollees pay less than \$100 per month for quality, comprehensive coverage.

In San Diego County, people can get quality health care coverage through Covered California with Blue Shield of California, Health Net, Kaiser Permanente, Molina Healthcare or SHARP HealthCare.

In addition, the American Rescue Plan provides financial help to many families earning more than \$106,000 a year. These middle-income families, who were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

The new financial help for middle-income consumers can also benefit those who are currently insured directly through a health insurance company. An estimated 260,000 Californians have direct coverage — also known as “off-exchange” coverage. They can sign up through Covered California and potentially get the same plan they have off-exchange, or shop for other coverage that best fits their needs, and save hundreds of dollars per month.

“Whether you are insured on your own, or you do not have any coverage at all right now, the message is the same: Now is the time to check your eligibility and options,” Lee said. “In just a few minutes you can easily find out how much financial help you can receive, and the coverage options in your area, by visiting CoveredCA.com.”

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In addition to signing up consumers through their own through the website, Covered California also partners with certified and licensed enrollers who provide free and confidential help throughout the state. Covered California works with more than 11,000 Licensed Insurance Agents, who have established more than 500 storefronts in communities across California.

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These storefronts feature Covered California signs and logos and provide consumers with a local point of contact to answer questions and help people enroll in a health insurance plan that best fits their needs, whether through Covered California or Medi-Cal, depending on their eligibility.

There are more than 1,100 certified enrollers in San Diego County. Consumers can visit <https://www.coveredca.com/support/contact-us/> and search for the agent or storefront nearest them.

Nearly three out of every five of Covered California's agents (57 percent) speak more than one language, which helps them assist Covered California's diverse population where two out of every three enrollees represent a community of color. Overall, Covered California's agents speak more than 40 languages.

Upcoming Deadline for Jan. 1 Coverage

Covered California's open-enrollment period runs through Jan. 31, 2022 and those who want their coverage to start on Jan. 1 need to sign up by Dec. 31. Interested consumers can do the following to sign up for coverage:

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- Find a local agent or other certified enroller on the website or have one [call them](#) and help them for free.
- Call Covered California at (800) 300-1506 and get information or enroll by phone.

Covered California's online enrollment portal and certified enrollers will help people find out whether they are eligible for Medi-Cal or Covered California. Medi-Cal enrollment is available year-round, and the coverage will begin the day after a person signs up. In addition, [people in San Diego can apply for Medi-Cal](#) in San Diego online or by picking up an application at one of the many County of San Diego Resource Centers throughout the county.



News Release

Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians Bay Area

- *The virtual tour will reach into media markets across California to promote open enrollment and the increased financial help that is now available, which is lowering the cost of coverage for more people than ever before.*
 - *An estimated 1.1 million Californians are uninsured and eligible for financial help, including 154,000 in the Greater Bay Area, with the vast majority able to get coverage at no cost through either Covered California or Medi-Cal.*
 - *New data from Covered California shows how much protection and peace of mind insurance provides, with the uninsured facing staggering out-of-pocket costs if they visit an emergency room or are admitted into a hospital.*
 - *People who want their coverage to start on Jan. 1, 2022, must sign up by Dec. 31, 2021. Covered California’s open-enrollment period runs through Jan. 31, 2022.*
-

SAN FRANCISCO, Calif. — Covered California’s statewide virtual “Coverage Matters” tour focused on the Greater Bay Area on Wednesday to promote open enrollment and the financial protection it provides Californians who visit the emergency room or are admitted to a hospital in the event of an illness or injury. In addition, the tour highlighted the unprecedented financial help that is lowering the cost of health insurance for more people than ever before.

“Coverage matters, and the data shows just how much financial protection Covered California’s comprehensive plans are providing,” said Peter V. Lee, executive director of Covered California.

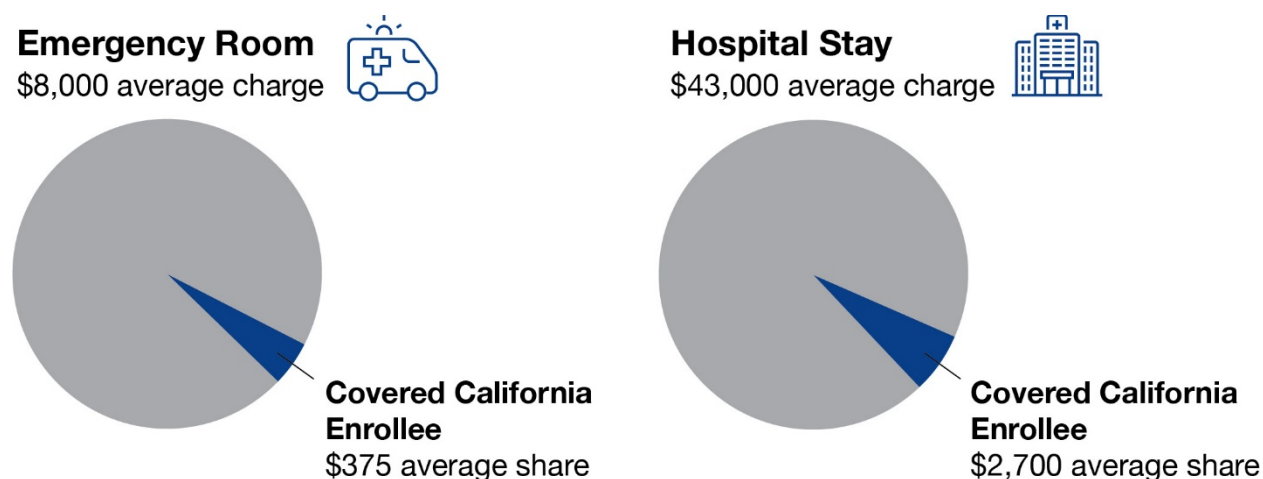
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Similarly, while fewer than 3 percent of Covered California enrollees were admitted to the hospital, the average overall charge for the admission was \$43,000, but of those costs, insurance picked up well over 90 percent — leaving enrollees responsible for an average out-of-pocket cost of just \$2,700.

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“No one wants to end up in an emergency room or hospital, but if you do, a quality health insurance plan through Covered California can save you tens of thousands of dollars,” Lee said. “In addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

A [recent study by the Kaiser Family Foundation](#) found that more than two out of every five uninsured adults (42 percent) reported that they had not seen a doctor or health care professional in the last 12 months, and 41 percent said they do not have a usual source of care when they are sick or need medical advice. The study also found that nearly one out of every three uninsured either postponed care (32 percent) or went without care (30 percent) because of cost.

“Regardless of where you live, how much you make, what language you speak or what community you’re from, Covered California wants you to get the care you need to stay healthy,” said Dr. Alice Hm Chen, chief medical officer of Covered California. “Covered California plans provide access to some of the best doctors and hospitals across the state and include coverage for both physical and mental health care.”

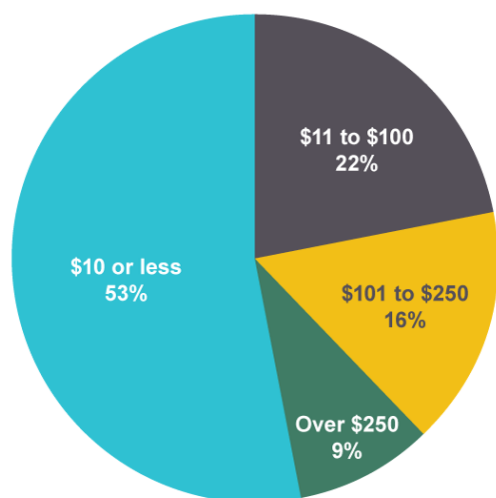
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Californians who do not qualify for a \$0 premium will still likely see significant savings through the increased financial help available. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

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In the Greater Bay Area, Covered California offers Anthem Blue Cross, Blue Shield of California, Bright Health Care, Chinese Community Health Plan, Health Net, Kaiser Permanente, Molina Healthcare, Oscar Health or Valley Health Plan.

In addition, the American Rescue Plan provides financial help to many families earning more than \$106,000 a year. These middle-income families, who were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

The new financial help for middle-income consumers can also benefit those who are currently insured directly through a health insurance company. An estimated 260,000 Californians have direct coverage — also known as “off-exchange” coverage. They can sign up through Covered California and potentially get the same plan they have off-exchange, or shop for other coverage that best fits their needs, and save hundreds of dollars per month.

“Whether you are insured on your own, or you do not have any coverage at all right now, the message is the same: Now is the time to check your eligibility and options,” Lee said. “In just a few minutes you can easily find out how much financial help you can receive, and the coverage options in your area, by visiting [CoveredCA.com](https://www.coveredca.com).”

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In addition to signing up consumers through their own through the website, Covered California also partners with certified and licensed enrollers who provide free and confidential help throughout the state. Covered California works with more than 11,000 Licensed Insurance Agents, who have established more than 500 storefronts in communities across California.



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Covered California's online enrollment portal and certified enrollers will help people find out whether they are eligible for Medi-Cal or Covered California. Medi-Cal enrollment is available year-round, and the coverage will begin the day after a person signs up. In addition, [people in the Greater Bay Area can apply for Medi-Cal](#) online or by picking up an application at one of the many county resource centers throughout the region.



News Release

Statewide Tour Launched to Promote How the American Rescue Plan Can Provide Huge Savings to Reduce the Number of Uninsured Californians

- *An estimated 1.1 million Californians are uninsured and eligible for financial help, with the vast majority — approximately 940,000 — able to get coverage at no cost through Covered California or Medi-Cal.*
 - *New federal new data shows 4.6 million Americans have newly enrolled or renewed for health insurance during open enrollment, of whom 1.6 million are Californians; this enrollment is thanks to the increased financial help from the American Rescue Plan, which is providing coverage for many people at no-cost, and saving middle-income families thousands of dollars a year.*
 - *During this open-enrollment period, those families are encouraged to change coverage to take advantage of savings averaging \$800 per month and to likely keep the same plan and doctor.*
 - *New data from Covered California shows how much protection and peace of mind insurance provides, with the uninsured facing staggering out-of-pocket costs if they visit an emergency room or are admitted to a hospital.*
-

SACRAMENTO, Calif. — The American Rescue Plan has helped Covered California achieve record enrollment, and the new and expanded financial help included in the law will continue through at least 2022. That's a critical message being delivered to 1.1 million uninsured Californians who are eligible for financial help as part of the statewide "Coverage Matters" Virtual Bus Tour now underway.

In addition to those currently uninsured, the new law can also help more than 250,000 middle-income families who are paying full price for coverage directly through an insurance company. The new law will help them save an average of \$800 per month on their coverage. In many cases, these consumers will be able to switch to Covered California and keep the same health insurance company, level of coverage and doctor.

"Health care is local, and Covered California's 'Coverage Matters' Virtual Bus Tour takes our message across California," said Peter V. Lee, executive director of Covered California. "The message details how the American Rescue Plan has been a game changer, helping deliver record enrollment because of its unprecedented financial help

and expanded eligibility for middle-income Californians. These benefits are available until at least the end of 2022, unless they are extended, and we want to make sure people take advantage so they can get brand name coverage that provides access to physical and mental health care.”

Eleven Events in Eight Days, From San Diego to Eureka, and in Five Languages

Covered California’s Coverage Matters Tour will feature 11 virtual stops, including multi-ethnic and regional media events, beginning in the San Diego region on Dec. 7 and concluding in Sacramento on Dec. 14. Leaders and health experts will urge uninsured and middle-income consumers to enroll immediately to take advantage of unprecedented financial help and increased eligibility through Covered California and the American Rescue Plan.

Regional Media Events

Dec. 7: San Diego

Dec. 8: Greater San Francisco Bay Area

Dec. 9: Los Angeles

Dec. 10: Central Valley and Northern Counties

Dec. 14: Sacramento

Community-Specific Media Events

Dec. 7: Vietnamese statewide

Dec. 8: Korean statewide

Dec. 9: Spanish and Chinese statewide

Dec. 14: African American statewide

More Financial Help Available to More People Than Ever Before

Enrolling in quality coverage is more affordable for more people than ever before thanks to the increased subsidies provided under the American Rescue Plan, the federal law that took effect in 2021 and runs through at least 2022.

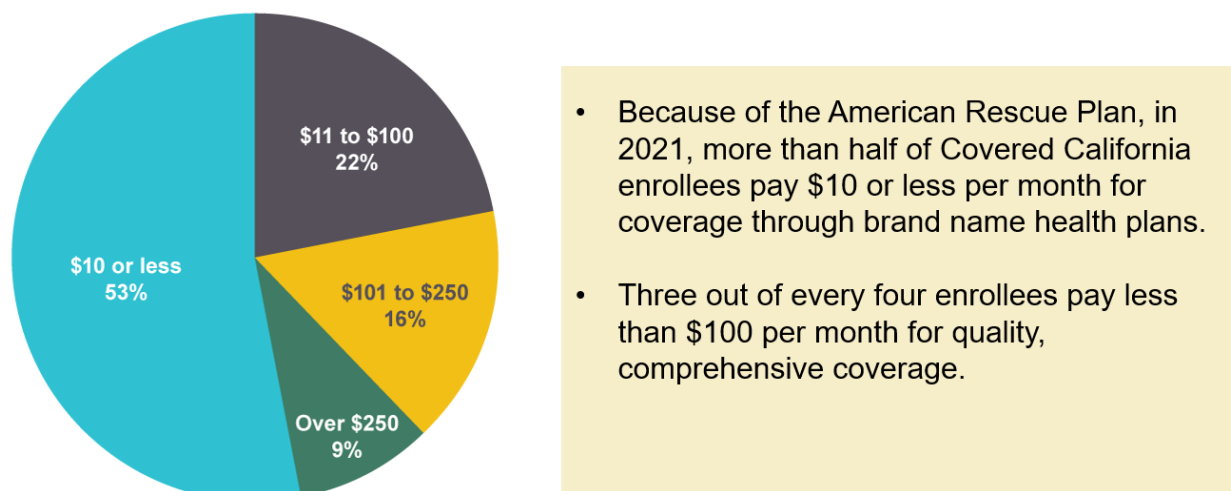
New federal data released today shows that [4.6 million Americans have enrolled in coverage through the Affordable Care Act](#). In California, initial data shows that more than 1.6 million have picked a plan or renewed their coverage for 2022.

“We are proud of the work we have done to enroll Californians in quality health insurance plans,” Lee said. “However, we still have more work to do, as far too many people out there do not have the financial protection or peace of mind that comes with coverage – and many can get the coverage without paying a dime.”

An estimated 1.1 million Californians are uninsured and eligible for financial help. The majority of the uninsured, more than 940,000 people, can get coverage through Covered California or Medi-Cal at no cost.

Californians who do not qualify for a \$0 premium will likely still see significant savings through the increased financial help available. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

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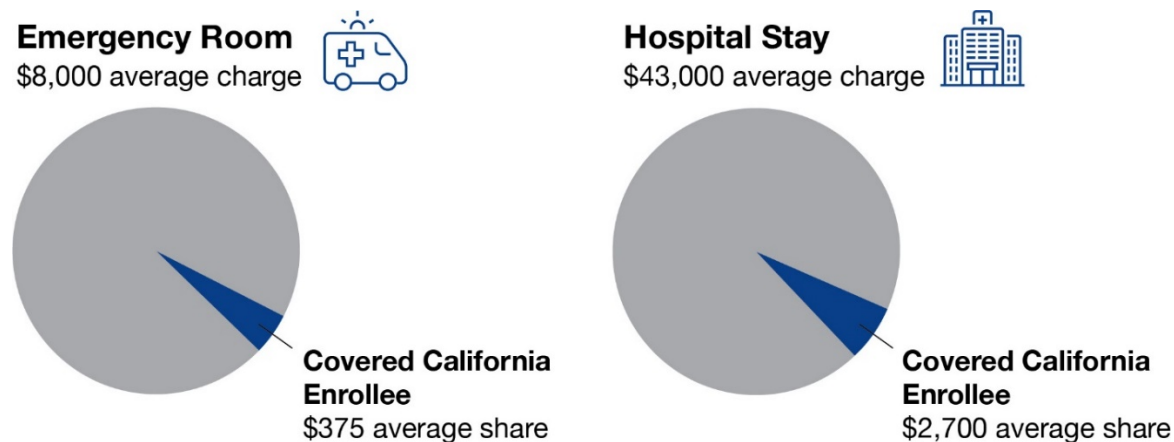
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Figure 2: Covered California Enrollees Save When Visiting the ER or Hospital



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(more)

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News Release

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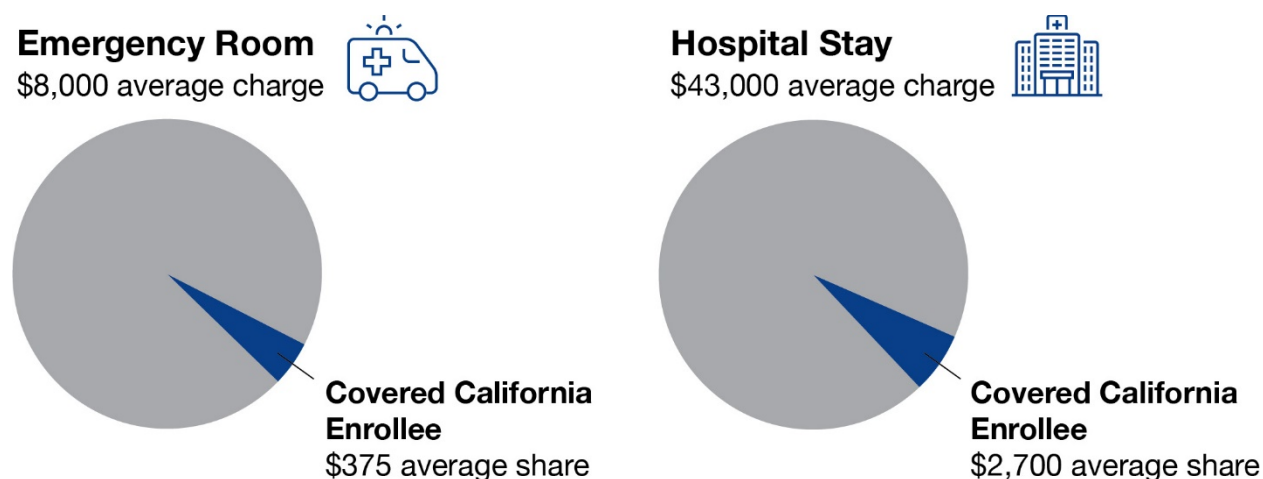
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“No one wants to end up in an emergency room or hospital, but if you do, a quality health insurance plan through Covered California can save you tens of thousands of dollars,” Lee said. “In addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

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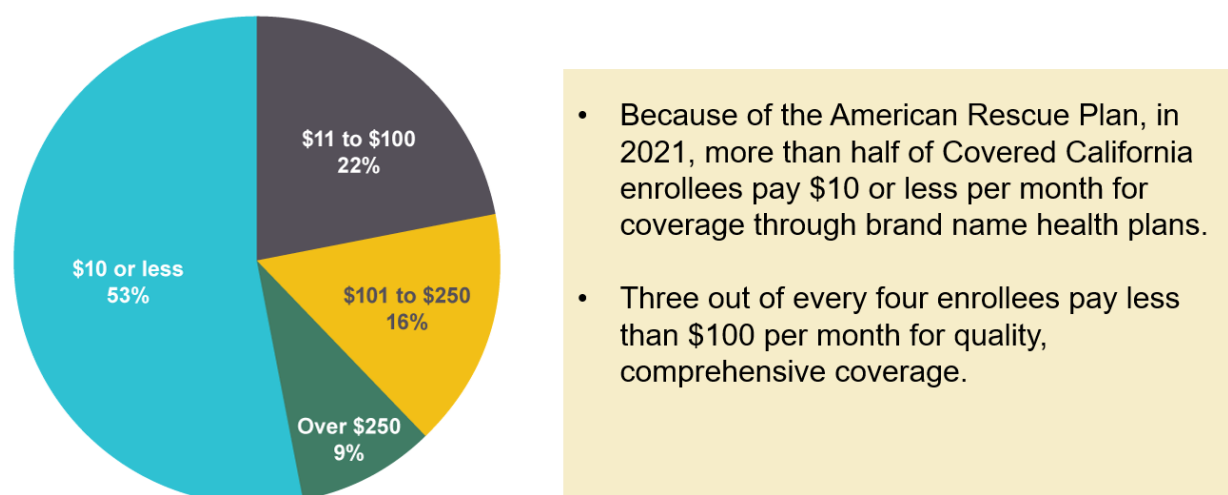
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An estimated 1.1 million Californians are uninsured and eligible for financial help, including 106,000 in Northern California. The majority of the uninsured, more than 940,000 people, can get coverage through Covered California or Medi-Cal at no cost.

Californians who do not qualify for a \$0 premium will still likely see significant savings through the increased financial help available. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

Figure 2: More Than Half of Covered California’s Subsidized Enrollees Are Paying Less Than \$10 Per Month



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In addition, the American Rescue Plan provides financial help to many families earning more than \$106,000 a year. These middle-income families, who were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

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“Whether you are insured on your own, or you do not have any coverage at all right now, the message is the same: Now is the time to check your eligibility and options,”

Lee said. “In just a few minutes you can easily find out how much financial help you can receive, and the coverage options in your area, by visiting [CoveredCA.com](https://www.coveredca.com).”

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News Release

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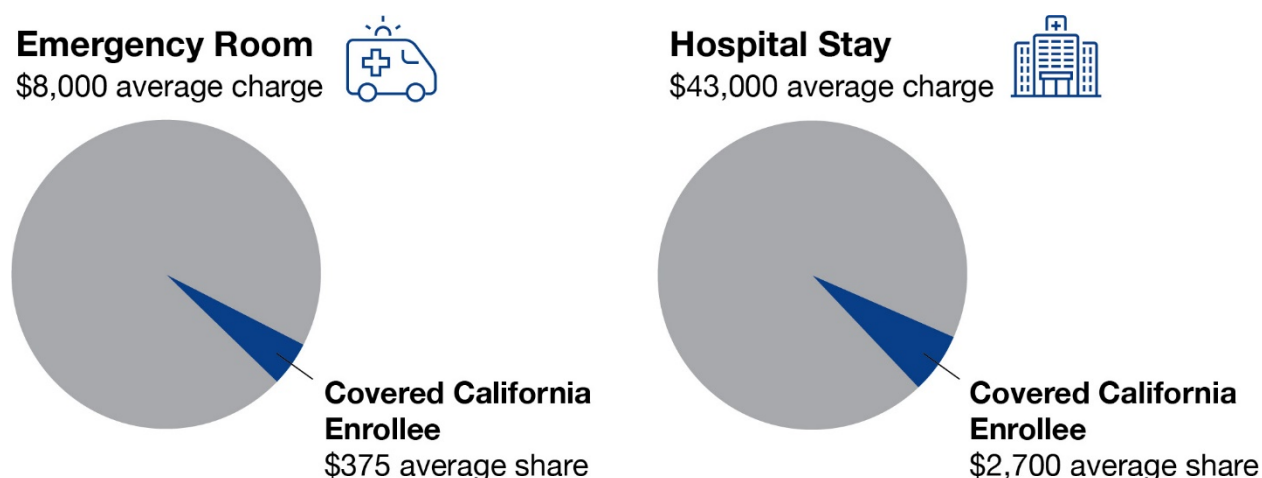
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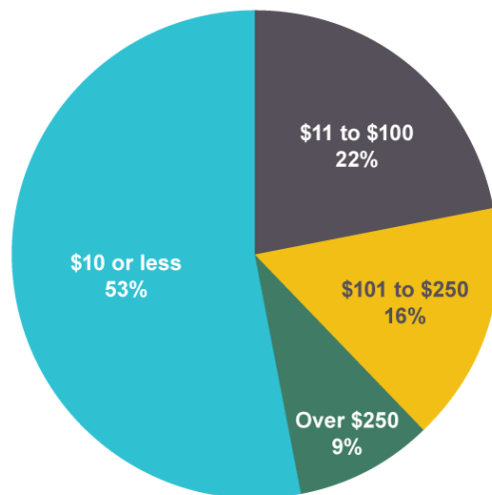
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News Release

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- *The virtual tour will reach into media markets across California to promote open enrollment and the increased financial help that is now available, which is lowering the cost of coverage for more people than ever before.*
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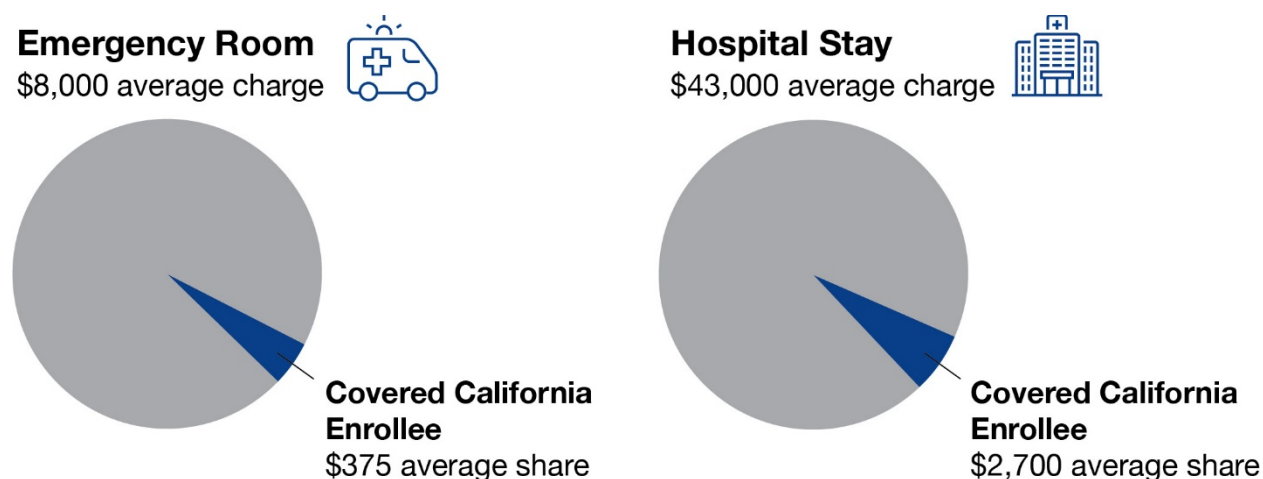
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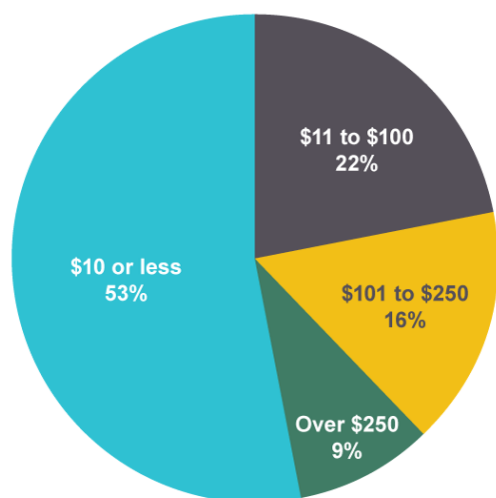
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News Release

Covered California Joins African American Health Experts for “Coverage Matters” Virtual Tour to Urge Black Californians to Get COVID-19 Vaccinations and Boosters, and Enroll in Health Plans for 2022

- *Covered California joined with African American health experts to promote open enrollment, with new and expanded financial help, and urged Black Californians to get COVID-19 vaccinations and boosters.*
 - *The call to action comes one day before California begins a new statewide mask mandate as COVID infections have increased by nearly 50 percent in the past two-and-a-half weeks.*
 - *An estimated 1.1 million Californians are uninsured and eligible for financial help, with the vast majority able to get coverage at no cost through either Covered California or Medi-Cal.*
 - *New data from Covered California shows the uninsured facing staggering out-of-pocket costs if they visit an emergency room or are admitted into a hospital.*
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SACRAMENTO, Calif. — Covered California joined African American health experts on Tuesday to promote open enrollment while urging Black Californians to answer the call to get COVID-19 vaccinations and boosters, and sign up for comprehensive health insurance coverage through Covered California or Medi-Cal.

“The pandemic continues to hit communities of color in California particularly hard, and we are teaming up with African American health leaders to urge people to not only make sure they have health care coverage, but also to get the COVID-19 vaccinations and boosters,” said Peter V. Lee, executive director of Covered California. “The vaccine is our way to stop COVID-19 and we want to urge everyone, particularly those in the African American community, to get vaccinated to protect themselves, their family and friends.”

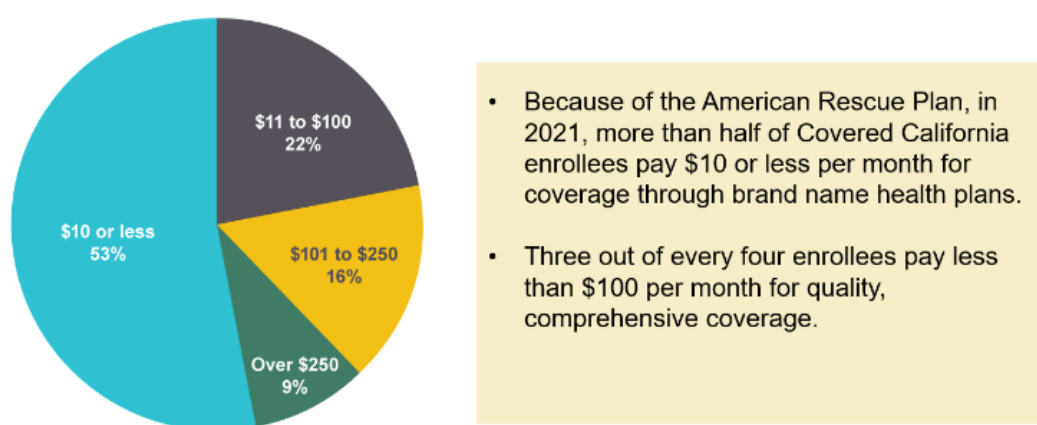
More Financial Help Available to More People Than Ever to Enroll in Health Plans

Enrolling now in quality coverage is more affordable — for more people — than ever before thanks to the increased subsidies provided under the American Rescue Plan which took effect earlier this year.

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Figure 1: More Than Half of Covered California’s Subsidized Enrollees Are Paying Less Than \$10 Per Month



“Coverage matters, and the data shows just how much financial protection Covered California’s comprehensive plans are providing,” said Lee. “It’s so important for Californians to take advantage of this major financial help to get enrolled now into affordable, quality health plans to help protect themselves and have the peace of mind that health coverage brings.”

In addition, the American Rescue Plan provides financial help to many families earning more than \$106,000 a year. These middle-income families, who were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

The new financial help for middle-income consumers can also benefit those who are currently insured directly through a health insurance company. An estimated 260,000 Californians have direct coverage — also known as “off-exchange” coverage. They can sign up through Covered California and potentially get the same plan they have off-exchange, or shop for other coverage that best fits their needs and save hundreds of dollars per month.

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Community Engagement Key to Increasing Black COVID-19 Vaccination and Booster rates

The latest state data shows that [COVID-19 vaccination rates among African Americans currently at 52 percent](#). Increasing vaccinations and boosters is critical and community engagement is key, says Dr. Kim Rhoads, associate professor of Epidemiology & Biostatistics and the Director of the Office of Community Engagement at UC San Francisco. Dr. Rhoads established the model for the pop-up vaccination clinics in ethnic communities last year, which has become a model in the state.

“Many in healthcare and public health have focused on the importance of building community trust during the pandemic,” said Dr. Kim Rhoads. “What we now know is that trust is critical to getting the vaccine and boosters to California’s most vulnerable populations. But we also know that trust builds at the pace of the relationship.

“Our persistent efforts to increase knowledge about COVID-19 and provide access to resources through our weekly Zoom meetings and in-community, volunteer-based testing, vaccine, and booster events serve to build relationships with these very communities,” Dr. Rhoads said. “One silver lining from the pandemic is that the partnerships we have built and are actively cultivating will create a framework to advance a broader agenda on health equity, that includes linking folks to health care coverage and increasing access to screening and early detection of select cancers.”

Data Shows How Much Plans Cover for Emergency Room and Hospital Visits

Another area of concern among Black Californians is the rising costs of hospital emergency room visits if you don’t have health insurance.

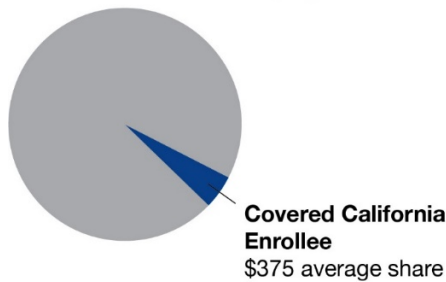
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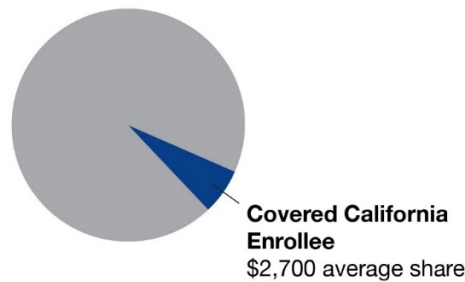
Emergency Room

\$8,000 average charge



Hospital Stay

\$43,000 average charge



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“Having health insurance increases access to doctors and screening tests, which would otherwise be too costly for most of us to pay out of pocket,” said Dr. Justin Britton, emergency physician at Kaiser Permanente Ontario and Fontana medical centers. “Early detection and treatment of diseases like diabetes and hypertension in your doctor’s office can decrease your risk of stroke and heart attack. By the time you come to the ER for neglecting your health, the damage has already been done.”

A recent [study by the Kaiser Family Foundation](#) found that more than two out of every five uninsured adults (42 percent) reported that they had not seen a doctor or health care professional in the last 12 months, and 41 percent said they do not have a usual source of care when they are sick or need medical advice. The study also found that nearly one out of every three uninsured either postponed care (32 percent) or went without care (30 percent) because of cost.

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Mental Health Impacts Due to COVID-19

Mental health crises have increased significantly for Blacks in California since the pandemic began, according to Dr. Curley Bonds, chief medical officer at the Los Angeles County Department of Mental Health.

“African Americans are experiencing a disproportionate burden of mental health issues related to COVID-19, compared to other ethnic and racial groups,” said Dr. Bonds. “Our failure to address structural racism in our society has caused many adverse effects including elevated rates of trauma, anxiety, grief, isolation and emotional distress for Black people.”

“In recent years, Covered California health plans have increased the number of mental health and addiction providers by almost 30 percent, and we will continue working to make sure that when you’re covered, you get the care you need, when you need it,” said Dr Chen.

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These storefronts feature Covered California signs and logos and provide consumers with a local point of contact to answer questions and help people enroll in a health insurance plan that best fits their needs, whether through Covered California or Medi-Cal, depending on their eligibility. Consumers can visit <https://www.coveredca.com/support/contact-us/> and search for the agent or storefront nearest them.

Upcoming Deadline for Jan. 1 Coverage

Covered California’s open-enrollment period runs through Jan. 31, 2022 and those who want their coverage to start on Jan. 1 need to sign up by Dec. 31. Interested consumers can do the following to sign up for coverage:

- Visit [CoveredCA.com](https://www.coveredca.com) to learn about their coverage options and enroll online.
- Find a local agent or other certified enroller on the website or have one [call them](#) and help them for free.
- Call Covered California at (800) 300-1506 and get information or enroll by phone.

Covered California’s online enrollment portal and certified enrollers will help people find out whether they are eligible for Medi-Cal or Covered California. Medi-Cal enrollment is available year-round, and the coverage will begin the day after a person signs up. In addition, [people can apply for Medi-Cal](#) online or by picking up an application at one of the many county resource centers throughout the region.



News Release

Covered California Launches “Coverage Matters” Virtual Tour to Highlight Unprecedented Financial Help for 1.1 Million Uninsured Californians Sacramento

- *The virtual tour will reach into media markets across California to promote open enrollment and the increased financial help that is now available, which is lowering the cost of coverage for more people than ever before.*
 - *An estimated 1.1 million Californians are uninsured and eligible for financial help, including over 100,000 in the Sacramento region, with the vast majority able to get coverage at no cost through either Covered California or Medi-Cal.*
 - *New data from Covered California shows how much protection and peace of mind insurance provides, with the uninsured facing staggering out-of-pocket costs if they visit an emergency room or are admitted into a hospital.*
 - *People who want their coverage to start on Jan. 1, 2022, must sign up by Dec. 31, 2021. Covered California’s open-enrollment period runs through Jan. 31, 2022.*
-

SACRAMENTO, Calif. — Covered California’s statewide virtual “Coverage Matters” tour focused on the Sacramento region on Tuesday to promote open enrollment and the financial protection it provides Californians who visit the emergency room or are admitted to a hospital in the event of an illness or injury. In addition, the tour highlighted the unprecedented financial help that is lowering the cost of health insurance for more people than ever before.

“Coverage matters, and the data shows just how much financial protection Covered California’s comprehensive plans are providing,” said Peter V. Lee, executive director of Covered California.

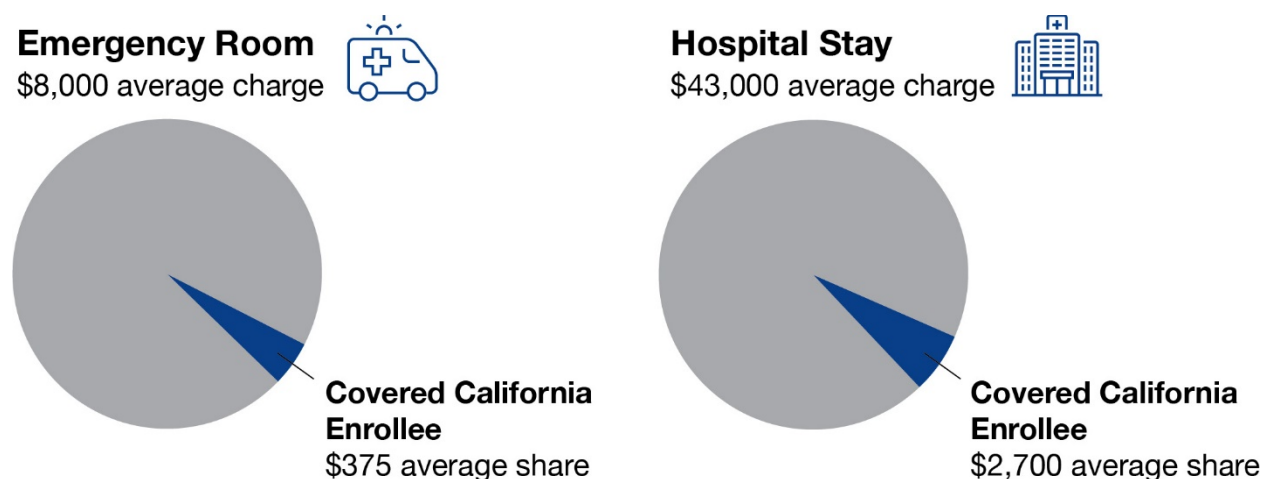
“New coverage options give many Californians access to quality care that can help them stay out of the emergency room or hospital — and if you do end up needing care, this newly affordable health insurance can protect you and your family from medical bills that can be staggering.”

Data Shows How Consumers Save During Emergency Room and Hospital Visits

Recent claims data from Covered California enrollees during 2019 and 2020 shows that about one out of ten enrollees visit the emergency room each year and the average overall hospital charge for those visits is \$8,000. However, the coverage through Covered California paid for more than 95 percent of those costs, with \$375 being the average out-of-pocket cost for their visit.

Similarly, while fewer than 3 percent of Covered California enrollees were admitted to the hospital, the average overall charge for the admission was \$43,000, but of those costs, insurance picked up well over 90 percent — leaving enrollees responsible for an average out-of-pocket cost of just \$2,700.

Figure 1: Covered California Enrollees Save when Visiting the ER or Hospital



“No one wants to end up in an emergency room or hospital, but if you do, a quality health insurance plan through Covered California can save you tens of thousands of dollars,” Lee said. “In addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

A [recent study by the Kaiser Family Foundation](#) found that more than two out of every five uninsured adults (42 percent) reported that they had not seen a doctor or health care professional in the last 12 months, and 41 percent said they do not have a usual source of care when they are sick or need medical advice. The study also found that nearly one out of every three uninsured either postponed care (32 percent) or went without care (30 percent) because of cost.

“Regardless of where you live, how much you make, what language you speak or what community you’re from, Covered California wants you to get the care you need to stay healthy,” said Dr. Alice Hm Chen, chief medical officer of Covered California. “Covered California plans provide access to some of the best doctors and hospitals across the state and include coverage for both physical and mental health care.”

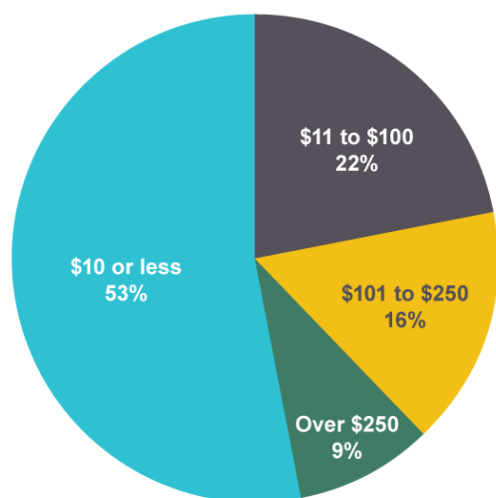
More Financial Help Available to More People Than Ever Before

Enrolling in quality coverage is more affordable — for more people — than ever before thanks to the increased subsidies provided under the American Rescue Plan, the federal law that took effect in 2021.

An estimated 1.1 million Californians are uninsured and eligible for financial help, including 106,000 in the Sacramento region. The majority of the uninsured, more than 940,000 people, can get coverage through Covered California or Medi-Cal at no cost.

Californians who do not qualify for a \$0 premium will still likely see significant savings through the increased financial help available. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

Figure 2: More Than Half of Covered California’s Subsidized Enrollees Are Paying Less Than \$10 Per Month



- Because of the American Rescue Plan, in 2021, more than half of Covered California enrollees pay \$10 or less per month for coverage through brand name health plans.
- Three out of every four enrollees pay less than \$100 per month for quality, comprehensive coverage.

In the Sacramento region, Covered California offers Anthem Blue Cross, Blue Shield of California, Health Net, Kaiser Permanente, and Western Health Advantage.

In addition, the American Rescue Plan provides financial help to many families earning more than \$106,000 a year. These middle-income families, who were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

The new financial help for middle-income consumers can also benefit those who are currently insured directly through a health insurance company. An estimated 260,000 Californians have direct coverage — also known as “off-exchange” coverage. They can sign up through Covered California and potentially get the same plan they have off-exchange, or shop for other coverage that best fits their needs, and save hundreds of dollars per month.

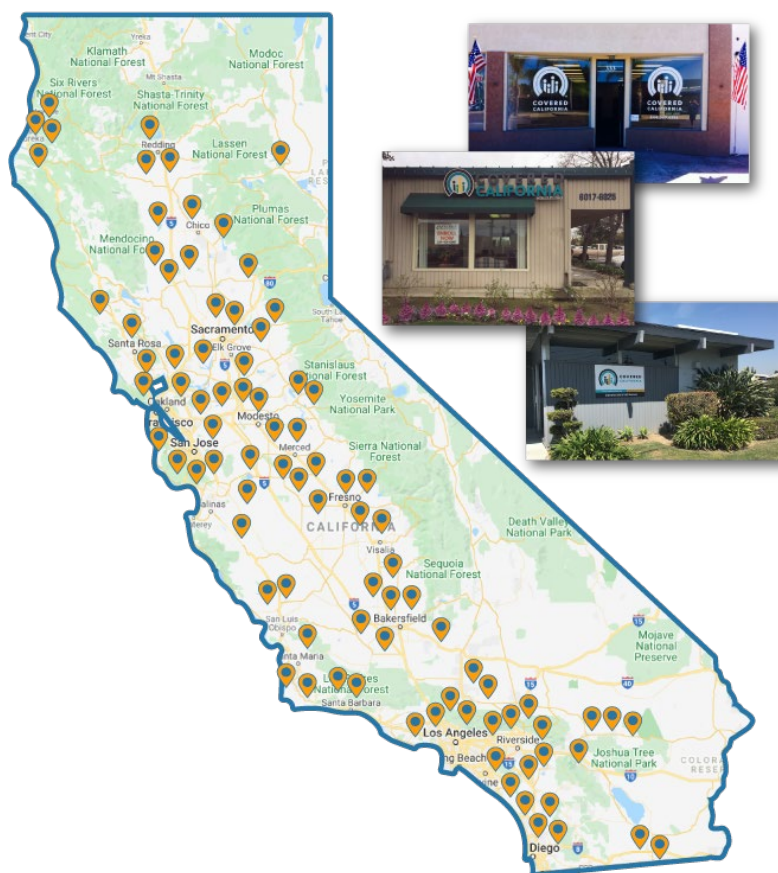
“Whether you are insured on your own, or you do not have any coverage at all right now, the message is the same: Now is the time to check your eligibility and options,”

Lee said. “In just a few minutes you can easily find out how much financial help you can receive, and the coverage options in your area, by visiting [CoveredCA.com](https://www.coveredca.com).”

Free and Confidential Help From Local Enrollers

In addition to signing up consumers through their own through the website, Covered California also partners with certified and licensed enrollers who provide free and confidential help throughout the state. Covered California works with more than 11,000 Licensed Insurance Agents, who have established more than 500 storefronts in communities across California.

Figure 3: Covered California’s Over 500 Licensed Insurance Agent Storefront Locations Across the State



These storefronts feature Covered California signs and logos and provide consumers with a local point of contact to answer questions and help people enroll in a health insurance plan that best fits their needs, whether through Covered California or Medi-Cal, depending on their eligibility.

There are nearly 700 certified enrollers in the Sacramento region. Consumers can visit <https://www.coveredca.com/support/contact-us/> and search for the agent or storefront nearest them.

Nearly three out of every five of Covered California's agents (57 percent) speak more than one language, which helps them assist Covered California's diverse population where two out of every three enrollees represent a community of color. Overall, Covered California's agents speak more than 40 languages.

Upcoming Deadline for Jan. 1 Coverage

Covered California's open-enrollment period runs through Jan. 31, 2022 and those who want their coverage to start on Jan. 1 need to sign up by Dec. 31. Interested consumers can do the following to sign up for coverage:

- Visit CoveredCA.com to learn about their coverage options and enroll online.
- Find a local agent or other certified enroller on the website or have one [call them](#) and help them for free.
- Call Covered California at (800) 300-1506 and get information or enroll by phone.

Covered California's online enrollment portal and certified enrollers will help people find out whether they are eligible for Medi-Cal or Covered California. Medi-Cal enrollment is available year-round, and the coverage will begin the day after a person signs up. In addition, [people can apply for Medi-Cal](#) online or by picking up an application at one of the many county resource centers throughout the region.



News Release

-
- *Covered California's first open-enrollment deadline is this week: People need to sign up by Dec. 31 in order to have their coverage start on Jan. 1.*
 - *The deadline comes as the omicron variant is spreading across California, with the average cost of COVID-related hospitalizations and ICU care at \$127,000, underscoring the importance of having insurance to avoid medical debt.*
 - *Having health care coverage, staying COVID-safe and getting vaccines and booster shots are critical to protecting your health and the health of your family and community.*
 - *An estimated 1.1 million Californians are uninsured and eligible for financial help from Covered California or Medi-Cal, and the majority could get comprehensive coverage at no cost.*
-

SACRAMENTO, Calif. — With the rapid spread of the COVID-19 omicron variant across the state, Covered California is urging uninsured and eligible individuals to act now so that they can have comprehensive health care coverage for all of 2022. Coverage is critical to both getting needed preventive care and covering the costs of unforeseen care. The first enrollment deadline is fast approaching, and Californians need to sign up before the end of the year in order to have their health care coverage be effective on Jan. 1.

“Covered California is urging everyone who needs coverage to check out their options and sign up, before the end of the month, so they can start the New Year with protection and peace of mind,” said Peter V. Lee, executive director of Covered California. “The COVID-19 pandemic continues to highlight the fact that life can indeed change in an instant. With the omicron variant surging across the state, every Californian should be sure to have coverage and take the needed steps to stay healthy and safe.”

Californians who sign up by Dec. 31, and pay their first bill, will have their coverage take effect on Jan. 1.

COVID-19 Hospitalizations in California Average \$127,000 for Complex Care

A national nonprofit group recently analyzed claims data across the country and examined cases of COVID-19 in which patients were admitted to the hospital and required ventilation or admission to the intensive care unit (ICU), which is much more likely to occur among the unvaccinated. FAIR Health, which manages the nation's largest database of privately billed health insurance claims, found that [the average cost for a complex care COVID-19 hospitalization was \\$127,281](#) in California.

In cases where a patient needed to be hospitalized, but did not require ventilation or admission to the ICU, the average cost in California was \$42,674, which is virtually identical to the average costs for Covered California enrollees who are admitted to hospitals for all reasons.¹

Finally, for patients who were diagnosed with COVID-19 and received only outpatient care — which is much more likely for people who have been vaccinated and received their booster shot — the average cost in California was \$1,334. For those with insurance, only a small fraction is paid out-of-pocket by the consumer.

Table 1: COVID-19 Medical and Hospitalization Costs by State: California ²	
Level of Care	Average Estimated Allowed Amount ³
Complex Inpatient (Patient is admitted to the hospital and requires ventilation or admission to the intensive care unit [ICU])	\$127,281
Non-complex Inpatient (Patient is admitted to the hospital but does not require ventilation or admission to the ICU)	\$42,674
Outpatient (Patient has been diagnosed with COVID-19 but does not require hospitalization)	\$1,334

“No one wants to end up in an emergency room or hospital for COVID-19 or any other reason, but if you do, a quality health insurance plan through Covered California can

¹ Covered California, December 2021. <https://www.coveredca.com/newsroom/news-releases/2021/12/09/statewide-tour-launched-to-promote-how-the-american-rescue-plan-can-provide-huge-savings-to-reduce-the-number-of-uninsured-californians/>

² FAIR Health, September 2021. https://s3.amazonaws.com/media2.fairhealth.org/infographic/telehealth/COVID-19-Medical-Hospitalization-Costs-by-State-FINAL_CA.pdf

³ Represents the total amount paid to an in-network provider, including payments from both the plan and the patient.

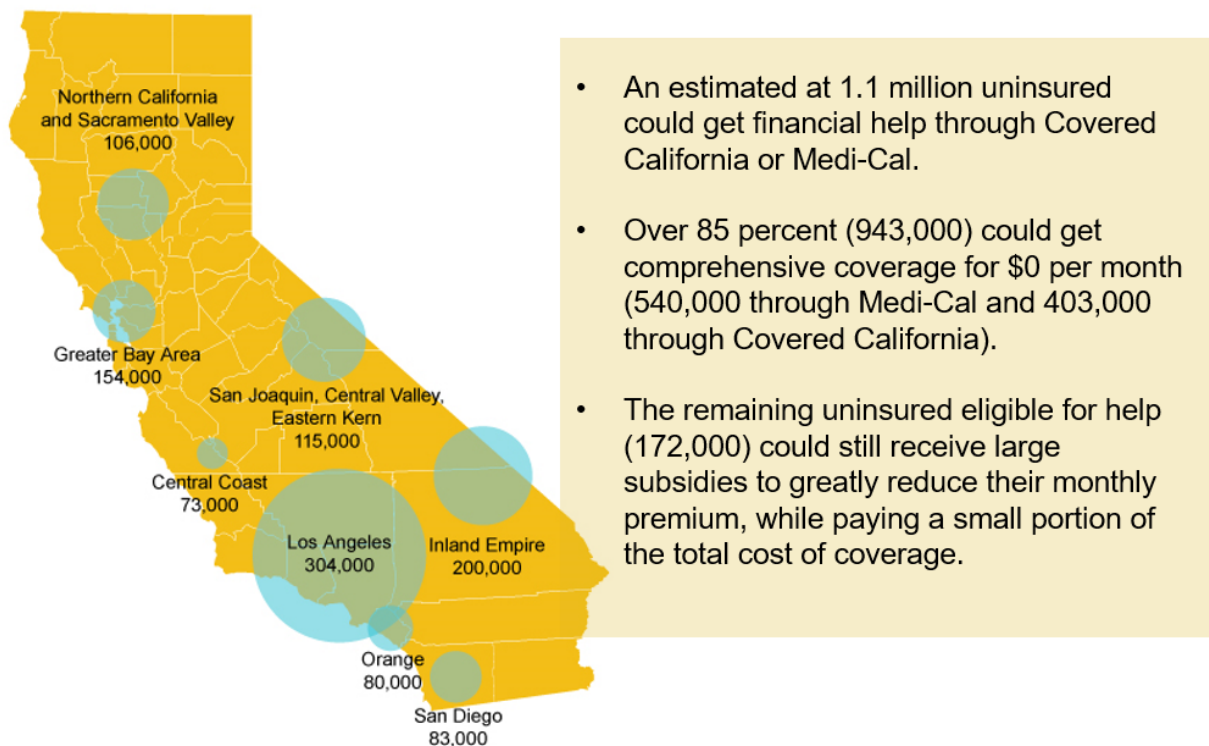
save you tens of thousands of dollars,” Lee said. “In addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

Significant Savings for More Than 1 Million Uninsured Californians

Signing up for quality coverage is more affordable — for more people — than ever before thanks to the increased subsidies provided under the federal American Rescue Plan that took effect earlier this year.

An estimated 1.1 million Californians are uninsured and eligible for financial help. The vast majority of the uninsured, more than 940,000 people, are able to get coverage through either Covered California or Medi-Cal at no cost.

Figure 1: California’s Uninsured Could Get Quality Coverage at a Very Low Cost



Californians who do not qualify for a \$0 premium will still likely see significant savings through the increased financial help available due to the American Rescue Plan. Right now, more than half of Covered California enrollees are paying less than \$10 per month, and 75 percent are paying less than \$100 for their brand-name health plan.

“Many of the people who are uninsured right now do not know they are eligible for financial assistance, or they have not checked recently to see how affordable quality coverage can be,” Lee said. “Do not wait until the last minute, or let the Dec. 31 deadline pass, without checking your options.”

In addition, the American Rescue Plan provides financial help to many middle-income families. These middle-income families who earn more than \$106,000 a year, and were previously ineligible for federal assistance, are now saving an average of nearly \$800 a month on their health insurance premiums.

The financial help for middle-income consumers can also benefit those who are currently insured directly through a health insurance company. An estimated 260,000 Californians have direct coverage and can switch to Covered California, and potentially get the same health plan, and save hundreds of dollars per month.

“Visit [CoveredCA.com](https://www.coveredca.com), where you can see the health plans available in your area and how much you can save on the coverage you’re already paying for,” Lee said.

Consumers Can Easily Check Out Their Eligibility and Options at CoveredCA.com

Those interested in applying for coverage can explore their options — and find out whether they are eligible for financial help — in just a few minutes by using the [Shop and Compare Tool](#) at CoveredCA.com. All they need to do is enter their ZIP code, household income and the ages of those who need coverage to find out which plans are available in their area.

In addition to signing up consumers through its website, Covered California also partners with certified and licensed enrollers who provide free and confidential help throughout the state. Covered California works with more than 11,000 Licensed Insurance Agents, who have established more than 500 storefronts in communities across California.

These storefronts feature Covered California signs and logos and provide consumers with a local point of contact to answer questions and help them enroll in a health plan that best fits their needs, whether through Covered California or Medi-Cal, depending on their eligibility. Consumers can visit <https://www.coveredca.com/support/contact-us/> and search for the agent nearest them.

Consumers can also call Covered California at (800) 300-1506 and get information or enroll by phone.

Signing up for a health plan will also help Californians avoid being subjected to the state individual mandate. Consumers who can afford health care coverage but choose to go without could pay a penalty when they file their state taxes in 2023. The penalty is administered by California’s Franchise Tax Board, and could be as much as \$2,400 for a family of four.

Open Enrollment Runs Through Jan. 31

Covered California’s open-enrollment period runs through Jan. 31, 2022 — unlike the federal deadline, which is Jan. 15 for states that use [healthcare.gov](https://www.healthcare.gov). Consumers who sign up after Dec. 31 will have their coverage start on Feb. 1.

Covered California's online enrollment portal and certified enrollers will also help people find out whether they are eligible for Medi-Cal. Medi-Cal enrollment is available year-round, and the coverage will begin the day after a person signs up. In addition, [people can apply for Medi-Cal](#) online or by picking up an application at one of the many county resource centers throughout the region.



\$0 Covered California Health Plans Available

Staff

There is no better gift that people can have than good health, which is especially important during this age of the COVID-19 pandemic. And California's Obamacare health care exchange, Covered California, is urging African Americans — disproportionately impacted by the COVID virus — to gift themselves with good health coverage and enroll in brand-name health plans that often cost less than \$10 and even \$0 per month.

"This year, in the midst of a global health crisis and recession, having access to quality health care is paramount," said Peter V. Lee, Covered California's Executive Director. "And the good news is that having health coverage is now more affordable than ever before. During this holiday season, what better way to show a loved one that you care than by giving the gift of health."

Covered California's open enrollment period officially began in November and runs three months through Jan. 31. A record-high number of 1.6 million consumers are currently enrolled in Covered California health plans and are receiving federal and state financial help to afford their health coverage. This record enrollment has been driven by the increased financial help included in the American Rescue Plan, which is the landmark federal law passed earlier this year in response to the COVID-19 pandemic and the recession it has sparked.

Long-standing systemic health and social inequities make many people of color still at increased risk of getting sick, being hospitalized, and dying from COVID-19, according to the national Centers for Disease Control and Prevention (CDC). Additionally, people of color — specifically African Americans— have much higher incidences of chronic diseases like diabetes and high blood pressure, according to a recent report by the Commonwealth Fund.

"Health insurance can have a lasting impact," Lee said. "From day one, Covered California has worked hard to connect with the state's diverse communities. We believe that part of addressing the disparities exposed by the pandemic is by effectively reaching out to enroll all Californians into comprehensive health plans."

An estimated 1.1 million Californians are without health insurance today and eligible for financial help. Many of them can get free health coverage through Medi-Cal or can get major financial help to purchase a name-brand health plan through Covered California — dramatically lowering their monthly health care costs. Covered California estimates about 940,000 Californians of those 1.1 million people who are uninsured, can get comprehensive health coverage at no monthly premium, either through Medi-Cal or Covered California.

Even for those not eligible for a \$0 monthly premium, many Californians will be able to get significant savings on their health coverage. In California, the vast majority of those getting financial help could get quality, name-brand health plans for less than \$10.

“Affordability is the number one issue for consumers, and the financial help available through Covered California helps bring the cost of coverage within reach,” Lee said.

Covered California is currently working with 12 health insurance carriers statewide for the 2022 health coverage year, and nearly all Californians will have two or more choices of health insurers in their local areas to choose from.

Consumers will need to sign up by Dec. 31 in order to have their health coverage begin on Jan. 1, and they can quickly and easily find out if they qualify for financial help and see the health coverage options in their area by visiting CoveredCA.com. They just need to enter their household income, ZIP code, household size and the number of people who need coverage and their ages into the calculator on Covered California’s homepage. In addition to visiting CoveredCA.com, those interested in learning more about their health coverage options can also:

- Get free and confidential assistance, in a variety of languages, from a certified enroller.
- Have a certified enroller call them and help them for free.
- Call Covered California at (800) 300-1506.

Health: Push For CoveredCA Sign Ups And Booster

Dianne Anderson

About 60 percent of the country is now fully vaccinated, but 40% are still on the fence, even with the recent rush for a booster in the face of future variants that could be worse, or much different, than the last one.

Omicron seems to transmit twice as fast as Delta, which traveled twice as fast as the original Alpha, but Delta is still the main culprit, accounting for over 99% of COVID-19 deaths in the U.S., according to the CDC.

Last week, the nation saw more people going for shots, at over two million shots per day, a level not seen since about seven months ago. As of Saturday, White House Covid-19 data director Cyrus Shahpar tweeted that 2.17 million doses were administered, including 554,000 newly vaccinated and 1.25 million boosters.

Black Women Rally, a group of health professionals, has been monitoring COVID-19 infections and deaths in Los Angeles County since the start of the pandemic.

They report that as of Thanksgiving, Blacks in the county were at 59% vaccinated, and ages 12 and older have received at least one shot, but compared to other groups in the county, they are still lagging. Asians are at 85%, American Indian/Alaska Native at 80%, white at 76%, LatinX at 67%, and African Americans at 59%.

Michael Browning, Policy Director at Black Women Rally for Action – Los Angeles County, said that COVID vaccination Boosters are essential to help fight the new COVID variants and keep Black people out of the hospital or from dying from COVID.

“Many people feel that COVID information is changing so often that they don’t know what to believe from day to day. Our people should accept that information and guidance may change but in order to keep our people alive and well, we need to get vaccinated and follow the last County guidance on getting boosters,” he said.

In Orange County, Ernesta Wright has worked with vaccination support efforts and information for nearly two years. Her nonprofit regularly hosts top of the line panelists to discuss all the issues that the community is dealing with today.

“We’re having health literacy virtual meetings to help understand health coverage. We have health providers also on the panel, and an insurance agent, and very knowledgeable enrollment counselors,” Ernesta Wright, founder and CEO of The G.R.E.E.N Foundation.

Part of the success of her health outreach is that it is viewed as a trusted source for resources in the community. They also help relay and decipher sometimes complicated studies and materials from the CDC and Health and Human Services.

In the past, Wright has served as a navigator with Covered California. Today, she continues to work with the California Black Health Network, and other collaborative partners to ensure the community gets connected to coverage. She said they are connected to all the county agencies and the CDC to get the latest information out to the community.

“We are also providing local support services and information on where vaccinations can be done, testing and support for those impacted from a social service perspective. We see [there is] the flood of sometimes misinformation that impacts locally as well,” she said.

Rhonda Smith, Executive Director of the California Black Health Network, said numerous community-based organizations and agencies now hosting popup clinics. CVS and other pharmacies are widely available, as well as clinics to walk in or easily schedule the vaccine.

While CBHN doesn’t tell people what to do, she said they do help the community in making informed decisions with the best information available.

“We share facts versus fiction, whether it’s COVID or the vaccine. We are putting together a tool kit that can be disseminated to community based organizations, churches, sororities and whoever needs to get their hands on that information,” she said.

CBHN is also a Covered California navigator, and enrolling people right now into health insurance, including qualified healthcare plans, or Medi-Cal. She is also very concerned about the undocumented Black residents that are typically not seeking out help, or they do not realize that help exists.

January 31 is the deadline to enroll.

“We’re doing a lot of different things but it’s all under one umbrella around the campaign for Black health equity, which is our multi-year initiative to focus on improving the life expectancy of Black Californians,” she said.

As part of their outreach, they continue to be diligent on their advocacy, education policy and initiatives that can make the community aware, especially to address the severe impact and death toll of the pandemic.

Even before COVID, she said that Blacks in California, similar to the rest of the nation, have a life expectancy 5.5 years shorter than the white population.

“COVID has added another 1-2 years gap in that. Our work at the more granular level is focused on those health conditions that we can advocate for educate people around, policy and initiatives that can help close that gap in life expectancy for Black Californians.”

For more information, see <http://www.thegreenfoundation.net/>
To enroll in Covered California and other Black Health resources, see here:
<https://www.cablackhealthnetwork.org/>



'Unprecedented Financial Help' Is Available For Those Eligible Without Health Insurance

Tyler Wayne

Close to 600,000 people in the Southern California region are eligible for low- or no-cost health insurance through Covered CA, the state's health insurance exchange.

Covered CA officials point out that eligibility has been expanded and that there's "unprecedented financial help" available, thanks to increased federal subsidies provided under the American Rescue Plan.

Peter Lee, executive director of Covered CA, says some Californians insured through the exchange — more than half of people enrolled — pay as little as \$10 dollars a month. He also points out that going without insurance and relying on emergency room care can be risky and costly.

“If they are admitted to hospital, the charges are on average \$43,000. Out of that though, the coverage they have means that they're only paying about \$2,700 out of their pockets. Ninety percent-plus of the costs are being picked up by the insurance,” Lee said. “So, the benefits are big and the availability of financial support is bigger than ever.”

For people interested in coverage beginning on Jan. 1, the deadline to enroll is Dec. 31. Otherwise, residents have until Jan. 31 to secure coverage for the 2022 year.

The Bakersfield Californian

For thousands of uninsured Central Valley residents, Covered California seeks to be the answer

Sam Morgen

Late-stage cancer, stroke and the amputation of limbs are all maladies that frequently threaten the lives of California residents, in addition to costing thousands of dollars for treatment.

These conditions can be caught early if patients are screened, but thousands of Californians without medical insurance frequently wait until it is too late for a relatively easy medical intervention.

That's why Covered California, the state's public health insurance marketplace, is urging all residents to seek insurance during this year's open enrollment period. In a virtual tour stop highlighting the Central Valley, doctors and insurance agents from Merced to Bakersfield urged residents to sign up for insurance, claiming that federal support has made the program cheaper.

"It's very important to get good coverage, get good care and then you can prevent early disability for yourself or early death," Kian Azimian, a doctor at Bakersfield Memorial Hospital, said during a virtual press conference on Friday. "A lot of the stuff that we're seeing is coming from the folks that haven't taken care of what is 100 percent preventable. And it's just so sad to see somebody get so devastated from a Stage 4 cancer or a stroke, blindness, amputation of legs and toes from diabetes. These are all things that can be taken care of from having better access to health care."

According to Covered California, about one-tenth of its enrollees visit the emergency room each year, with the average cost being around \$8,000. However, because of their insurance, the enrollees end up paying only \$375.

Similarly, Covered California says around 3 percent of its enrollees visit hospitals, paying an average of \$2,700 when the total cost is \$43,000.

"No one wants to end up in an emergency room or hospital, but if you do, a quality health insurance plan through Covered California can save you tens of thousands of dollars," Covered California executive director Peter V. Lee said in a news release. "In

addition, having health insurance means you are more likely to get preventive care and regular treatment for chronic conditions, which helps keep you out of the hospital in the first place.”

There are 115,000 uninsured people in the Central Valley, the majority of whom can get insured at no cost, according to the service. Support from the American Rescue Plan Act — the \$1.9 trillion stimulus package signed into law by President Joe Biden on March 11 — means more than half of Covered California enrollees pay less than \$10 per month, and three quarters pay less than \$100 per month.

Covered California allows applicants to choose their own doctors and pick from brand name insurance providers such as Anthem, Blue Shield of California, Health Net and Kaiser Permanente.

For more information, visit www.coveredca.com. Insurance agents are also available to help applicants navigate the process.

Those who want their coverage to start on Jan. 1 must sign up by Dec. 31. Covered California’s open enrollment period runs until Jan. 31.

“I am a single parent and it was simply not an option for me to pay for a high insurance premium out of my own pocket, so I am extremely thankful for Covered California and being able to keep up with my yearly physicals and primary care,” Merced resident Deanna Fregoso said during the press conference. “If you’re curious about Covered California and the financial help that is available, I wouldn’t wait.”



Humboldt County medical staff encourage Covered California sign-ups

Mario Cortez

As the open enrollment period to find medical insurance through Covered California opens up, local health care providers highlighted the importance and benefits of having health coverage through a virtual forum on Friday.

The forum included James Goldberg of St. Joseph’s Hospital’s emergency medicine department, Rashelle Pitzer of Open Door Community Health Center in Eureka and Covered California chief medical officer Alice Chen, among others who encouraged locals to enroll during the open period.

“When you’re uninsured, the odds are really stacked against you. It’s harder to get treated for common health conditions like diabetes and high blood pressure before they

cause life-threatening problems like a heart attack or stroke. You're also less likely to be screened for things like breast and colon cancer, so you get diagnosed later when the condition is less treatable. And mental health issues are less likely to get early attention and more likely to spiral into crisis," Chen said.

Heading into 2022, prospective clients looking for enrollment through Covered California can take advantage of new financial aid and expanded eligibility made possible in part by the American Rescue Plan Act, signed by President Joe Biden earlier this year.

The funds and opportunities can allow more people to better manage their health.

Goldberg underscored the importance of preventive and routine care in staving off serious, long-term issues which can be tended with routine check ups and outpatient care before they become issues which demand emergency treatment.

"So we're seeing quite a few patients and we are quite busy with these people, many of which have not had adequate outpatient primary care because of a lack of coverage," he said. "We will see you, but you can have extended stays in the emergency department, again, for things that can be seen at an outpatient clinic can be quite expensive, and you don't want to have that weighing on you financially," he Goldberg said.

Pitzer said Open Door has been enrolling new individuals and families that did not previously qualify for financial aid prior to the passing of the American Rescue Plan Act. Many of the enrollees are seeing lower premiums.

"One of my clients that I just enrolled was paying over \$200 a month. But thanks to the new financial assistance provided by the American Rescue Plan, they're now only paying \$50 a month," she said.

According to Covered California, there are approximately 106,000 uninsured people who qualify for financial help or no-cost coverage through Covered California in the 20 northernmost California counties, catalogued as the Eureka-Redding area and Sacramento Valley area.

An exact figure on how many people are eligible for Covered California and rebates in Humboldt County was not provided by program representatives or St. Joseph Hospital staff during the conference's media Q&A section or in time for publication.

Those interested in acquiring health insurance through Covered California can learn more online at <https://www.coveredca.com/>.

"It's very important to get good coverage, get good care and then you can prevent early disability for yourself or early death," Kian Azimian, a doctor at Bakersfield Memorial Hospital, said during a virtual press

What to know about Covered California before New Year's Eve

Margaret Beck

While the Medicare Part D open enrollment period ended Dec. 7, the health plan open enrollment for individuals younger than 65 and not Medicare eligible continues until Jan. 31, 2022.

However, if you want coverage to be effective Jan. 1, you must complete the process before Dec. 31.

Your plan may have been passively renewed by Covered California already. This means you will be automatically enrolled in the same plan you were in before, or the closest plan available to it. But this does not mean you will pay the same premium you paid in 2021.

It's not in your best interest to wait until after the holidays to enroll. There are a lot of changes coming and you will want to know what your costs and benefits will be before Jan. 1.

The enhanced benefits for anyone receiving unemployment benefits in 2021 will end in 2022. This could substantially change your premiums if you maintain a Silver plan.

Covered California health plans come in four tiers: Bronze, Silver, Gold and Platinum. It's important to remember that when you complete your renewal update, you're projecting your income for 2022. This program looks forward, not backward for renewals.

A couple of 62-year-olds in Shasta County with a combined income of \$150,000 could qualify for a subsidy of \$1,434 monthly giving them a net premium of \$495.70 for a Bronze High Deductible plan with Blue Shield of CA.

The same income shared between a couple of 40-year-olds with children ages 8 and 10 would result in a premium of about \$656 for the same plan, including a \$715 premium subsidy. Drop the family's income to \$85,000 and the premium for the Bronze plan is \$56.11 monthly with a \$1,316 monthly subsidy.

The only way to qualify for any of the financial subsidies is to buy your coverage through the Exchange — Covered California. If you're currently purchasing coverage off the Exchange, it may be worth it to see if you qualify for a subsidy.

Go to www.coveredca.com and use the “Shop and Compare” feature. Then contact your agent and see if they can re-enroll you in coverage. Be very careful not to get directed to an online brokers websites. Just like any search these days, sponsored sites often come up first and they are not necessary the site you want.

While there's currently no federal tax penalty for going without health insurance coverage, there continues to be a state tax penalty. Starting in 2020 the penalty is \$800 per adult and \$400 per dependent child under age 18 living in the household. With all the financial help available to pay premiums, it doesn't make a lot of sense to pay this penalty and go without this important coverage.

Covered California also provides an additional pathway to Medi-Cal — California's Medicaid system. Regardless of assets, if income is low enough one might qualify for MediCal. If you enroll in Covered California and your income is below 138% of the Federal Poverty Level for adults, your case will be referred to Medi-Cal and re-processed. The limits are higher for pregnant women and kids.

Be careful when you enroll in Covered California; at certain incomes you can become a “mixed household” with some members automatically enrolled in Medi-Cal due to these higher limits. Mixed households can be an administrative challenge at best.

If you have multiple jobs and/or sources of income, it's important to pay attention to the categories and enter them in the proper categories on the application. As stated earlier, your application is projecting your income for the coming year. However, the subsidies are reconciled when your tax returns are filed, so if you misreported income for 2021, it will be reconciled with your 2021 tax return. You could be eligible for additional tax refunds or be required to pay more at this time, depending on the difference between what you estimated and what you ultimately reported.

If your income changes by 10% or your family size changes, you're expected to notify Covered California.

For help, call Covered California at 1-800-300-1506 and submit the application on the phone. Following the call, it's to your benefit to set up your own online access to your Covered California account so you can update information as needed.



A Community Newspaper Serving San Bernardino, Riverside & Los Angeles Counties



Health Experts Join Covered California to Urge Blacks to Get COVID Vaccinations and Boosters and Enroll in Health Plans

Staff

In response to the ongoing COVID-19 pandemic and quickly spreading omicron variant, Covered California is partnering with African American health experts to urge Black Californians to take action during the crises and get COVID-19 vaccinations and boosters and enroll in affordable, comprehensive health coverage to stay healthy. African Americans and other people of color continue to be hard hit by the COVID-19 virus, with infection and death rates that are still disproportionately high and vaccination rates that are still low.

African American doctors joined Covered California at a virtual media event recently to not only stress the urgency of getting COVID-19 vaccinations and boosters, but also shared new data about the increased costs people face if they need emergency room care or are admitted to a hospital without health insurance, and the rising rates of mental health crises among Blacks during the pandemic.

Covered California emphasized that all its health plans provide preventive health services that target both physical and mental health, and that health coverage is now more affordable than ever before – with most people getting brand-name health plans for less than \$10 and even \$0. Covered California's open enrollment period runs through Jan. 31, 2022, but you must enroll by Dec. 31 to have health coverage starting on New Year's Day Jan. 1, 2022. You can sign up for health plans at CoveredCA.com or call (800)300-1506.

View the full webcast of the virtual media event here: <https://vimeo.com/656743421>.



Covered California's Insurance Deals Range From 'No-Brainer' to Sticker Shock

Bernard J. Wolfson

If you purchase your own health insurance, it's time to choose your coverage for 2022. If you buy it through Covered California, the chances are better than ever that you will get a big discount on your monthly premium — or pay no premium at all.

Many middle-class families who previously paid full fare for their health plans got financial assistance this year through the American Rescue Plan, a law that significantly expanded federal tax credits that reduce the premiums consumers pay.

But hundreds of thousands of Californians who are eligible for the credits are not yet reaping the benefit. Among them are 575,000 uninsured people, most of whom could get coverage for \$0 a month, and about 260,000 people who buy insurance outside the state's Affordable Care Act marketplace and could save hundreds of dollars a month by switching into it, according to estimates from Covered California.

"It's a lot of money that people don't realize they're leaving on the table," says Peter Lee, Covered California's executive director. "I don't know anyone who can comfortably pass on \$10,000."

Enrollment for 2022 coverage through Covered California — as well as for individual and family health plans purchased outside the exchange — ends Jan. 31. Consumers can enroll anytime during the year if they've undergone a major life change, such as losing a job, moving, having a baby, getting married or being affected by a natural disaster.

The additional federal tax credits are slated to expire at the end of 2022, but the current version of President Joe Biden's roughly \$2 trillion Build Back Better legislation, pending in Congress, would extend them through 2025.

If you are already in a Covered California plan you like, it might be tempting to simply renew it without checking other options. Resist that temptation. Insurers change their prices every year, and new companies may have entered the market in your region. So a different health plan could be a better deal than your current one.

But if you like the medical providers in your current network, make sure you will have access to them in any health plan you consider for next year.

The American Rescue Plan not only offers many Californians dramatically cheaper premiums but also makes Cadillac coverage available for free if their income is low enough.

In general, individuals and families with annual incomes between 138% and 150% of the federal poverty line — \$17,775 to \$19,320 for an individual and \$36,570 to \$39,750 for a family of four — can get the lowest level of coverage, known as bronze, for no monthly premium in 2022. But they would also pay no premium if they chose a particularly generous plan known as silver-94. The individual version of the plan has a medical deductible of just \$75, no deductible for prescription drugs and an \$800 annual cap on how much enrollees pay out-of-pocket before 100% of their medical costs are covered. In the bronze plan, by comparison, the medical deductible for an individual is \$6,300, with an out-of-pocket spending limit of \$8,200 and a separate pharmacy deductible of \$500.

Covered California and all insurance agents worth their salt are encouraging people in bronze plans who meet the zero premium income criteria to make that switch.

“I call it the no-brainer plan,” says Edsel D’souza, a partner at the Citrust Insurance Agency in Culver City. “When people hear about it, they can’t believe it’s that good.”

But not all Covered California enrollees have such a happy surprise awaiting them. Under a provision in the American Rescue Plan, about 120,000 enrollees got the silver-94 plan for \$1 a month this year if they collected unemployment benefits for even one week in 2021. Many — and perhaps all — of those enrollees will lose that discount in 2022 and are facing sticker shock or bracing for a return to a lower level of coverage.

“I have people who were in bronze, got the unemployment boost, and we switched them to a silver-94, so now they’re running around getting all kinds of tests and procedures done before the end of the year,” says Kevin Knauss, an insurance agent in Granite Bay.

D’souza says he helped a family of four in which one of the parents had received unemployment benefits for part of 2021, enabling them to move into a Covered California plan that cost \$344 per month. But they will get no subsidy in 2022, D’souza says, and the monthly premium will nearly quadruple, to \$1,269.

According to D’souza’s calculations, a 40-year-old single person who lives in West Los Angeles, has an income of \$40,000, and is paying \$1 a month in 2021 for a silver-94 plan after being unemployed for part of the year would see the monthly premium jump to nearly \$200 in 2022 — for a much less generous silver plan.

Shopping and signing up for coverage with Covered California can be tricky, and it’s not hard to run into problems.

Knauss notes, for example, that Covered California looks at your income in the month you apply. If you are applying in December and don’t have any income this month, you might be pushed into Medi-Cal, the government-run insurance program for people with low incomes, even though your annual income is above the eligibility threshold. It can be time-consuming and frustrating to revert to Covered California.

Another common problem, Knauss says, affects people who have employer insurance that ends Dec. 31. If this applies to you, be aware that you will get no subsidy for 2022 if you fill out an application this month and check “yes” when asked whether you have job-based insurance. You need to check “no” even though that’s not technically true at the time, Knauss says.

To avoid some of these pitfalls, find an insurance agent in your area who will walk you through all the options. Agents won’t charge you a penny.

You can find one on the Covered California website (www.coveredca.com). You can also fill out a form on the site to get a quick phone call from an insurance agent or another exchange-certified enroller. And you can get enrollment help by calling Covered California at 800-300-1506.

A word of caution: Some websites imitate the Covered California site, but their purpose is usually to generate business leads for insurance agents.

Jonathan Edwards, D’souza’s business partner at Citrust, says one of his clients thought he was filling out an application with Covered California and then got 20 calls from insurance agents within an hour. “You have to know that coveredca.com is the official website of Covered California,” Edwards says, “and everything else is suspect.”



Ring in the 2022 New Year with healthcare savings

Staff

The New Year is right around the corner and it’s a time to set new goals. One opportunity that everyone should embrace is to make sure to have access to quality health care in 2022. The COVID-19 pandemic and the new Omicron variant have highlighted the importance of healthcare, and now is the time to get comprehensive health coverage.

The good news is that quality healthcare coverage is now more affordable than ever before, thanks to the new and increased financial help from the American Rescue Plan. The law dramatically increased the subsidies available to Californians in nearly every income bracket – allowing them to get covered and stay covered with comprehensive, name-brand health insurance.

So, what does that mean? If you or someone you know is uninsured right now – or has coverage directly from a health insurance company – now is the time to check out your options from Covered California.

Covered California is part of the Affordable Care Act, sometimes known as Obamacare — and it's the only place you can go to get financial help to bring the cost of health coverage within reach. Right now, an estimated 1.1 million Californians are uninsured and eligible for financial help. The overwhelming majority of this group, about 940,000 people, will qualify for no-cost health coverage through either Covered California or Medi-Cal. Even if you do not qualify for \$0 health plans, many people can get health coverage for less than \$10 per month.

In addition, the American Rescue Plan extends the financial help available to middle-income Californians, who were previously ineligible for federal financial help. For example, an estimated 260,000 Californians purchase their coverage directly from a health insurance company, without any assistance. They can switch to Covered California, and in many cases keep their same health plans and doctors, while saving hundreds of dollars a month.

Everyone can benefit from ringing in the New Year with big savings, peace of mind and access to quality health care.

Health insurance protects you financially if an injury or illness sends you to the emergency room or hospital. Preventive care helps keep you healthy and out of the hospital in the first place, which is especially important for African-American communities which experience higher rates of chronic diseases like diabetes and high blood pressure.

Find out about financial help eligibility, and learn about health coverage options by visiting www.CoveredCA.com. Enter a few pieces of information, age, ZIP code, household income and the ages of those who need health insurance and see the results in just seconds. State residents can also call Covered California's Service Center at (800) 300-1506 to enroll in health plans.

Sign up by Dec. 31 and coverage will start on New Year's Day. If that deadline is missed, don't worry, open enrollment runs through January 31. There has never been a better time for Californians to get health insurance, and with this new financial help available, the cost of health coverage is more affordable than ever before.



California 1st state to top 5M cases amid omicron surge

Staff

SACRAMENTO, Calif. (AP) — California became the first state to record more than 5 million known coronavirus infections, according to the state dashboard Tuesday, which was delayed by the holiday weekend.

The grim milestone, as reported by the California Department of Public Health, wasn't entirely unexpected in a state with 40 million residents poised for a surge in new infections amid holiday parties and family gatherings forced indoors by a series of winter storms.

The first coronavirus case in California was confirmed Jan. 25, 2020. It took 292 days to get to 1 million infections on Nov. 11 of that year, and 44 days from then to top 2 million.

California's caseload is also ahead of other large states. Texas had more than 4.4 million and Florida topped 3.9 million as of Sunday.

California has recorded more than 75,500 deaths related to COVID-19.

The state has fared far better than many other states that are dealing with a coronavirus surge, with areas in the Midwest and Northeast seeing the biggest jump in cases and hospitalizations amid frigid temperatures that have kept people indoors.

The U.S. Centers for Disease Control and Prevention lists California as a place with "high" transmission of the virus, along with nearly everywhere else in the country. But in the last week California averaged 16.4 new cases per 100,000 people, less than a third of the national rate.

Meanwhile, coronavirus related hospitalizations have been rising slowly in California, up about 12% in the last 7 days to 4,401. That's less than half as many as during the late summer peak and one-fifth of a year ago, before vaccines were widely available.

On Tuesday, San Francisco announced it was canceling its New Year's Eve fireworks show because of the rising caseload, while Contra Costa County in the Bay Area announced that it would require masks to be worn in all public indoor places as of Wednesday. Previously, some vaccinated people had been allowed to remove them.

The timeline of COVID-19 in America often comes back to California. It had some of the earliest known cases among travelers from China, where the outbreak began.

The Feb. 6, 2020, death of a San Jose woman was the first known coronavirus fatality in the U.S. That same month, California recorded the first U.S. case not related to travel and the first infection spread within the community.

On March 19, 2020, Gov. Gavin Newsom issued the nation's first statewide stay-at-home order, shuttering businesses and schools to try to prevent hospital overcrowding.

It is unclear how many of the newly reported cases were attributed to the omicron coronavirus variant. Much about omicron remains unknown, including whether it causes more or less severe illness.

Scientists say omicron spreads even easier than other coronavirus strains, including delta, and it is expected to become dominant in the U.S. by early next year. Early studies suggest the vaccinated will need a booster shot for the best chance at preventing an omicron infection but even without the extra dose, vaccination still should offer strong protection against severe illness and death.

With cases surging, the nation's largest state-based health insurance marketplace urged more than 1.1 million uninsured Californians to sign up by Friday for subsidized coverage that would then start with the new year.

Covered California said the average cost of an intensive care coronavirus hospitalization is \$127,000, but estimated that 85% of those eligible for the state-brokered health insurance can get coverage free of charge, with government assistance.

Those who sign up after Friday will have their coverage start on Feb. 1.

healthleaders

Technology Study Finds the Value in A Simple Phone Call

Eric Wicklund

A study published in Health Affairs finds that a phone call with a customer service representative can boost health plan enrollment in underserved populations, including those at or near poverty level, the elderly and minorities.

Researchers have found that a phone call with a live person at the other end can prod underserved populations in California into signing up for health insurance.

The study, led by Rebecca Myerson of the University of Wisconsin-Madison and published this month in Health Affairs, finds that this simple bit of technology can boost enrollment in the Affordable Care Act Marketplace among those at or near the poverty level, as well as older Americans and minorities. Even with this assistance, however, enrollment numbers remain low, and researchers said these population still face several barriers to access.

Researchers studied roughly 79,500 consumers who had applied for coverage in Covered California during the 2019 open enrollment period but had not selected a plan, and found that a personalized phone call from a service center representative boosted enrollment by 2.7 percentage points, or 22.5 percent of the target population, amounting to an overall return on investment of 2:1.

“When a consumer was reached for a one-on-one telephone conversation, the service center representative had detailed information on the consumer’s available options,” Myerson and her colleagues reported in the study. “Representatives were able to describe to consumers the subsidies and cost-sharing reduction options for which they were eligible, clarify the parameters of specific plans available to them (including the costs and benefits of each plan, provider networks, and quality ratings), and walk them through the enrollment process if desired. Assistance was available in Spanish and other languages. This intervention could address enrollment barriers such as lack of awareness of health insurance options, low health insurance literacy or computer literacy, preference for in-language assistance, and the time and cognitive costs of sifting through options.”

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The project points to both the value and drawbacks of using technology to engage consumers. Researchers noted that some forms of communication, such as automated messaging, texts and e-mails, might not be appropriate or effective in reaching target populations who aren’t comfortable with those channels, while a simple phone call with a live voice at the other end can reach and effectively engage some people.

“Several prior interventions sought to improve health insurance decisions via ‘low-touch’ outreach methods, such as presenting information in an automated online choice environment, in an advertisement, or by mail,” the researchers noted in the study. “Although these approaches are effective for many consumers, they might not be sufficient to overcome certain barriers to obtaining coverage, such as gaps in health insurance literacy, computer literacy, or internet access. Further, consumers in non-English-speaking communities may face language and informational barriers that limit the effectiveness of traditional passive outreach. These concerns have led to increasing interest among policy makers, navigators, and consumer organizations in developing novel outreach methods to address diverse barriers to enrollment.”

The biggest take-away is that technology can work if it’s tailored to the targeted population. A “one-size-fits-all” approach won’t work well.

Myerson and her colleagues found the personalized phone calls don’t overcome all barriers but do result in “modest but meaningful enrollment gains in certain populations while yielding a positive return on investment.” They reported an estimated cost per new member acquired at \$224, similar to Covered California’s average lifetime commission per member for broker-assisted customers.

They also suggested developing a long-term strategy that might include longer interactions, passive nudges and reminders and even automatic enrollment.

Myerson was joined in this study by fellow UWM researcher Honglin Li, Nicholas Tilipman of the University of Illinois at Chicago, Andrew Feher and Isaac Menashe of Covered California and Wesley Lin of the University of California Los Angeles (UCLA).



Protect Yourself

Genoa Barrow

African American experts say health coverage is one of the most effective weapons in combating COVID-19 and addressing the new Omicron variant.

Doctors have united with Covered California to urge Black Californians, who remain disproportionately impacted by the pandemic, to take action and get COVID-19 vaccinations and boosters, and enroll in affordable, comprehensive health coverage to stay healthy.

Through the Coverage Matters tour, physicians also are sharing new data on the increased costs people face if they need emergency room care or are admitted to a hospital without health insurance.

“No one wants to end up in an emergency room or hospital, but we all know that life can change and if you do end up in the hospital, we don’t want to walk out with tens of thousands of dollars in debt,” said Dr. Alice Hm Chen, Covered California’s chief medical officer.

“This is not a theoretical issue. African Americans and other communities of color continue to be disproportionately affected by the COVID pandemic with high rates of hospitalization,” Dr. Chen said. Covered California continues to urge vaccinations for those eligible.

The struggle against COVID-19 and its impact on community health is far from over, Chen said. She added that many California hospitals’ resources are stretched by the surging Omicron variant. “Even a small winter surge of infections — and we all know that the Omicron variant is here in California — could overburden the system,” she said.

That would delay care not just for people with COVID-19, but with serious issues needing immediate attention such as those experiencing mental health crises, or suffering a stroke or heart attack.



California sues ‘sharing ministry’ health insurance plan

Don Thompson

SACRAMENTO, Calif. (AP) — California on Wednesday sued what the state’s attorney general called a sham health insurance company operating as a “health care sharing ministry” — one the state claims illegally denied members benefits while retaining as much as 84% of their payments.

The lawsuit names The Alera Companies and the Moses family, which founded Sharity Ministries Inc. Sharity, formerly known as Trinity Healthshare Inc., is a nonprofit corporation.

But the state says Alera is a for-profit corporation that collected hundreds of millions of dollars in premiums from thousands of Californians and others around the U.S. through unauthorized health plans and insurance sold through Sharity/Trinity.

Instead of paying members’ health care costs, the state alleges the company routinely denied claims and spent just 16 cents of every dollar in premiums on health care expenses.

“It’s particularly egregious when bad actors operating in the health care marketplace take advantage of families, when they take their money but provide essentially worthless coverage,” Attorney General Rob Bonta said in announcing the lawsuit.

“This left countless families crushed — not just by illness and the weight of medical emergencies, but by the burden of insurmountable medical debt.”

Before California’s lawsuit, 14 states and Washington, D.C., had taken actions against the Atlanta, Georgia-based company.

They include the California Department of Insurance, which issued a cease-and-desist order in 2020 to stop Alera from selling new plans in the state. But the state contends that the company kept operating for existing California members until Sharity entered bankruptcy last year.

Aliera did not respond to telephone and email requests for comment Wednesday.

But in a statement on its website responding to previous allegations, the company said it “is a holding and management company and is neither an insurance company nor a Health Care Sharing Ministry (“HCSM”); however, through multiple wholly owned subsidiaries ... we do provide services to HCSM clients.”

Aliera and Sharity were among such “sharing” plans called out last summer by “Last Week Tonight with John Oliver.”

California’s lawsuit alleges that Aliera never met the the legal definition of a health care sharing ministry, which among other things required them to be a nonprofit in existence since December 31, 1999.

Members were told their monthly payments would go to help others with their health care costs. But the state says that the company and Moses family retained as much as 84% of premiums.

By contrast, traditional companies authorized under the 2010 federal Affordable Care Act are required to spend at least 80% of their premiums on medical care.

Covered California Executive Director Peter Lee said plans included in the state’s program spend an average of 87% of premiums on health care.

Bonta in April had issued a more general consumer alert about such “sharing” companies.

He said that, unlike Covered California plans, such health care sharing ministries are not required to cover preexisting conditions or guarantee coverage for medical costs or services such as birth control, prescriptions and mental health care.

The issue arose after the passage of the Affordable Care Act in 2010.

Such health care sharing ministries were permitted to let consumers pool their money with others who share their religious beliefs, with the goal of assisting each other through medical emergencies.

They were exempted from many of the new federal coverage requirements, and some companies began marketing the sharing plans as a cheaper alternative to the new Obamacare compliant health insurance.

Enrollment in such sharing programs has since grown from about 100,000 members in 2010 to 1.5 million members in 2020. California has the nation’s second-highest membership, with about 69,000 members, according to the lawsuit.

Bonta and Lee said many of the firms may be operating illegally because they don’t meet the requirements for a health care ministry exception.



A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP

Kendal Orgera, Robin Rudowitz and Anthony Damico

Recent policy attention on efforts to reduce the number of people uninsured has focused on expanding eligibility for coverage assistance, including enhanced premium subsidies in the Affordable Care Act (ACA) marketplace and filling the Medicaid “coverage gap.”

In particular, as Congress considers a budget measure to temporarily expand coverage to the more than two million uninsured people in the “coverage gap” due to state decisions not to expand Medicaid, there are an additional 7.0 million nonelderly uninsured people who are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) (more than a quarter of the 27.4 million uninsured in 2020). Although millions of more people are covered through Medicaid as a result of the economic effects of the coronavirus pandemic as well as the continuous coverage requirements tied to access to temporary enhanced Medicaid matching funds, many people eligible for Medicaid remain uninsured due to lack of knowledge of coverage options, difficulty signing up, or other reasons. Policies in the Build Back Better Act as well as outreach for the current open enrollment period for the Health Insurance Marketplaces could help reduce that number. This issue brief examines the characteristics of the remaining uninsured population who are eligible for Medicaid or CHIP.

How many uninsured people are eligible for financial assistance for coverage?

A majority of people who remained uninsured in 2020 are eligible for financial assistance for coverage either through Medicaid/CHIP or the Marketplace. More than a quarter or 7.0 million of the total 27.4 million nonelderly people who remained uninsured in 2020 are eligible for Medicaid or CHIP. Just under four in ten (38.1%) are eligible for subsidized coverage through the health care Marketplace. Among the remaining uninsured, 7.5% fall into the “coverage gap” because they live in one of the 12 states that have not adopted the Medicaid expansion, and the ACA does not provide financial assistance to people below poverty for other coverage options (Figure 1).

Who are uninsured people eligible for Medicaid/CHIP?

Most of the 7.0 million uninsured and eligible for Medicaid or CHIP (referred to as the uninsured and eligible for the rest of this brief) are adults. Of the 7.0 million uninsured and eligible 4.2 million are adults and 2.8 million are children (Figure 2). Adults include those made eligible for the program by expansion and individuals who were already eligible under pre-ACA rules but had not enrolled.

Across all nonelderly uninsured and eligible, nearly two-thirds are people of color and nearly three out of four live in working families (Figure 2). Nonelderly Hispanic people

account for 40.0% of those uninsured and eligible, and Black people account for another 15.8%. More than a quarter (26.9%) are in families with no workers and nearly six in ten (58.4%) are in families with one or more full-time workers. Both full- and part-time low-wage workers are less likely to report having an offer of coverage from their employer or the coverage offered is too expensive.

Three quarters of the 7.0 million uninsured and eligible (5.2 million people) reside in expansion states, which have more people living in them and have higher income eligibility for adults than non-expansion states (Figure 2). The remaining 1.8 million people are in states that have not expanded Medicaid, but are eligible for Medicaid or CHIP under traditional (not ACA expansion) pathways. Most of the uninsured and eligible in expansion states are adults, while children make up the majority of the uninsured and eligible in non-expansion states (Figure 2). Eligibility for adults was expanded to 138% of poverty (\$17,774 for an individual and \$30,305 for a family of three in 2021) while in non-expansion states eligibility is limited for adults, often to below half of the federal poverty level. Most states (both expansion and non-expansion) have opted to set eligibility thresholds for children in Medicaid at higher levels, in most states above 200% of poverty. The differences in eligibility for adults across expansion and non-expansion states results in the variation in the shares of children and adults uninsured but eligible for Medicaid for these states.

What are key policy issues to watch looking ahead?

A KFF survey of consumers most likely to use or benefit from consumer assistance found that many people lack basic information about the ACA and available coverage options. Fewer than four in ten (38%) were aware that Medicaid enrollment is available year-round. In addition, only one in five people knew whether their state had expanded Medicaid. Another report cited lack of awareness of the programs, uncertainty about their eligibility, administrative hurdles in applying for coverage or renewing eligibility, or resistance to reliance on government programs as reasons for why those who are eligible for free or low-cost coverage including Medicaid may not enroll.

Understanding the reason why people do not enroll as well as the characteristics of those who are uninsured but currently eligible for Medicaid can help inform outreach efforts as well as policy changes designed to expand coverage and reduce the uninsured. Enhanced funding for outreach, advertising, and in-person assistance during the current Marketplace open enrollment period can raise awareness of Medicaid and promote Medicaid enrollment. For the 2022 open enrollment period, the Biden administration has launched expansive advertising and outreach campaigns to educate consumers on the availability of both Marketplace and Medicaid coverage. It has also increased funding for Navigators in the federal Marketplace seven-fold from \$10 million in 2020 to \$80 million in 2021. The enhanced Navigator funding will mean more staff to assist both Marketplace and Medicaid applicants.

The Build Back Better Act currently under consideration in Congress includes a number of policies that could reduce the uninsured and boost Medicaid coverage among those currently eligible, including additional funding for outreach and requirements for states to provide 12 month continuous coverage for children and for pregnant women. The legislation includes rules for states about unwinding the current maintenance of eligibility

(MOE) or continuous coverage requirements that have been in place during the public health emergency to help ensure that individuals who remain eligible for coverage are not disenrolled. The legislation also includes a penalty (a restriction in the federal match rate) for states that implement eligibility or enrollment restrictions through 2025. More broadly, the legislation also would reduce the number of uninsured by allowing those in the coverage gap to temporarily access subsidized coverage in the Marketplaces beginning in 2022, though outreach will be particularly important to reach this newly-eligible population.



Trends in 2021 Affordable Care Act Marketplace Insurers, Locations

Victoria Bailey

November 29, 2021 - The number of insurance options in the Affordable Care Act (ACA) marketplace has increased since 2018 with nearly 1,500 counties having access to three or more marketplace payers, a Health Affairs report found.

Researchers from Duke and Vanderbilt Universities used data from the Kaiser Family Foundation, the HRSA's Area Health Resources Files, the National Conference of State Legislatures, and the CMS Medical Loss Ratio Data and System Resources to assess which counties gained marketplace insurers and the characteristics of both the counties and the payers.

Insurer participation in the ACA reached an all-time low in 2018, something experts attribute to uncertainty during the 2017 and 2018 rate-setting cycles, federal policy changes, and low marketplace enrollment numbers at the county level.

However, participation has rebounded since then with nearly 2,000 counties seeing more insurers participating in the ACA marketplace in 2021 compared to 2018. With more payers offering plans on the marketplace, county residents have more options for coverage.

Counties that saw increases in insurer participation followed certain trends. For example, the 1,451 counties that had access to three or more marketplace insurers in 2021 made up 75.2 percent of the US population that is younger than age 65.

In contrast, counties that had access to one or two insurers on the marketplace had a lower share of younger residents. The 1,390 counties that had two insurers made up 21.4 percent of the US population under 65, while the 294 counties that had one marketplace insurer made up just 3.4 percent of the nonelderly population.

These trends disproportionately affected counties that had low insurer participation in 2018. Counties that had only one insurer in 2018 gained a mean of 1.22 insurers over the three years. However, counties that had two insurers in 2018 gained a mean of 0.68 insurers and counties with three or more insurers saw a mean gain of 0.51 insurers over three years.

Counties that continued to have limited insurer participation on the Affordable Care Act marketplace in 2021 largely shared certain characteristics. These counties were more likely to have had low participation in 2018 as well. They also were more likely to have state governments that were divided or controlled by Republicans.

Additionally, counties that had low insurer participation in 2021 were more likely to be in states that did not have a state-based marketplace.

The increases in insurer participation may have helped eliminate monopolist marketplace insurers. The number of counties with insurer monopolies decreased from 1,616 in 2018 to 294 in 2021, the report stated. Counties that experienced an incline in insurer participation were also likely to have had a decrease in insurer participation between 2016 and 2018.

The report looked at the different types of insurers that participated in the marketplace in 2021 and found that the majority of plans were offered by existing marketplace insurers that had expanded into additional areas since 2018.

Insurers with an existing presence that expanded their presence in the years following 2018 were less likely to be Blue Cross Blue Shield Association (BCBSA) plans. Meanwhile, BCBSA plans were less likely to expand their existing presence on the marketplace, but were more likely to enter the ACA marketplace.

Insurers that expanded their reach were also more likely to offer silver plans, cost-sharing reduction plans, and health maintenance organization (HMO) and exclusive provider organization (EPO) plans.

The Trump administration aimed to repeal and replace the Affordable Care Act and also eliminated federal reimbursement for plans that offered cost-sharing reduction for silver-level plans. The KFF researchers pointed to these actions as key motivators for health plans that evacuated the marketplace in 2018.

The insurers that remained in the marketplace turned to silver loading to make up for the lack of government compensation, but this practice, combined with a lack of competition in the marketplace, led to high premiums for enrollees.

As more insurers joined the marketplace following 2018, premiums decreased. But lower premiums could impact the ACA tax credit subsidy and increase out-of-pocket costs for those with incomes between 100 and 400 percent of the federal poverty level, the report indicated.

The enhanced premium subsidies under the American Rescue Plan Act may help negate this impact and increase marketplace enrollment and affordability.

“In the next several years, political and policy predictability as well as expanded subsidies and increased federally funded advertising and political support in profitable markets could be an attractive environment for insurers to enter new markets and expand their service areas, thus leading to enhanced competition,” the report concluded.

The New York Times

On More Generous Terms, Obamacare Proves Newly Popular

Margot Sanger-Katz

A record number of Americans — 13.6 million — have signed up for health plans through the Affordable Care Act’s marketplaces for 2022. The major reasons for the rise appear to be: Congress lowered the cost of Obamacare insurance; the Biden administration increased advertising for the program; and the pandemic disrupted many Americans’ employer-provided coverage.

The Covid-19 public health emergency helped usher in an era of greater generosity and expanded outreach to the uninsured that many of Obamacare’s original authors had long called for.

The increased enrollment, covering at least two million more Americans than in any previous year, was particularly pronounced in states like Georgia and Texas that have high rates of uninsurance and declined to expand Medicaid to cover their poorest adults.

“What a great day it is to really see how the programs are working as they are intended,” Chiquita Brooks-LaSure, the administrator for the Centers for Medicare and Medicaid Services, told reporters on a conference call.

The Biden administration has invested heavily in promoting the availability of insurance subsidies under the Affordable Care Act. It also quadrupled the network of professionals available to help people enroll. But Ms. Brooks-LaSure said she thought the main driver of the enrollment increase was the lower prices most Americans would pay.

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A stimulus bill passed by Congress in March made many more Americans eligible for financial assistance in buying Obamacare plans. For most people with low incomes, comprehensive coverage is currently available for no premium. Some middle-class people earning higher incomes became eligible for subsidies for the first time.

Taken together, the policies have represented an expansion and a reimagining of the Affordable Care Act, what some policy experts have called Obamacare 2.0. The enrollment numbers suggest that these changes have substantially increased enrollment in the program, counteracting coverage declines from falling employment during the pandemic.

But those gains may be fragile. The enhanced subsidies are scheduled to expire at the end of 2022. Democrats in Congress hope to extend them through 2025 as part of their large social spending and climate bill, but that legislation is currently stalled in the Senate.

“The only cloud on the horizon is the current uncertainty with the Build Back Better Act now being in limbo,” said Peter Lee, the executive director of California’s marketplace, Covered California. “Because if the subsidies that are expanded under the American Rescue Plan aren’t continued, the sad truth is hundreds of thousands of Californians will drop coverage after next year, and millions of Americans will drop coverage across the country.”

Federal health officials said enrollment gains were most pronounced in states that had not expanded their Medicaid programs. Enrollment in Georgia grew by a third from last year, and enrollment in Texas increased by more than a quarter. The Build Back Better package would also create new insurance options for poorer residents of those states.

Laura Colbert, the executive director of Georgians for a Healthy Future, a consumer advocacy group that also helps sign Georgians up for coverage, said the big enrollment boost this year came thanks to increased subsidies and advertising — but also a new state reinsurance program that helped lower premiums and attract more insurers into the state’s marketplace. She, too, worries about what will happen if the subsidies expire.

“If nothing else, consumers are price-sensitive, and an expiration of the enhanced subsidies will definitely lead to fewer enrollments,” she said. “When extra help is in place, people really appreciate it. But when it goes away, they are often more frustrated by it than they appreciated the help in the first place.”

The economic disruptions of the pandemic mean that some Americans who lost job-based coverage may be purchasing their own plans now. And the increased investment in advertising probably attracted many customers who had always had access to good deals but had been unaware that financial help was available. Research on the uninsured has found that more than half would qualify for free or subsidized health care.

“The messaging angle here is also really important to even get people to the door,” said Cynthia Cox, a vice president at the Kaiser Family Foundation who conducts research on the A.C.A.’s effects. “And the subsidies make it more appealing to walk through the door to actually sign up.”

The administration also established a long “special enrollment period” related to the pandemic through the spring and summer. Millions of new customers signed up for insurance then and are renewing now.

Enrollment remains open until Jan. 15 in most states for those who want coverage that would begin in February. A handful of states that operate their own marketplaces will continue to allow sign-ups later in January.



Obamacare is proving popular in red states that didn't expand Medicaid

Tami Luhby

(CNN) When Pedro Peña lost his job as a restaurant cook at the start of the coronavirus pandemic, he applied for Medicaid to replace his job-based insurance. A diabetic, Peña understood the importance of being covered.

But the Miami resident was repeatedly turned down for public health insurance because Florida is among the dozen states that have not expanded Medicaid to low-income adults.

Peña, 62, didn't realize the Affordable Care Act still existed since he had stopped hearing about it. But late last year, his friends and family suggested he reach out to Epilepsy Florida to see if he could sign up.

Pedro Pena of Miami signed up for Affordable Care Act coverage for 2022 after losing his restaurant job -- and his health insurance -- at the start of the pandemic.

Shirley Dominguez, one of the navigators at the nonprofit group, enrolled him in a Florida Blue plan with no deductible that costs \$41 a month after federal subsidies. Peña, who is afraid to return to work during the pandemic, quickly found a "wonderful" primary care physician and secured his diabetes medication.

"I am very grateful to God to get insurance," said Peña, who noted Dominguez's help was crucial since he found the enrollment process to be very complicated. "At my age, I need to make sure I have access to doctors."

Peña is among the millions of Americans who have selected 2022 coverage on the Affordable Care Act exchanges, many for the first time. More than 13.8 million people

have picked plans on the federal and state marketplaces -- 2 million of them new to Obamacare for 2022.

That's an increase of 21% in sign-ups through the federal exchange, Healthcare.gov, as of December 15, from the same time a year ago.

Even more notable, however, is the popularity Obamacare is enjoying in many of the states that didn't expand Medicaid. Florida, which has the highest number of people picking plans at nearly 2.6 million, has seen interest soar by nearly 23%.

And in Texas, which has the highest uninsured rate in the nation, 1.7 million residents have selected policies, up roughly 33% from last year.

Open enrollment ends Saturday, though consumers can sign up during the year if they meet certain criteria, such as losing job-based coverage.

More federal support

The surge in interest in the Affordable Care Act comes as the Biden administration and the Democratic-led Congress have pumped more resources into the 9-year-old program. That's quite a change from the four years under the Trump administration, which deeply slashed funding for marketing and enrollment assistance and cut the sign-up period in half to six weeks.

The hefty enhancement of Obamacare's federal premium subsidies, part of the Democrats' \$1.9 trillion coronavirus relief package enacted last March, is helping drive consumers to sign up for plans.

This year, enrollees pay no more than 8.5% of their income toward coverage, down from nearly 10%. And lower-income policyholders receive subsidies that eliminate their premiums.

Also, those earning more than 400% of the federal poverty level are now eligible for help for the first time.

But this generous aid expires after 2022, leading some consumers and experts to worry about what will happen next year when premiums would likely rise. President Joe Biden's Build Back Better plan would extend the subsidies through 2025, but it remains stalled in the Senate.

Beefing up marketing and outreach

To let Americans know about the extra assistance available now, the Biden administration has launched an extensive outreach and marketing campaign.

"This year, our levels really were unprecedented, particularly focused on underserved and harder-to-reach areas," Chiquita Brooks-LaSure, administrator of the Centers for Medicare and Medicaid Services, told CNN. "It made a real difference in how much people were aware of coverage. Then the increased affordability made a huge

difference with the number of people who were able to find plans for premiums under \$10."

The agency is teaming up with local groups to spread the word, restarting its Obama-era Champion for Coverage program with more than 2,600 community organizations, more than doubling its size. CMS is concentrating its media efforts on local markets and has added six additional languages to its marketing campaign.

"The noise over the last couple of years is something we really did have to cut through," Brooks-LaSure said of the uncertainty that had plagued the health reform law. "Yes, the Affordable Care Act is still here, and it's more alive than ever."

The agency is not disclosing the size of the marketing budget.

The Biden administration is also pouring money into enrollment assistance -- which serves the dual purpose of reaching folks in local communities and helping them sign up for plans. Roughly 60 navigator organizations have received about \$90 million in funding to educate and aid consumers in enrolling in the 33 states served by the federal exchange.

The remaining states run their own marketplaces, including outreach and enrollment efforts.

The extra funding makes a big difference, navigator groups say. The number of navigators has quadrupled to more than 1,500 this year, with assistance available in nearly every county served by the federal exchange.

Epilepsy Florida, which is in its ninth year as a navigator, is now able to serve eight counties in South Florida and the Treasure Coast with 26 staffers, including several who speak Creole. They have helped 755 people enroll through early January, said Islara Souto, who directs the organization's navigation program.

Epilepsy Florida navigator Renita Samuels-Dixon hands out fliers about Affordable Care Act enrollment.

She expects to see a crush of clients in the final days of open enrollment on Friday and Saturday. Epilepsy Florida is also holding an "all hands on deck" telethon on Saturday to help people secure coverage.

During the sign-up period for 2021 coverage, the organization only had seven staffers working in four counties who enrolled 526 people.

It could afford to expand because its budget grew to \$2.3 million for the current year from a skeletal \$125,000 for the prior one.

"Now we have money and the capacity," Souto said. "It's just a matter of outreach and education, getting this information to consumers and letting them know they have this opportunity."

The coronavirus pandemic has also deepened Americans' appreciation of health insurance.

"Covid-19 has brought a different type of awareness of our physical health," said Daniel Bouton, senior director of health and wellness at the United Way of Metropolitan Dallas, which is assisting in Obamacare sign-ups for the first time. "What we see from our clients is that they are health conscious. They see health insurance and access to health insurance as a layer of protection for their health and their family and their wallet."

Maria Torres, a navigator with the United Way of Metropolitan Dallas, helps a client sign up for Affordable Care Act coverage.

The United Way decided to offer navigator services this year for the first time because North Texas had no one helping people enroll during the Trump administration. The organization, which has received a little over \$3 million in funding for the year, has used its large network of community and corporate partners to spread the word. Its outreach campaign includes knocking on doors, radio and television spots, newspaper ads and billboards.

Every time Bouton appears on Univision to talk about the Affordable Care Act, the navigators' phones start ringing more, he said.

Positive reviews

Word of mouth is also essential.

Netra Webb, 59, thought she would be uninsured in 2022 -- a distressing situation since the Dallas resident has health issues. But the insurance plan offered by her new employer was too expensive, so she just planned to go without coverage.

But then a friend from church referred her to the United Way. A navigator set her up with a Blue Cross plan in one day.

Because of the high cost of her work-based options, she qualified for premium subsidies. She's paying \$120 a month, has a \$1,500 deductible and is able to continue seeing the same doctors.

"It was a great relief," said Webb, who works full time as a security guard. "The marketplace just made it great for me all the way around. My copay, my medicine, everything about it was great."

In the Tampa area of Florida, the Family Healthcare Foundation has its hands full this enrollment season signing up people who recently moved to the Sunshine State, those changing jobs or retiring, and young adults who can no longer stay on their parents'

plans, among others. The organization works closely with the Children's Board of Hillsborough County's Family Resource Centers, which support many new residents, as well as local hospitals and community health care centers.

Navigators from the Family Healthcare Foundation help Florida residents enroll in Affordable Care Act plans in early January.

The enhanced subsidies are particularly important to early retirees since their coverage can be very expensive, Katie Roders Turner, the group's executive director, said.

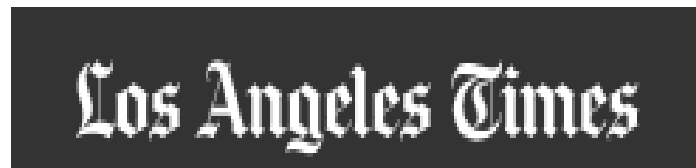
Ed DeBerri had hoped to retire from his job as a criminal defense investigator for the state of Florida last year at age 62, but he didn't know if he could afford health insurance on his own.

The Dade City resident checked in with a Family Healthcare Foundation navigator a year ago and realized he could swing it. DeBerri left his job in September and now has what he calls an "excellent" United Healthcare plan with no deductible for about \$50 a month, which is what he paid for coverage while employed.

Florida resident Ed DeBerri was able to retire at 62 because he found Affordable Care Act coverage.

Now, he can devote more time to the philosophy and theology classes he teaches at Saint Leo University and to an update of his 1985 book "Catholic Social Teaching."

"Without the ACA, I wouldn't be able to retire at 62," he said. "I would have had to wait for Medicare at 65."



Column: Single-payer healthcare is the right system. Can California build it on its own?

Michael Hiltzik

California, which has shown the determination to go it alone in areas such as environmental protection, scientific research and workers' rights when its values conflict with policies at the federal level, is moving forward with its most audacious effort yet.

That's a plan to create a universal single-payer healthcare system.

Called CalCare, the program would take over health coverage for more than 40 million residents from government policies such as Medicare and Medicaid and from private

plans whether sponsored by employers or purchased through the Affordable Care Act marketplace.

This would mean placing \$400 billion in annual expenditures in the hands of a state governing board. Say goodbye to the dead hand of private health insurers, to navigating in-network and out-of-network charges, to deductibles and co-pays, to substandard dental, vision and hearing services. Every resident of the state, regardless of where they get their their coverage now, would be eligible for the new system.

At least, that's the promise. Whether the Legislature will be able to bring this idea to fruition is anyone's guess.

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Under its rules, the measure embodying the program, AB 1400, must be sent by Jan. 31 from the Assembly to the Senate, where it is likely to be masticated into the summer. The proposal, like its several predecessors introduced in recent years, is sponsored by the California Nurses Assn.

Not a few Assembly members have already expressed skepticism, but it's a bit early to pull the plug. I agree with my colleague George Skelton that this is "a debate worth having."

But it's not a debate coming out of the blue. Indeed, it is sure to have a heavy component of *déjà vu*. California has tried to enact a universal single-payer program many times in the past. Each time, it foundered over concerns about its cost and opposition from politically potent interests such as the commercial insurance industry and the California Medical Assn.

In 2018, for instance, a proposal almost identical to AB 1400 was torpedoed by Assembly Speaker Anthony Rendon (D-Lakewood). The uproar his action generated, however, forced him to establish a legislative committee to examine how achieve universal health coverage in the state.

The 2018 proposal, like the new version, would have taken over responsibility for almost all medical spending in the state while relieving employers, their workers and buyers in the individual market of premiums and out-of-pocket expenses.

In both versions, California residents would be eligible to obtain treatment from any licensed doctor in the state. Insurance companies would be barred from replicating any services offered by the program.

Many of the details of the system would be subject to further discussion in the Legislature and ultimately subject to policies set by a nine-member governing board appointed by the governor and Legislature.

It has always been clear that a single-payer program would help to relieve some of glaring deficiencies of the U.S. healthcare system. It would relieve doctors and hospitals of the need to employ brigades of billing clerks to chase down reimbursements from insurers.

It would give the single payer the leverage to control prices through negotiation and provide consistent standards governing the suitability of treatments. It would relieve consumers of the perplexity involved in selecting an insurance plan that doesn't exclude the doctors they need to manage their conditions.

A couple of things have changed since 2018 that give the single-payer plan additional luster. For one thing, California casts an even bigger fiscal footprint. Then, the state had a population of 39 million; now it tops 40 million. Then, the state's gross domestic product was about \$2.6 trillion; today it's more than \$3 trillion.

Another factor is COVID-19. As UC San Francisco associate professor of medicine Rupa Marya observed in a recent op-ed in *The Times*, "the pandemic provides a powerful case study on the need" for a universal system. Most private insurers are no longer waiving cost-sharing for COVID treatment, "leaving even insured and vaccinated patients with potentially astronomical bills," she warned.

"Without coverage like CalCare, this will be a recipe for the virus to go untreated or for patients to face financial ruin," Marya wrote.

The big numbers being thrown around by critics to scare people about the cost of a California single-payer plan are misleading. That's because they tell only part of the story, like eavesdropping on only one end of a telephone call. The GOP's legislative caucus says a single-payer system in California would cost \$400 billion and require \$163 billion annually in new taxes.

The new taxes don't necessarily represent new spending, however. They would substitute for spending that California's government, residents and employers spend now. The fundamental question is how thoroughly the substitution would cover existing costs.

The answer depends on several factors. One is how successful California's new system would be at reducing costs. The proposal's sponsors say that the state is uniquely well-positioned to extract the billions in savings by negotiating with drug companies, hospitals and physician groups.

That's plausible. Through a universal single-payer program, California would present providers with a massive ready-made market — fully 10% of the entire United States.

You want to play in this market, you'll have to come to the table; the only question is how adept the state's negotiators might be at extracting the maximum discounts. Tying provider reimbursements to Medicare rates, as is proposed in AB 1400, would produce cost reductions of as much as 40% compared with reimbursements paid by private insurers.

"We can't have that cost containment ability without having the massive bargaining power of every single Californian," says Carmen Comsti, lead regulatory policy specialist for the California Nurses Assn. "It's as if we're asking the CalCare system to be our collective bargaining representative with hospitals and doctors."

The nurses association says the system would cost less overall than is currently spent on healthcare in the state. "We would get more, cover everyone and pay less," Comsti said in testimony Jan. 11 to the Assembly Health Committee.

The nurses association and Assemblyman Ash Kalra (D-San Jose), who is carrying the legislation in the lower chamber, have tried to finesse the cost issue this year by bifurcating the single-payer proposal into an authorizing measure, AB 1400, and a separate constitutional amendment, ACA 11, providing for the system's financing.

Their goal is to pass the first to establish the principle in state law and put off the second until after the state secures all the federal waivers necessary for its takeover of federal programs such as Medicare and Medicaid, which is known in the California as Medi-Cal.

As currently drafted, the financing amendment calls for financing the program through a business tax of 2.3% of gross receipts over \$2 million a year; a payroll tax of at least 1% on wages above \$49,900 per employee; and an income tax increase starting at 0.5% of income over \$149,509 and up to 2.5% on income over \$2.48 million.

You'll hear antitax agitators squealing that California already levies the highest state taxes in the nation, but of course, if the program comes to fruition, California would be the only state to outlaw health plan premiums, deductibles and copays and to guarantee health coverage to all.

An analysis of an earlier version in 2017 performed at the University of Massachusetts found that with a combination of a 2.3% gross receipts tax and a 2.3% increase in the sales tax, money would be saved by business across the board and by all households except for the highest-earning 20%, with income starting at \$227,600 that year.

Republicans in Sacramento cast further doubt on the state's takeover of health coverage by arguing that Democrats have "proven themselves incapable of simple things like building a railroad, providing clean drinking water, keeping the lights on and filling potholes," in the words of Assembly Republican Leader Marie Waldron of San Diego County.

That's essentially cherry-picking. The best model for the state's oversight of healthcare is Covered California, our Affordable Care Act exchange.

Covered California's approach of actively supervising health insurance carriers in the individual market has not only worked exceptionally well, but it also is arguably the most successful ACA exchange in the country — and has helped bring down the level of uninsured Californians to about 6% from more than 17% in 2013.

As much as Republicans want to cavil about the efficiency of state government, the truth is that the healthcare system in place now is the very antithesis of effectiveness and efficiency.

Medicare works well as far as it goes, but the holes in its coverage force beneficiaries to purchase separate "Medigap" policies or sign up for Medicare Advantage plans, which consistently overcharge the government for their services. Nor is it capable of expanding beyond its traditional base of consumers over 65, without radical reform.

Private insurers boast of their ability to control costs and extract efficiencies from providers, but they've never delivered on that claim, even as they underwent a wave of mergers they said would create mega-carriers with the leverage to demand lower prices.

They suppress spending less by applying rational standards to treatment protocols than by erecting roadblocks to discourage enrollees from accessing the services they need. They are now, and always have been, profit-seeking entities, and the profits come out of their customers' hides.

A healthcare spending chart

The vast majority of Americans have very little need for expensive medical care in any given year; that's why most people are satisfied with their coverage. But what if they have a big claim?

(NIHCM)

It's well understood that the obstacles to enacting single-payer health coverage in California, as in the country as a whole, arise less from policy than from politics.

One obstacle is the notion that people are happy with their existing health coverage. As I've observed in the past, this is mostly a mirage. It's more accurate to say that most people are complacent about their coverage, for the simple reason that the vast majority of Americans don't have complicated interactions with the healthcare system through most of their lifetimes. It's an immutable truism in healthcare that the top 5% of all patients account for half of all spending, and the bottom 50% account for only 3% of spending.

Broken bones, pregnancies, even cardiac events are routinely managed by the system in a way that's good enough for the 49% of Americans who receive care through their employers. For them too, the ridiculously inflated costs are largely invisible, buried in their employers' share of premiums.

It's on the margins, however, where the system breaks down. "A lot of people with really, really lousy health insurance didn't know it because they never had to use it," healthcare commentator Jonathan Cohn told me last year. "If they did get a tragic healthcare problem — a car accident, or cancer, or a child with a congenital problem — for the first time they have to use their health insurance and now they're discovering what it doesn't cover."

The problem of uninsured and underinsured Americans is also largely invisible to those with coverage, but it should be a concern for everybody. Healthcare is a communal benefit, undermined by the inequities that deprive too many Americans and too many Californians of access to healthcare.

Nothing illustrates the risks to the entire community of the difficulty we've had in fighting the pandemic, thanks to the determined efforts of anti-vaccine crusaders to push policies that leave millions of Americans exposed to the virus and encourage its spread.

CalCare would address those marginal but significant costs. Yes, it would be audacious, but in the context of a country in which healthcare reform has stagnated and compared with states that appear resolved to move backward in their standards of public health, it could be another policy to make Californians proud.



Obamacare open enrollment ends Saturday as interest surges

Tami Luhby

(CNN) Those interested in Affordable Care Act coverage for 2022 have until the end of Saturday to sign up in most states.

Open enrollment, which lasted a month longer than under the Trump administration, ends January 15 in the 33 states that use the federal exchange, healthcare.gov, and in several states that run their own marketplaces.

Certain states, such as New York and California, have extended the deadline by a few weeks. Idaho, on the other hand, ended its open enrollment in mid-December.

Interest in Affordable Care Act coverage has surged, propelled by more generous federal subsidies that reduce premiums and out-of-pocket costs.

Growing popularity

More than 14.2 million people had signed up for coverage on the federal and state exchanges as of January 8 -- a record number for the 9-year-old program. That includes more than 10 million who have selected plans or were automatically reenrolled through healthcare.gov. A total of about 12 million people signed up during open enrollment for 2021 coverage.

"Americans need, they want and they deserve quality, affordable health care," Health and Human Services Secretary Xavier Becerra, told reporters Thursday. "Anyone who has ever lived without health coverage knows the peace of mind that comes from having access to care when you need it. Thanks to the Affordable Care Act, they're getting it."

Obamacare is proving particularly popular in GOP-led states that have not expanded Medicaid to low-income adults, including Florida and Texas.

The surge in interest in the Affordable Care Act comes as the Biden administration and the Democratic-led Congress have pumped more resources into the landmark health care law.

The hefty enhancement of Obamacare's federal premium subsidies, part of the Democrats' \$1.9 trillion coronavirus relief package enacted last March, is helping drive consumers to sign up for plans.

This year, enrollees pay no more than 8.5% of their incomes toward coverage, down from nearly 10%. And lower-income policyholders receive subsidies that eliminate their premiums. Also, those earning more than 400% of the federal poverty level are now eligible for help for the first time.

Four out of five consumers are finding plans for \$10 or less a month, Becerra said. More than 90% of those on the federal exchange are getting financial assistance for coverage.

But this generous aid expires after 2022, leading some consumers and experts to worry about what will happen next year, when premiums would likely rise. President Joe Biden's Build Back Better plan would extend the subsidies through 2025, but it remains stalled in the Senate.

Beefing up marketing and outreach

To let Americans know about the extra assistance available now, the Biden administration has launched an extensive outreach and marketing campaign.

The Centers for Medicare and Medicaid Services, which oversees the federal exchange, is teaming up with local groups to spread the word and concentrating its media efforts on local markets. It has added six additional languages to its marketing campaign.

The Biden administration is also pouring money into enrollment assistance -- which serves the dual purpose of reaching folks in local communities and helping them sign up for plans. The number of navigators has quadrupled to more than 1,500 this year, with assistance available in nearly every county served by the federal exchange.

Special enrollment periods

Those who miss the deadline can still enroll in Affordable Care Act coverage throughout the year through a special enrollment period if they meet certain criteria, such as losing their jobs and work-based coverage, getting divorced or having children.

The Biden administration has also made it easier to qualify for these special enrollment periods. Low-income folks can sign up if their premiums would be \$0 after federal subsidies.

Some 2.8 million people selected policies for 2021 coverage last year after Biden launched a six-month special enrollment period, which allowed the uninsured to sign up for policies and enrollees to take advantage of the enhanced subsidies.,