



# Executive Director's Report

Jessica Altman, Executive Director

September 18, 2025 Board Meeting

# COVERED CALIFORNIA 2025 BOARD MEETING DATES

All meetings will be held at Covered CA Headquarters,  
1601 Exposition Boulevard, Sacramento.

Unless otherwise notified, meetings will begin at 10:00 am and are held on the  
third Thursday of the month.

**January 16**  
**February 20**  
**March 20 \***  
**April 17**

**May 15**  
**June 3**  
**July 28**  
**August 21**

**September 18**  
**October 16 \***  
**November 20**  
**December 18 \***

*\*Possibly no meeting*

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# EXECUTIVE DIRECTOR'S REPORT

- ❑ Executive Director's Update
- ❑ State and Federal Policy/Legislative Update
- ❑ Data and Research
  - Enhanced Premium Tax Credit

# Executive Director's Update

Jessica Altman, Executive Director



# State and Federal Policy & Legislative Updates

Jessica Altman, Executive Director



# STATE BUDGET AND LEGISLATION

- ❑ The California State Legislative Session ended on September 13, 2025. Bills enrolled in the final days of session are headed to the Governor for action. The Governor has 30 days to act on the bills that reach his desk.
- ❑ Near the end of session, on September 12th, the Legislature passed new budget Trailer Bill Language ([AB 144](#) (Committee on Budget)) and Budget Bill Language ([SB 105](#) (Wiener)) that includes provisions pertaining to Gender Affirming Care (GAC), funding for reproductive health, and immunization recommendations.

# STATE BUDGET AND LEGISLATION (CONT.)

AB 144 (Committee on Budget) and SB 105 (Weiner) provide for the defrayal of costs related to Gender Affirming Care (GAC).

- ❑ Under the Affordable Care Act, states must reimburse Qualified Health Plan (QHP) issuers for the cost of any state-mandated benefits that exceed the federally required Essential Health Benefits (EHBs).
- ❑ The federal Marketplace Integrity and Affordability Final Rule prohibits coverage of GAC as an EHB for QHP enrollees. However, due to California's state non-discrimination protection laws, all insurers in California are still required to provide GAC benefits.
- ❑ AB 144 authorizes Covered California to provide payments to QHP issuers to defray the cost of providing GAC for Covered California enrollees and authorizes the Department of Managed Health Care to issue guidance to clarify GAC benefits.
- ❑ SB 105 appropriates up to \$15 million from the Health Care Affordability Reserve Fund for this purpose and allows for an augmentation of funds should actual costs exceed the appropriation.
- ❑ With AB 144, California is in compliance with federal rules and Covered California enrollees will continue to have access to GAC benefits.



# STATE BUDGET AND LEGISLATION (CONT.)

AB 144 (Committee on Budget) also includes language pertaining to segregated funds from the \$1 per member per month (PMPM) premium for non-Hyde abortion services. In summary:

- ❑ Under the Affordable Care Act, QHP issuers must charge each enrollee a \$1 PMPM premium for coverage of non-Hyde abortion services. This charge is separate from regular premiums and is not eligible for federal subsidies. QHP issuers must segregate these funds to cover these services.
- ❑ Since 2022, California has spent over \$20 million annually to cover these premiums on behalf of Covered California enrollees. Covered California administers these funds through the California Premium Credit program.
- ❑ While the \$1 PMPM is required by federal law, the actual cost of non-Hyde abortion services is significantly less. As a result, issuers have unspent balances in these segregated funds which will continue to build each year absent policy intervention.
- ❑ AB 144 requires QHP issuers to transfer up to 75 percent of these \$1 PMPM balances to a new special fund by October 30, 2025, and then up to 50 percent annually by September 1st through June 30, 2029, to be administered by the Department of Health Care Access and Information to provide funding for abortion services.

# STATE BUDGET AND LEGISLATION (CONT.)

- ❑ AB 144 (Committee on Budget) also includes provisions which ensure that immunization recommendations issued by the California Department of Public Health are informed by evidence-based, scientific recommendations from trusted national medical organizations. Specifically, the bill changes state law that currently refers only to federal Advisory Committee on Immunization Practices (ACIP) recommendations as the basis for health insurance-covered immunizations, by adding reference to recommendations from nationally recognized medical professional and scientifically based organizations.
- ❑ Governor Newsom signed AB 144 (Committee on Budget, Chapter 105, Statutes of 2025 ) and SB 105 (Wiener, Chapter 104, Statutes of 2025) into law on September 17, 2025.
- ❑ As a result, Californians, including all Covered California enrollees, will continue to have coverage for scientifically recommended vaccinations in line with other preventive health services - at no cost to the patient.
- ❑ The final disposition of other bills pertaining to Covered California will be reported to the board in November after the Governor takes action.

# FEDERAL UPDATE: INFORMING FEDERAL POLICY

- ❑ The looming expiration of enhanced premium tax credits continues to garner a significant amount of attention and discussion among policymakers, the media, and stakeholders. Covered California continues to inform the federal policy dialogue.
- ❑ In August and September, Covered California staff engaged Congressional members and their staff, both in district and in Washington, D.C., to ensure continued awareness of the impacts of enhanced premium tax credit expiration. The latest data and information on the impacts of expiration to California consumers – including statewide and district-specific data - was provided.
- ❑ During these visits, Covered California staff highlighted the importance of timely action given the swift approach of the renewal and open enrollment periods.

# FEDERAL UPDATE: INFORMING FEDERAL POLICY (CONT.)

- ❑ California also remains partnered with state-based marketplaces across the country to share perspectives and inform policy leaders from a national marketplace perspective.
- ❑ On September 2, the State Marketplace Network sent a [joint letter](#), signed by 20 state-based marketplaces, to Congressional leadership outlining the impact of enhanced premium tax credit expiration and urging Congressional action to extend.
- ❑ On September 3, state-based marketplace leaders, health insurance experts and marketplace enrollees held a virtual national press conference to discuss the impending impacts of enhanced premium tax credits to consumers.
- ❑ On September 15, Governor Gavin Newsom, joined by governors from 17 states from across the country, sent a [letter](#) to House and Senate leaders urging timely action to extend the enhanced premium tax credits.

# FEDERAL UPDATE: ENHANCED SUBSIDIES

- ❑ The end of the federal fiscal year is September 30, and Congress continues to debate various strategies and proposals to finalize federal appropriations for the next fiscal year.
- ❑ Current discussions among lawmakers include the potential use of a continuing resolution that would serve as a temporary funding measure to allow the federal government to continue operations as Congress continues to work toward approving a final appropriations package.
- ❑ Enhanced premium tax credits continue to be a central part of this dialogue, and Covered California will remain actively engaged in efforts to inform policymakers.
- ❑ The ongoing federal discussions could result in many different scenarios Covered California would need to implement depending on the following, all of which have arisen in Congressional discussions:
  - If Congress extends the enhanced tax credits and for how long.
  - When such an extension is signed into law relative to Open Enrollment and renewal timelines.
  - Whether Congress makes any changes to the enhanced premium tax credit structure or not as part of an extension.

# FEDERAL UPDATE: CMS FINAL RULE

- ❑ On August 22, in *City of Columbus v. Kennedy*, a federal district court partially granted a request from a group of cities and advocates to temporarily block certain provisions of CMS's Marketplace Integrity and Affordability Final Rule, which were set to take effect August 25. The court held that the plaintiffs were likely to succeed in their legal challenge.
- ❑ The ruling temporarily halts the following provisions:
  - The entire failure-to-reconcile policy, which denies advance premium tax credits to individuals who fail to file their tax returns and reconcile their income (beyond just the changes introduced in the rule)
  - Requiring additional documentation when tax data shows income under 100% FPL and no longer accepting self-attestation when tax data is not available to verify household income information
  - Allowing issuers to deny coverage to individuals with past-due premiums
  - Expanding the actuarial value de minimis ranges
  - Requiring a \$5 premium for certain automatic re-enrollees
  - Imposing stricter eligibility verification for the special enrollment period

# FEDERAL UPDATE: CMS FINAL RULE (CONT.)

- ❑ However, the court allowed other challenged provisions to proceed, including:
  - Increasing the maximum out-of-pocket limits and updating the premium adjustment methodology
  - Eliminating the automatic 60-day extension of the time to resolve income inconsistencies
- ❑ The federal government has appealed the ruling, seeking to implement the blocked provisions during ongoing litigation.
- ❑ Meanwhile, no ruling has been issued in the parallel case of *State of California v. Kennedy*, which separately challenges these provisions as well as the rule's exclusion of gender-affirming care as essential health benefits.
- ❑ Covered California will continue to monitor developments in and operational implications from both cases closely.

# FEDERAL UPDATE: CMS HARDSHIP EXEMPTION GUIDANCE

- ❑ On September 4, CMS issued new [guidance](#) expanding eligibility for hardship exemptions in the Federally-Facilitated Exchange (FFE) and State-Based Exchanges (SBEs) that choose to process exemptions through the FFE.
- ❑ Starting with Plan Year 2026, individuals with household incomes below 100% of the federal poverty level (FPL) or above 250% FPL—who are otherwise ineligible for APTC or CSRs—will be able to qualify for a hardship exemption, thereby allowing them to enroll in catastrophic coverage. In addition, CMS plans to simplify the application process, making it easier for consumers to obtain this exemption.
- ❑ Catastrophic plans have lower premiums but very high cost-sharing. They have historically only been available to those under age 30, those granted hardship exemptions under prior criteria, and those for whom the lowest cost bronze plan premium exceeds 9.66% of their income. Only 0.6% of Covered California enrollees (11,600) are currently enrolled in catastrophic plans.
- ❑ Covered California is not obligated to follow this guidance because we are one of four states that independently processes hardship exemptions. While no changes are planned for Plan Year 2026, we will continue to review the guidance and evaluate consumer impact of this policy.



# FEDERAL UPDATE: SHAPING POLICIES ON HEALTH EQUITY

- ❑ On September 5, Covered California, the California Public Employees' Retirement System (CalPERS), and the Department of Health Care Services jointly submitted comments on the National Committee for Quality Assurance's (NCQA) proposed updates to the 2026 Health Equity Accreditation standards, which aim to improve healthcare equity by enhancing demographic data collection, advancing accessibility services, and addressing social determinants of health. Covered California was an early adopter of these standards and currently requires all QHP issuers to achieve and maintain NCQA Health Equity Accreditation.
- ❑ Our comments expressed significant concerns that the proposed updates dilute the evidence-based foundation of the program, weaken requirements for addressing systemic inequities, and remove essential language and elements critical for identifying and remedying health disparities. We further emphasized the importance of maintaining explicit references to diversity, equity, inclusion, and culturally and linguistically appropriate services, while advocating for rigorous standards that ensure meaningful progress toward advancing health equity.

# FEDERAL UPDATE: SHAPING POLICIES ON HEALTH EQUITY (CONT.)

- ❑ On September 12, Covered California and CalPERS jointly [submitted comments](#) to a proposed rule from CMS regarding the 2026 Medicare Physician Fee Schedule. Our joint comment letter expressed strong support for the proposed efficiency adjustment to intraservice time and work relative value units for non-time-based services such as procedures, diagnostic tests, and radiology. We also recommended extending unique reimbursement adjustments for Advanced Primary Care Management services to a wider provider base, including community health settings, to enhance primary care access for more populations. Finally, we supported proposals related to telehealth coverage, advocating for a streamlined process to add new services to the Medicare Telehealth Services list.

# Data and Research: Enhanced Premium Tax Credit Resources



# ENHANCED PREMIUM TAX CREDIT RESOURCES

Covered California has recently released a variety of resources for understanding the impact of potential expiration of the federal enhanced premium tax credit (ePTC)

Resources available on Covered California's [Data & Research](#) webpage include:

- ❑ Fact sheet
- ❑ At-a-glance impact by Congressional district
- ❑ [Comprehensive databook including demographic data](#)

Covered California has also released a [Social Press Kit](#)

# PUBLIC COMMENT

CALL: (877) 336-4440

PARTICIPANT CODE: 6981308

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

**EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM**

Written comments may be submitted to [BoardComments@covered.ca.gov](mailto:BoardComments@covered.ca.gov).



# Appendix



# APPENDIX: TABLE OF CONTENTS

1. Service Center Update
2. Covered California for Small Business Update
3. CalHEERS Update
4. Outreach and Sales Update

# Service Center Update





# SERVICE CENTER UPDATE

## COMPARING AUGUST 2025 VS. 2024 CALL STATISTICS

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2025	217,399	147,593	1.27%	145,712	0:00:35	0:20:18	74.42%
2024	*	167,232	1.08%	165,429	0:00:22	0:19:07	77.54%
Percent Change	*	12% Decrease	18% Increase	12% Decrease	59% Increase	6% Increase	4% Decrease

*\*For 2024, Comparable: Some data may be unavailable due to AWS system transition.*

- ❑ The total Calls Offered decreased from 2024 by 12%.
- ❑ Calls Handled decreased from 2024 by 12%.
- ❑ The Abandoned % increased from 2024 by 18%.
- ❑ Service Level decreased from 2024 by 4%.

# SERVICE CENTER UPDATE

## AUGUST WEEKLY QUICK SORT TRANSFERS

Week 1*	Week 2	Week 3	Week 4	Total
08/01 - 08/09	08/10 - 08/16	08/17 - 08/23	08/24 - 08/31	
1,223	1,061	1,023	1,097	5,465

*\*Partial Week – Week 1 includes Saturday, August 01, 2025, and Saturday, August 02, 2025.*

## AUGUST CONSORTIA STATISTICS

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	2,605	89.33%	1.88%	0:00:40

*\*CalSAWS = Statewide Automated Welfare System (consortia). November 2023 all SAWS consortiums were combined.*

# SERVICE CENTER UPDATE

## IMPROVING CUSTOMER SERVICE

- ❑ Completed Employee Engagement sessions with Service Center branches; Fresno Operations, Strategic Innovation and Implementation (SII), and Internal Compliance and Support (ICS).

## ENHANCING TECHNOLOGY SOLUTIONS

- ❑ Collaborated with CCIT to add Conversational Component to Call Out IVR

## STAFFING UPDATES

- ❑ Vacancy rate of 5.5 percent (2025), comparable to the prior year of 7.5 percent (2024)

# Covered California for Small Business Update



# COVERED CALIFORNIA FOR SMALL BUSINESS

## GROUP & MEMBERSHIP UPDATE:

- ❑ Groups: 9,142
- ❑ Members: 76,942
- ❑ Average Group Size: 8.4 members
- ❑ YTD New Sales: 6,907

*\*membership reconciled through 07/17/25*



# CalHEERS Update



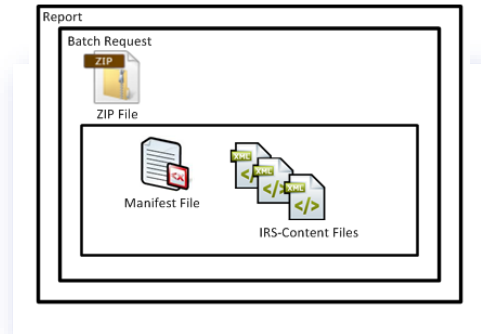
# CALHEERS | 1095 & 3895 FORMS

## ENHANCED PROCESSING OF 1095 AND 3895 ARCHITECTURE

We have strengthened our process for producing key tax forms for consumers to ensure accuracy and compliance with government requirements.

In partnership with Internal Revenue Service (the nation's tax authority) and California Franchise Tax Board (the state's tax agency), we closely examined our previous form generation methods. These important system updates now ensure consumers receive the correct documents at the right time, reducing confusion and preventing unnecessary corrections.

Putting the latest federal and state guidelines into practice.



*Batch file creation and transfer*

# CALHEERS | RENEWAL UPDATES

**Financial Help** Conditionally Eligible

MemOneZr, you are Conditionally Eligible for Financial Help:

MemOneZr is conditionally eligible for financial help. Please select a plan now for coverage to begin 04/01/2026.

[Click here](#) to see what information needs to be verified and upload required documents.

Financial help can be used to lower your monthly payment.

**Note about Financial Help**

The new amounts below are based on an expected coverage start date of for your current plan, if you have one. If you wait to confirm your plan, or if your plan changes, these amounts may be different.

To see how much financial help you have received so far, visit the [Enrollment Dashboard](#)

**Time**

Reasonable Opportunity Period: 06/12/2026

Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you may risk losing coverage or benefits.

[Update Application](#)

**Financial Information**

<b>California Premium Subsidy</b> You are eligible for up to \$3.00 per month and up to \$0.00 in California Premium Subsidy for 2026.	<b>Federal Advance Premium Tax Credit (APTC)</b> You are eligible for up to \$0 per month and up to \$0 in Federal Advance Premium Tax Credit for 2026.
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[Click here](#) to see what information needs to be verified and upload required documents.

**Show Less Details**

- You did not give us your Social Security number (SSN). If you think this is a mistake or have more information to give us, please contact your local county office or Covered California.
- Your household income is within the limits of the Federal Advance Premium Tax Credit (APTC) program. This program provides financial help that lowers the cost of the monthly payment for eligible households.
- Our records show you may have other health coverage.
- Your household qualifies to shop for a plan.
- Household income is in the California Premium Subsidy program limits. This program provides financial help that lowers the cost of insurance for eligible households.
- You met all other requirements.

## 2026 RENEWALS NOW APPLIED

Covered California's 2026 renewal updates make health and dental coverage more fair, accessible, and reliable for Californians by delivering automatic dental renewals, expanded multilingual resources, and improved eligibility and safeguards against coverage gaps. These enhancements—developed in collaboration with state agencies, insurance carriers, consumer advocates, and technology partners—ensure consumers receive timely, clear information, stronger protection during program transitions, and greater options for coverage.




Renewals resources streamline our enrollment process.



# CALHEERS | PROFILE UPDATES

## SINGLE STREAMLINE APPLICATION (SSAPP)

### Basic Information Review

Qualifying life event:	Permanently moved to/within California	05/01/2025	Edit
Review Household Members:			
	Jason V.		Diana K.
	43 yrs		42 yrs
Primary Contact:			
	Jason		
	43 Yrs		
Social Security Number (SSN):			
—			
Experiencing Homelessness: Yes			
Location Information:		Mailing Address:	
Whittier, CA 90605		General Delivery Whittier, CA 90605-9999	
Preferred Contact Method:			

In partnership with the California Department of Health Care Services, enhancements to the application expand consumer fairness and health equity.

Updates now allow people experiencing homelessness to apply without an address, offer greater options for sharing personal background details, provide clearer instructions to ensure no eligible family member is missed, and improve information sharing between state systems.

Creating equity across Californians lived experiences.

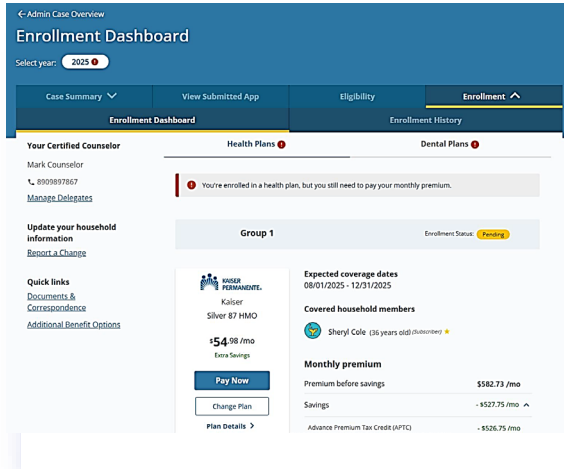
# CALHEERS | RELEASE 25.9

## R25.9 UI ENHANCEMENTS

Release enhancements were shaped with input from enrollment counselors, state program administrators, and technology partners. Now, key actions like updating or canceling plans are more visible, support programs are highlighted, and critical alerts and clearer language are improved throughout the site.

These updates reduce user confusion, and ensures data accuracy, empowering members and support staff alike to navigate their options with confidence.

Harnessing the collective knowledge of our expert users.





# CALHEERS | NOTICE A/B TESTING

## NOTICE NOD01T COMPLETES A/B TESTING

Covered California, working closely with the Department of Health Care Services and consumer advocacy groups, has delivered a newly designed and tested notice to help people moving from Medi-Cal to Covered California health plans better understand their choices and take timely action. Early outcomes show that the improved communication is easier to understand, leading to stronger engagement and more successful health plan selections for those transitioning, directly supporting state goals for increased enrollment and reduced selection errors.

Testing directly with users builds more robust solutions.

Notice generated: 02/01/2025

**URGENT ACTION REQUIRED:**  
Enroll Now to keep your health coverage

Covered California is here to help **you** stay covered.

Dear Peppercorn Cracklingston,  
**Your Medi-Cal is ending, but Covered California can help you stay covered.** Covered California is the state's health insurance marketplace, helping people get affordable health coverage when they no longer qualify for Medi-Cal. Using the household and income information you reported to Medi-Cal, we picked a health plan with the most financial help available. To stay insured with the best coverage and savings, follow the steps below to start this plan!

**Your New Health Plan Details**

<b>SUBSCRIBER</b>	Peppercorn Cracklingston
<b>PLAN NAME</b>	Blue Shield Silver 80 Trio HMO
<b>CASE NUMBER</b>	5000057733
<b>ENROLLEES</b>	Billy Joe Cracklingston

<b>MONTHLY PREMIUM</b>	\$478.78
<b>FINANCIAL HELP</b>	-\$442.61
<b>AMOUNT YOU PAY</b>	\$36.17

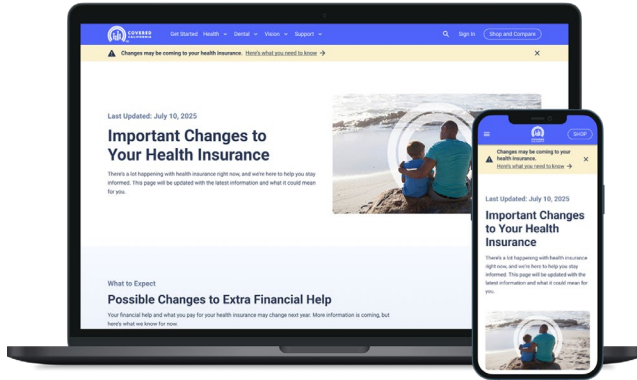
**Start Your New Health Plan**

Complete these steps before 5/30/2025 to get covered. If you do not make a selection by this date, we will cancel this plan. If you cancel your plan, you will be responsible for any services received during the month.

- 1 Go Online**  
Create an online account at [CoveredCA.com/new-plan](#). Link your information using this access code: **12345678**
- 2 Compare Plans and Prices**  
Review the plan selected for you and decide to keep it, cancel it, or shop for different or lower cost options.
- 3 Confirm Your Coverage**  
After you pay the first bill sent by [APS Carrier], you will get your insurance cards.

# DOTCOM | REFRESH LET'S TALK HEALTH

## IMPORTANT CHANGES PAGE



A new landing page has been launched to inform consumers about changes resulting from H.R.1. This includes premiums that will remain unchanged in 2025 but may increase in 2026, offering clarity on what to expect.

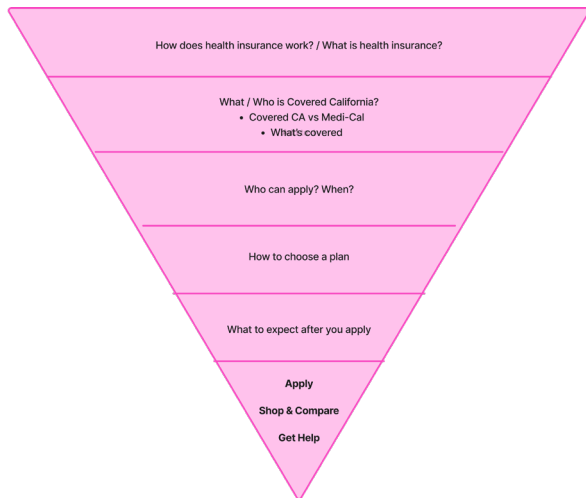
The page encourages consumers to stay informed, update their contact information, and reach out with questions using the provided support channels.

Real-time communication for consumers is vital.

# DOTCOM | REFRESH LET'S TALK HEALTH

## LET'S TALK HEALTH -> HEALTH INSURANCE BASICS

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Originally built during last year's Open Enrollment campaign to support health literacy, the Let's Talk Health landing page is being refreshed as an ongoing learning resource, making health information more approachable and accessible.

We launched a quantitative survey with 300 participants to identify which aspects of health insurance consumers find most difficult to understand.

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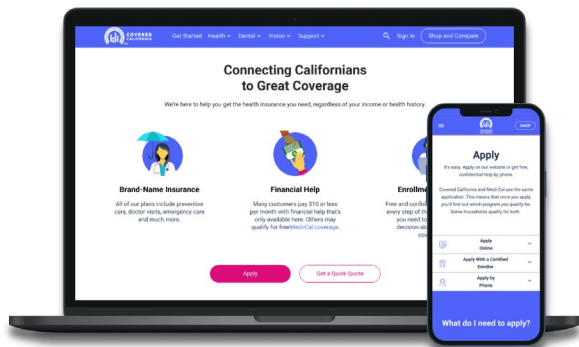
Plain language is the root of quality communication.

# DOTCOM | GET STARTED PAGE

## UPDATES TO GET STARTED

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Despite being among the most visited pages after the Homepage, the Get Started and Apply pages had unusually high bounce rates. To address this, we conducted qualitative research to better understand user pain points and identify opportunities to improve the experience and keep visitors engaged.

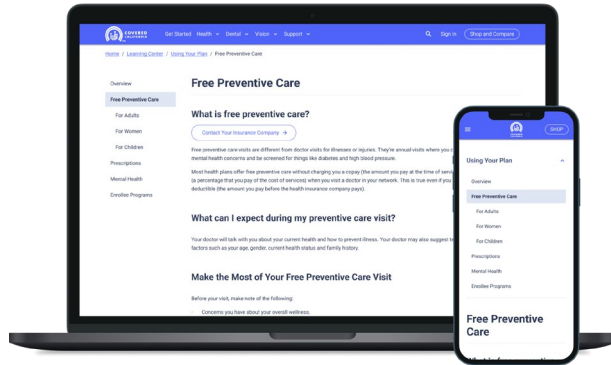


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High-quality behavioral data drives design decisions.

## UPDATED TEMPLATE FOR LEARNING CENTER PAGES

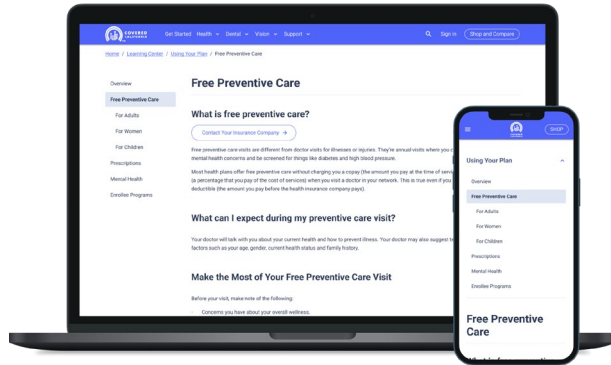
What began as a Marketing request to update the Free Preventive Care pages in the Learning Center evolved into a broader opportunity to modernize the entire section. We transitioned all Learning Center topics to the new side navigation template, improving overall navigation and making it easier for users to browse related topics.



Intuitive navigation to the most useful information.

# DOTCOM | ACCESSIBILITY AUDIT ACROSS DOTCOM

## NEW WEBSITE AUDIT & OPTIMIZATION SCORECARD



Web Applications team has implemented Lumar to assist the development team audit the website using an enterprise-scale solution to improve the technical health of our websites, optimize for search engines (SEO), and ensure accessibility.

Lumar utilizes a fast web crawler to identify and prioritize issues, create tickets, and track a general workflow to refine technical aspects of our products.

Intuitive navigation to the most useful information.



# Outreach and Sales Update



# OUTREACH & SALES ENROLLMENT PARTNER TOTALS

## UNCOMPENSATED PARTNERS SUPPORTING ENROLLMENT ASSISTANCE EFFORTS

Enrollment Assistance Program	Entities	Counselors
Certified Application Counselor	186	1,326
Plan-Based Enroller	12	664
Medi-Cal Managed Care Plan	2	23

# OUTREACH & SALES NON-ENGLISH ENROLLMENT SUPPORT

DATA AS OF SEPTEMBER 2, 2025

## 13,082 Certified Insurance Agents

19.1% Spanish  
9.6% Chinese  
3.7% Vietnamese  
4.1% Korean  
8.5% Other Languages

## 1,362 Navigator: Certified Enrollment Counselors (CEC)

32.4% Spanish  
53.9% Chinese  
1.5% Vietnamese  
0.4% Korean  
1.2% Other Languages

## 1,326 Certified Application Counselors (CAC)

31.0% Spanish  
1.8% Chinese  
0.3% Vietnamese  
0.2% Korean  
0.4% Other Languages

## 664 Certified Plan-Based Enrollers (PBE)

9.9% Spanish  
1.5% Chinese  
0.8% Vietnamese  
0.5% Korean  
0.0% Other Languages

## 23 Certified Medi-Cal Managed Care Plan Enrollers (MMCPE)

21.7% Spanish  
8.7% Chinese  
4.3% Vietnamese  
0.0% Korean  
0.0% Other Languages

