



Executive Director's Report

Jessica Altman, Executive Director
Covered California Board Meeting

January 15, 2026



Covered California 2026 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 15

February 26

March 19 *

April 16

May 21

June 18

July 16 *

August 20 *

September 17

October 15 *

November 19

December 17 *

**Possibly no meeting*

Executive Director's Report

- 01** Executive Director's Update
- 02** Open Enrollment Update
- 03** State and Federal Policy/Legislative Update
- 04** Data and Research



Executive Director's Update



2026 Open Enrollment

Data through Week 11
11/1/2025 – 01/10/2026

2026 Enrollment Compared to Prior Years

As of January 10, 2026, more than 1.9 million consumers have enrolled with Covered California. Much of this is driven by the increase in renewals, and Covered California's record enrollment leading into Open Enrollment.

However, new sign-ups are at its lowest level in years, down 31% compared to this time last year. As of last week, 175,457 consumers have newly enrolled compared to 253,725 at the same time last year.

	2024	2025	2026	% Change 2024 to 2026	% Change 2025 to 2026
New Consumers	225,499	253,725	175,457	-22%	-31%
Renewals	1,510,892	1,648,841	1,735,019	15%	5%
Total Plan Selections	1,736,391	1,902,566	1,910,476	10%	0%

Counts show net plan selections (consumers in an Enrolled or Pending status) and do not include cancelled or terminated plans.

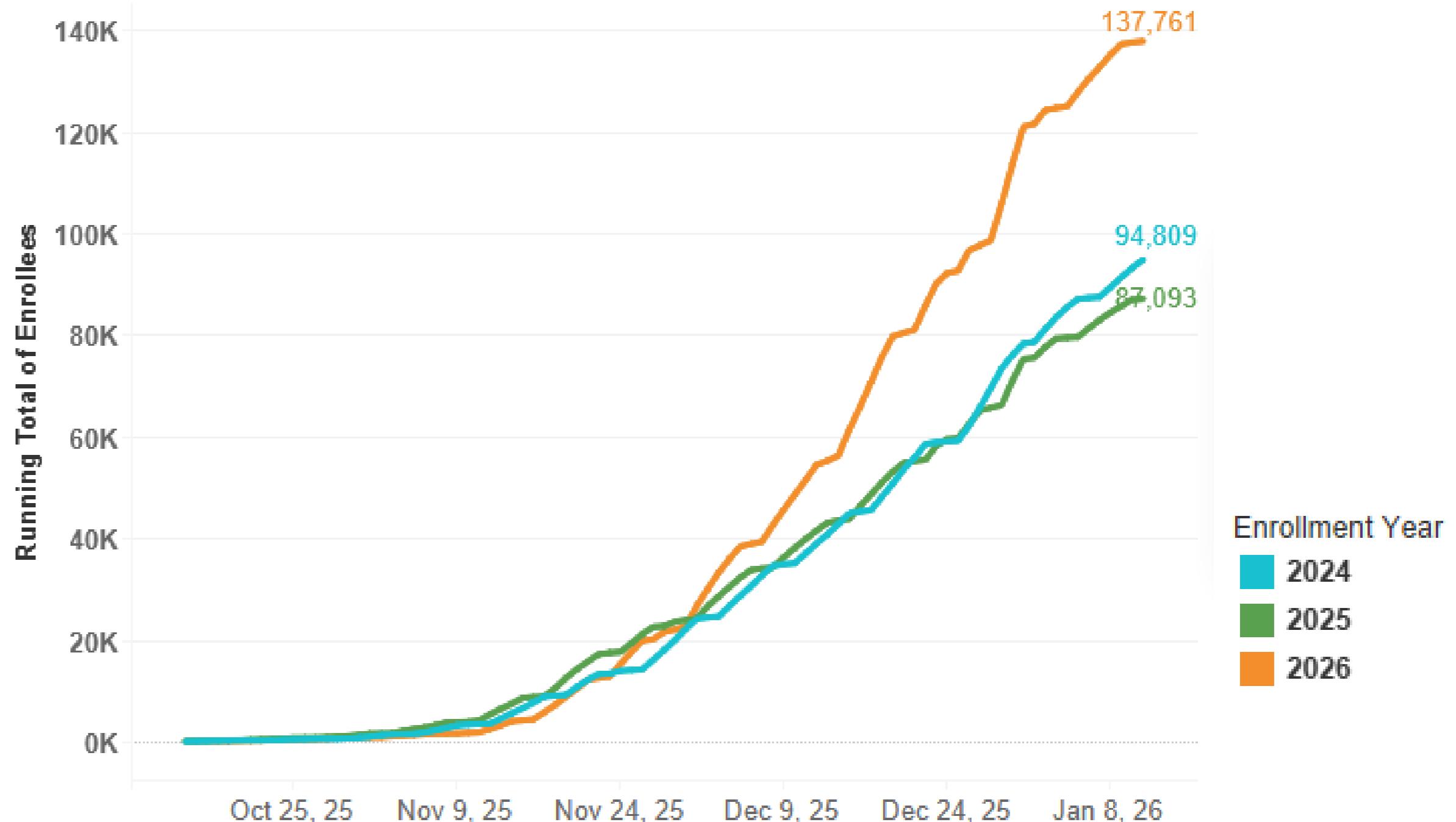
Monitoring Consumer Cancellations

There is a 57% increase in user-generated plan cancellations among 2026 renewing consumers, compared to 2025. This does not include consumers who will be cancelled for non-payment.

Overall, 11% of renewing enrollees have cancelled their plans, compared to 9% at this time last year.

However, the cancellation rate among middle income consumers losing eligibility for financial assistance has doubled (18% compared to 9% at this time last year).

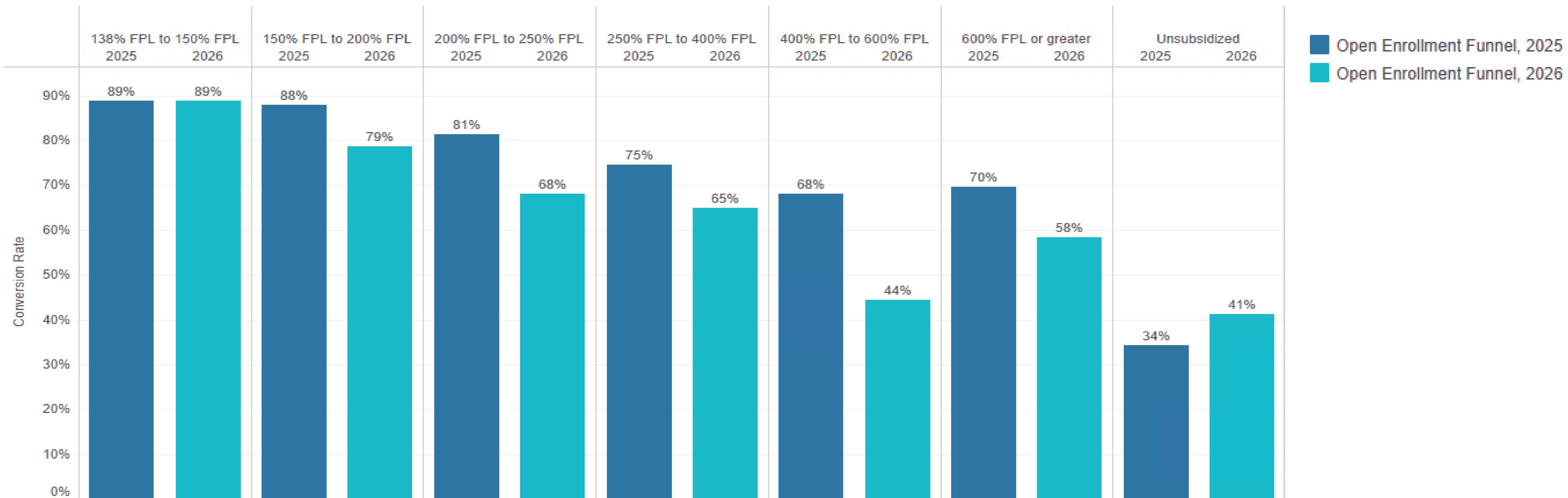
User-Generated Cancellations and Terminations



Note: Prior year cancellations reflect a point-in-time snapshot at the end of the year's Open Enrollment period. Individuals are counted if they cancelled or terminated their plan as of January 10, 2026, and did not choose another plan later in Open Enrollment.

Changes to Affordability Impacts Take-up

Among consumers submitting applications for coverage, plan selections are lower compared to this time last year during Open Enrollment. However, for consumers eligible for state subsidies, take-up remains equivalent to 2025.



Source: Covered California Open Enrollment plan selection conversion, among consumers who submitted an application for coverage, unassisted. Data as of January 11, 2026.

With Changes in Affordability, More Consumers Are Enrolling in Bronze Plans

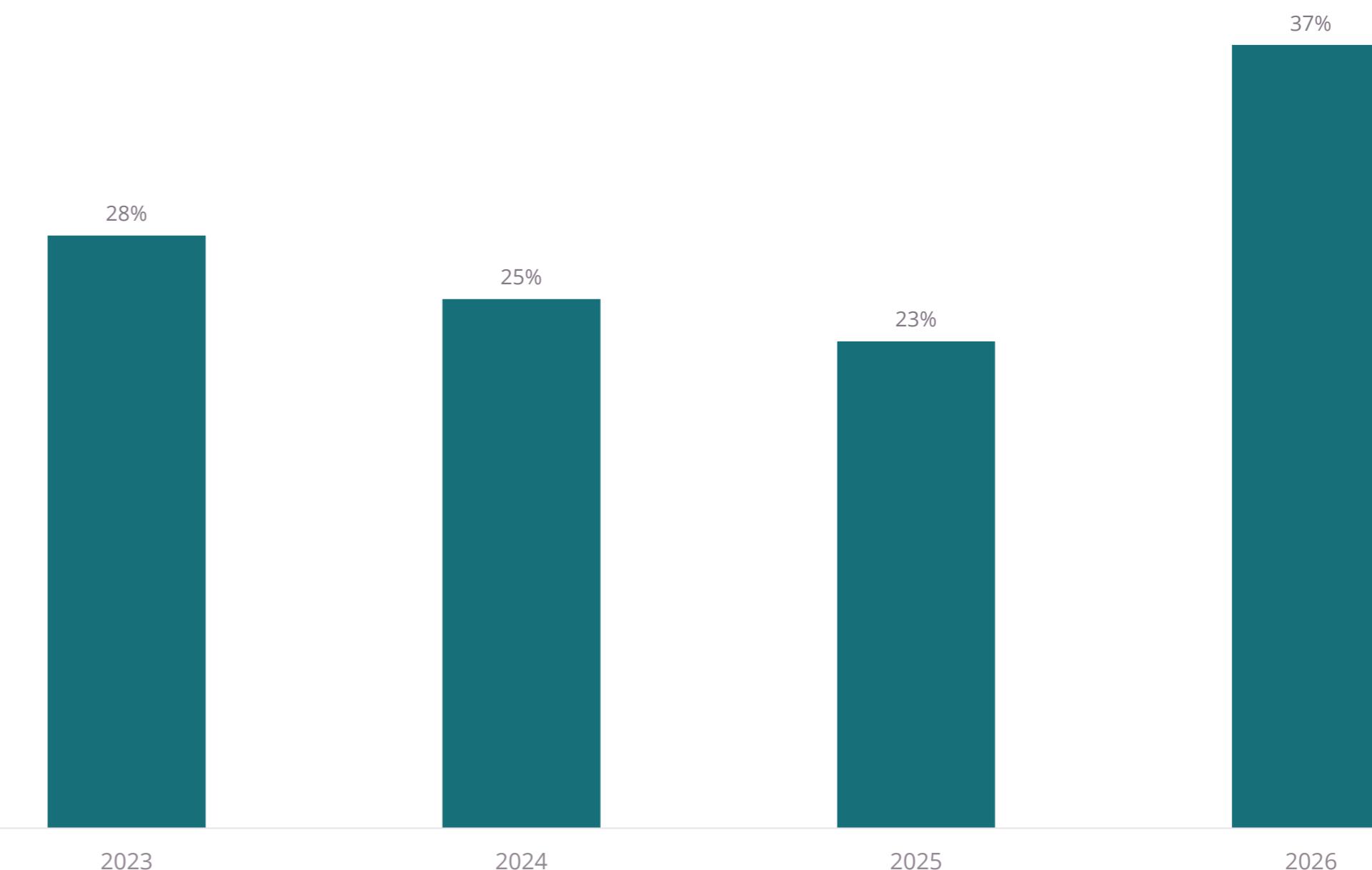
Compared to prior years, a larger share of New Consumers are choosing a Bronze plan over other metal tiers.

Of the 2026 New Consumers choosing Bronze, nearly a third are eligible for Silver CSR plans and reduced out-of-pocket costs.

Additionally, over 115,000 active renewals have switched to Bronze, compared to just over 23,000 renewals downgrading to Bronze at this time last year.

The share of active renewals switching to Bronze is 23% so far in 2026, compared to 6% in 2025.

Share of New Consumers Enrolling in Bronze Plans



New consumers includes gross Open Enrollment plan selections as of January 10, 2026.



Preliminary GAO Report Findings on Fraud in the Federal Marketplace

U.S. GOVERNMENT ACCOUNTABILITY OFFICE ASSESSMENT OF FRAUD VULNERABILITIES IN THE FEDERAL MARKETPLACE

- On December 3, the U.S. Government Accountability Office (GAO) released preliminary [results](#) from its ongoing review of the federal marketplace's fraud risk management for the Advance Premium Tax Credit (APTC).
- Congress requested GAO conduct this review following recent indictments that raised concerns about agent and broker practices in the federal marketplace and complaints from consumers alleging unauthorized enrollments or plan changes. As the report notes, "Specifically, the indictments allege that bad actors enrolled consumers in insurance through the federal Marketplace by falsifying information on their applications. Additionally, according to CMS, the agency received approximately 275,000 complaints between January and August 2024 that consumers were enrolled in a plan or had their plan changed without their consent."
- Notably, ***this review did not include state-based marketplaces.*** In addition, the report is preliminary and does not include recommendations for the federal marketplace. GAO also cautions that their results cannot be generalized to overall enrollment population. However, Covered California is using the preliminary report to review our own enrollment controls in light of the weaknesses GAO identified in the federal marketplace.

SUMMARY OF GAO'S PRELIMINARY ASSESSMENT OF FRAUD VULNERABILITIES IN THE FEDERAL MARKETPLACE

- The GAO used a combination of covert testing, data analysis and evaluation of CMS's fraud risk assessment. The GAO's preliminary results identify:
 - **Vulnerabilities related to potential SSN misuse and unauthorized enrollment changes in the federal marketplace**
 - **Unauthorized Changes:** Agents or brokers made likely unauthorized changes to at least 30,000 applications in 2023 and 160,000 in 2024, potentially harming consumers.
 - *For the purposes of this report, an application with likely unauthorized enrollment changes is one where at least three different agents or brokers—identified based on National Producer Numbers—submitted enrollment actions on the same application for the same coverage start date.* (page 15)
 - **Overused SSNs:** GAO identified tens of thousands of SSNs used for multiple enrollments within single plan years, raising concerns about identity misuse.
 - *For example, the most frequently used SSN in plan year 2023 was used to receive subsidized insurance coverage for over 26,000 days (over 71 years of coverage) across over 125 insurance policies.* (page 13)
 - **Weaknesses in CMS's Fraud Risk Management for APTC**
 - CMS has not updated its fraud risk assessment since 2018, nor developed an antifraud strategy aligned with leading practices, limiting its ability to proactively address fraud risks.

COVERED CALIFORNIA'S EXPERIENCE DOES NOT MIRROR THE FEDERAL MARKETPLACE

Covered California has not observed the same patterns of potential fraudulent activity seen on the federal marketplace. Consumer complaints are very rare and do not indicate systemic issues like those identified by the GAO on the federal marketplace.

- We require consumer consent before an enrollment partner can access case information or enroll a consumer in a health plan
- We actively monitor and address duplicate enrollments
- We have invested in technology solutions to strengthen our system access controls including transitioning to a modern risk-based identify verification process
- We have an active Integrated Fraud Management program that monitors trends in consumer complaints and takes appropriate action.



Covered California's Enrollment Controls



Ensure Consumers Provide Consent When Using Certified Enrollment Partners

Robert Kingston, Director, Outreach and Sales Division

ENROLLER POLICIES

Existing Delegation Policies Limit Unauthorized Access

- Enrollers must obtain a delegation to an existing case before accessing consumer information or making changes.
- Each method of case delegation requires consumers to affirm consent for the enroller to access their information and act on their behalf.
- Delegation methods include the Manage Delegates feature in the consumer's portal, a consumer call to the consumer service center, a three-way call to the enroller service center that includes the consumer and the enroller, and the Delegation Tool that sends a one-time-passcode to the consumer that must be entered by the enroller to complete the delegation.

Agent Agreement and Code of Conduct Require Compliance

- Both the Agent Agreement and the Agent Code of Conduct include requirements to provide accurate consumer data.
- Agents found to have engaged in a pattern of misconduct risk their certification and their insurance license.

Consumer Complaints are Closely Monitored

- The Outreach and Sales Division meets regularly with the Integrated Fraud Management unit to monitor trends in consumer complaints and take appropriate action.
- One case of misconduct has resulted in the termination of an agent certification in the past two years.



Resolve Duplicate Enrollments

Katie Ravel, Director, Policy, Eligibility & Research Division

OVERVIEW OF COVERED CALIFORNIA'S DUPLICATE COVERAGE IDENTIFICATION AND RESOLUTION APPROACH

- While duplicate coverage with financial assistance represents less than 1% of enrollment, Covered California actively monitors and addresses duplicate enrollments across three populations to ensure program eligibility accuracy, protect financial assistance integrity, and reduce creation of duplicate coverage over time.
 - **More than one case with APTC:** Covered California identifies overlapping subsidized enrollments and removes APTC from duplicate cases. Consumers are notified and given 30 days to act; non-responsive cases are corrected to retain only one active subsidized enrollment.
 - **More than one case with APTC and Medi-Cal:** These dual enrollments are flagged through coordinated monitoring with Medi-Cal partners. Tax credit eligibility is removed from the Covered California case when Medi-Cal eligibility is confirmed.
 - **More than one case but only one has financial assistance:** These are lower-risk cases that don't involve duplicate financial assistance. Covered California sends annual notices to inform consumers of their overlapping plans, but no corrective action is required unless the consumer requests a change.



Verify Consumer Identity

Kevin Cornish, Chief Information Officer

MODERN, RISK-BASED IDENTITY VERIFICATION

In 2024 we targeted CalHEERS' credit-information-based identity proofing process, a known friction point where ~34% of applicants abandoned their application, for replacement with an AI-driven, biometric powered Remote Identity Proofing (RIDP) solution that was deployed in CalHEERS release 25.6 in mid-2025. This solution also improved our ability to manage fraud, waste, and abuse as follows:

- **Step 1 – Passive, real-time verification:** AI/ML models use primary contact data and cross-industry consortium intelligence to passively approve about **84% of applications** while detecting nearly **100% of anomalous traffic** in real time; approximately **16% of higher-risk cases** are automatically routed to document verification instead of being blocked outright.
- **Step 2 – Biometric and document verification:** Applicants who cannot be passively verified complete a secure, mobile-friendly **document + selfie workflow**, with Intelligent Document Processing (IDP) validating **25+ identity document types** (e.g., driver's license, passport) against CalHEERS application data.
- As a result, **95-98% of CalHEERS applicants now achieve successful remote identity proofing**, dramatically reducing manual intervention while strengthening fraud prevention relative to the prior credit-based process.

TECHNOLOGY INVESTMENTS STRENGTHEN IDENTITY AND ACCESS CONTROLS

RIDP: Stronger, Yet More Equitable Identity Assurance

- By moving away from credit-based questions and toward AI-driven risk scoring, biometric verification, and document forensics, CalHEERS **expands access for applicants with limited or no credit history** and **raises the bar on identity assurance and fraud detection**.

Intelligent Document Processing (IDP) for Identity & Eligibility

- Phase II expanded automated verification to **25+ document types** and delivered a **20% increase in automated processing**, accelerating eligibility determinations and reducing exposure to identity- and document-based fraud during peak enrollment periods.

Consumer Multi-Factor Authentication (MFA)

- Implemented MFA in CalHEERS, requiring a registered phone or email for account access, aligning with federal security expectations and adding a second layer of defense even if credentials are compromised.

Security, Compliance, and Platform Hardening

- Closed **all 620 corrective actions** from the IRS 2023 assessment and maintained **no critical workstation vulnerabilities for over 365 days**, reinforcing the security posture underlying identity proofing and eligibility functions in CalHEERS.



Operate an Integrated Fraud Management Program

Lisa McCartney, Deputy Director, Program Integrity Division

Program Integrity Fraud Management Program Activities

- ❑ While Covered California's program areas have checks and balances regarding eligibility determinations and monitoring certified insurance agents in our daily operations, there is a dedicated Fraud Management Team. The team serves as an additional safeguard to protect consumers and monitor potential misconducts.
- ❑ As a centralized hub for fraud management, all issues related to potential fraud are researched by the team. We are the repository for all fraud or misconduct complaints. Consumers and entities contact us by phone, email or written letter to raise their concern.
- ❑ The Fraud team works closely with many internal and external stakeholders on fraud-related matters to ensure the integrity of the program. These stakeholders include:
 - Internal Program Areas (such as Outreach and Sales, Service Center, Office of Legal Affairs, etc.)
 - Department of Health Care Services - Audits & Investigations and Medi-Cal Fraud Team
 - Department of Insurance
 - Department of Managed Health Care
 - Covered California Qualified Health Plans

Examples of Fraud Management Activities Include:

- Resolving **consumer protection issues** (e.g., stolen identity, individual did not apply for coverage, etc.)
- Addressing and monitoring potential **Certified Insurance Agent misconduct** (e.g., plan steerage, program steerage such as intentional enrollment into Covered CA when consumers are eligible for Medi-Cal, Agent website compliance, requiring consumers to purchase other type of insurance – such as car insurance and life insurance, etc.)
- Resolving **referrals received from health and dental carriers** when there are concerns regarding suspicious behavior (e.g., out of state addresses and dual enrollments)
- Conducting an **enterprise-wide mandatory fraud training** for all Covered California team members to identify, prevent, and report fraud from all areas of the organization
- Hosting an **annual Fraud Summit** with internal/external partners to share best practices, exchange knowledge, and discuss/monitor trends of fraud
- Regularly **monitoring fraud trends** and implement process improvements for earlier detection of deceptive practices (e.g. identifying referrals that have similar complaints/red flags, analyze consumer data that may have suspicious enrollments or agent misconduct, etc.)

CONTACT INFORMATION

Contact the Fraud Management Team:

Phone: 888-217-9309

Fax: 916-228-8915

Mail: 1601 Exposition Blvd., Sacramento, CA 95815

Email: StopFraud@Covered.ca.gov

Website: <https://www.coveredca.com/consumer-protection/>





State and Federal Policy & Legislative Updates

STATE LEGISLATION AND BUDGET

- The Legislative Session reconvened on January 5, 2026. Covered California staff is monitoring bill introductions and amendments and will report to the Board on key bills in the coming months.
- The Governor's Budget was released on January 9, 2026, and includes \$348.9 billion in total spending and a reserve of \$23 billion. Given federal uncertainty and the unpredictability of revenue from recent stock market gains, this budget strives to retain important programs and minimize spending on new initiatives.
- The Governor's Budget highlights the impacts of H.R. 1 on health and human services programs that serve Californians, including CalFresh (SNAP), Medi-Cal (Medicaid), and Covered California. Proposed budget highlights include:
 - A reduction in \$66.2 million in state spending for CalFresh based on eligibility changes for lawfully present non-citizens and new work requirements for able-bodied adults with no dependents.
 - Medi-Cal related adjustments include an expected \$373 million reduction in Medi-Cal spending due to new federal work and community engagement requirements, a \$463 million reduction due to redetermination timeline changes and an unquantified adjustment in preparation for moving legally present immigrant populations to limited-scope Medi-Cal.

STATE LEGISLATION AND BUDGET

- The Budget includes the following appropriations for Covered California with no changes from the 2025-26 Budget:
 - **\$190 million** from the Health Care Affordability Reserve Fund (HCARF) for a program of financial assistance.
 - **\$20.35 million** from the General Fund to fund the California Premium Credit, which is a credit of \$1 per member/per month to provide abortion coverage.
 - **\$15 million** from HCARF to provide payments to QHP issuers to defray the cost of providing Gender Affirming Care for Covered California enrollees.
 - **\$2 million** from HCARF for the striking worker benefit program, with authorization to increase the funding by an additional \$3 million if needed.
- The Governor's Budget also includes a scheduled loan repayment of \$200 million from the General Fund to HCARF, stemming from a \$600 million loan negotiated in the 2023 State Budget. Two additional payments of \$200 million each are scheduled for the 2027 and 2028 fiscal years.

FEDERAL UPDATE: Enhanced Premium Tax Credit Expiration

- Covered California continues to engage with policymakers and stakeholders relative to the now-expired enhanced premium tax credits.
- Covered California has been sharing enrollment updates with policymakers and the public to keep members informed of enrollment trends for 2026 by referencing the weekly renewal and open enrollment dashboard and providing district-level enrollment data.
- Covered California also released new technical assistance highlighting the costs of care for consumers switching to Bronze-level coverage. Specifically, the costs of care for consumers switching to Bronze plans could double in 2026.
- On January 8, the House of Representatives passed H.R. 1834 which included a 3-year extension of enhanced premium tax credits. The bill moves to the Senate for deliberation.
- Negotiations relative to ePTC extension continue in the Senate.

FEDERAL UPDATE: SHAPING POLICIES IN HEALTH EQUITY

- On December 5, Covered California submitted [comments](#) to the National Committee for Quality Assurance (NCQA) supporting its draft Artificial Intelligence (AI) Standards in Health Plan Accreditation for 2027. The comments recommended expanding AI's scope to include patient-facing tools, adopting risk-level categorization, monitoring high-risk use cases annually, and specifying qualifications for senior-level AI staff. Covered California further encouraged greater patient participation in governance, enhanced consumer transparency, evaluating AI's impact on marginalized populations, and fostering learning collaboratives to ensure equitable and effective implementation of the standards.
- On December 15, Covered California submitted [comments](#) to Battelle's Partnership for Quality Management, on behalf of the Centers for Medicare & Medicaid Services (CMS), regarding digital quality measures (dQMs). The comments recommended leveraging standards like Fast Healthcare Interoperability Resources to enhance real-time performance measurement and care coordination. Covered California also encouraged Battelle, as a Consensus Based Entity, to support the national advancement, implementation, and standardization of dQMs through education, technical assistance, funding advocacy, and stakeholder collaboration.

FEDERAL UPDATE: PROPOSED DHS RULE ON PUBLIC CHARGE

- On December 19, Covered California joined a [comment letter](#) led by CalHHS, along with several of its departments, addressing the U.S. Department of Homeland Security's proposed rule to rescind the current public charge regulations.
- The rule would significantly increase immigration officials' discretion in assessing a noncitizen's likelihood of becoming a public charge, allowing consideration of factors previously excluded, such as participation in health, nutrition, and housing programs. While Affordable Care Act (ACA) subsidies are not explicitly mentioned, the rule's broader "totality of the circumstances" standard could allow their inclusion, discouraging immigrants from enrolling in subsidized Marketplace coverage and causing families to avoid or drop Medicaid due to confusion about which benefits impact public charge determinations.
- The comment letter detailed the rule's lack of legal and empirical support and outlined the significant harm it would cause to the health and well-being of citizens and noncitizens alike. It warned of restricted access to healthcare, public health services, social programs, and nutrition assistance, alongside broader negative impacts on California's economy and the nation as a whole.

FEDERAL UPDATE: PROPOSED CMS RULES ON GENDER-AFFIRMING CARE

- On December 19, CMS proposed two rules to further restrict youth access to gender-affirming care:
 - The first rule would amend hospital Conditions of Participation (CoPs) to prohibit most Medicare- and Medicaid-enrolled hospitals from providing gender-affirming care for individuals under 18, including puberty blockers, hormone therapy, and surgeries, regardless of payer. Hospitals must comply to maintain Medicare and Medicaid eligibility.
 - The second rule would block federal Medicaid and CHIP funds from covering the same services for minors (under 18 for Medicaid and under 19 for CHIP), regardless of provider or care setting. While providers could still offer these services, federal reimbursement would be prohibited, though states could fund them using state-only dollars.
- Importantly, as Covered California continues to analyze these proposals and their potential impact, it is important to note that California law guarantees medically necessary gender-affirming care as a legal right and prohibits hospitals and health plans from denying services based on gender identity.
- Public comments on the proposed rule are due by February 17.



Data and Research



Plan Performance Report

Chelsea Hart-Connor
Health Informatics Lead, Health Equity and Quality Transformation (EQT)

Assembly Bill 929 (2019): Annual Plan Performance Report

*"...ensure[s] that Covered California is able to obtain from health plans and insurers **information on cost, quality, and disparities useful in evaluating the impact of Covered California on the health delivery system and health coverage in California...**"*

Protects the personal identifiable information of enrollees but **enables comparison across QHPs**

Requires Covered California to publish a **report at least annually** the areas of quality, cost, and disparities reduction

Cites disparities reduction across population groups by age, geography, language, race, ethnicity, sexual orientation, gender identity, disability status

Now more than ever, the Plan Performance Report is a critical resource for holding health plans accountable for quality & equity

Decline in publicly available data sets nationally

With rising costs, increased urgency to ensure people are getting quality care from their coverage

Covered California continues to catalyze change and demonstrate leadership in transparency in holding health plans accountable

Guiding Principles for EQT's Plan Performance Report

Rooted in
AB929



Focused on
Measures that
Matter



Expanding our
Equity Focus



User Centered
Design



Actionable
Data Improves
Outcomes +
Equity

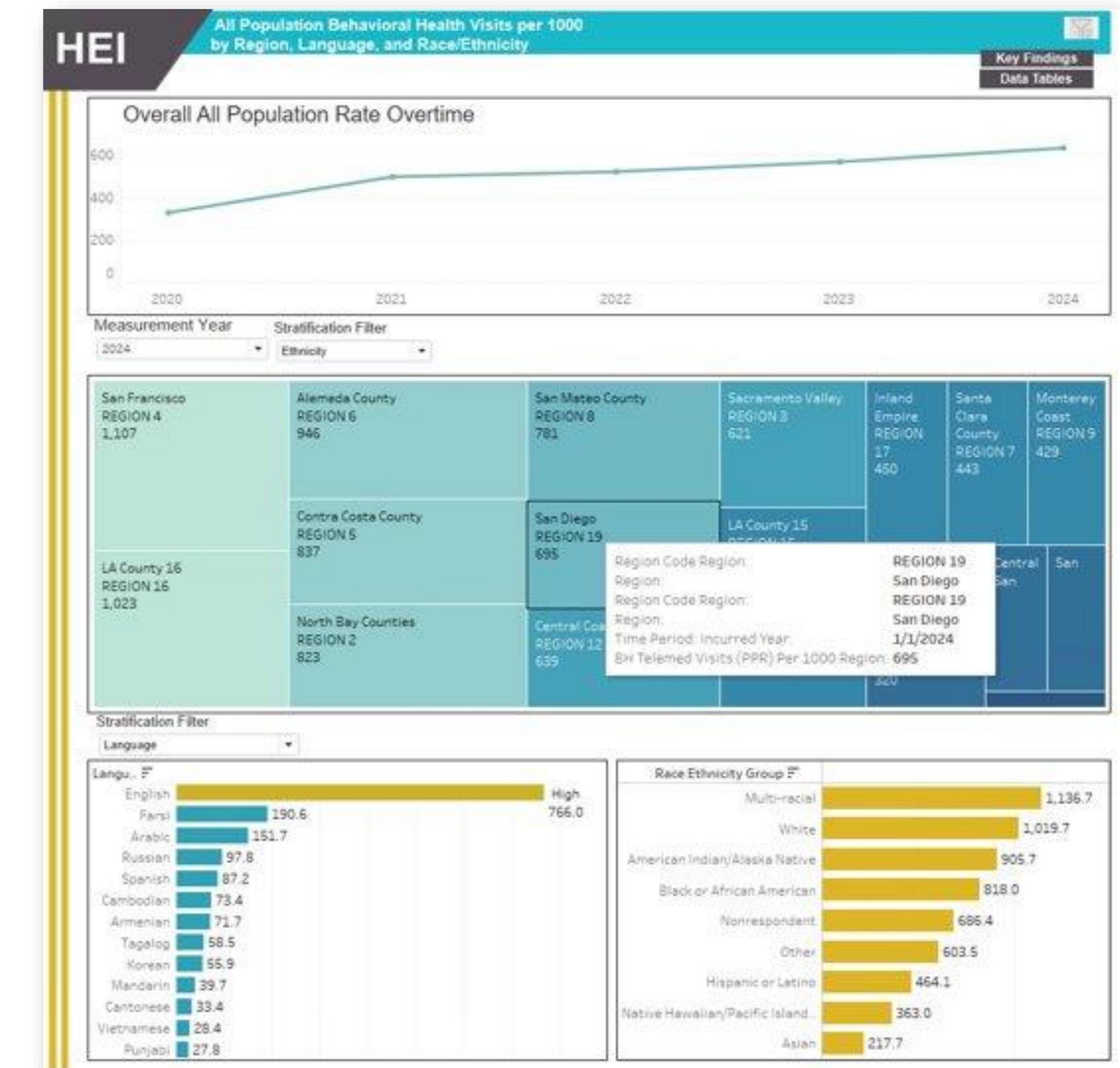
Evolution of PPR for Release Year 2025

Data Sources	<i>Continued from 2024</i>	<i>New in 2025</i>
	<ul style="list-style-type: none"><input type="checkbox"/> Healthcare Evidence Initiative (claims)<input type="checkbox"/> CMS' Quality Ratings System<input type="checkbox"/> Patient Level Data files<input type="checkbox"/> Plan self-reported data	<ul style="list-style-type: none"><input type="checkbox"/> Publicly available data (CMS.gov -Medical Loss Ratio)
Measures	<i>Continued from 2024</i>	<i>New in 2025</i>
	<ul style="list-style-type: none"><input type="checkbox"/> Breast Cancer Screening<input type="checkbox"/> Child & Adolescent Well Care Visits<input type="checkbox"/> ER Utilization<input type="checkbox"/> Preventive Visit Utilization<input type="checkbox"/> Primary Care & PC Telehealth Utilization<input type="checkbox"/> BH and BH Telehealth Utilization<input type="checkbox"/> No Utilization of Care<input type="checkbox"/> Use of High Dose Opioids, Concurrent Use of Opioids, Pharmacotherapy for opioid use disorder<input type="checkbox"/> All QRS Measures	<ul style="list-style-type: none"><input type="checkbox"/> Removal from the exchange "25/2/2"<input type="checkbox"/> MLR trend by QHP (from CMS.gov)<input type="checkbox"/> Dental quality measures<input type="checkbox"/> Out-of-pocket spend (aggregate only)<input type="checkbox"/> % of Medicare pricing (aggregate only)<input type="checkbox"/> Total cost trend in allowed amounts (aggregate only)
Stratifications	<i>Continued from 2024</i>	<i>New in 2025</i>
	<ul style="list-style-type: none"><input type="checkbox"/> Race/ethnicity, subpopulation<input type="checkbox"/> Preferred language<input type="checkbox"/> Income<input type="checkbox"/> Rural v Urban	<ul style="list-style-type: none"><input type="checkbox"/> Rating region<input type="checkbox"/> Age<input type="checkbox"/> Metal tier<input type="checkbox"/> Gender

Demo: What's New in PPR

User centered, interactive design

- Interactive dashboard with filters, multiple visualizations
- Use of narrative description and key findings to highlight important trends or outliers
- Comprehensive and multidimensional report



Meeting with Hart-Connor, Chelsea (CoveredCA)

2026-01-08 20:22 UTC

Recorded by

Hart-Connor, Chelsea
(CoveredCA)

Organized by

Hart-Connor, Chelsea
(CoveredCA)

How might we continue to enhance the Plan Performance Report in future years?

Desired Future Directions

- Expansion of clinical data for a more comprehensive understanding of member outcomes (e.g., positive cancer screenings without follow-up)
- Drill down on cost outliers (e.g., plan, regional, and service category level)
- Enhanced usability and accessibility of the data featured in the report for enrollees

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 can be submitted to BoardComments@covered.ca.gov





Appendix

Appendix: Table of Contents

- 01** Service Center Update
- 02** Covered California for Small Business Update
- 03** CalHEERS Update
- 04** Outreach and Sales Update



Service Center Update

COMPARING DECEMBER 2025 VS. 2024 CALL STATISTICS

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2025	540,756	289,163	7.58%	261,561	0:10:07	0:23:10	11.67%
2024	494,967	299,809	8.90%	269,813	0:07:07	0:21:42	12.99%
Percent Change	9% Increase	4% Decrease	15% Decrease	3% Decrease	42% Increase	7% Increase	10% Decrease

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

- The total Calls Offered decreased from 2024 by 4%.
- Calls Handled decreased from 2024 by 3%.
- The Abandoned % decreased from 2024 by 15%.
- Service Level decreased from 2024 by 10%.

DECEMBER WEEKLY QUICK SORT TRANSFERS

Week 1	Week 2	Week 3	Week 4*	Week 5	Total
12/01 - 12/06	12/07 - 12/13	12/14 - 12/20	12/21 - 12/27	12/28 - 12/31	
1,141	1,256	1,045	721	871	5,034

*Partial Week – All CoveredCA Service Centers were closed on Thursday, December 25, 2025, in observance of Christmas Day.

DECEMBER CONSORTIA STATISTICS

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	2,441	89.02%	2.50%	0:00:34

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

IMPROVING CUSTOMER SERVICE

- ❑ Added information regarding the federal 1095 forms on the Interactive Voice Response (IVR) system
- ❑ Completed outbound calls to consumers to increase retention
- ❑ Extended hours of Operation on 12/30 and 12/31 – 8am to 8pm

ENHANCING TECHNOLOGY SOLUTIONS

- ❑ Partnered with CCIT to improve the consumer journey within Chat

STAFFING UPDATES

- ❑ Vacancy rate of 4.4 percent (2025) comparable to prior year of 6.6 percent (2024)



Covered California for Small Business Update

COVERED CALIFORNIA FOR SMALL BUSINESS

December 2025

- Group & Membership Update:
 - Groups: 9,301
 - Members: 79,284
 - Average Group Size: 8.5 members
 - YTD New Sales: 10,801

*membership reconciled through 12/24/25





CalHEERS Update



**COVERED
CALIFORNIA**

COVERED CALIFORNIA CONSUMER WEBSITE UPDATES

January 2026 Board Meeting

CalHEERS | 1095 & 3895 Forms



Covered California
PO BOX 989725
West Sacramento, CA 95798-9725



COVERED CALIFORNIA
Your destination for affordable healthcare, including Medi-Cal

{MAIL_FIRST_NAME} {MAIL_LAST_NAME}
{ADDRESS_LINE2}
{ADDRESS_LINE1}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

Your federal tax form for {Tax Year}

{CURRENT_DATE} Case Number: {AHBX_CASE_ID}

Dear {FIRST_NAME} {LAST_NAME},

IRS Form 1095-A
You or someone in your household was enrolled in a Covered California health insurance plan in {Tax_Year}. Included in this letter is Internal Revenue Service (IRS) Form 1095-A for your federal income taxes. This form shows who was enrolled in a health plan in {Tax_Year} and how much premium tax credit (financial help) was used, if any. You need IRS Form 1095-A to file your **federal** tax return with the IRS.

If you got advance payments of the premium tax credit you must:

- File a **federal** tax return. You must file even if you do not usually file a federal tax return or have not filed in the past.
- File **IRS Form 8962** with your **federal** tax return. This form reports the premium tax credit you got each month. Use the information on your IRS Form 1095-A to fill out IRS Form 8962.

If you did not use advance payments of the premium tax credit, you may be able to use this form to

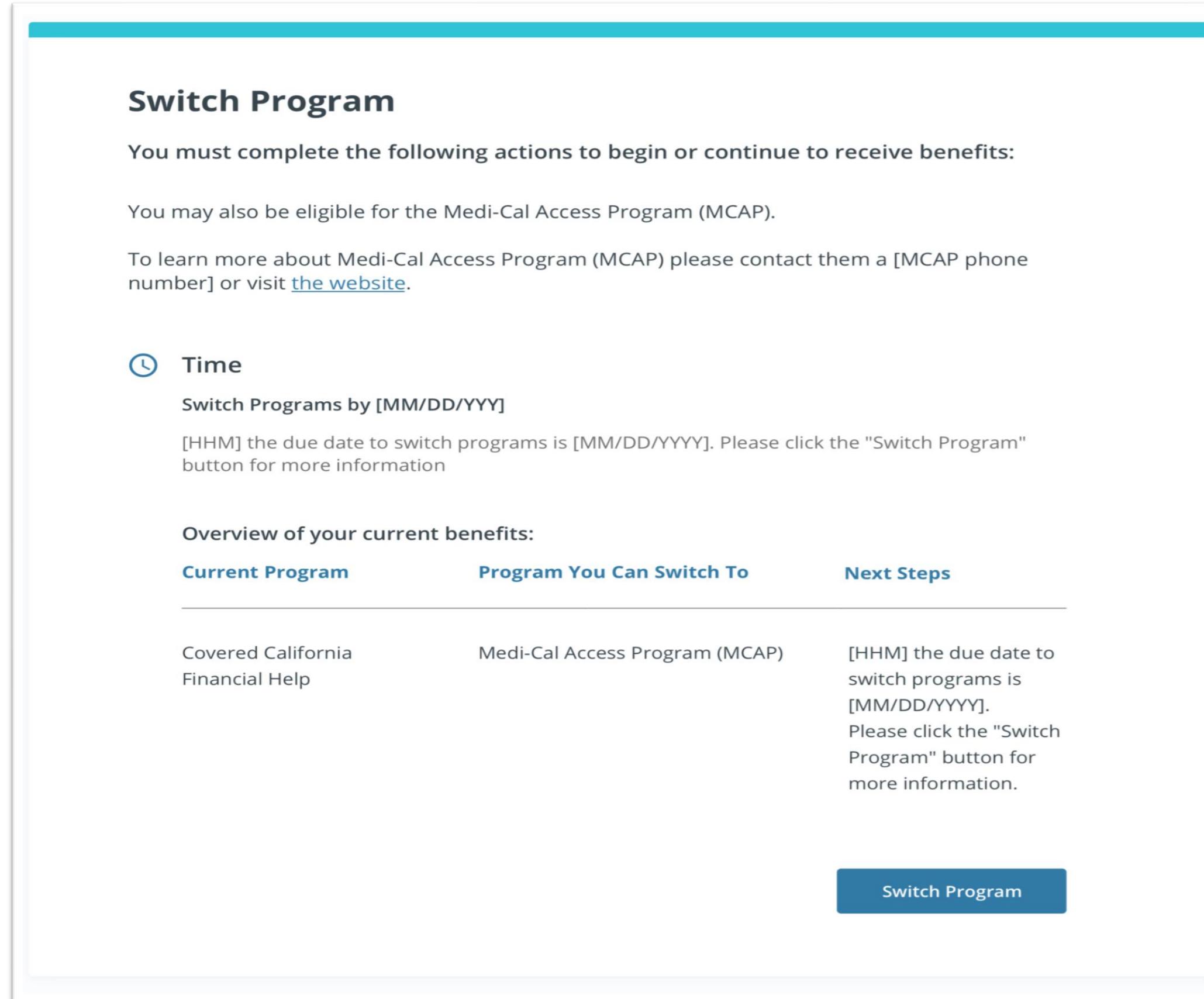
Annual 1095 and 3895 Form Updates

We have strengthened our process for producing key tax forms for consumers—IRS Form 1095-A and California Form 3895—to improve accuracy and compliance. In partnership with the Internal Revenue Service and California Franchise Tax Board, we refined form-generation rules and timing so consumers receive the right documents at the right time, reducing confusion and preventing unnecessary corrections.

These updates include more accurate reporting for grace-period months; elimination of duplicate SSNs; automated corrections (latest year for 1095; last four years for 3895); and streamlined notices and packaging.

Putting latest federal and state guidelines into practice.

CalHEERS | Release 25.12



Switch Program

You must complete the following actions to begin or continue to receive benefits:

You may also be eligible for the Medi-Cal Access Program (MCAP).

To learn more about Medi-Cal Access Program (MCAP) please contact them at [MCAP phone number] or visit [the website](#).

Time

Switch Programs by [MM/DD/YYYY]

[HHM] the due date to switch programs is [MM/DD/YYYY]. Please click the "Switch Program" button for more information

Overview of your current benefits:

Current Program	Program You Can Switch To	Next Steps
Covered California Financial Help	Medi-Cal Access Program (MCAP)	[HHM] the due date to switch programs is [MM/DD/YYYY]. Please click the "Switch Program" button for more information.

Switch Program

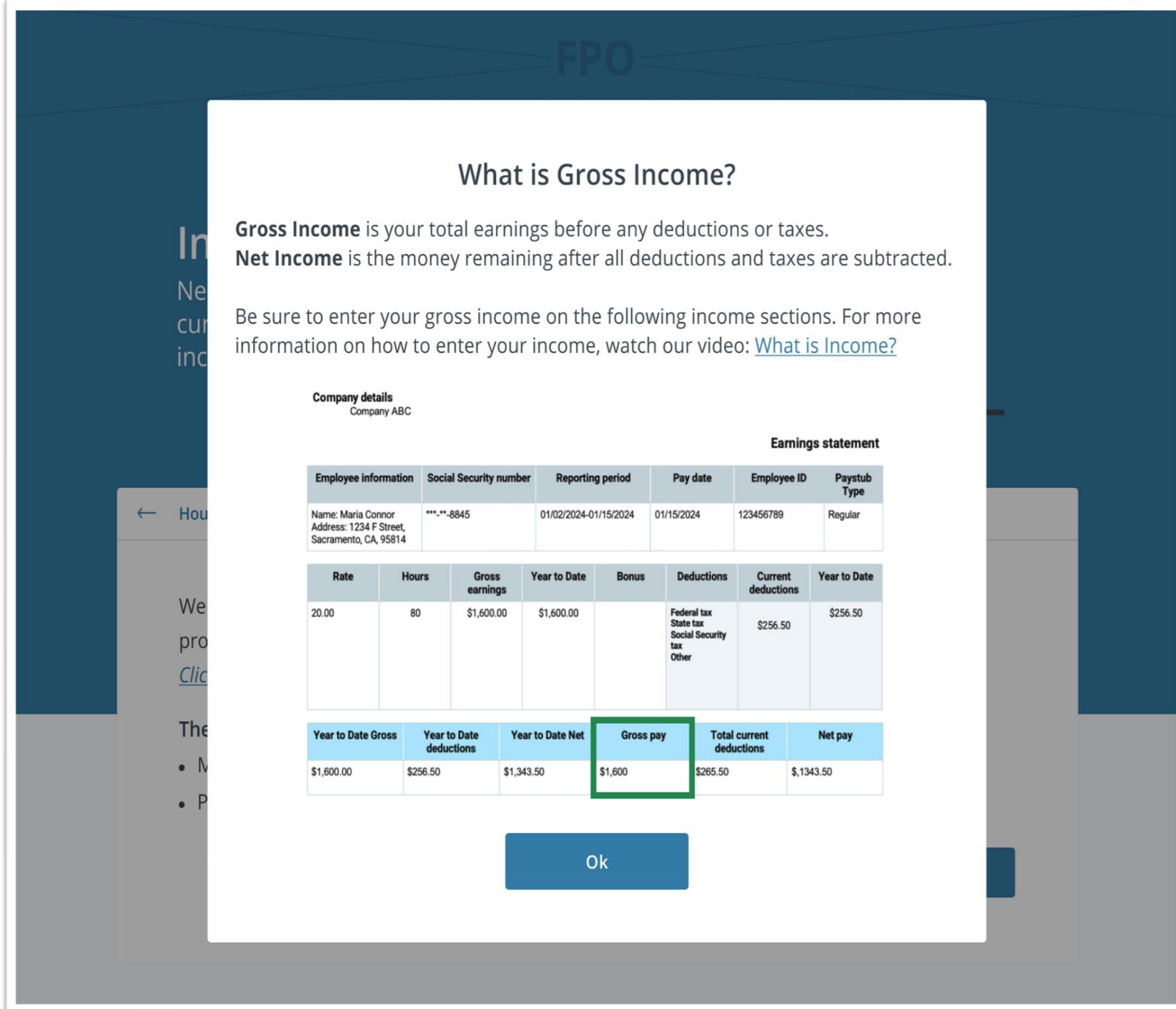
R25.12 UI Enhancements

Release-level portal enhancements and corrections to improve consumer messaging. This release included:

- Clearer MCAP program switching via a dedicated alert with direct "Switch Program" and "Keep or Switch" actions.
- Simpler eligibility messaging for MCAP eligible members and consolidated "Learn More" content for a single, consistent message.
- Mobile access to documents
- Language quality corrections to Spanish labels and headings
- Right-time consent alerts on the Account Home

Harnessing the collective knowledge of our expert users.

CalHEERS | A/B Tested Portal Changes for Improved Consumer Experience



The screenshot shows a modal window titled "What is Gross Income?". The text defines Gross Income as total earnings before deductions and taxes, and Net Income as the money remaining after deductions and taxes. It includes a link to a video on how to enter income. Below this is a "Company details" section for "Company ABC" with fields for Name, Address, and Paystub Type. The main content is an "Earnings statement" table with the following data:

Employee information	Social Security number	Reporting period	Pay date	Employee ID	Paystub Type
Name: Maria Connor Address: 1234 F Street, Sacramento, CA, 95814	***-**-8845	01/02/2024-01/15/2024	01/15/2024	123456789	Regular

Rate	Hours	Gross earnings	Year to Date	Bonus	Deductions	Current deductions	Year to Date
20.00	80	\$1,600.00	\$1,600.00		Federal tax State tax Social Security tax Other	\$256.50	\$256.50

Year to Date Gross	Year to Date deductions	Year to Date Net	Gross pay	Total current deductions	Net pay
\$1,600.00	\$256.50	\$1,343.50	\$1,600	\$256.50	\$1,343.50

Ok

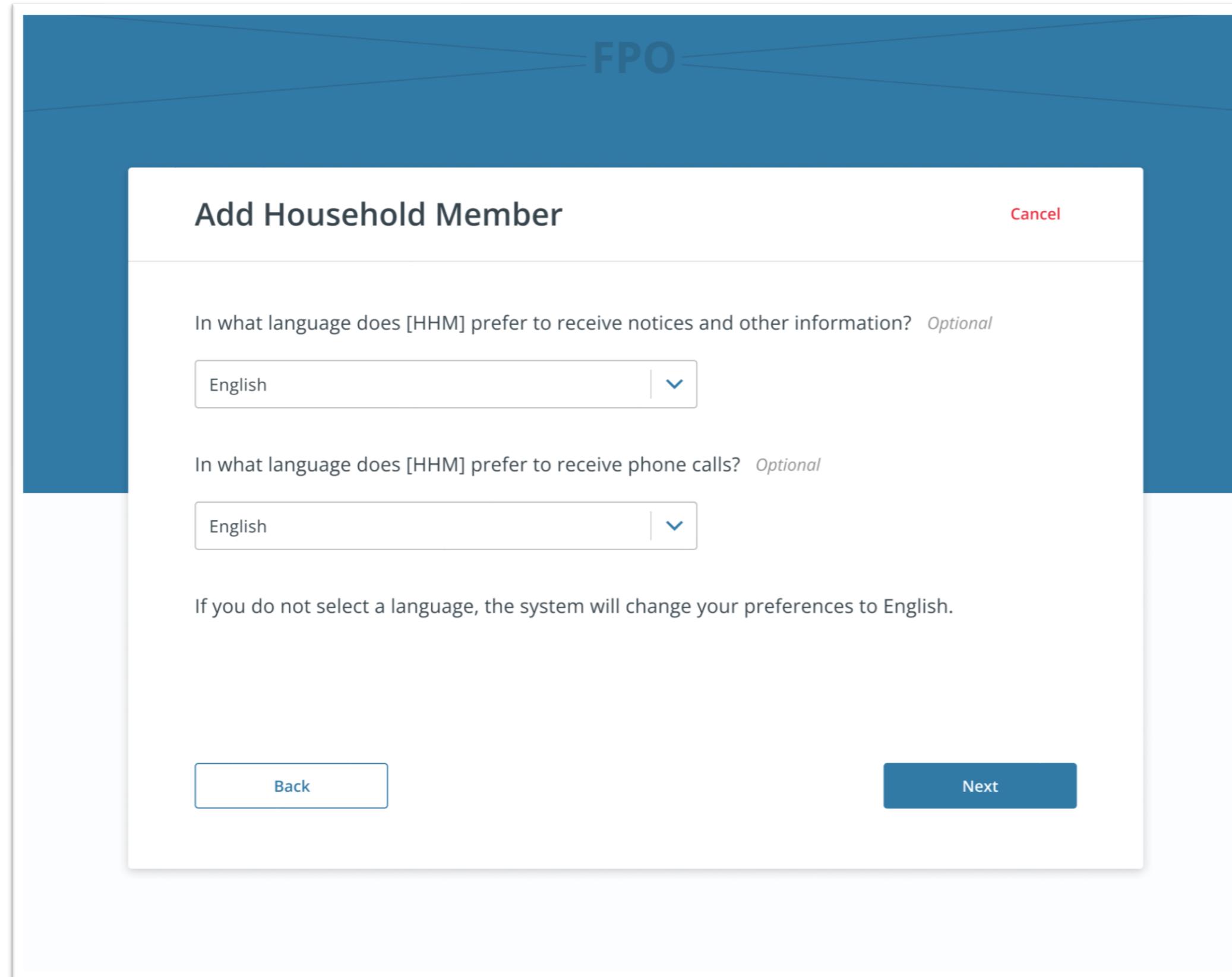
A/B Testing Pilot Portal Changes

Covered California has delivered CalHEERS updates that standardize Spanish and English content and links—translating key UI text, correcting punctuation, and routing members to secure, language-appropriate pages (CoveredCA, IRS, DHCS, SOS)—while aligning the RAC/Renewal Income Overview modal with the Medi-Cal Budget Periods design.

These changes reduce language friction and dead-end links across Account Creation, Basic Information, Tax Information, Individual Information, and Review & Submit, improving clarity and navigation for consumers, especially Spanish speakers.

Testing directly with users builds more robust solutions.

CalHEERS | A/B Tested Portal Changes for Improved Consumer Experience



FPO

Add Household Member

Cancel

In what language does [HHM] prefer to receive notices and other information? Optional

English

In what language does [HHM] prefer to receive phone calls? Optional

English

If you do not select a language, the system will change your preferences to English.

Back

Next

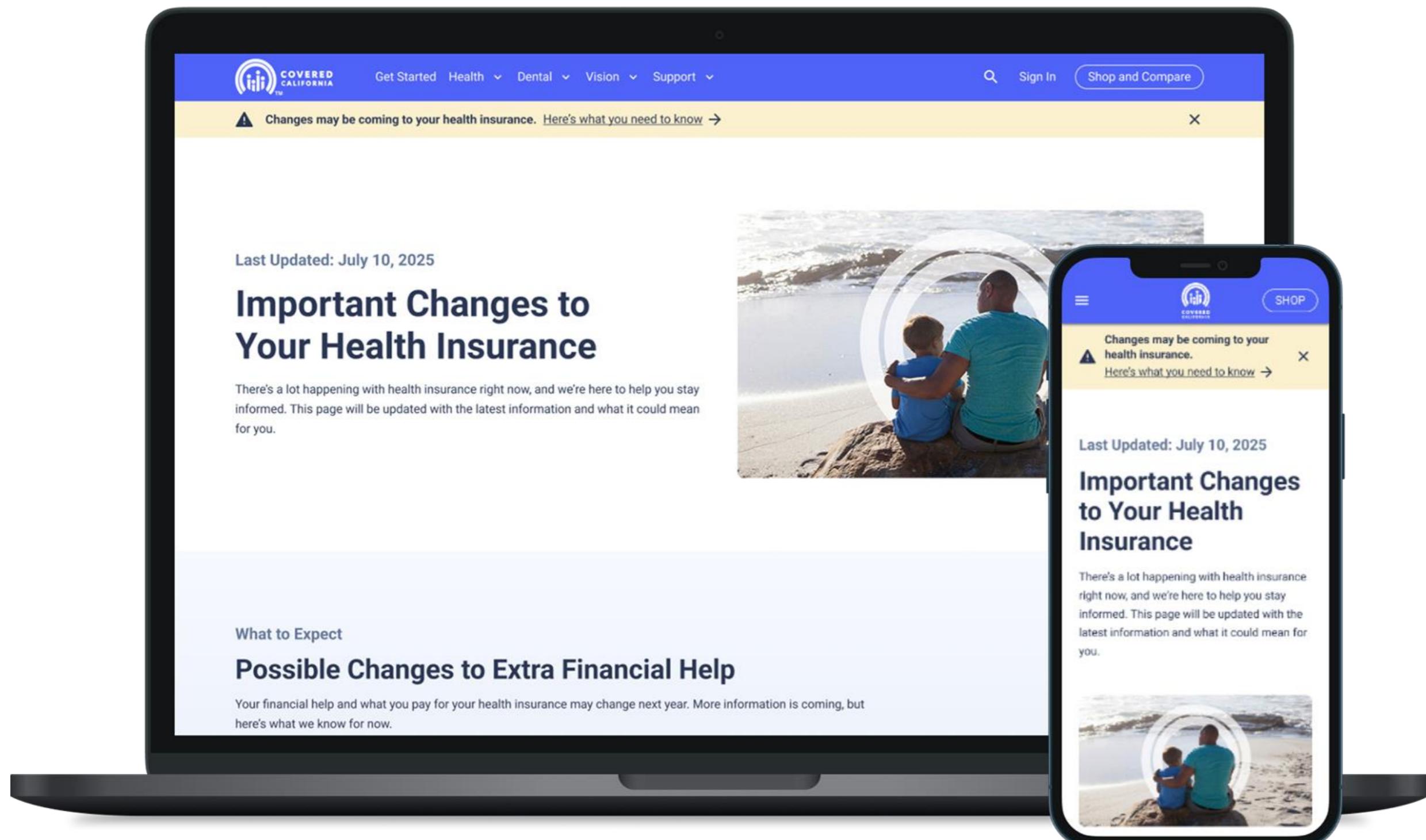
A/B Testing Pilot Portal Changes – Spanish Language Updates

Covered California delivered CalHEERS updates that standardize Spanish button labels, clarify consent language, refine guidance on which household members to include, and relocate support text—applied across application, renewal, enrollment, and document upload flows.

These improvements make next steps clearer and more consistent for Spanish-speaking consumers, promoting easier comprehension and fewer points of confusion during completion

Testing directly with users builds more robust solutions.

Dotcom | Refresh Let's Talk Health



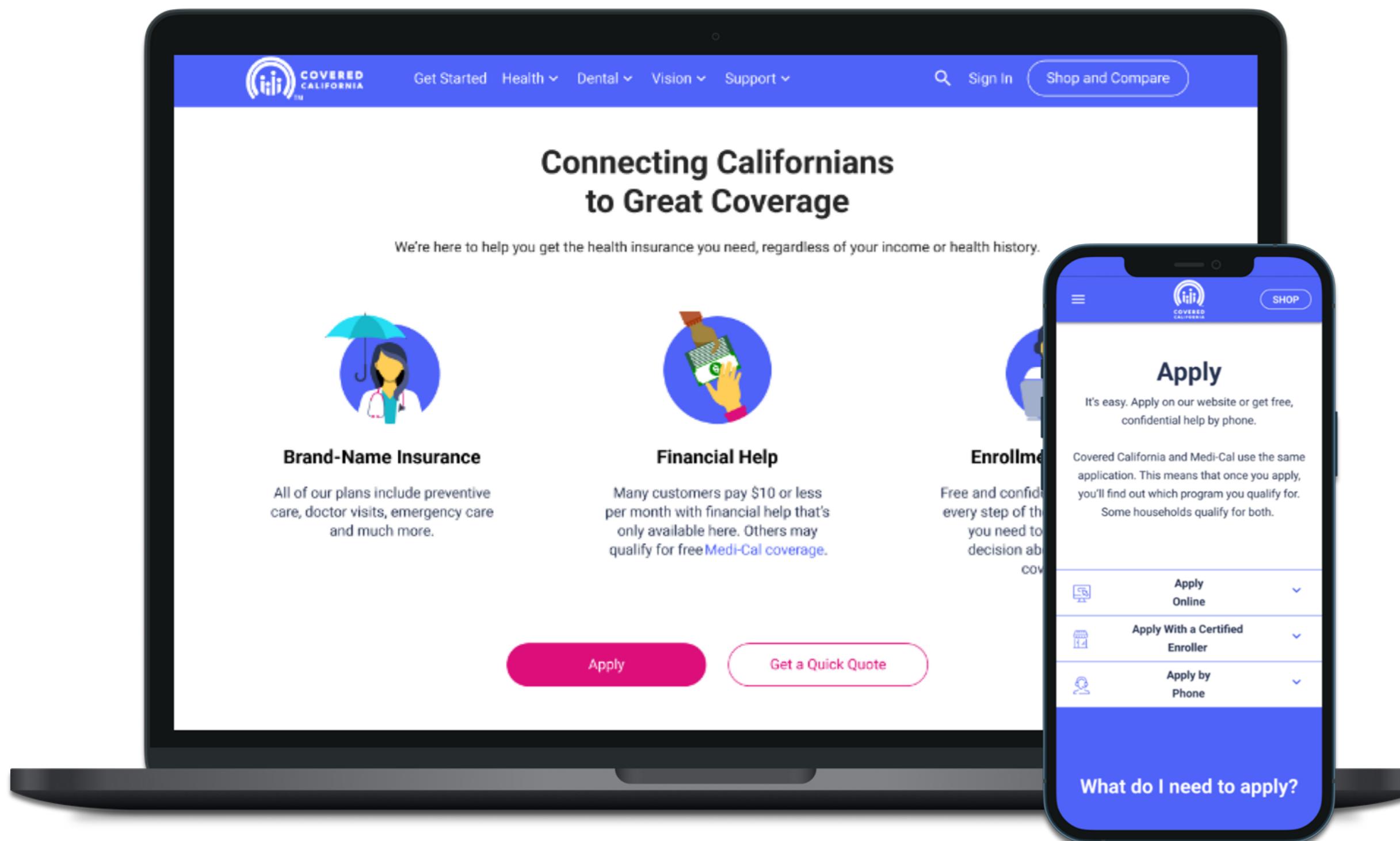
Important Changes Page

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 | Get Started Page

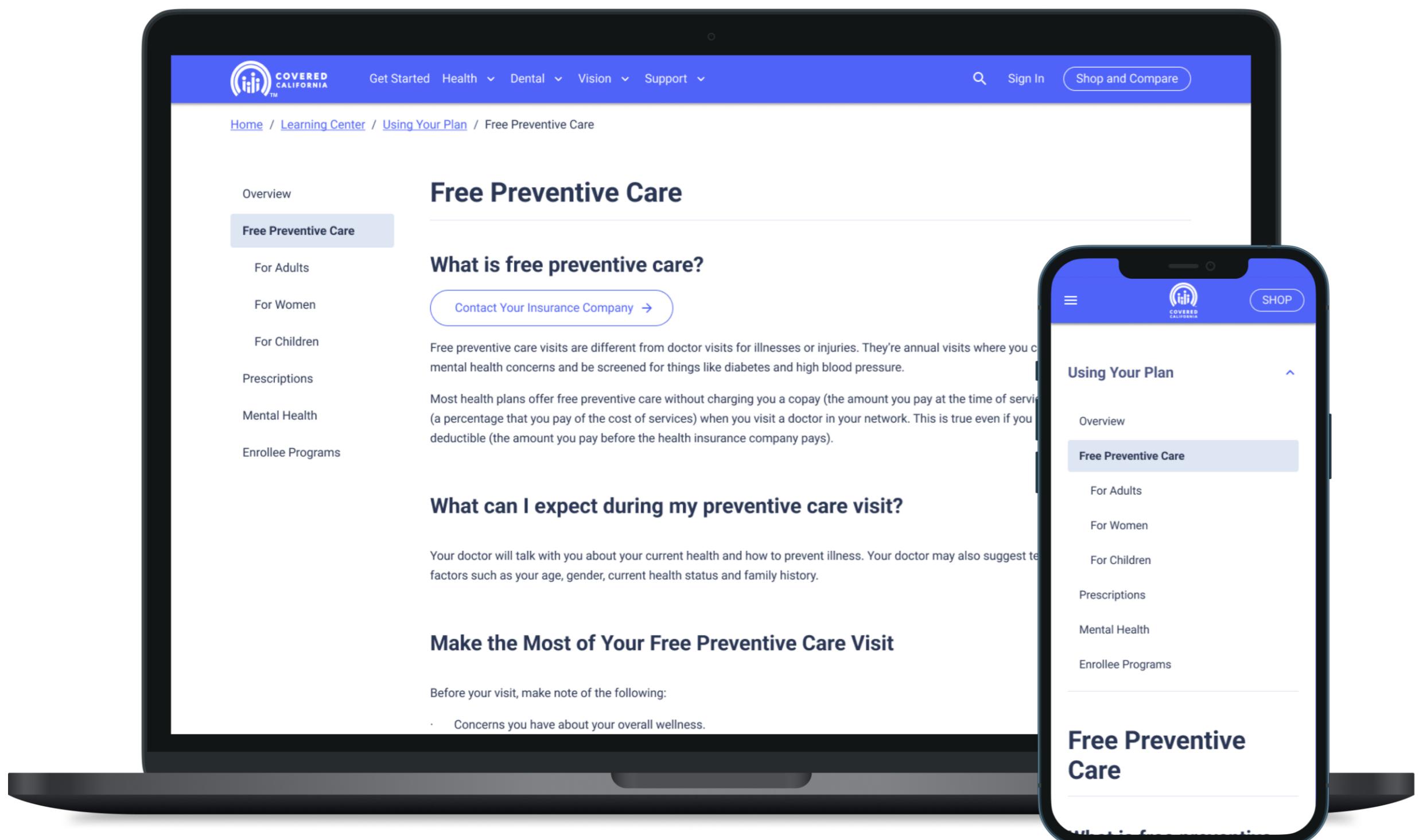


Updates to Get Started

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.

High-quality behavioral data drives design decisions.

Dotcom | Learning Center

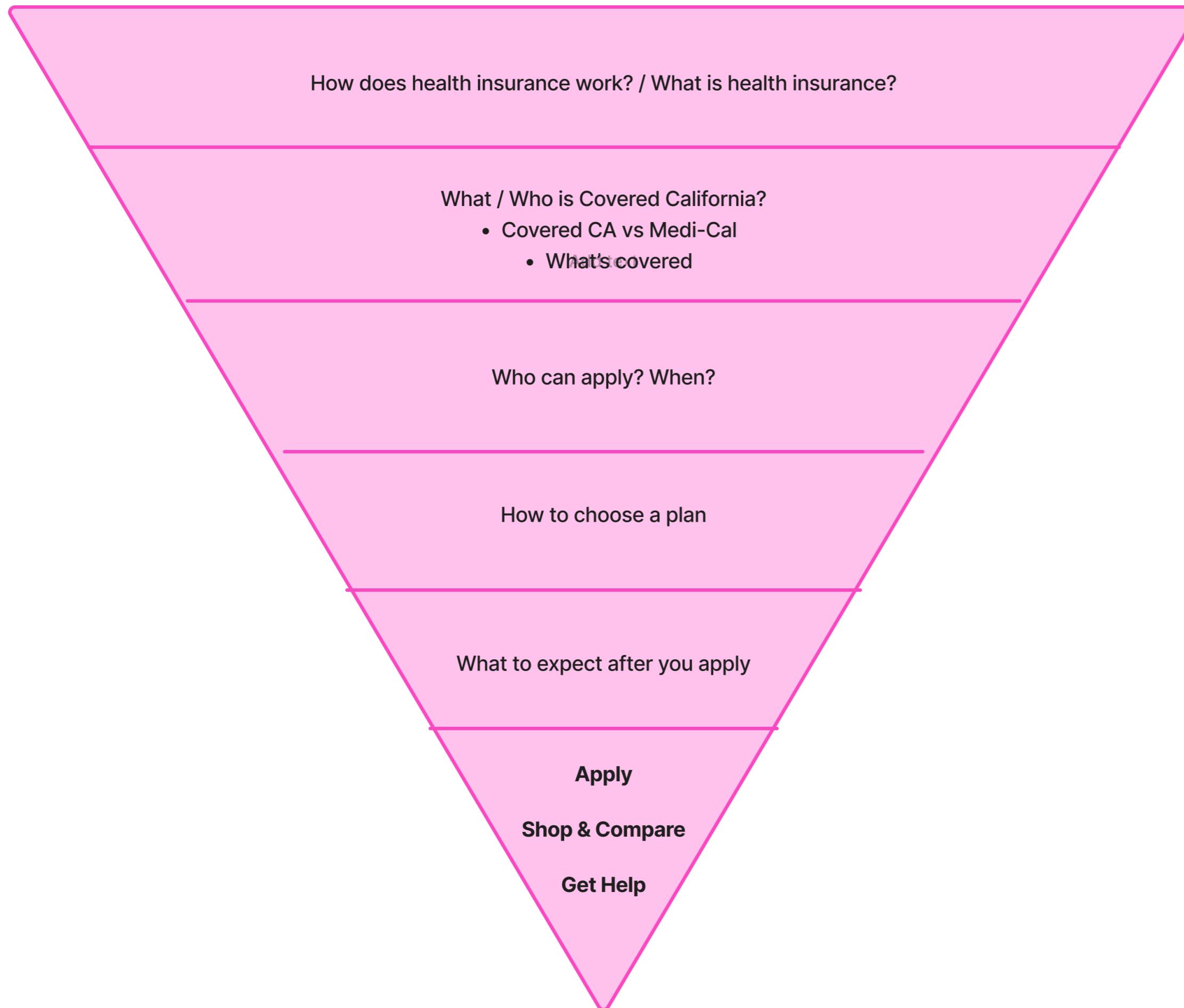


Updated Template for Learning Center Pages

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 | Refresh Let's Talk Health



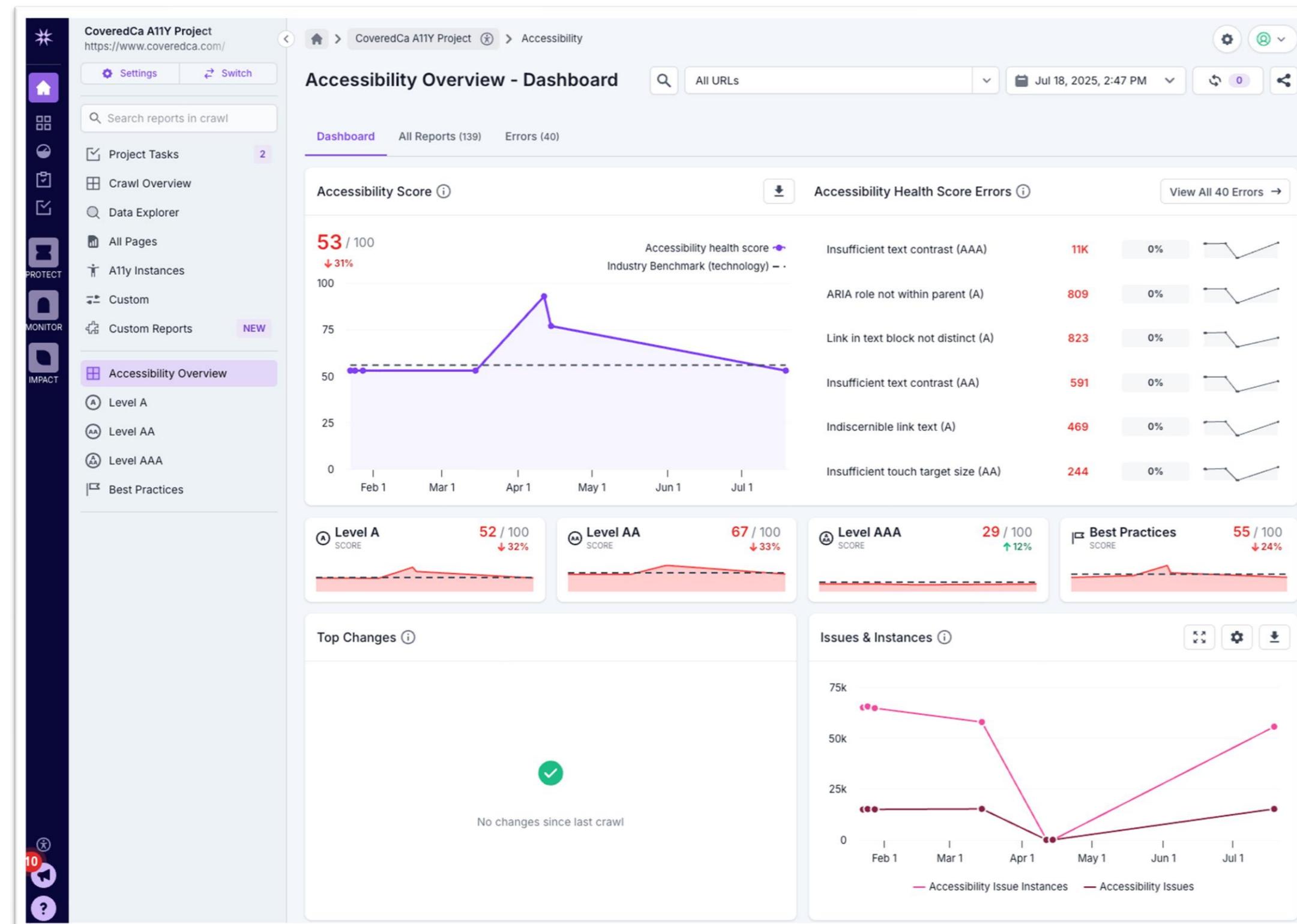
Let's Talk Health -> Health Insurance Basics

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.

Plain language is the root of quality communication.

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.

Design for all is a core tenet of our product workflow.



Outreach and Sales Update

Uncompensated Partners Supporting Enrollment Assistance Efforts

ENROLLMENT ASSISTANCE PROGRAM	ENTITIES	COUNSELORS
Certified Application Counselor	185	1,280
Plan-Based Enroller	12	978
Medi-Cal Managed Care Plan	2	23

OUTREACH AND SALES NON-ENGLISH ENROLLMENT SUPPORT

DATA AS OF JANUARY 1, 2025

11,876 Certified Insurance Agents

- 20.7% Spanish
- 7.3% Chinese
- 4.1% Vietnamese
- 4.4% Korean
- 31.3% Other Languages

1,311 Certified Enrollment Counselors - Navigators

- 31.7% Spanish
- 1.1% Chinese
- 1.4% Vietnamese
- 0.3% Korean
- 9.5% Other Languages

1,280 Certified Application Counselors

- 28.9% Spanish
- 0.2% Chinese
- 0.3% Vietnamese
- 0.1% Korean
- 3.8% Other Languages

978 Certified Plan Based Enrollers

- 6.5% Spanish
- 0.9% Chinese
- 0.5% Vietnamese
- 0.3% Korean
- 1.8% Other Languages

23 Certified Medi-Cal Managed Care Plan Enrollers

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

