



Executive Director's Report

Jessica Altman, Executive Director

June 18, 2026 Board Meeting



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

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** Announcement of Closed Session Actions
- 02** Executive Director's Update
- 03** State and Federal Policy/Legislative Update
- 04** Data and Research

Pilot Collaboration for Consumer Affordability

Covered California is collaborating with Price Philanthropies Foundation to pilot a six-month premium credit in San Diego County.

- The program, known as United for San Diego, will help reduce enrollees' share of monthly premium payments that were lost after the federal enhanced premium tax credits expired at the end of 2025.
- The program will offer a monthly premium credit to former Covered California enrollees who were in active care in 2025 but went uninsured in 2026.
- Covered California is reaching out to former enrollees who meet program criteria. The credit will be available for coverage months July through December.

More information on the credit and program eligibility is available on Covered California's website:

[Uninsured San Diego County Residents Could Get Extra Savings on Health Insurance in 2026](#)



State and Federal Policy & Legislative Updates

Jessica Altman, Executive Director

Legislative State Budget Action

On June 15, 2026, the Legislature passed AB 109 (Gabriel) adopting a \$356 billion state budget. AB 109 retained the Governor's May Revise proposals for Covered California appropriations, including:

- Appropriation of \$300 million in Health Care Affordability Funds (HCARF) for the Covered California State Subsidy Program. This is an increase of \$110 million from the appropriation for the 2026 plan year with the intention to expand the state premium subsidy program to enrollees up to 200 percent of the Federal Poverty Level.
- Transfer of \$20.350 million in funding obligation for the California Premium Credit (\$1 pmpm) from the General Fund to HCARF.
- Appropriation of an additional \$13.424 million in HCARF funds for the purpose of defrayal of cost for Gender Affirming Care in plan year 2026 and a total of \$28.424 million for the 2027 plan year.

Legislative State Budget Action

Other key provisions of the legislative budget bill include:

- Authority for the Department of Health Care Services (DHCS) to establish and seek federal approval to continue an alternative, federally compliant Managed Care Organization (MCO) tax effective January 1, 2027. These provisions align with the Governor's MCO tax proposal from the May Revision.
- Approval of the Governor's \$668.1 million General Fund appropriation for 2026-27 to provide full-scope Medi-Cal coverage to Qualified Non-Citizen populations (e.g. refugees, asylees, victims of trafficking) through July 1, 2027.
- Approve increasing the Medi-Cal premium for individuals with Unsatisfactory Immigration Status (UIS) from \$30 to \$50, effective July 1, 2027, contingent on the next Governor issuing authorization of this policy in early 2027.

Technical Assistance: AB 1907 (Addis)

- AB 1907 (Addis) would expand Covered California's SB 260 auto-enrollment program to new Medi-Cal applicants who are found ineligible for Medi-Cal but determined eligible for Covered California premium tax credits.
- AB 1907 was amended to include language pertaining to open enrollment dates. Specifically, the new amendments would enable California law to conform to any required federal changes related to the duration of the open enrollment period. Under AB 1907, California's open enrollment periods, both on- and off-exchange, would remain November 1 through January 31, except when inconsistent with federal law.
- As discussed in the slides below, the new amendments ensure that California law is constructed in a way to adapt to the evolving federal landscape by allowing conformity with federal rules when required and otherwise preserving the current open enrollment period currently set forth in state statute.

Federal Engagement Update: State Marketplace Network Summer Forum

- This month, Covered California will join the National Academy for State Health Policy State Marketplace Network Summer Forum. The objective of the forum is to convene state-based marketplaces from throughout the nation to discuss emerging and evolving policy, operational, and implementation issues, particularly in light of recent and continued federal policy change.
- Forum items for discussion and shared learnings will include state-based marketplace innovation amid a shifting policy landscape; the tide of federal eligibility and enrollment changes; state leadership in advancing program integrity; preserving member affordability; and maintaining a consumer-focused perspective in marketplace policy and operations.

Federal Update: Navigating an Evolving Policy Landscape

The current federal landscape reflects overlapping regulatory, legislative, and litigation developments that have both reshaped Marketplace policy and created ongoing uncertainty for implementation and planning.

- In June 2025, the Centers for Medicare & Medicaid Services (CMS) finalized the Marketplace Integrity and Affordability Rule, making major changes that limit enrollment, narrow eligibility for coverage and financial assistance, add administrative burdens, and reduce affordability and coverage. Some of those changes were temporary for 2026; others were permanent.
- Soon after, in July 2025, Congress enacted H.R. 1, codifying some of the same policies in statute, in some cases with later effective dates or to take effect when the temporary regulations sunset.
- These changes came on top of the expiration of the enhanced premium tax credits at the end of 2025.
- Since then, the landscape has remained in flux due to ongoing litigation over the earlier regulations and further CMS rulemaking, including the final 2027 Notice of Benefit and Payment Parameters (NBPP), which in turn has prompted additional litigation.

Federal Update: Court Vacates Portions of the Marketplace Integrity and Affordability Rule

On June 12, 2026, in *City of Columbus v. Kennedy (City of Columbus I)*, a challenge brought by a coalition of cities and advocacy groups, the federal district court in Maryland held that several provisions of the 2025 Marketplace Integrity and Affordability Rule were unlawful and vacated them. Some of those provisions had already been temporarily stayed during the litigation, and many were scheduled to sunset at the end of 2026.

- Most notably, the court vacated the provision shortening the open-enrollment period to nine weeks, which was set to take effect for the 2027 open-enrollment period.
- Other vacated provisions include:
 - Income-verification requirement for applicants whose tax data shows income under 100% FPL
 - Income-verification requirement when tax data is missing
 - Failure-to-reconcile requirement
 - Policy allowing issuers to require consumers to pay past-due premiums before effectuating new coverage
 - Broadened allowable actuarial value ranges for plan tiers
 - Elimination of the automatic 60-day extension to resolve income inconsistencies
 - Pre-enrollment verification for 75% of new SEP enrollments (FFM only)
 - \$5 premium policy for \$0 auto-enrollments (FFM only)

Federal Update: Open Enrollment Period Changes

In light of this court decision, Covered California will return to its traditional open enrollment period for the 2027 plan year, beginning November 1 and continuing through January 31, to ensure consumers have the fullest possible opportunity to enroll, especially during this period of ongoing changes.

While these developments are unfolding quickly, Covered California is doing everything we can to respond effectively and will work closely with consumer advocates, enrollment partners, and community-based organizations to ensure consumers have clear information, accessible resources, and the support they need to make informed coverage decisions.

Federal Update: Final 2027 NBPP

On May 15, 2026, CMS issued its final annual rule setting Marketplace and insurance standards for the upcoming plan year.

- The final rule makes broad policy and operational changes that implement elements of H.R. 1, revisit portions of last year's Marketplace Integrity and Affordability Rule that were challenged in litigation, reverse certain prior-administration policies, and introduce several new policies.
- Some policies included in the proposed rule were delayed or not finalized.
- Other details of policies were deferred to future rulemaking, including H.R. 1's pre-enrollment verification requirements scheduled to take effect in 2028 and revising the framework governing states' essential health benefit benchmark plan selection and update process.
- These finalized policies, along with broader federal policy changes over the last year, risk reducing enrollment and moving further from the ACA's goals of equitable access to affordable, quality coverage, strong financial protections, and a stable Marketplace, particularly for low-income and immigrant populations.

Federal Update: Final 2027 NBPP, cont.

Key provisions of the final rule include major changes to subsidy eligibility and verification requirements, plan design, special enrollment, program integrity, and state obligations, including:

- **Eligibility Restrictions:** Restricts APTC and CSR eligibility for lawfully present individuals to U.S. citizens, U.S. nationals, and certain eligible noncitizens beginning 2027, implementing H.R. 1.
- **Income Verification:** Imposes stricter income verification requirements effective in 2027, including creating income data-matching issues when trusted data indicate income below 100% FPL and ending attestation-only treatment when no tax data are returned. This revisits the approach first adopted in the Marketplace Integrity and Affordability Rule.
- **Failure to Reconcile:** Makes the one-year failure to reconcile policy optional in 2027 and mandatory beginning in 2028, revisiting the policy first introduced in last year's Marketplace Integrity and Affordability Rule.
- **Catastrophic Coverage and Plan Design:** Adopts several new policies effective in 2027 and 2028 to expand catastrophic coverage and increase bronze cost-sharing, including broader eligibility, higher out-of-pocket limits, and new flexibility for multi-year plan design.

Federal Update: Final 2027 NBPP, Cont.

- **Low-Income SEP:** Permanently eliminates the monthly SEP for individuals below 150% FPL, beginning in 2027, extending the policy first introduced in the Marketplace Integrity and Affordability Rule.
- **SEIPM:** Establishes a new annual State Exchange Improper Payment Measurement process to assess APTC eligibility and payment accuracy beginning in 2027, requiring detailed submissions on APTC households, eligibility business rules, and Exchange systems.
- **State Defrayal:** Revises the standards governing when states must defray the cost of benefit mandates that exceed essential health benefits, starting in 2028, delayed one year from the proposed rule.

Other important but generally lower-impact changes in California, many primarily affecting the Federally Facilitated Marketplace, include the elimination of standardized plans, SEP verification requirements, new agent and broker marketing and consent requirements, and changes to adult dental coverage, Quality Improvement Strategy standards, and network adequacy and Essential Community Provider standards.

Notably, the final rule did not finalize the Enhanced Direct Enrollment option for State-Based Marketplaces, which would have allowed web-brokers to serve as the sole enrollment pathway.

Federal Update: More Litigation and Next Steps

Soon after the final 2027 NBPP was issued, on June 3, 2026, the same plaintiffs that challenged the prior Marketplace Integrity and Affordability Rule filed a new case in the same federal district court in Maryland on June 3, this time targeting the provisions in the 2027 NBPP (*City of Columbus II*).

- Although the two rules address many similar policies, they are on separate legal tracks, and the ultimate status of the 2027 NBPP provisions will be determined through this new litigation.
- As a result, there remains substantial uncertainty about which federal marketplace changes, if any, will ultimately take effect for plan year 2027.
- Covered California is continuing to monitor the litigation, assess implementation and policy options, and plan for an approach that minimizes any consumer disruption where possible while this uncertainty continues.

Federal Update: CMS Request for Information on the Essential Health Benefits Framework

In the Final 2027 NBPP, CMS noted that it had paused review of State applications to modify Essential Health Benefits (EHB) benchmark plans and would be conducting a comprehensive review of the framework governing the selection and updating of those plans.

As part of this effort, on June 12, 2026, CMS issued a Request for Information (RFI) to inform its review, specifically seeking comment on:

- How EHB should be defined, how a “typical employer plan” should be interpreted, and how State benchmark plans should be selected and updated.
- How State variation and State flexibility affect coverage, access, issuer operations, regulation, competition, and affordability, including the impact of EHB scope on premiums and cost pressures.
- The appropriate scope of benefits, the timing and process for future updates, and safeguards needed to maintain market stability if CMS later proposes refinements.

Covered California is continuing to evaluate the RFI in coordination with state regulators and other partners and is preparing comments.

The comment deadline is July 15, 2026.



Data and Research

Emory Wolf, Assistant Deputy Director for Evaluation & Research
Policy, Eligibility & Research Division

New Retention Data Product

- With settled renewal retention data reflecting cancellations for non-payments, a new data product will be published this month on HBEX Data & Research, summarizing the counts of disenrolled members and termination rates among renewals, comparing data from 2024 to 2026.
- The data product provides counts and rates among various demographics, including income level, race/ethnicity, and language, as well as geographic breakdowns for rating region and county.

Renewal Retention Profile

Coverage Year:
2024-2026

Geography:
Statewide

Data as of:
5/1/2026

FPL						
	2026		2025		2024	
FPL	Disenrolled Members	Termination Rate	Disenrolled Members	Termination Rate	Disenrolled Members	Termination Rate
138% FPL or less	40,500	50%	29,500	37%	46,000	40%
138% FPL to 150% FPL	20,000	8%	17,000	9%	19,000	11%
150% FPL to 165% FPL	31,500	16%	16,000	10%	19,500	12%
165% FPL to 200% FPL	61,500	19%	31,500	10%	26,000	11%
200% FPL to 250% FPL	51,500	19%	30,500	12%	31,500	12%
250% FPL to 400% FPL	79,500	15%	57,000	12%	50,000	12%
400% FPL to 600% FPL	36,500	27%	17,000	12%	16,500	12%
600% FPL or greater	17,500	19%	9,100	11%	9,000	12%
FPL Unavailable	350	50%	250	36%	200	29%
Unsubsidized Application	32,500	29%	27,500	24%	26,000	23%
Grand Total	371,350	19%	235,350	13%	243,700	14%

FPL captures the latest eligibility metric.

Self Employment						
	2026		2025		2024	
Self-Employed or Not Self-Employed	Disenrolled Members	Termination Rate	Disenrolled Members	Termination Rate	Disenrolled Members	Termination Rate
Not Self-Employed	297,000	20%	185,000	14%	187,000	15%
Self-Employed	74,500	15%	50,000	10%	57,000	12%
Grand Total	371,500	19%	235,000	13%	244,000	15%

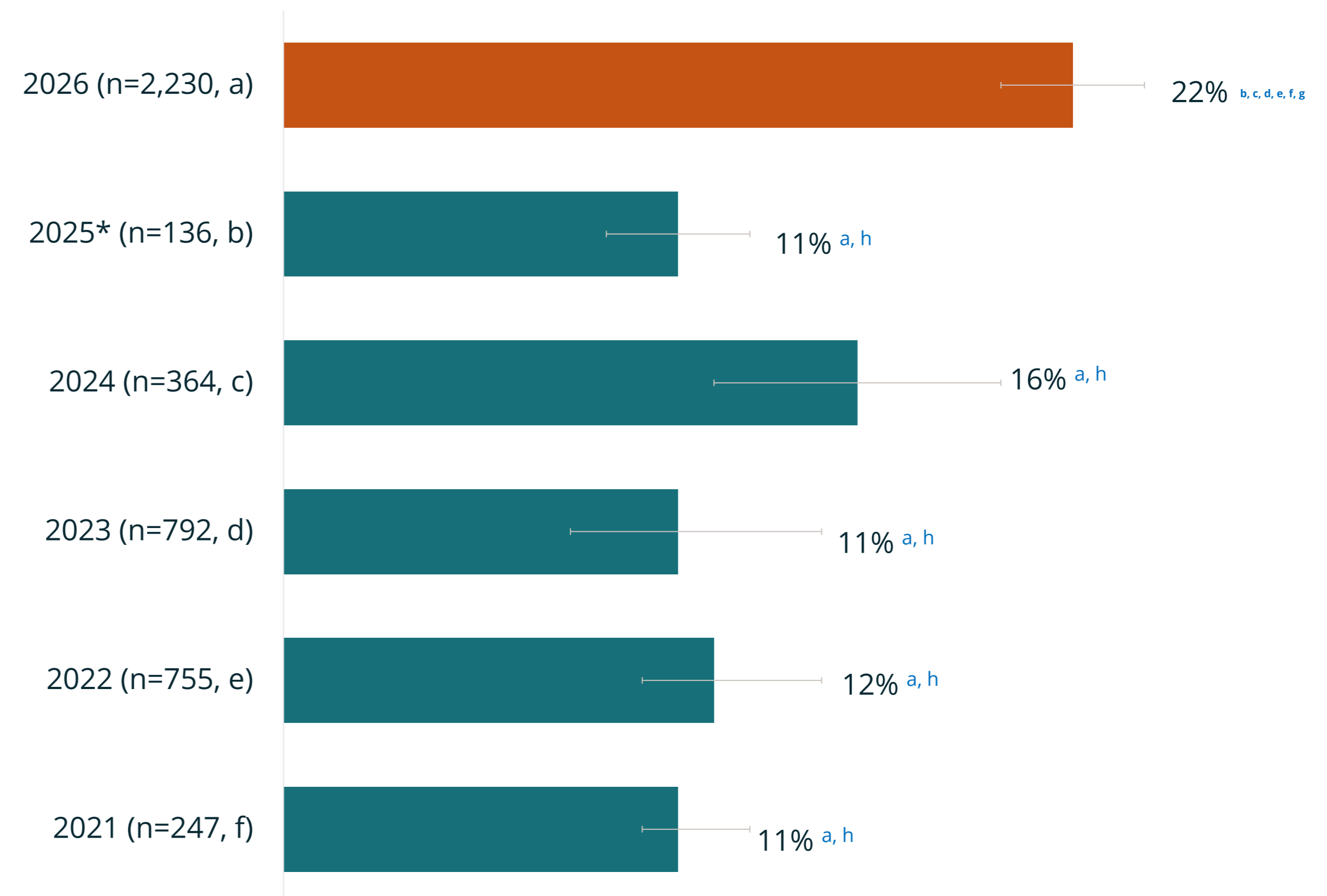
Coverage Outcomes Among Terminating Members: Early Results from Covered California's Member Survey

- While termination data tell us that many move consumers are dropping coverage, it gives an incomplete picture on how many consumers are going uninsured.
- Leveraging Covered California's annual Member Survey, which is fielded annually following Open Enrollment by NORC, we can rely on consumer's self-reported coverage status to understand what share of terminating members are uninsured after disenrolling during renewal.
- The following slides report on coverage, health care access, and affordability for the subset of 2026 member survey respondents who terminated their coverage at the end of the 2025 plan year (n=3,694), and among those who renewed their coverage (n=1,464).

Terminating Members Twice as Likely to Report Being Uninsured in 2026

- Among consumers who ended their coverage at the end of the 2025 plan year, 22% reported being uninsured currently.
- This corresponds to nearly 82,000 terminated members of 2025 who are now uninsured.
- This is twice the rate of uninsurance among terminating members for many years during which enhanced tax credits were available.

Uninsured Rate among End-of-Year Terminating Members: 2021-2026



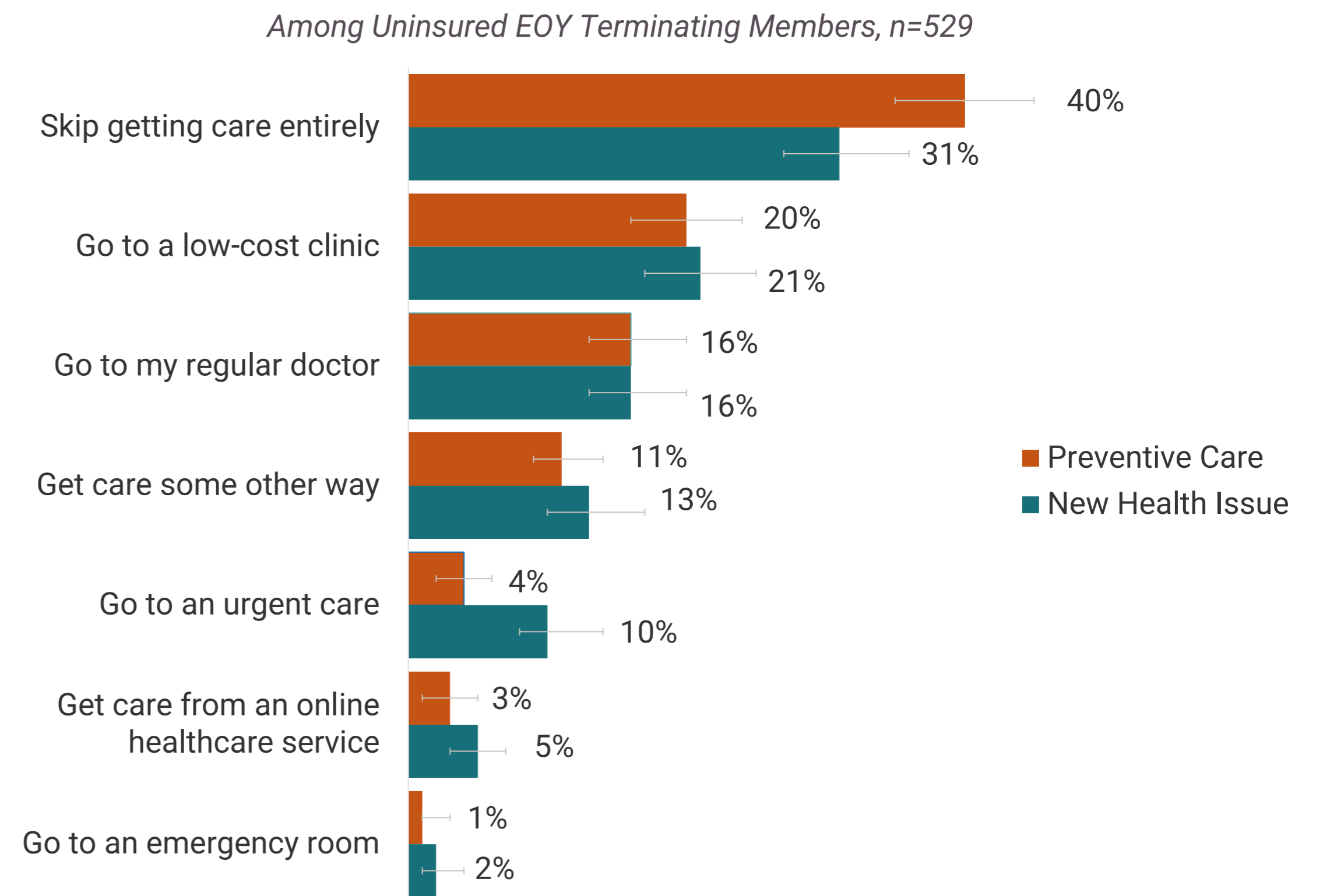
Source: 2026 California Health Coverage Survey.

What Does this Mean for Accessing Care?

When uninsured terminating members are asked about how they plan to get care in 2026:

- Two in five uninsured terminating members report that they plan to skip preventative care entirely while uninsured.
- Nearly one third reported that they plan to skip care for new health issues.
- Others reported that they plan to seek care through a low-cost clinic or will try to see their regular doctor without coverage.

Q. How do you plan to get the following types of care while you do not have health insurance this year?



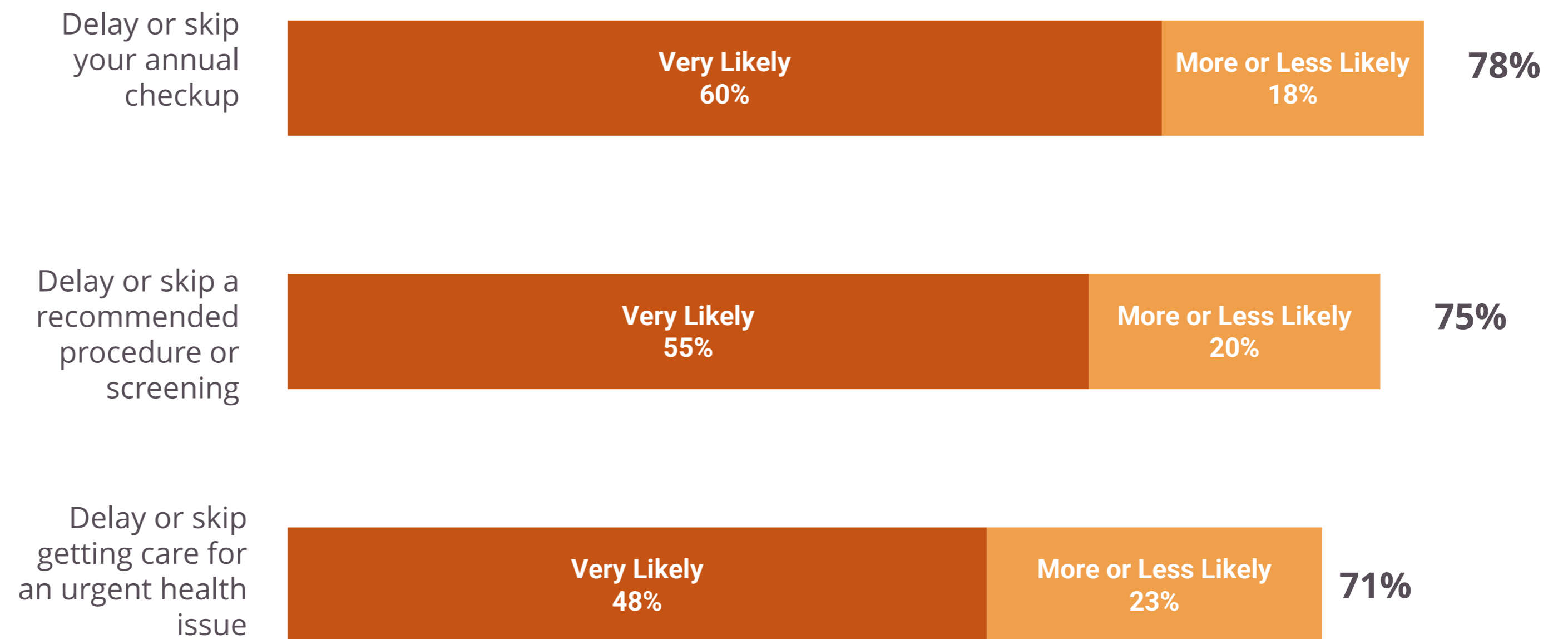
Source: 2026 California Health Coverage Survey.

Uninsured Consumers Will Delay or Forgo Care Due to Cost of Care

Uninsured consumers report they are likely to delay or skip care due to financial reasons including 78% for preventative care and 71% for and urgent health issue.

Q. Thinking about the rest of 2026, how likely do you think it is that you or someone else in your household will do any of the following [for financial reasons]?

Uninsured EOY Terminating Members (n=529, a)

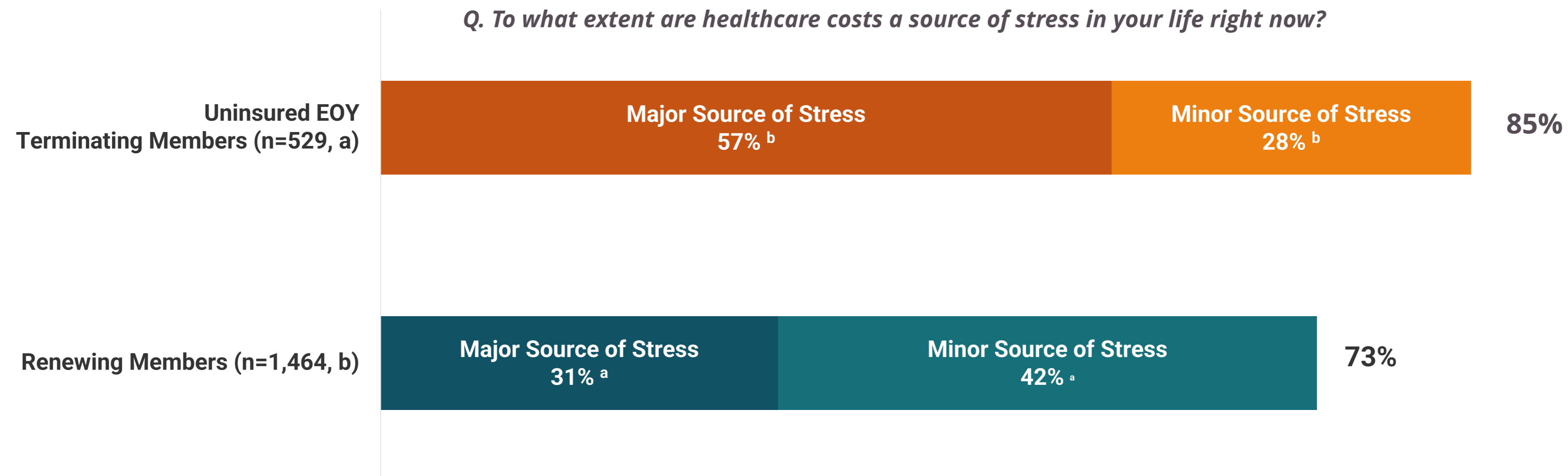


Source: 2026 California Health Coverage Survey.

Health Care Costs as a Source of Stress

Among uninsured consumers, 85% report that health care costs are a source of stress in their lives currently, with nearly three in five reporting health care costs as a major source of stress.

Renewing members who stayed covered also report financial stress: they face higher premiums this year and have higher enrollment in Bronze plans, which includes higher cost sharing.



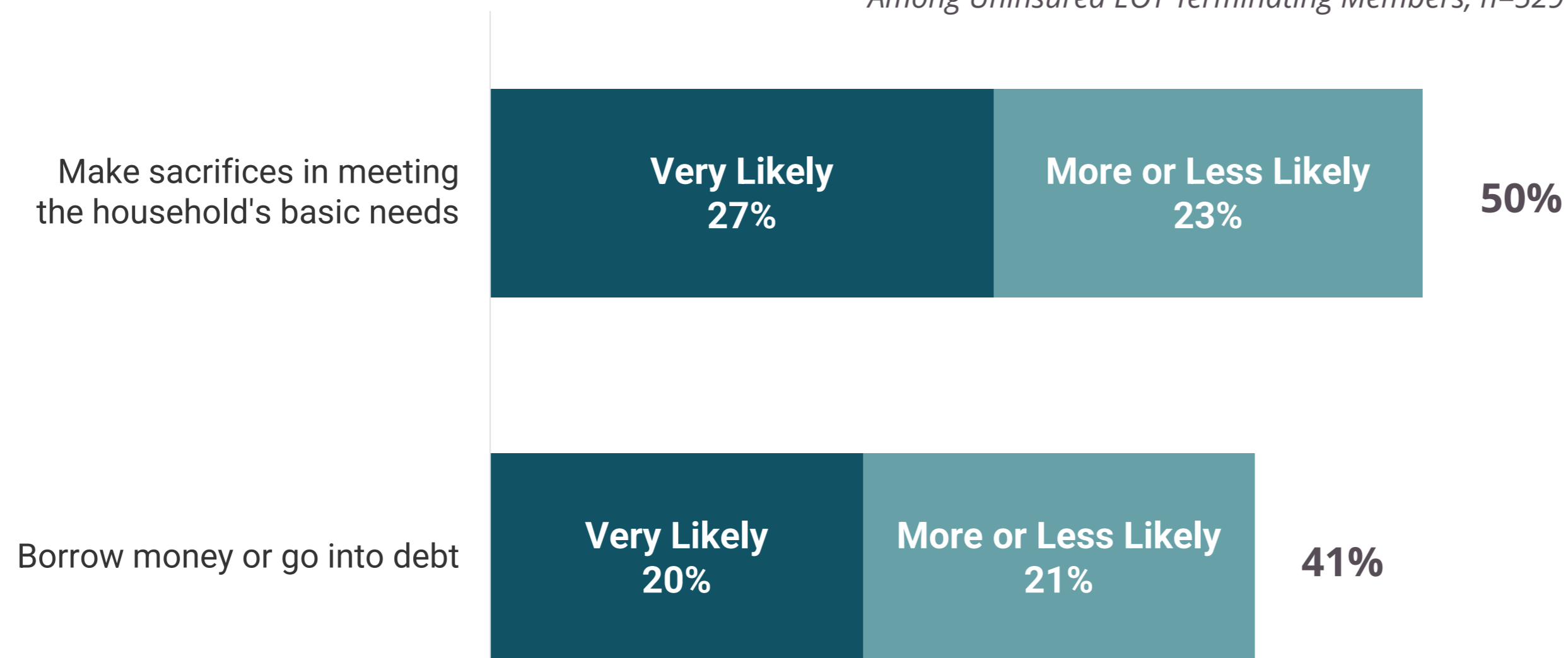
Source: 2026 California Health Coverage Survey.

Financial Burden of Covering Health Care Costs among Uninsured

In order to cover the cost of health care while uninsured in 2026, half of consumers said they would make sacrifices on basic household needs, while two in five said they would borrow money or go into debt.

Q. Thinking about the rest of 2026, how likely do you think it is that you or someone else in your household will do any of the following [to cover healthcare costs]?

Among Uninsured EOY Terminating Members, n=529



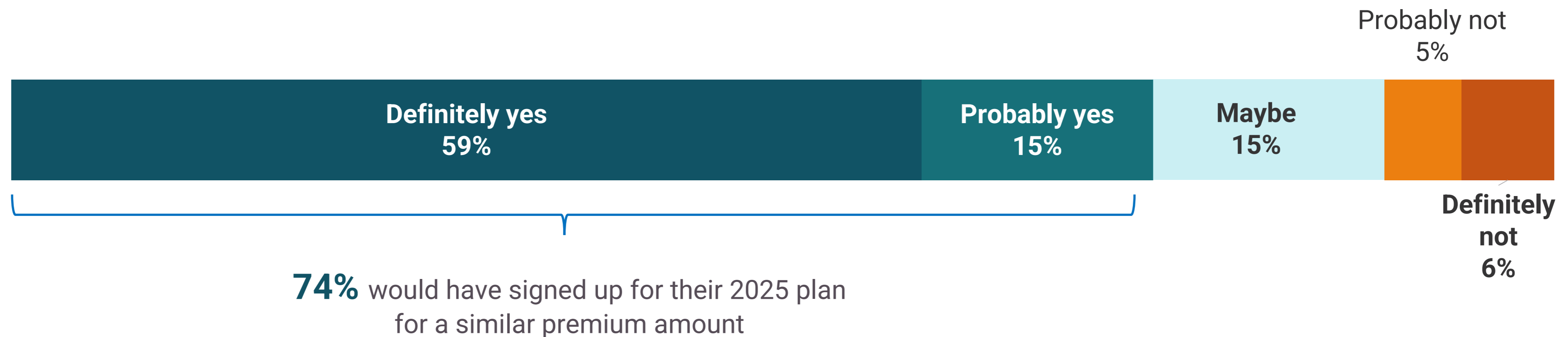
Source: 2026 California Health Coverage Survey.

Most Uninsured Consumers Say They Would have Stayed Enrolled

Nearly all uninsured terminating members cited cost as the main reason for disenrolling. However, 74% said they would have stayed enrolled if their premium amount was similar to last year.

Q. Imagine that you could have gotten the last health plan you had in 2025 again this year for a premium amount that is similar to what you paid last year. If you could have gotten that plan for a similar premium amount, do you think you would have signed up for that plan again this year (2026)?

Among End-of-Year Terminating Members, n=505



Source: 2026 California Health Coverage Survey. Please note that these estimates exclude n=24 uninsured EOY terminating members who did not receive the question in the survey for programming reasons.

CONSUMER PERSPECTIVES

“[Health care costs] are extremely stressful. Because one does want to be able to go to a doctor. One does want to be able to have a long life. But it's between that and pay for rent or food.

My husband's the only worker. My daughter has a lot of necessities that nobody helps us with. They'll say that my husband makes too much, even though we barely scrape by. So unfortunately, yes, this year, even though we know we're at risk to being charged penalties at the end of the year, we just really can't afford it.

I would love to have health insurance where I could actually use it and take care of myself so I can take care of my daughter for many years to come.”

Teresa lives in Fresno with her daughter and husband. She stays at home to take care of and home school her daughter, who has Autism Spectrum Disorder and complex health needs. When her family's premium rose five-fold, she and her husband dropped their coverage and began putting rent, food, and their daughter's needs ahead of their own health care.

Quotes are drawn from interviews conducted by NORC on behalf of Covered California.

CONSUMER PERSPECTIVES

"The people who opt out of health insurance are not doing it because they don't think they need it. They're doing it because they can't afford it.

I have looked high and low for other options. I have really spent hours searching for health care options that are affordable for my husband and I, and I haven't been able to find anything."

Amanda is a freelance writer living in Northern California, with her son and husband, who is also self-employed. Her family no longer qualifies for federal premium tax credits, so their monthly premiums rose by \$2,000 compared to 2025. Claudia and her husband opted to purchase health insurance for their son, who has a rare health condition, and go without insurance themselves.

Name has been changed to protect consumer's privacy. Quotes are drawn from interviews conducted by NORC on behalf of Covered California.

CONSUMER PERSPECTIVES

“I was just lamenting about how I had no healthcare and how exposed I felt, how dangerous it was.

[It] was very stressful, very stressful. Like, keep me up at night stressful, like waking up early, thinking about healthcare and [...] my wife might have active skin cancer and might need active treatment. And how am I going to pay for this?

I want them to understand that there are people behind these decisions and people behind these percentages and numbers. And there’s healthcare that is being deferred and not being taken care of.”

Francis is a self-employed consultant living in the Los Angeles area. During Open Enrollment, he saw that the premium for him and his wife was going to become unaffordable, so he dropped the coverage. Since experiencing a change in income, he has reenrolled with Covered California.

Name has been changed to protect consumer’s privacy. Quotes are drawn from interviews conducted by NORC on behalf of Covered California.

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

Service Center Update

COMPARING MAY 2026 VS. 2025 CALL STATISTICS

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2026	203,635	141,125	1.68%	138,729	0:00:57	0:21:03	69.57%
2025	229,616	155,753	1.64%	153,174	0:00:56	0:20:53	69.07%
Percent Change	11% Decrease	9% Decrease	2% Increase	9% Decrease	2% Increase	1% Increase	1% Increase

- ❑ The total Calls Offered decreased from 2025 by 9%.
- ❑ Calls Handled decreased from 2025 by 9%.
- ❑ The Abandoned % increased from 2025 by 2%.
- ❑ Service Level increased from 2025 by 1%.

Service Center Update

MAY WEEKLY QUICK SORT TRANSFERS

*Week 1	Week 2	Week 3	**Week 4	Total
05/01 – 05/09	05/10 – 05/16	05/17 – 05/23	05/24 – 05/31	
1,121	1,001	978	928	4,028

**Includes Friday, May 01, 2026 & Saturday May 02, 2026.*

***All CoveredCA Service Centers were closed on Monday, May 25, 2026, in observance of Memorial Day. Includes Sunday, May 31, 2026.*

MAY CONSORTIA STATISTICS

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	2,363	88.11%	2.03%	0:00:41

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

Service Center Update

IMPROVING CUSTOMER SERVICE

- ❑ Service Center conducted Branch All Staff meetings

ENHANCING TECHNOLOGY SOLUTIONS

- ❑ Partnership with CCIT on integration of Salesforce and Amazon Connect

STAFFING UPDATES

- ❑ Vacancy rate of 6.2 percent (2026) comparable to prior year of 6.0 percent (2025)



Covered California for Small Business Update

COVERED CALIFORNIA FOR SMALL BUSINESS

Group Membership Updates – June 2026

Group Membership

- **Total Groups:** 9,674
- **Total Members:** 80,081
- **Retention Numbers:** 87%
- **Average Group Size:** 8.3 members



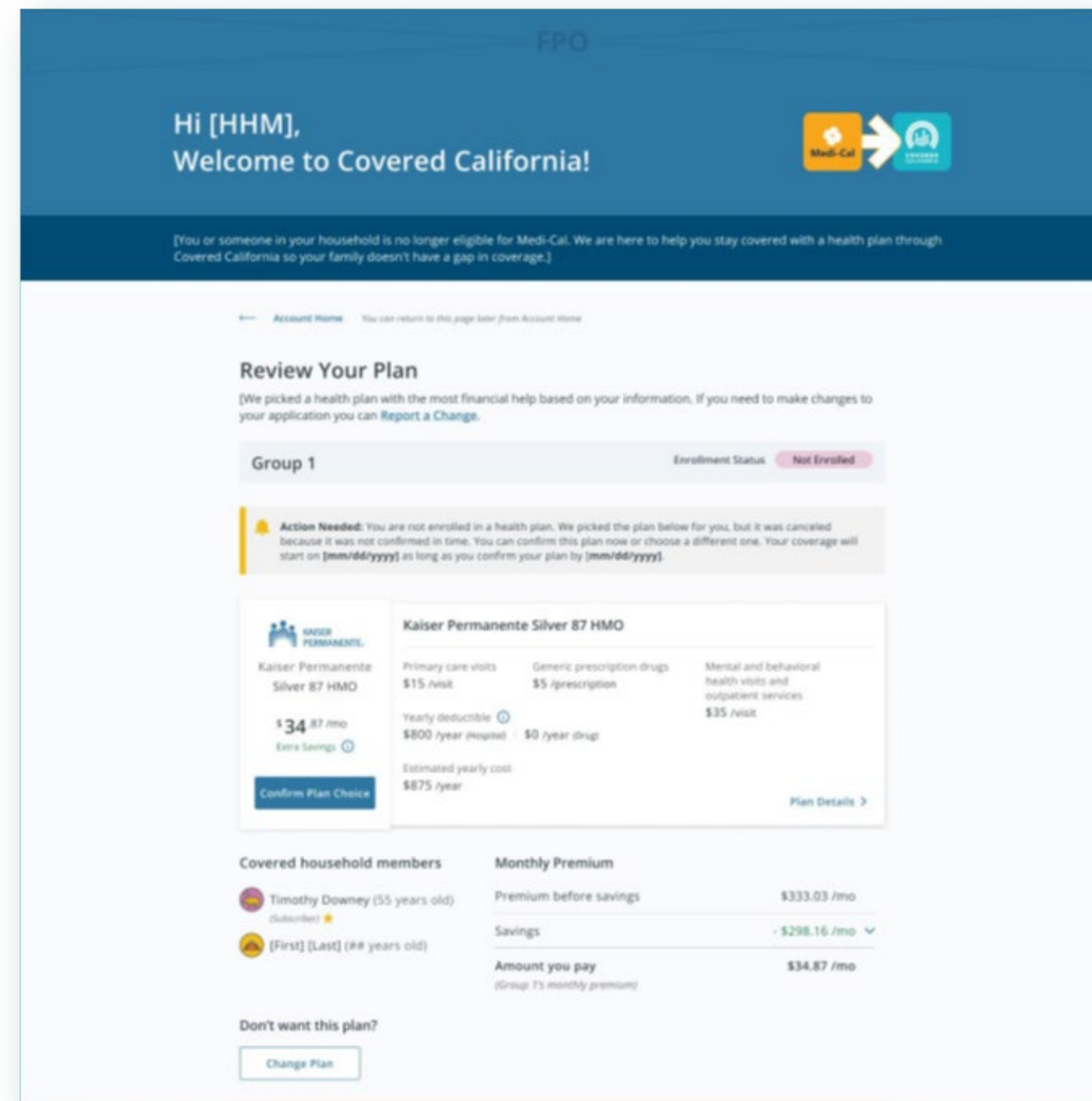
Operational Updates

- **Agents Writing CCSB Business:** 2,719
- **Membership by Health Plans:**
 - **Blue Shield of California:** 35,016
 - **Kaiser Permanente:** 41,738
 - **Sharp Health Plan:** 3,327
- **Year-to-Date (YTD) New Sales:** 5,620
- *Membership reconciled through 05/20/2026*



CalHEERS Update

CalHEERS | APS (SB260) Phase 3



Auto-Plan Selection (APS) Phase 3

CalHEERS will make plan options and next steps on the MCT Dashboard clearer, while keeping enrollment guidance visible longer during the SEP window.

Updated plan details, clearer action paths, and easier navigation will help consumers make informed coverage decisions.

Clearer guidance helps consumers keep or select coverage on time.

CalHEERS | Annual Tribal Updates

The screenshot shows a web form with the following sections:

- Disability? [Yes/No]**
- Involved in a lawsuit because of an injury or accident? [Yes/No]**
- Citizenship Information** (with an **Edit** link)
- A yellow notification bar with a bell icon: **[The name of your tribe has been updated. Check and confirm that the information is correct.]**
- U.S. citizen or U.S. national? [Yes/No]**
- Naturalized or Derived citizen: [Yes/No]**
- Social Security number (SSN):** ••••• 1234 [Show](#)
- Member of a federally recognized tribe: [Yes/No]**
- State the tribe is recognized in: [State]**
- Name of the tribe: [Tribe name]**

Annual Tribal Updates

CalHEERS will update tribal names and affiliations across the consumer application to reflect the current federal registry, including corrected tribe names, removal of outdated entries, and updated Spanish translations.

Consumers with outdated tribal selections will be prompted to review their information, and records tied to tribes no longer federally recognized will be updated to “Tribe Not Listed” for consistency and accuracy.

More accurate tribal information improves compliance, representation, and the consumer experience.

CalHEERS | Go Green Phase 2

Account Home

Contact Information and Preferences

[You are an Authorized Representative for [PC FirstName LastName] (Case ID: xxxxx).]
[You will get a copy of the letters we send to [PC First name] using the contact information and preferences below.]

Select a Person

Primary Contact

★ FirstName LastName

Authorized Representative

FirstName LastName (you)

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

FirstName LastName

Back

Mailing Address

295 W Highland Ave,
San Bernardino, CA 92405

Contact Details and Preferences

Email address
[email address/-]

Phone
Cell: [###-###-####/-]

How we send your letters
[Online mailbox/Paper mail]

How we notify you about new letters
[Email/Text message]

Preferred language
[Language Selected] *(Written)*
[Language Selected] *(Spoken)*

Alternative format
Alternative format needed: [Yes/No]
Alternative format selected: [Alternative format]

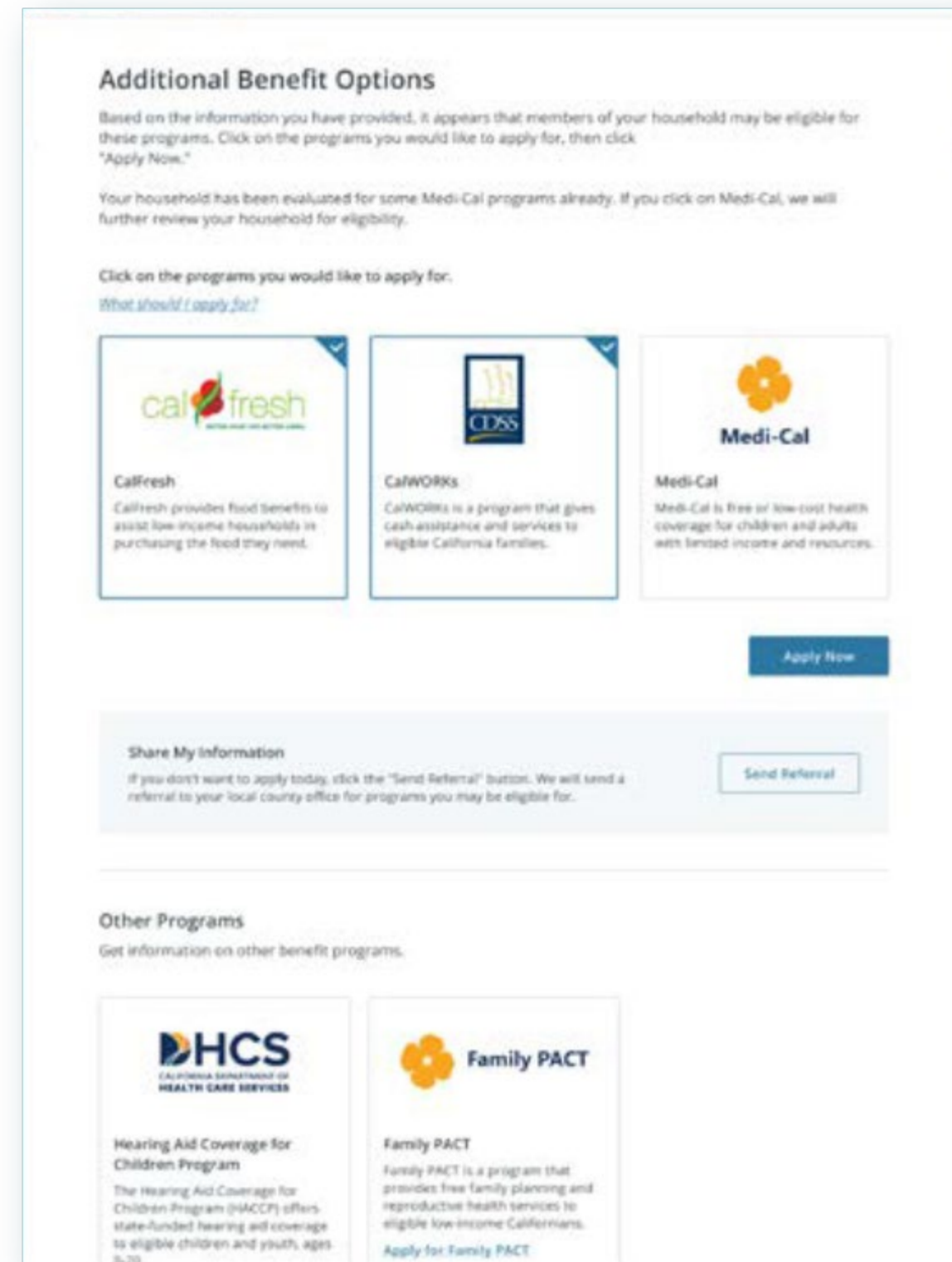
Go Green Phase 2

CalHEERS will simplify how consumers and authorized representatives manage notices, documents, and communication preferences by creating a more centralized and role-based experience.

The update also adds stronger email and text validation, paperless preference management, and follow-up reminders for unread time-sensitive notices to help users stay informed and act sooner.

Clearer communication tools help consumers and their representatives avoid missing important coverage actions.

CalHEERS | FPACT Referral Link in CalHEERS



FPACT Referral Link in CalHEERS

CalHEERS will add a new Family PACT referral tile to the HBX Additional Benefits Options page, making it easier for consumers to find family planning services alongside other DHCS program options.

The new tile will give consumers direct links to learn more about FPACT and navigate to the FPACT portal to apply.

Clearer benefit options help consumers connect more easily to family planning services.



Outreach and Sales Update

Uncompensated Partners Supporting Enrollment Assistance Efforts

Enrollment Assistance Program	Entities	Counselors
Certified Application Counselor	181	1,272
Plan-Based Enroller	11	832
Medi-Cal Managed Care Plan	3	34

Outreach and Sales Non-English Enrollment Support

DATA AS OF MAY 29, 2026

12,316 Certified Insurance Agents

- 21.1% Spanish
- 10.6% Chinese
- 4.1% Vietnamese
- 4.4% Korean
- 22.0% Other Languages

1,261 Navigator: Certified Enrollment Counselors (CEC)

- 31.6% Spanish
- 4.3% Chinese
- 1.5% Vietnamese
- 0.3% Korean
- 3.1% Other Languages

1,272 Certified Application Counselors (CAC)

- 27.9% Spanish
- 1.7% Chinese
- 0.3% Vietnamese
- 0.1% Korean
- 1.3% Other Languages

832 Certified Plan-Based Enrollers (PBE)

- 6.3% Spanish
- 1.1% Chinese
- 0.6% Vietnamese
- 0.4% Korean
- 0.6% Other Languages

34 Certified Medi-Cal Managed Care Plan Enrollers (MMCPE)

- 14.7% Spanish
- 3.0% Chinese
- 3.0% Vietnamese
- 0.0% Korean
- 2.9% Other Languages

