



Executive Director's Report

Jessica Altman, Executive Director
Covered California Board Meeting

March 19, 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
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 - Marketing & Communications Recap
- 03** Open Enrollment - Data and Research
- 04** Data Use and Sharing Update
- 05** State and Federal Policy/Legislative Update



Open Enrollment 2026

Marketing & Communications

Jessica Altman, Executive Director

HUMAN EMOTION, INCLUSIVITY, OPTIMISM

Build Trust

Redefine who we are, positioning Covered California as an advocate for Californians with empathy and strength. Healthcare isn't just about policies; it's about people and their well-being. It's how we give Covered California a personality and a humanity, with diversity and inclusion at its heart.

For the love of Californians

How we met the moment



Culture-First Messaging



加州對我們意義非凡，來自世界各地的您和我，
飄洋過海，落地生根。

不同語言，不同文化，卻用相同的努力，
在這個州為將來奮鬥。

當您肩負傳承與期待，您需要有力的健保系統做靠山。
不用犧牲任何人，全家都保得起。
更確保語言不會成為您獲得醫療服務的阻礙。

我們設身處地，爭取權利，
讓您免去選擇健保的壓力。

以您為先，為您效力。

因為像您一樣，我們也是加州的一份子。

 COVERED CALIFORNIA | 守護加州人的健康

Language Expansion



Beyond Advertising



VALUES, TRADITIONS, LIVED EXPERIENCES

Culture-First Messaging

Messaging rooted in cultural insights that resonate with the unique values, traditions, and perspectives of diverse audiences, at every touch point of the journey.

Luchamos para que
el cuidado de salud
te funcione mejor.

 COVERED
CALIFORNIA | Por el bien
de los
californianos



Cuidado de salud sin el ¿quééé?

Obtén las respuestas y cobertura que buscas.

 COVERED
CALIFORNIA | Por el bien
de los
californianos

NINE LANGUAGES

Language Expansion

Communications in multiple languages meets the needs of our diverse member population. Developing in-language content ensures clarity and accessibility for all members.

हमें कैलिफ़ोर्निया से मोहब्बत है, और क्यों न हो?

आपने इस स्टेट को बनाने में मदद की है— अपना देश छोड़कर, अपनों को छोड़कर, और अपनों के बेहतरीन ज़िंदगी के लिए।

60 देशों के लोग एक स्टेट में – यह फूलों का गुलदस्ता, जहाँ हर एक फूल अपने रंग और खुशबू से इस जगह को महका देता है - वहाँ उनकी हिफ़ाजत भी ज़रूरी है।

आपको चाहिये थोड़ा सा प्यार, थोड़ा देखभाल -- एक चैंपियन की, क्योंकि हर कैलिफ़ोर्निया-वासी को कारगर स्वास्थ्य सेवा मिलनी चाहिये।

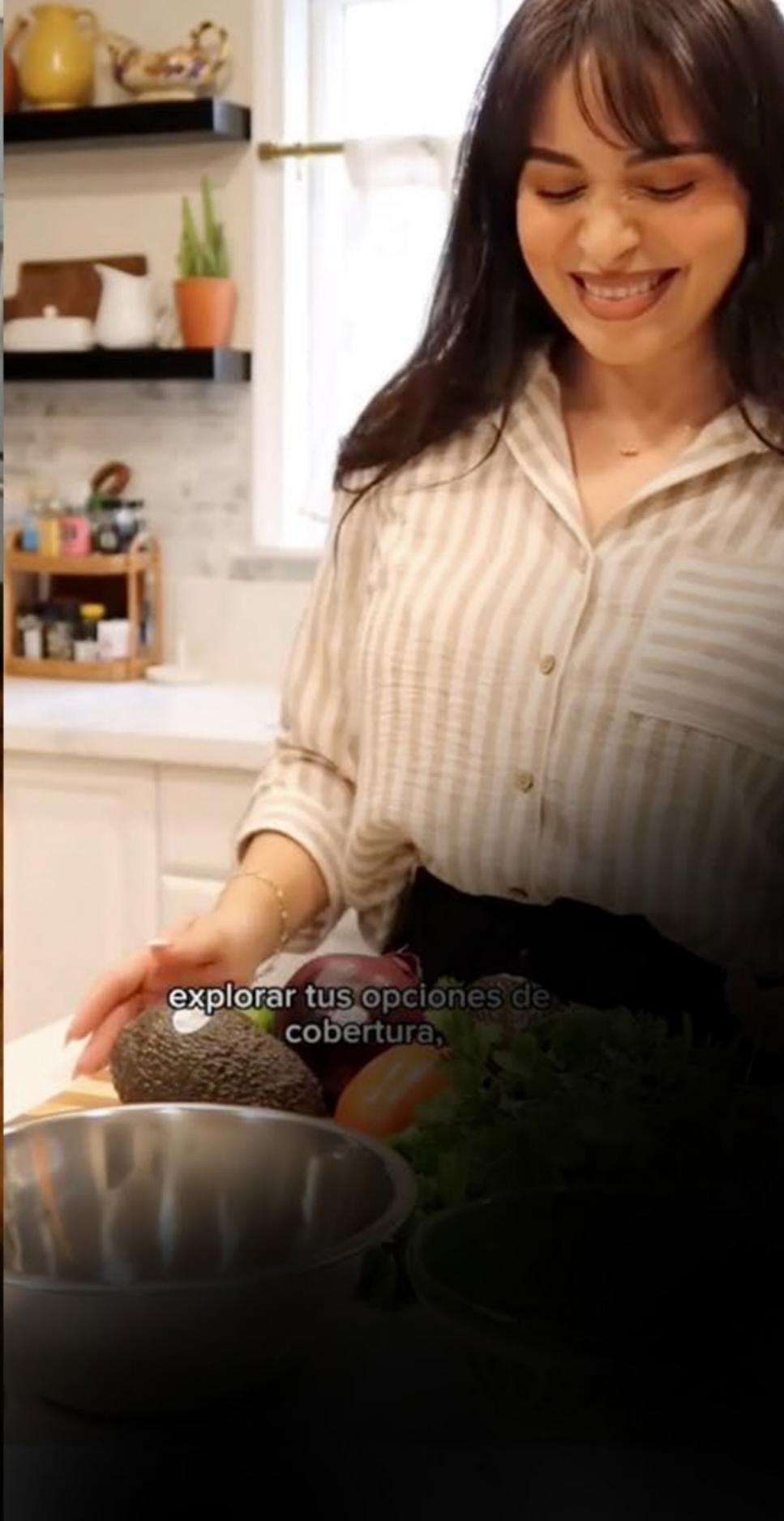
आपको अपने या अपने बच्चों के स्वास्थ्य में चुनना न पड़े, या फिर अपनी ज़रूरी आवश्यकताओं को दबाना न पड़े, इसी लिए हम आपकी वकालत करते हैं। हम सौदा करते हैं ताकि आपको बेहतर स्वास्थ्य सेवा मिल सके।

हम स्वास्थ्य बीमा कंपनी नहीं हैं। हम इसमें आपके लिए हैं।

 COVERED
CALIFORNIA

कलिफ़ॉर्निया
के लिए
दिल से





TELL

ME

WHY

CALIFORNIANS' TRUSTED VOICES

Beyond Advertising

Activate culturally relevant brand ambassadors via social media influencers and engage on the ground with community events.

And it's working.

We are building brand **trust** and **understanding** among Californians.

Reached Californians
Where They Are

897M
IMPRESSIONS

Creatives
Resonated

54%
YouTube VCR
(+37% YoY)

69% **51%** **41%**
AAPI Black/AA HSL

Drove Engagement

2.4M
CLICKS

Supported Intent

+20%
Google Trends
Index YoY



Connectors to Coverage

To launch Open Enrollment unlike any in Covered California's history, the team shifted from formal press events to an approach rooted in direct engagement with people where they live, gather and seek support.

OE26 Events



Integrated Approach:

- Working off a common strategy, we brought For the Love of Californians to life while providing extra support to consumers through Connectors to Coverage.

- **Tour:** Hosted 20 media events across the state in key markets, including LA, SF, SD, Fresno, and Sacramento.
- **Community Connection:** Met with local community leaders, enrollers, and other connectors to address barriers and health inequities.
- **Interviews:** Added value interview opportunities for general and ethnic markets
- **Topics:** Communicated deadlines, federal changes, rising costs, and the importance of staying covered.

In the Community: Lunar New Year Event

Lunar New Year Event: Arcadia LA Arboretum: Media + Community

Red Envelopes: We designed and developed branded red envelopes to support enrollment efforts and deepen community trust

Cover Cards: Used to help reinforce our consumer call-to-action. Printed in English, Chinese, Vietnamese, and Korean





Open Enrollment 2026

Data and Research

Isaac Menashe, Deputy Director of Policy, Eligibility, & Research

Total Net Plan Selection Trends

- As of January 31st, more than 1.92 million Californians selected Covered California plans for 2026, a 3% decrease compared to last year.
- New sign-ups decreased by 32% compared to last year.
- Among renewals, 32% made an active plan selection compared to 28% last year.

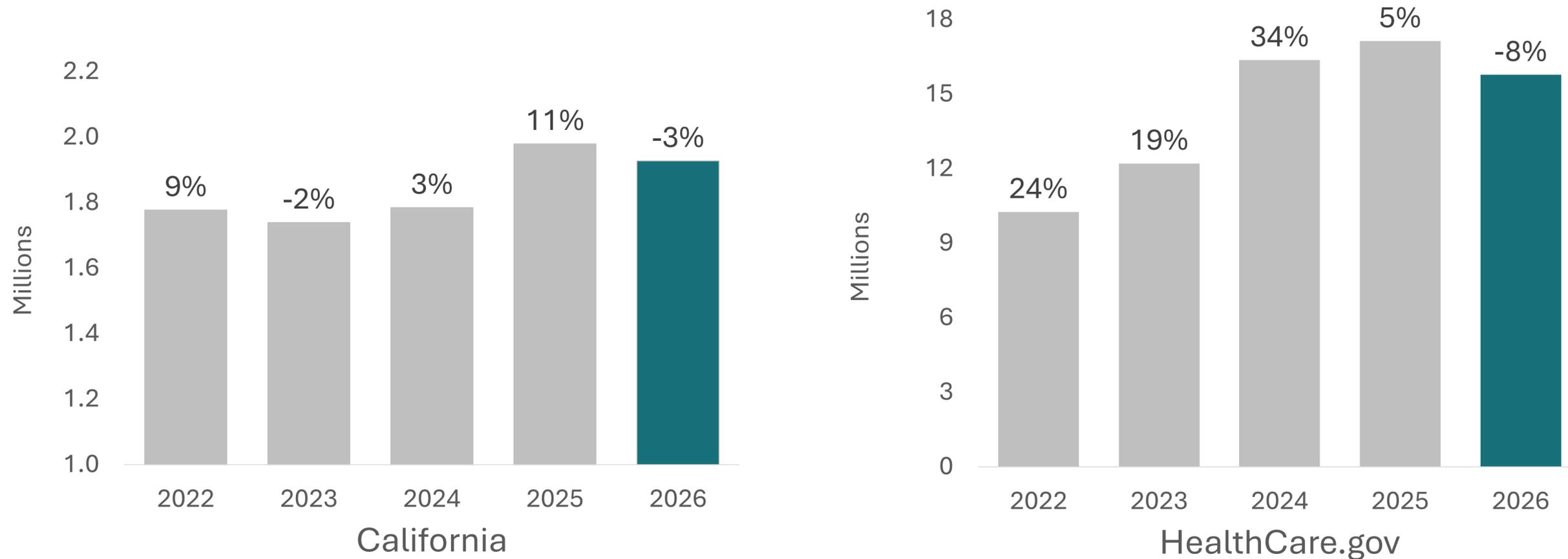
Net Plan Selections	2024 (Count)	2025 (Count)	2026 (Count)	Difference (2026 v 2025)	
New Enrollment	306,382	345,711	235,055	-110,656	-32%
Renewals	1,478,271	1,633,793	1,692,316	58,535	4%
Total Plan Selections	1,784,653	1,979,504	1,927,371	-52,121	-3%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

Total Enrollment: California & HealthCare.gov

□ While California’s total plan selections decreased 3% compared to last year, HealthCare.gov states decreased 8%, after four years of enrollment growth during Open Enrollment.

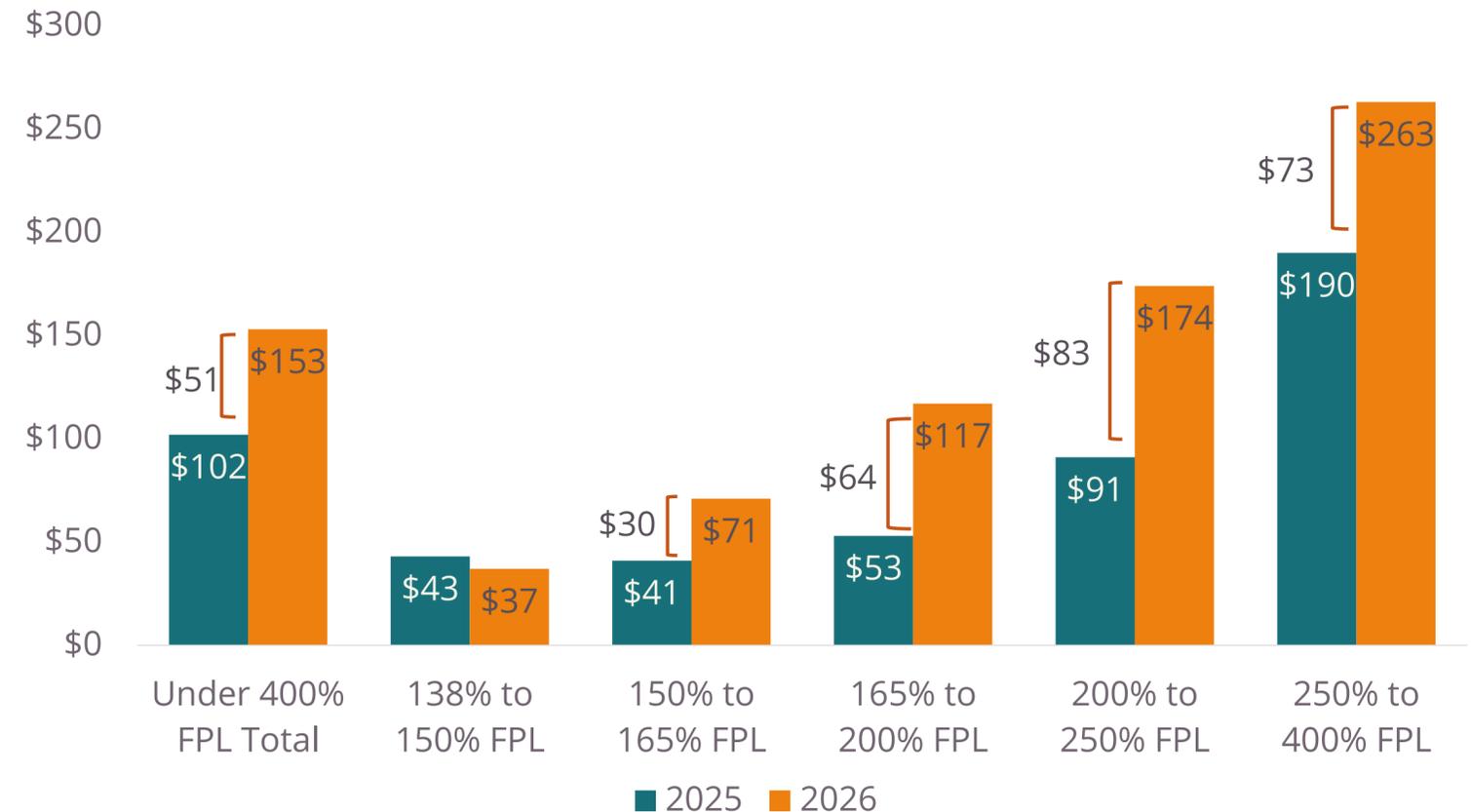
Total Net Plan Selections: California & HealthCare.gov



Average Net Premiums Increased After loss of Enhanced Premium Tax Credits

- ❑ Average monthly premiums increased \$51 per member from 2025 to 2026 for consumers earning less than 400% FPL (\$62,200 for an individual, \$128,600 for a family of four).
- ❑ The averages reflect changes in plan choice, as consumers downgraded to lower metal tiers, and the introduction of California’s state subsidy program for the lowest income consumers.
- ❑ Nearly 390,000 consumers enrolled in 2026 are receiving state subsidies, for an average benefit of \$45 per member per month.
- ❑ For consumers earning less than 150% FPL (\$23,475 for an individual, \$48,225 for a family of four), this means that average net premiums slightly decreased in 2026.

**Average Net Premiums Per Member Per Month
Enrollees Under 400% FPL**



Averages net premium amount among consumers receiving federal APTC and who had an active or pending enrollment status as of January 31st for each plan year.

Average Net Premiums Increased After loss of Enhanced Premium Tax Credits

- ❑ Consumers earning more than 400% FPL (\$62,200 for an individual, \$128,600 for a family of four) lost eligible for tax credits entirely and saw significant increases to their average premiums.
- ❑ The averages reflect changes in plan choice, as consumers downgraded to lower metal tiers.

**Average Net Premiums Per Member Per Month
Enrollees Over 400% FPL**



Averages net premium amount among consumers who had an active or pending enrollment status as of January 31st for each plan year.

Trends for New Sign-Ups: Income

- ❑ New enrollment fell 59% among middle income consumers no longer eligible for federal premium tax credits in 2026.
- ❑ New sign-ups among consumers eligible for state subsidies decreased compared to 2025, but less than the overall average (down 8%, compared to 32% overall). The count of new enrollees with incomes under 150% FPL, who maintained the same level of affordability as in prior years, exceeded the count of new enrollees in 2024.

Income	2024		2025		2026		2026 v. 2025	
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
150% FPL or less	31,640	10%	41,500	12%	38,210	16%	-3,290	-8%
150% FPL to 165% FPL	32,480	11%	29,760	9%	24,680	10%	-5,080	-17%
165% FPL to 200% FPL	46,040	15%	63,150	18%	38,840	17%	-24,310	-38%
200% FPL to 250% FPL	52,910	17%	49,520	14%	32,710	14%	-16,810	-34%
250% FPL to 400% FPL	82,360	27%	95,200	28%	63,260	27%	-31,940	-34%
400% FPL or greater	42,010	14%	46,600	13%	19,220	8%	-27,380	-59%
FPL Unavailable	18,950	6%	19,980	6%	18,130	8%	-1,850	-9%
Grand Total	306,390	100%	345,710	100%	235,050	100%	-110,660	-32%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year. The 'FPL Unavailable' category includes consumers who submit applications for unsubsidized coverage.

Trends for New Sign-Ups: Metal Tier

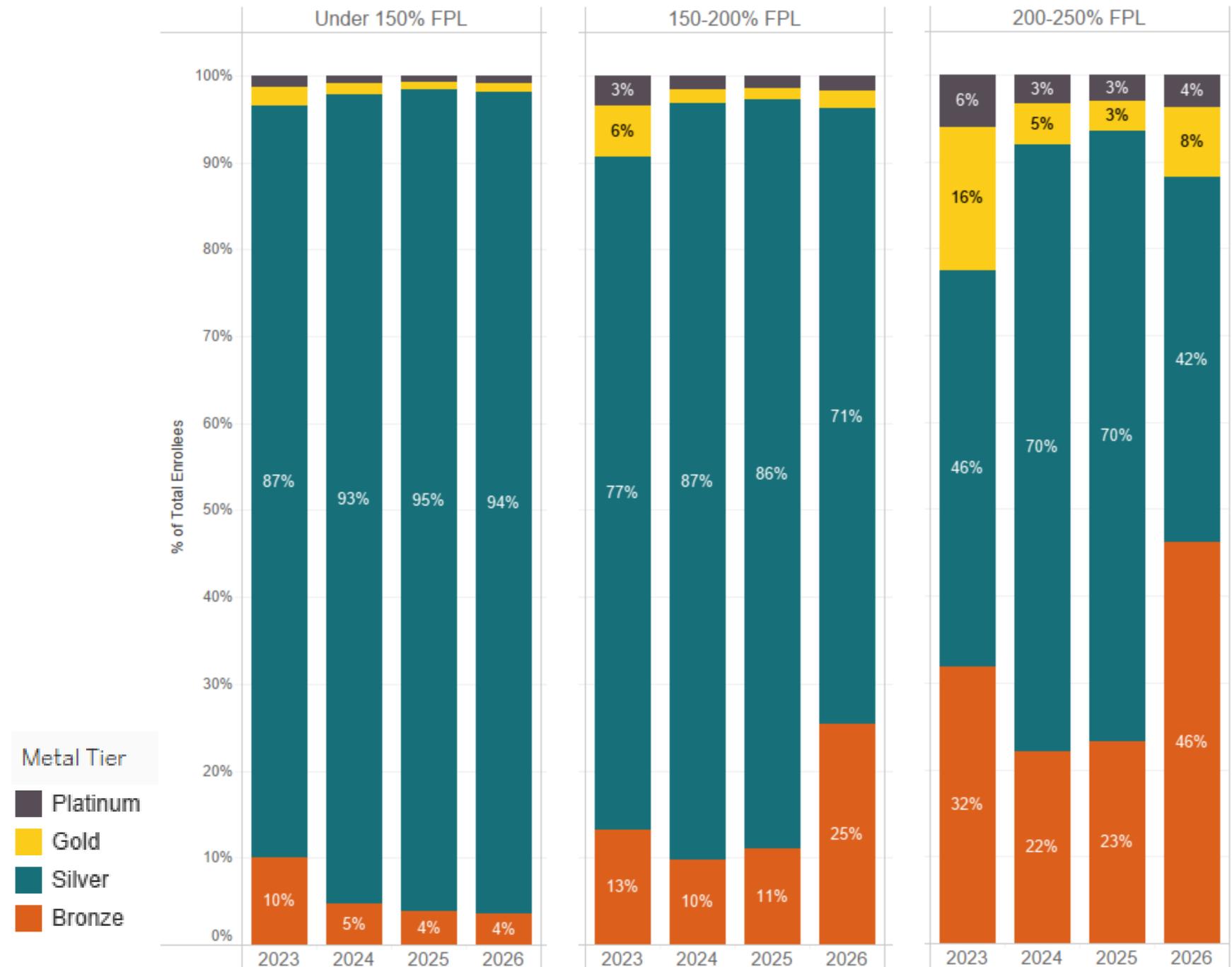
- ❑ The share of new consumers choosing Silver fell from a record high 69% in 2025 to 51% in 2026. The 50% decrease in total Silver plan selections was offset by a 9% increase in Bronze and a 27% increase in Gold.
- ❑ Without enhanced premium tax credits and California's enhanced cost sharing reduction program eliminating deductibles, new enrollees are likely seeking more affordable premiums or richer coverage.

	2024		2025		2026		2026 v. 2025	
Metal Tier	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
Minimum Coverage	4,360	1%	4,010	1%	5,020	2%	1,010	25%
Bronze	78,680	26%	78,060	23%	85,070	36%	7,010	9%
Silver	185,380	61%	240,070	69%	120,190	51%	-119,880	-50%
Gold	26,370	9%	13,020	4%	16,560	7%	3,540	27%
Platinum	11,600	4%	10,570	3%	8,220	3%	-2,350	-22%
Total	306,390	100%	345,730	100%	235,060	100%	(110,670)	-32%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

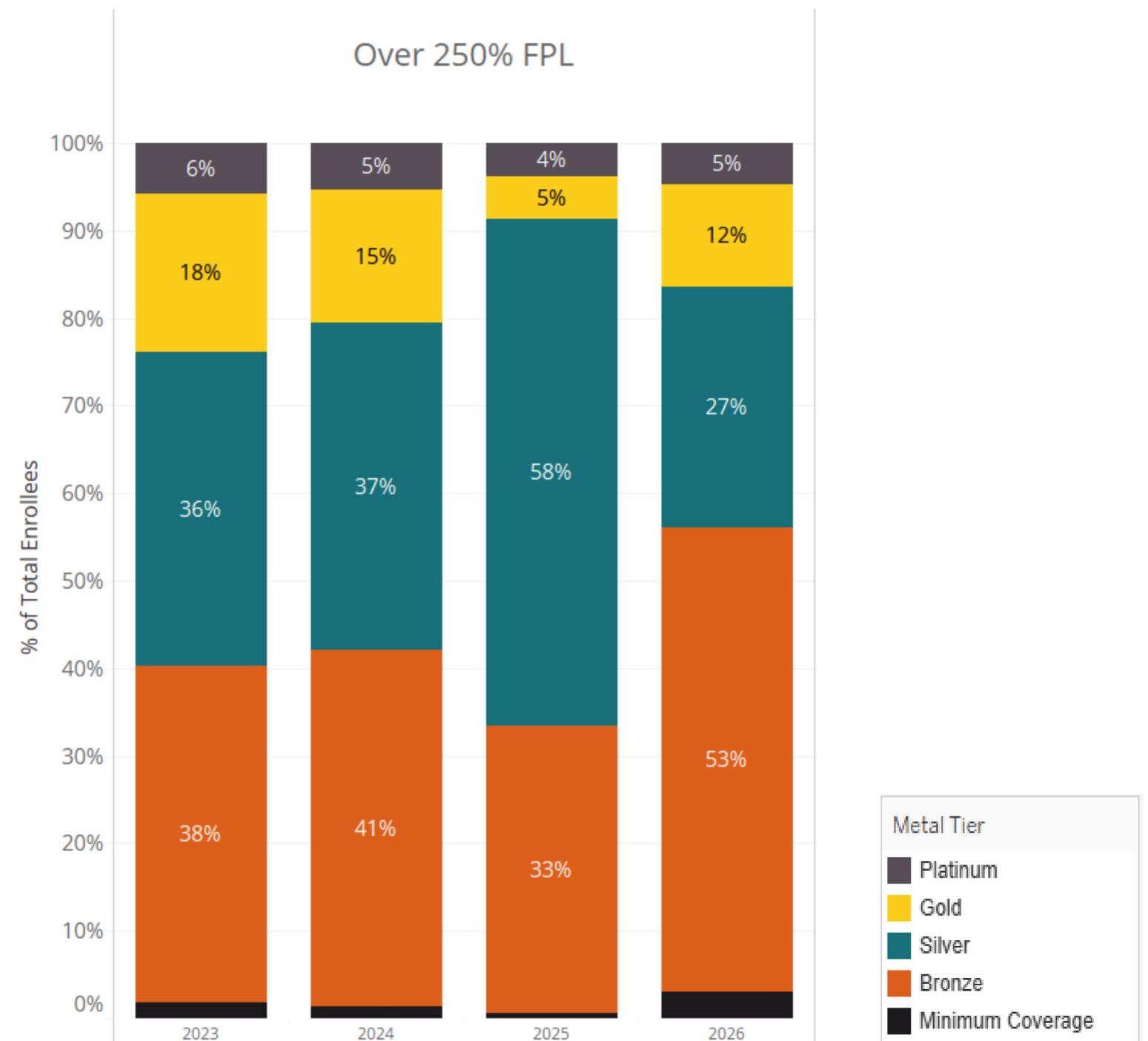
Trends for New Sign-Ups: Metal Tier Among Enrollees under 250% FPL

- ❑ Among new consumers, the share of enrollment in Bronze increased from 11% to 25% for consumers eligible with incomes between 150% and 200% FPL, and from 23% to 46% for consumers with incomes between 200% and 250% FPL.
- ❑ The share of new consumers choosing Gold increased from 3% to 8% for those with incomes between 200% and 250% FPL.
- ❑ Under either scenario of choosing Bronze or Gold, these consumers do not benefit from the Cost Share Reductions (CSR) for which they are eligible in Silver plans.
- ❑ Metal tier choices for consumers receiving state subsidies were largely unchanged from 2025.



Trends for New Sign-Ups: Metal Tier Among Enrollees over 250% FPL

- Among new consumers with incomes over 250% FPL, the share of consumers enrolling in Bronze increased from 33% to 53%, and the share enrolling in Gold increased from 5% to 12%.
- While these consumers are not eligible for federal cost sharing reductions (CSRs), they were eligible for state enhanced CSR plans in 2025, which is reflected by the record share of new consumers enrolling in Silver last year.



Net plan selection data as of January 31st for each plan year.

Trends for New Sign-Ups: Race/Ethnicity

- ❑ New enrollments among Latinos decreased 39% compared to 2025. As a share of enrollees who self-report a race or ethnicity, Latino enrollment dropped to 31% in 2026 from the record-high 35% seen in 2025.

Race/Ethnicity	2024		2025		2026		2026 v. 2025	
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
American Indian or Alaska Native	580	0%	760	0%	500	0%	-260	-34%
Asian American	53,000	22%	58,960	21%	45,820	24%	-13,140	-22%
Black or African American	8,960	4%	10,700	4%	7,040	4%	-3,660	-34%
Latino	79,010	32%	97,040	35%	58,920	31%	-38,120	-39%
Multiple Races	7,890	3%	9,210	3%	7,130	4%	-2,080	-23%
Native Hawaiian or Other Pacific Islander	300	0%	380	0%	260	0%	-120	-32%
Other	17,660	7%	17,980	6%	13,060	7%	-4,920	-27%
White	78,870	32%	83,740	30%	59,020	31%	-24,720	-30%
Total (respondents)	246,270	100%	278,770	100%	191,750	100%	-87,020	-31%
<i>(nonrespondents)</i>	60,120	24%	66,950	24%	43,310	23%	-23,640	-35%

Trends for New Sign-Ups: Race/Ethnicity by Income

Within the same lower income brackets, Latino and Black or African American new sign-ups saw larger reductions than the population average.

New Sign Ups Percentage (%) Change 2026 vs 2025										
	AI/AN	Asian American	Black or African American	Latino	Multiple Races	Native Hawaiian or Other Pacific Islander	Other	White	Non respondent	Overall Rate
150% FPL or Less	-18%	-10%	-6%	-14%	0%	-2%	2%	-3%	-2%	-7%
150% FPL to 200% FPL	-40%	-23%	-37%	-39%	-22%	-43%	-22%	-28%	-33%	-31%
200% FPL to 250% FPL	-40%	-20%	-39%	-44%	-25%	-26%	-22%	-27%	-36%	-34%
250% FPL to 400% FPL	-21%	-23%	-38%	-43%	-27%	-44%	-32%	-29%	-34%	-34%
400% FPL to 600% FPL	-70%	-55%	-52%	-61%	-49%	-17%	-68%	-63%	-75%	-64%
600% FPL or Greater	-63%	-40%	-22%	-45%	-29%	-64%	-56%	-47%	-65%	-50%
Unsubsidized	12%	1%	-29%	-26%	9%	56%	-5%	-1%	-13%	-10%
Overall Rate	-34%	-22%	-34%	-39%	-23%	-31%	-27%	-30%	-35%	-32%

Trends for New Sign-Ups: Language

- New enrollments among Spanish speakers decreased by 39%, a greater reduction compared to 2025 than for English or the average for other languages.

Language	2024		2025		2026		2026 v. 2025	
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
(nonrespondent)	740	0%	760	0%	440	0%	-320	-42%
Arabic	260	0%	250	0%	220	0%	-30	-12%
Armenian	350	0%	310	0%	270	0%	-40	-13%
Cambodian	70	0%	90	0%	70	0%	-20	-22%
Cantonese	2,320	1%	1,950	1%	1,550	1%	-400	-21%
English	260,270	85%	291,830	84%	198,890	85%	-92,940	-32%
Farsi	330	0%	330	0%	270	0%	-60	-18%
Hindi	180	0%	100	0%	100	0%	0	0%
Hmong	20	0%	40	0%	20	0%	-20	-50%
Korean	1,830	1%	1,440	0%	990	0%	-450	-31%
Mandarin	9,370	3%	12,780	4%	9,360	4%	-3,420	-27%
Punjabi	260	0%	330	0%	340	0%	10	3%
Russian	990	0%	1,260	0%	1,020	0%	-240	-19%
Spanish	26,330	9%	31,580	9%	19,210	8%	-12,370	-39%
Tagalog	410	0%	420	0%	320	0%	-100	-24%
Vietnamese	2,640	1%	2,250	1%	1,980	1%	-270	-12%
Grand Total	306,370	100%	345,720	100%	235,050	100%	-110,670	-32%

Trends for New Sign-Ups: Age

□ The age distribution of new enrollees in 2026 is similar to the pattern from 2025.

Age	2024		2025		2026		2026 v. 2025	
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
Age 17 or less	28,250	9%	31,250	9%	19,620	8%	-11,630	-37%
Age 18 to 25	41,360	14%	49,190	14%	34,590	15%	-14,600	-30%
Age 26 to 34	69,010	23%	78,800	23%	54,110	23%	-24,690	-31%
Age 35 to 44	52,770	17%	62,160	18%	43,690	19%	-18,470	-30%
Age 45 to 54	50,990	17%	55,670	16%	37,420	16%	-18,250	-33%
Age 55 to 64	61,620	20%	66,590	19%	43,830	19%	-22,760	-34%
Age 65+	2,370	1%	2,040	1%	1,810	1%	-230	-11%
Total	306,370	100%	345,700	100%	235,070	100%	-110,630	-32%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

Trends for New Sign-Ups: Service Channel

□ Three in five new consumers enrolled through an agent in 2026, up from 56% in 2025 and 52% in 2024.

Service Channel	2024		2025		2026		2026 v. 2025	
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change
Certified Enrollment Counselor	6,920	2%	8,970	3%	5,050	2%	-3,920	-44%
Certified Insurance Agent	158,140	52%	194,580	56%	141,320	60%	-53,260	-27%
Certified Plan-Based Enroller	4,850	2%	6,930	2%	5,990	3%	-940	-14%
County Eligibility Worker	220	0%	310	0%	150	0%	-160	-52%
Service Center Representative	23,440	8%	25,730	7%	12,870	5%	-12,860	-50%
Unassisted	112,810	37%	109,200	32%	69,690	30%	-39,510	-36%
Grand Total	306,380	100%	345,720	100%	235,070	100%	-110,650	-32%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

Trends for New Sign-Ups: Issuer

- ❑ Kaiser's share of new enrollments increased from 35% in 2025 to 42% in 2026.
- ❑ Medi-Cal transitioners continue to comprise significant shares of new enrollees for some issuers – as high as one in five new enrollees for Inland Empire Health Plan, LA Care, and Western Health.

Issuer	2024		2025		2026		2026 v. 2025		Share of New Enrollees that are MCTs (2026)
	Enrollees	Column %	Enrollees	Column %	Enrollees	Column %	Difference	% Change	
Aetna CVS Health	5,600	2%	5,850	2%	-	0%	-5,840	-100%	0
Anthem Blue Cross	51,450	17%	41,500	12%	21,190	9%	-20,310	-49%	13%
Blue Shield	65,510	21%	69,120	20%	50,490	21%	-18,630	-27%	8%
CCHP	510	0%	660	0%	550	0%	-110	-17%	19%
Health Net	18,440	6%	22,190	6%	14,130	6%	-8,060	-36%	11%
Inland Empire Health Plan	7,590	2%	14,980	4%	4,960	2%	-10,020	-67%	21%
Kaiser	96,300	31%	119,870	35%	100,030	43%	-19,840	-17%	9%
LA Care	37,570	12%	39,620	11%	25,310	11%	-14,310	-36%	18%
Molina Health Care	10,460	3%	14,160	4%	7,030	3%	-7,130	-50%	17%
SHARP Health Plan	4,440	1%	7,210	2%	5,860	2%	-1,350	-19%	12%
Valley Health	5,820	2%	4,590	1%	2,140	1%	-2,450	-53%	15%
Western Health	2,700	1%	5,950	2%	3,380	1%	-2,570	-43%	19%
Grand Total	306,390	100%	345,700	100%	235,080	100%	-110,620	-32%	11%

Increase in Active Renewals for 2026

- ❑ In 2026, more than 538,000 consumers actively renewed their coverage, an 18% increase from the prior year.
- ❑ Out of all renewals, 11% switched metal tier, 7% switched issuer, and 2.7% switch both tier and issuer.
- ❑ Among active renewals, 33% switched metal tiers in 2026, up from 22% of active renewals in 2025.

Renewal Type	2025		2026		2026 v. 2025	
	Enrollees	% Share	Enrollees	% Share	Difference	% Change
Active Renewal	457,260	28%	538,480	32%	81,220	18%
Passive Renewal	1,176,540	72%	1,153,840	68%	-22,700	-2%
Grand Total	1,633,800	100%	1,692,320	100%	58,530	4%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

Trends for Active Renewals: Metal Tier Switching

- ❑ Half of active renewals enrolled in Gold or Platinum last year are switching to another lower metal tier.
- ❑ Nearly a third of active renewals previously enrolled in Silver switched to Bronze, compared to only 8% in 2025.

2026 Metal Level (column)							
2025 Metal Level (row)	Minimum Coverage	Bronze	Silver	Gold	Platinum	2026 Total Renewals	Switch Rate
Minimum Coverage	61%	23%	11%	3%	1%	1,760	39%
Bronze	1%	85%	11%	2%	1%	95,470	15%
Silver	0%	31%	65%	3%	1%	393,780	35%
Gold	0%	22%	29%	45%	3%	29,930	55%
Platinum	0%	12%	19%	18%	50%	17,530	50%
Grand Total	1%	39%	52%	6%	3%	538,480	33%

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

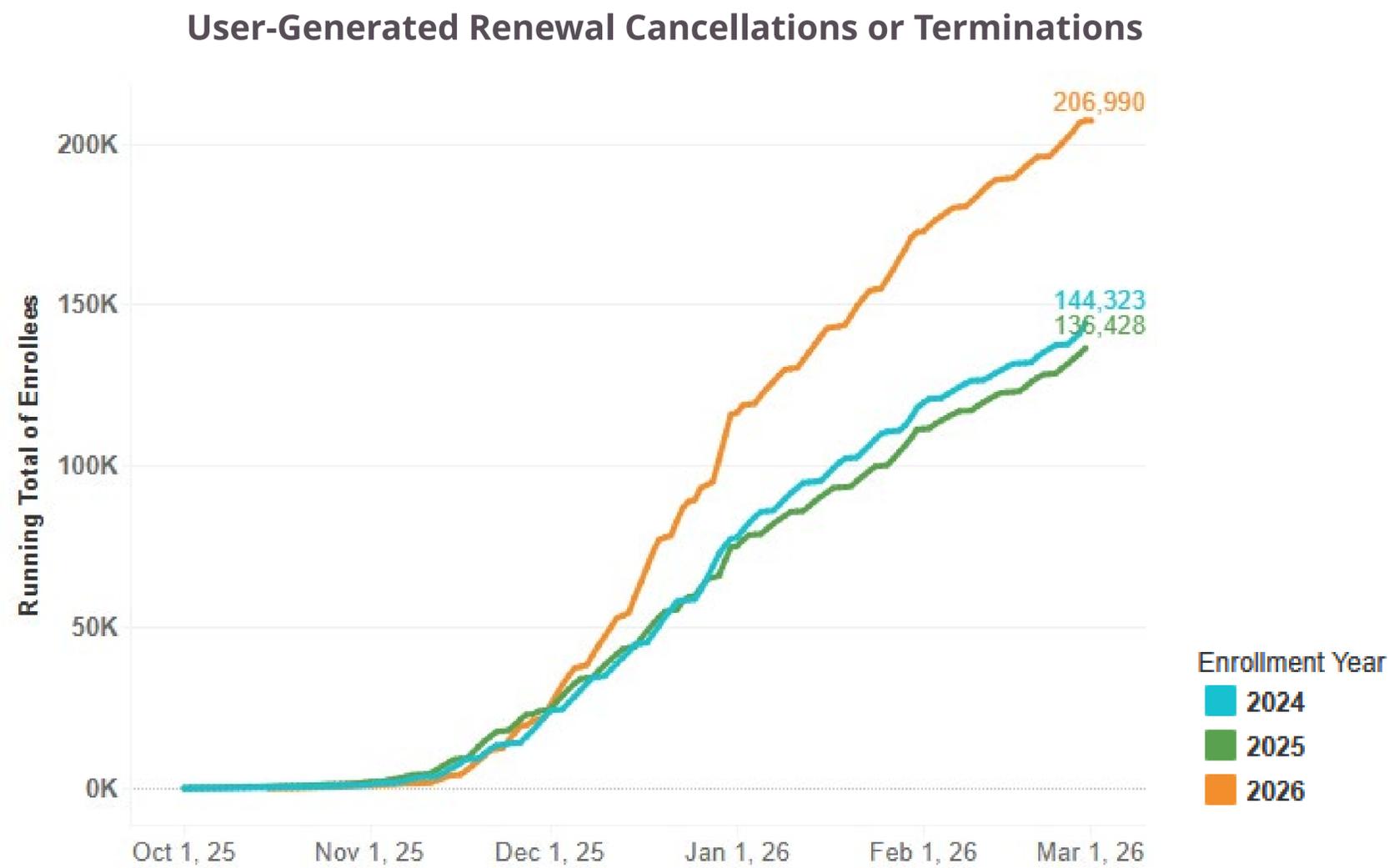
Trends for Renewals: Issuer Switches

- ❑ Anthem, Health Net, and Molina had the highest share of renewing consumers switch to another issuer.
- ❑ Among enrollees who switched issuers, 36% enrolled with Kaiser.
- ❑ With Aetna's exit from the marketplace, most renewals formerly enrolled in Aetna moved to plans with Blue Shield, Western Health, and Kaiser.

2026 Issuer (columns)														
2025 Issuer (rows)	Aetna CVS Health	Anthem Blue Cross	Blue Shield	CCHP	Health Net	IEHP	Kaiser	LA Care	Molina Health Care	SHARP Health Care	Valley Health	Western Health	2026 Total Renewals	Switch Rate
Aetna CVS Health	0%	9%	37%	0%	1%	0%	27%	0%	0%	0%	0%	27%	13,644	100%
Anthem Blue Cross	0%	84%	6%	0%	1%	0%	6%	2%	0%	0%	0%	0%	194,791	16%
Blue Shield	0%	1%	94%	0%	1%	0%	3%	0%	0%	0%	0%	0%	407,667	6%
CCHP	0%	0%	1%	94%	0%	0%	5%	0%	0%	0%	0%	0%	3,189	6%
Health Net	0%	2%	3%	0%	85%	0%	3%	4%	2%	1%	0%	0%	122,725	15%
Inland Empire Health Plan	0%	0%	0%	0%	4%	90%	3%	0%	2%	0%	0%	0%	45,069	10%
Kaiser	0%	0%	0%	0%	0%	0%	99%	0%	0%	0%	0%	0%	571,149	1%
LA Care	0%	0%	1%	0%	1%	0%	2%	96%	0%	0%	0%	0%	199,067	4%
Molina Health Care	0%	0%	1%	0%	2%	0%	4%	2%	86%	4%	0%	0%	59,017	14%
SHARP Health Care	0%	0%	0%	0%	0%	0%	2%	0%	0%	97%	0%	0%	29,897	3%
Valley Health	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	87%	0%	21,295	13%
Western Health	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	0%	87%	24,809	13%
Share of Renewals	0.0%	10.3%	24.1%	0.2%	6.9%	2.5%	35.9%	12.1%	3.3%	2.0%	1.1%	1.6%	1,692,319	7%

Trends for Renewals: Cancellations or Terminations

- ❑ Overall, the cancellation or termination rate among renewing consumers increased from 14% in 2025 to 17% in 2026.
- ❑ As of March 1st, 61% of these cancellations or terminations were initiated by a user, up from 53% of all cancellations at the end of 2025.



Counts include any renewing consumers with a 2026 plan selection whose latest enrollment status was cancelled or terminated as of March 1st for each plan year. Renewing consumers who have a 2026 plan selection (active or passive) are considered “cancellations” if they do not make their first month’s premium payment, and “terminations” if they effectuate 2026 coverage but subsequently disenroll.

Trends for Renewals: Cancellations or Terminations by Income

- ❑ Renewal decisions correlated with affordability: renewal candidates in the 138-150% FPL group – who maintained affordability thanks to state financial help – had a (slightly) *lower* rate of cancellations or terminations in 2026 (8%) compared to 2025 (9%); all other groups experienced *higher* rates in 2026.
- ❑ Conversely, middle income consumers who lost all financial help saw cancellation or terminations rates double from 13% to 26%.

Income	Enrollees			2026 v. 2025	Cancellation or Termination Rate		
	2024	2025	2026	Difference	2024	2025	2026
Under 138% FPL	44,190	36,850	48,120	11,270	41%	48%	69%
138-150% FPL	18,940	17,850	19,870	2,020	11%	9%	8%
150-165% FPL	18,980	17,030	18,590	1,560	11%	10%	9%
165-200% FPL	26,160	33,100	39,910	6,810	11%	10%	12%
200-250% FPL	32,140	31,660	42,180	10,520	12%	12%	15%
250-400% FPL	52,550	60,790	76,520	15,730	12%	13%	15%
Over 400% FPL	28,690	30,210	60,460	30,250	13%	13%	26%
FPL Unavailable	36,940	30,590	34,130	3,540	34%	31%	32%
Total	258,590	258,080	339,780	81,700	15%	14%	17%

Counts include any renewing consumers with a 2026 plan selection whose latest enrollment status was cancelled or terminated as of March 1st for each plan year. Renewing consumers who have a 2026 plan selection (active or passive) are considered “cancellations” if they do not make their first month’s premium payment, and “terminations” if they effectuate 2026 coverage but subsequently disenroll. Many consumers with incomes under 138% FPL are cancelled as they become eligible for Medi-Cal. The ‘FPL Unavailable’ category includes consumers who submit applications for unsubsidized coverage.

Data Release: Plan Selection Profiles

- ❑ Detailed data on the plan selection outcomes for the 2026 open enrollment and renewal cycle are available at <https://hbex.coveredca.com/data-research/>
- ❑ Separate data are provided for the new sign-ups specifically, along with the combined total for new and renewing enrollees.
- ❑ The data contains breakouts by demographics, disaggregated race, ethnicity, and language information, income, county, rating region, etc.
- ❑ Data will be updated with detailed geographic information as it becomes available.
- ❑ A dashboard to track ongoing monthly membership (including new sign-ups and terminations) is in development for release later in spring 2026.

Net plan selection counts include consumers who had an active or pending enrollment status as of January 31st for each plan year.

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





Data Use and Sharing Update

Jessica Altman, Executive Director

Data Use and Sharing Update

- ❑ To carry out Covered California's public outreach mandate and ensure Californians are aware of affordable coverage options, Covered California engages a marketing firm and other third-party partners to support these efforts.
- ❑ In 2025, a media article reported on LinkedIn and web trackers on Covered California's website. Upon becoming aware, Covered California disabled all web tracking technologies and launched an internal review to assess how the trackers were performing.
- ❑ To ensure a thorough and accurate assessment, we engaged an independent digital forensics firm to investigate further and confirm what data, if any, had been transmitted to LinkedIn and other vendors.

Findings and Next Steps

- The forensic investigation found:
 - Most trackers sent only standard internet data (e.g., IP address, device details, URLs).
 - A limited number transmitted unintended, more sensitive data elements, such as name or date of birth. However, these data elements were transmitted in an unstructured and unlabeled manner, not readily tied to specific individuals. All disclosures of this information were limited to contracted third parties bound by confidentiality and security obligations.
 - The use of web trackers did not compromise consumer information or violate any applicable laws.

- At this time, all third-party tracking tools remain disabled as we carefully evaluate how to use such technologies to effectively deliver on our mission and ensure strong privacy protections are in place.



State and Federal Policy & Legislative Updates

Jessica Altman, Executive Director

State Legislation

Covered California continues to track legislation on a variety of policy topics such as eligibility and enrollment, plan regulation, benefit and cost sharing mandates, and other bills that may impact the marketplace, consumers, or the health care and insurance markets generally. Below is a sampling of bills that would have an impact on Covered California.

- ❑ **AB 1907 (Addis)** is legislation that originated from Covered California technical assistance. The bill would extend Covered California's automatic enrollment process to individuals who newly apply for coverage at the county level, and who are determined ineligible for Medi-Cal, but eligible for Covered California. Under the bill, more Californians will benefit from the same seamless enrollment process Covered California currently offers and foster greater access to coverage and care.
- ❑ **AB 2066 (Rodriguez)** would establish pregnancy as a qualifying life event for special enrollment.
- ❑ **AB 2363 (Bains)** would provide an exemption from the individual mandate penalty to consumers who were enrolled in Medi-Cal in 2024 or 2025.

State Legislative Hearings

State lawmakers are actively weighing the consequences of federal policy changes stemming from H.R. 1, federal marketplace rules, and ongoing state budget discussions. This year to date, Covered California participated in the following legislative hearings to inform the members of health policy and fiscal committees on the impact of federal policy change and what it means for California consumers.

- ❑ January 27 - Assembly Health Committee Informational Hearing: *"The Devastating Impact of Federal Disinvestment on California's Health Care System: What We Know and How the State, Health Care Providers, and Communities are Responding"*
- ❑ March 9 – Assembly Budget Subcommittee #1 on Health: Issues included *"The Impact of H.R. 1 and Federal Actions on California's Health Care Exchange"* and *"H.R. 1 and Immigrant Access to Care"*
- ❑ March 10 - Joint Hearing of the Senate and Assembly Health Committees: *"The Cost of Uncertainty: Health Coverage Access and Affordability Amid Federal Instability"*
- ❑ March 26 – Senate Budget Subcommittee #3 on Health and Human Services

2027 Proposed Notice of Benefit and Payment Parameters (NBPP)

On February 9, the Centers for Medicare & Medicaid Services (CMS) issued its annual proposed rule governing Marketplace and insurance reforms.

The proposed rule sets out wide-ranging policy and operational changes that would implement elements of H.R. 1, revisit aspects of last year's Marketplace Integrity and Affordability Rule, reverse certain policies from prior administration, and introduce several new changes.

2027 Proposed NBPP, Continued

In its [comment letter](#), Covered California offered feedback highlighting several overarching concerns:

- ❑ While CMS recognizes that SBMs need flexibility to tailor policies to state-specific needs, many proposals signal a broader federal shift that constrains meaningful state discretion in critical areas.
- ❑ Covered California strongly supports robust program integrity and accurate eligibility determinations and shares CMS's commitment to reducing fraud and preventing improper enrollments, but these measures must be carefully balanced so they do not create barriers for eligible individuals seeking or retaining coverage.
- ❑ Proposals expanding catastrophic coverage, allowing non-network plans, altering cost-sharing, and eliminating standardized plans on the federal Marketplace risk steering consumers into less protective, less comparable products that could undermine affordability, quality, and market stability.
- ❑ Taken together with H.R. 1 and prior Marketplace Integrity and Affordability policies, the proposed tightened eligibility, verification, and premium tax credit policies—especially for low-income and immigrant populations—risk reducing enrollment and moving further from the ACA's goals of equitable access, strong financial protections, and a stable Marketplace.

2027 Proposed NBPP Key Proposals

Increasing Eligibility and Enrollment Barriers	Weakening Consumer Protections, Coverage Quality, and Marketplace Stability	Expanding Marketplace Oversight
<p>Impose tightened income verification requirements requiring additional documentation</p> <p>Codify H.R. 1's restriction of premium tax credit eligibility to limited immigrant groups</p> <p>Seek feedback on how to implement H.R. 1's pre-enrollment verification requirements</p>	<p>Promote catastrophic plans by expanding eligibility, allowing multi-year policies, and increasing cost-sharing above ACA maximum limits for catastrophic and bronze plans</p> <p>Permit certification of "non-network" plans</p> <p>Remove requirements to address health and healthcare disparities from federal quality improvement standards</p> <p>Consider state-mandated benefits as additional to "essential health benefits," even if they are included in the state's benchmark plan</p> <p>Permit SBMs to replace centralized consumer eligibility and enrollment websites with a decentralized system of web brokers</p> <p>Seek feedback on Medical Loss Ratio standards, including CMS's ability to adjust requirements without states' coordination</p>	<p>Require annual improper payment measurement audits</p> <p>Impose civil monetary penalties on issuers for Marketplace standards violations without coordination with the states</p>

Shaping Policies in Health Equity

On January 26, Covered California and the California Public Employees Retirement System (CalPERS) submitted joint [comments](#) to the Centers for Medicare & Medicaid Services (CMS) on proposed changes to the Medicare Advantage and Part D programs, highlighting key implications for quality, equity, and member access. The letter:

- ❑ Highlighted California's success in improving plan performance through aligned quality measures and downside-risk incentives, urging CMS to adopt similar accountability-focused strategies.
- ❑ Supported CMS's efforts to streamline measures, welcomed the Depression Screening and Follow-Up measure, but cautioned against removing process measures such as call center metrics that ensure equitable access for beneficiaries relying on language services or Teletypewriter support.
- ❑ Recommended reconsidering proposals to eliminate the forthcoming Health Equity Index reward and lower the specialty-tier cost thresholds, warning these changes could increase member cost-sharing and expand prior authorization requirements.

Proposed CMS Rules on Gender-Affirming Care

On February 17, 2026, Covered California joined comment letters led by CalPERS and CalHHS to CMS regarding two rules proposed in December that would restrict youth access to gender-affirming care:

- ❑ The first [rule](#) would prohibit Medicare- and Medicaid-enrolled hospitals from providing gender-affirming care to minors, including puberty blockers, hormone therapy, and surgeries, regardless of payer, as a condition of maintaining Medicare and Medicaid eligibility.
- ❑ The second [rule](#) would prevent federal Medicaid and CHIP funds from covering gender-affirming care for minors, while allowing states to fund these services using state-only dollars.

Together, the letters expressed significant concern over the proposals' disregard for established research on gender-affirming care and the serious risks they pose to the health and well-being of California's youth, urging CMS to withdraw both rules. Specifically, the letters:

- ❑ Emphasized that gender-affirming care is medically necessary, backed by decades of clinical research, and supported by major medical organizations.
- ❑ Raised concerns that the rules ignore established medical standards, intrude on clinical judgment, undermine the patient-provider relationship, and risk psychological harm to vulnerable youth.
- ❑ Cautioned that the proposals rely on flawed evidence, violate federal protections under the Early and Periodic Screening, Diagnostic, and Treatment benefit, and introduce vague definitions that create confusion and unrealistic burdens for state agencies.



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

Group Membership & Operational Updates

Group Membership

- **Total Groups:** 9,412
- **Total Members:** 80,429
- **Retention Numbers:** 88%
- **Average Group Size:** 8.5 members



Sales Updates

- **Agents Writing CCSB Business:** 1,406
- **Membership by Health Plans:**
 - **Blue Shield of California:** 35,009
 - **Kaiser Permanente:** 41,149
 - **Sharp Health Plan:** 3,128
 - **Delta Dental:** 9,017 (*not included in total member count*)
- **Year-to-Date (YTD) New Sales:** 3,481
- *Membership reconciled through 3/12/2026*



CalHEERS Update

CalHEERS | Case & Application Status Enhancements

This Case Has Been Closed

This case has been closed due to one of the below reasons:

- There is another open case with the same active household member(s).
- Covered California Administrator closed the case as duplicate.
- The case was closed by a local County via SAWS.

If this case needs to be reopened, continue to the Case Status page.

[Update Case Status](#)

[View Case Summary](#)

[Return to Admin Home](#)

Case and Application Status Enhancements

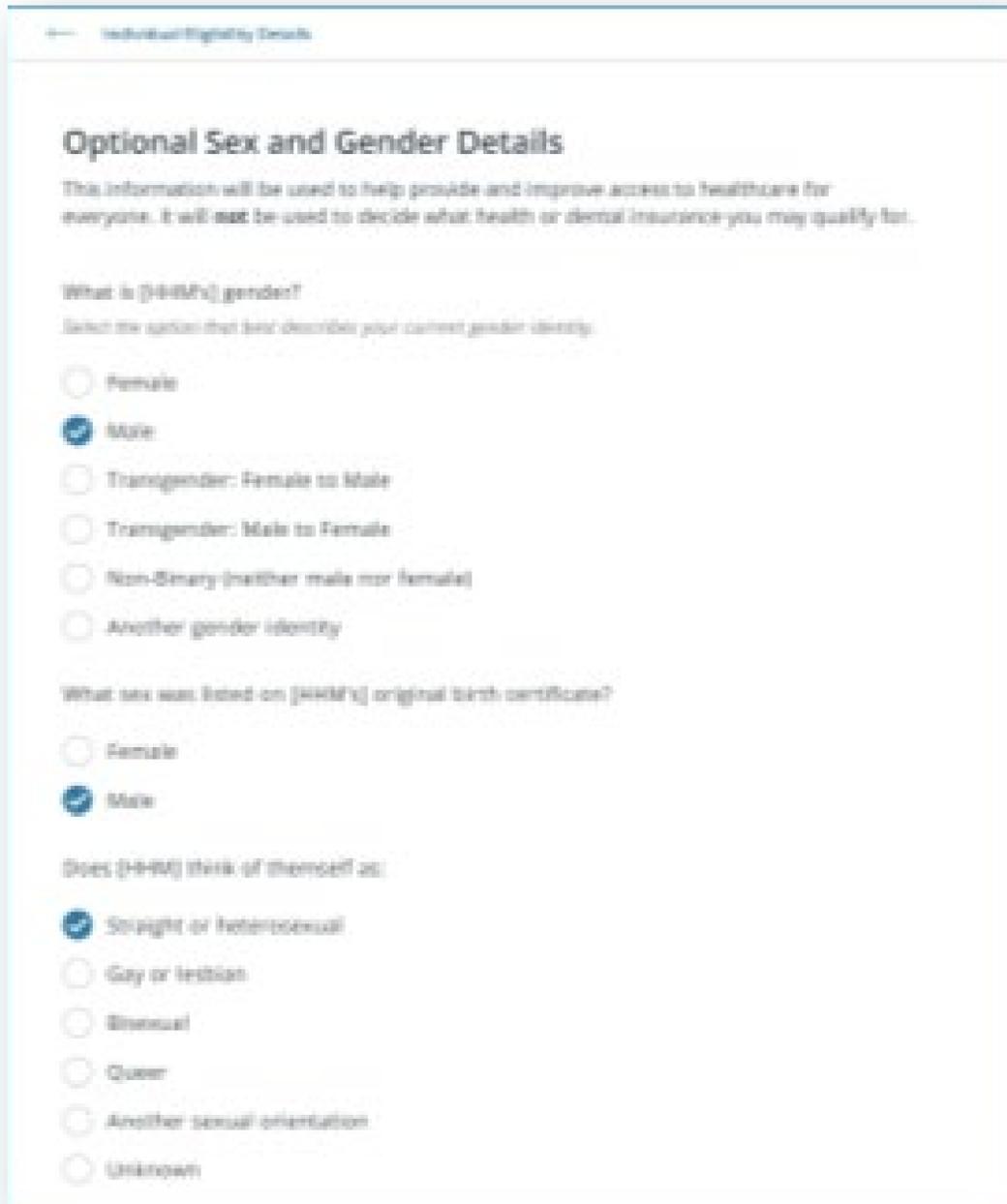
Consumers will see clearer, more accurate case and application statuses, including whether they are completing an Intake, RAC, Renewal, or Reapplication.

This will reduce confusion about where they are in the process and lower the risk of eligibility or enrollment errors.

As well, behind-the-scenes cleanup of inactive and duplicate cases helps ensure the right case is used and coverage decisions are timely and accurate.

Clear, accurate coverage status for consumers.

CalHEERS | Sexual Orientation/Gender Identity Questions



← Individual Eligibility Details

Optional Sex and Gender Details

This information will be used to help provide and improve access to healthcare for everyone. It will **not** be used to decide what health or dental insurance you may qualify for.

What is (HBM's) gender?
Select the option that best describes your current gender identity.

- Female
- Male
- Transgender: Female to Male
- Transgender: Male to Female
- Non-Binary (neither male nor female)
- Another gender identity

What sex was listed on (HBM's) original birth certificate?

- Female
- Male

Does (HBM) think of themself as:

- Straight or heterosexual
- Gay or lesbian
- Bisexual
- Queer
- Another sexual orientation
- Unknown

Sexual Orientation/Gender Identity Questions

CalHEERS will move optional Sexual Orientation and Gender Identity (SOGI) questions out of the application flow and back to their prior post-signature location.

This change will occur with no changes to data elements, eligibility rules, or carrier transactions, maintaining alignment with CMS guidance.

Aligning with CMS guidance keeps SOGI data collection compliant and intact.

CalHEERS | Single Sign-on for CCA Admins



Single Sign on for CCA Admins

Covered California is implementing seamless single sign-on (SSO) between Covered CA Entra AD and the CalHEERS/HBX (ForgeRock) application.

This will allow Service Center staff to access CalHEERS using their standard Covered CA credentials instead of maintaining separate CalHEERS logins. The new process will reduce password-related friction and support overhead while centralizing security and account management.

This internal change streamlines how staff access the systems that support the Consumer Website without changing the consumer-facing website or how consumers log in.

Single sign-on for Service Center staff streamlines access and strengthens security.

CalHEERS | Enroller Portal Enhancements

Certified Enrollment Counselor Details

Sunburst Projects

Address
2143 Hurley Way, Suite 240, Sacramento, CA, 95825

Hours of Operation

Mon	8:00 AM - 5:00 PM
Tues	8:00 AM - 5:00 PM
Wed	8:00 AM - 5:00 PM
Thurs	8:00 AM - 5:00 PM
Fri	8:00 AM - 5:00 PM
Sat	Closed
Sun	Closed



Languages Spoken
English

Languages Written
English

Jerry Prettyman **Contact Information**



Phone Number
19164400889

Email
jerry@sunburstprojects.or
g

Counselor Languages Spoken
English

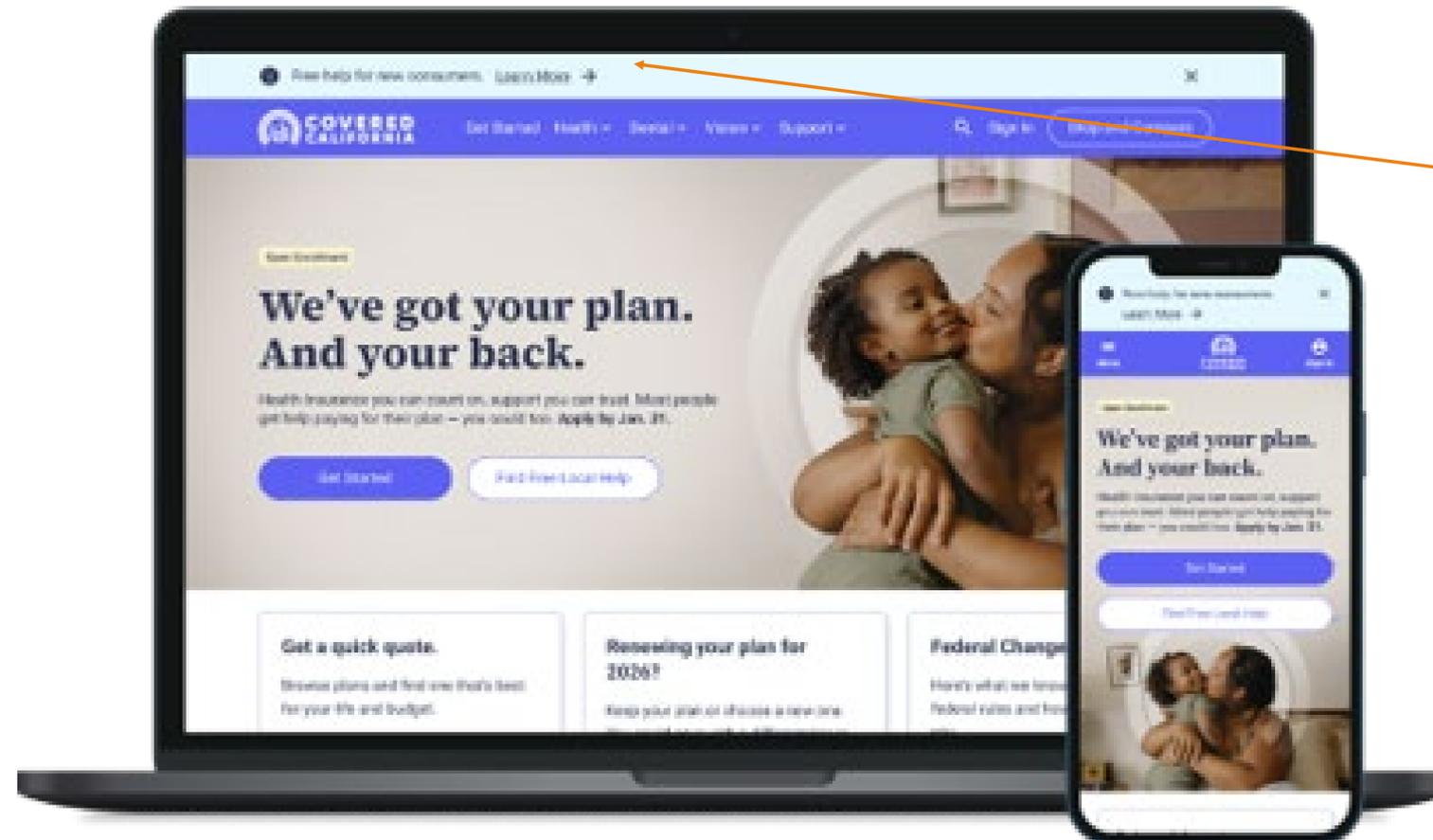
[Close](#)

Enroller Portal Enhancements for R26.2

CalHEERS updates modernize the Enroller Portal and Find Local Help with current enroller photos and location-based hours. Changes will also auto-end stale delegations and read-only views into delegation and Authorized Representative details. These changes strengthen trust, privacy, and transparency when consumers choose and work with enrollment help.

Clear delegation builds safer experiences.

Dotcom | Testing Help on Demand Placement



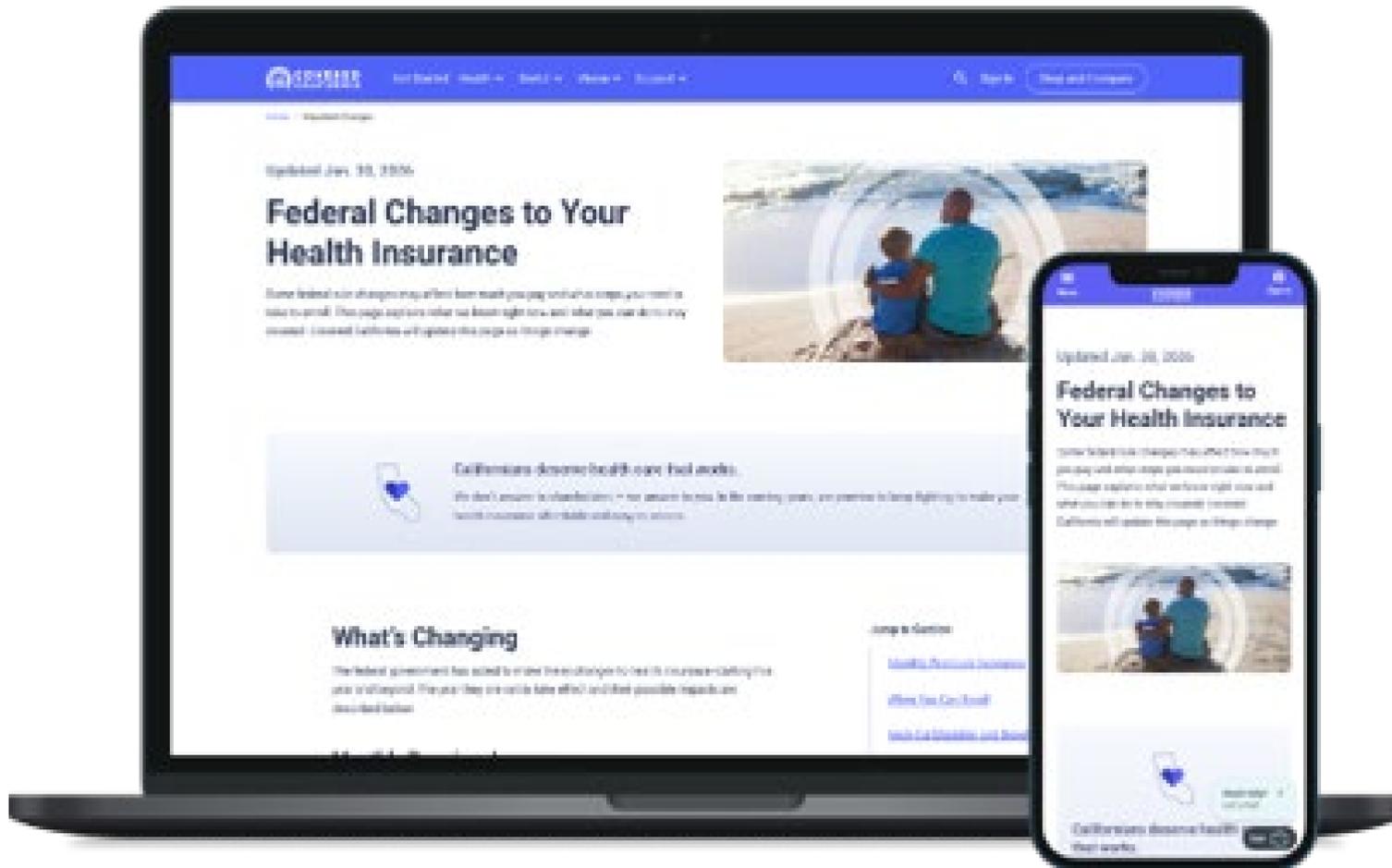
Free Help is Top of Mind

OSD and Comms created a 1-day test of a Homepage banner offering free help and call-back options (HOD) to increase referrals and make it easier for new consumers to get one-on-one assistance.

This satisfies an OSD business ask to create high visibility for the HOD tool. This is in response to dwindling call-back trends and results are being measured.

Surfacing the Help on Demand user journey for consumers.

Dotcom | Real-Time Important Changes

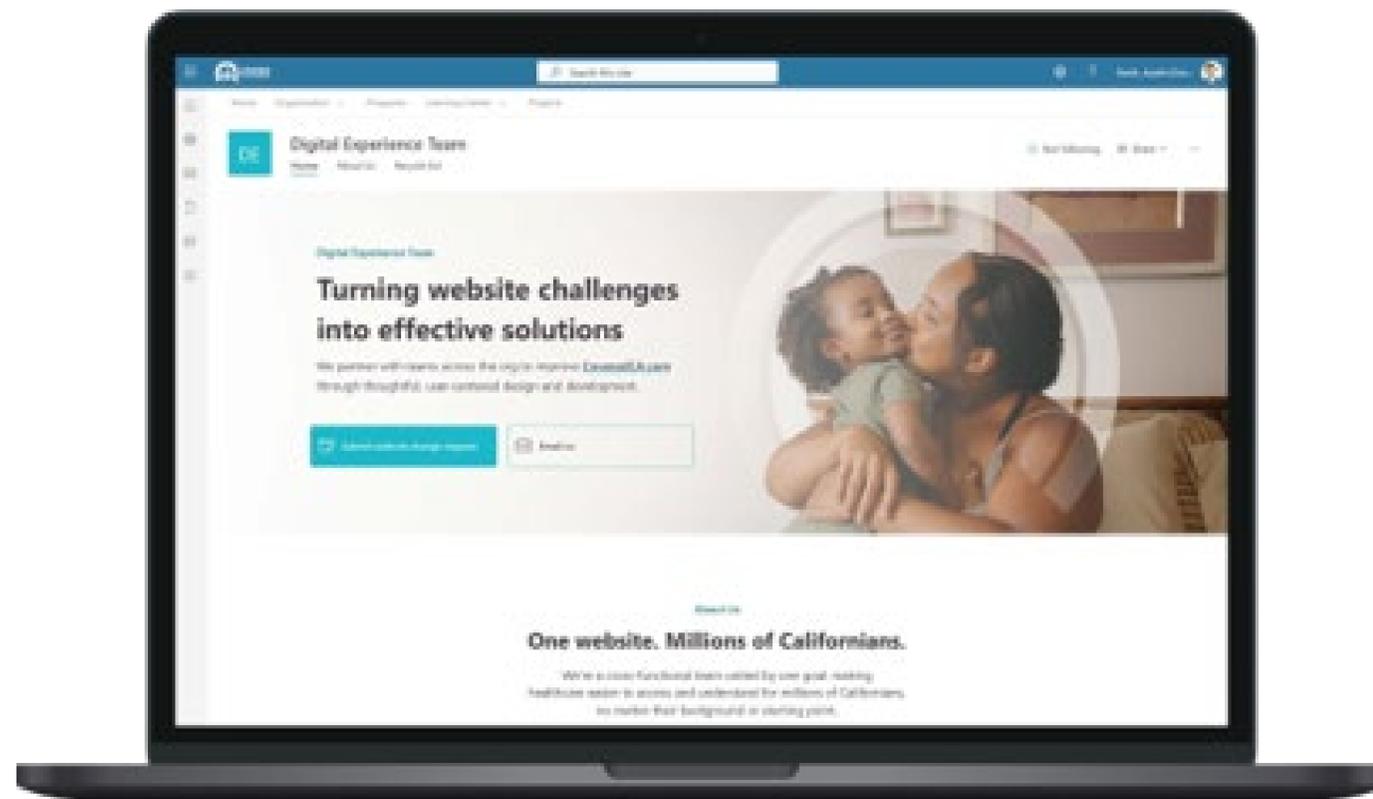


Ongoing Updates to Keep Consumers Informed

The Dotcom Important Changes page outlines federal rule changes that may affect how much consumers pay and what steps are needed to enroll, especially in an evolving legislative landscape. Finalized Phase 2 updates to the Important Changes page, ensuring federal change content is accurate, clear, and easy for consumers to understand, with input from cross-functional partners.

Working hard to keep vital content fresh.

Dotcom | New Dotcom Project Hub



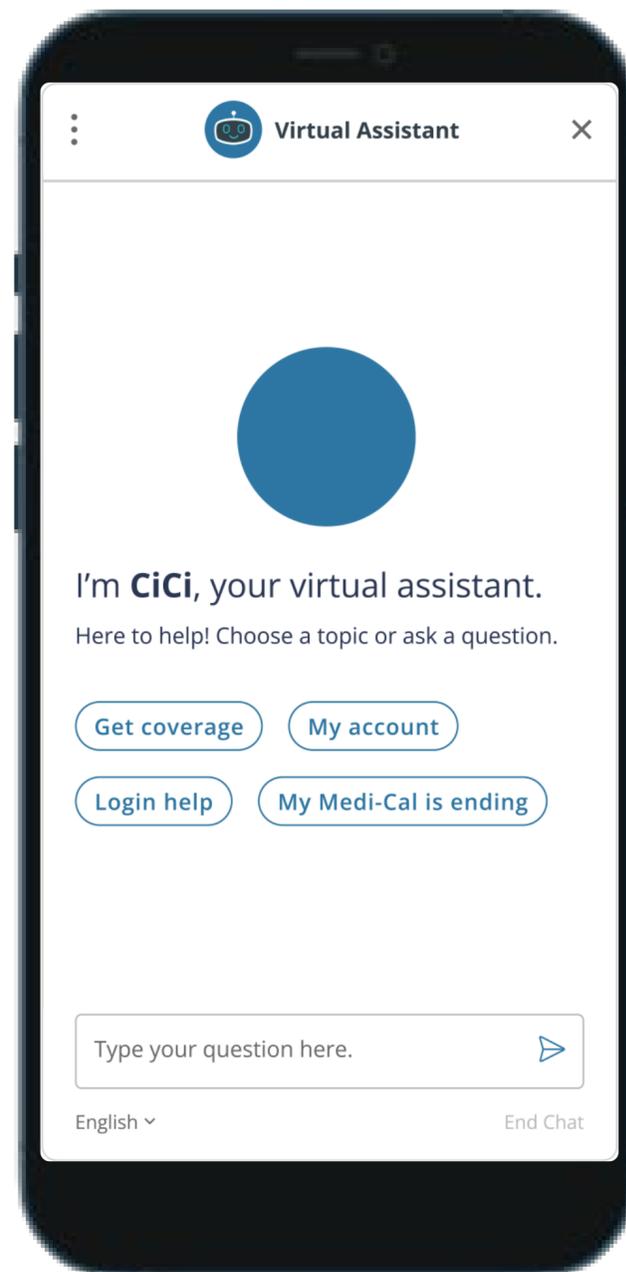
Redesigned & Centralized Resources in SharePoint

User-friendly hub clearly communicates:

- **Clarify Our Identity:** Establish a clear mission and define our services to stakeholders.
- **Improve Navigation:** Create an intuitive structure where information is easy to find in just a few clicks.
- **Centralize Resources:** Consolidate templates, guides, and documentation into one location.
- **Streamline Partnership:** Provide clear pathways for submitting requests, understanding processes, and tracking project status.

Intuitive navigation to the most useful information.

Dotcom | Chatbot Modernization & Replatforming



CiCi Moving to Microsoft AI Foundry

Benefits for our customers:

- **Better Understanding:** The chatbot will understand questions asked in natural language, not just exact keywords, making conversations feel fluid.
- **More Helpful Responses:** Instead of generic answers, with future enhancements customers can receive detailed, personalized guidance.
- **Faster Problem Resolution:** With more sophisticated tools, the chatbot can resolve issues quickly, reducing wait times and back-and-forth conversations.

Best-in-class chatbot features for our consumers.



Outreach and Sales Update

Uncompensated partners supporting enrollment assistance efforts

Enrollment Assistance Program	Entities	Counselors
Certified Application Counselor	186	1,274
Plan-Based Enroller	12	845
Medi-Cal Managed Care Plan	2	24

OUTREACH AND SALES NON-ENGLISH ENROLLMENT SUPPORT

DATA AS OF FEBRUARY 9, 2026

12,109 Certified Insurance Agents

- 20.8% Spanish
- 10.6% Chinese
- 4.1% Vietnamese
- 4.4% Korean
- 21.8% Other Languages

1,277 Navigator: Certified Enrollment Counselors (CEC)

- 32.0% Spanish
- 4.2% Chinese
- 1.5% Vietnamese
- 0.3% Korean
- 2.9% Other Languages

1,274 Certified Application Counselors (CAC)

- 28.7% Spanish
- 1.7% Chinese
- 0.3% Vietnamese
- 0.1% Korean
- 1.3% Other Languages

845 Certified Plan-Based Enrollers (PBE)

- 6.9% Spanish
- 1.1% Chinese
- 0.6% Vietnamese
- 0.4% Korean
- 0.0% Other Languages

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

- 20.8% Spanish
- 8.7% Chinese
- 4.2% Vietnamese
- 0.0% Korean
- 0.0% Other Languages

