Executive Director's Report

Jessica Altman, Executive Director

September 17, 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
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

   i. CalHEERS System Integrator Contract Update

   ii. 2027 Open Enrollment Update

03 State and Federal Policy/Legislative Update

04 Data and Research

04 Appendix

Executive Director's Update

CalHEERS System Integrator Contract Update

CalHEERS System Integrator Procurement

- Covered California and the Department of Health Care Services (DHCS) are co-sponsors of the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) setting the system's visions, priorities, and policy direction and providing funding and program oversight. A System Integrator (SI), currently Deloitte, is responsible to provide a System Development, Maintenance, and Operations (SDMO) solution. The SI brings together CalHEERS' many components, interfaces, data exchanges, and partner systems while also developing, operating, maintaining and enhancing the overall platform. The Office of Technology Solutions Integration (OTSI) is responsible for the overall management of CalHEERS and oversight of the SI contract and other contracts on behalf of the sponsors.
- On September 17, 2025, the OTSI released a Request for Proposal (RFP) to procure an SI for CalHEERS. This procurement project is a collaborative effort between OTSI, DHCS, and Covered California. The primary goal of the procurement is to execute a new SI contract timely, efficiently, and competitively, with the best value bidder being selected by the State.

CalHEERS System Integrator Procurement, Continued

- The core term of the contract is for 5 years at approximately $1.2 billion and provides 5 one-year extensions subject to approval by Covered California and DHCS.
- The new contract will drive an outcome-based approach to measure, monitor and strive to lower the total cost of ownership over the duration of the contract.
- On September 11, OTSI posted a "Notification of Award" announcing Deloitte as the selected bidder. Next steps are to obtain Covered California and DHCS approval for contract execution. The federal Centers for Medicare and Medicaid Services (CMS) must also approve the execution of the contract.

2027 Open Enrollment Update

Glenn Oyoung, Director, Marketing Division

Craig Tomiyoshi, Director, Communications & Public Relations

COVERED CALIFORNIA

OE26-27 MarComm Planning

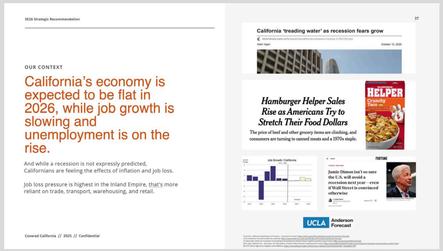
Marketing and Communications & Public Relations Divisions

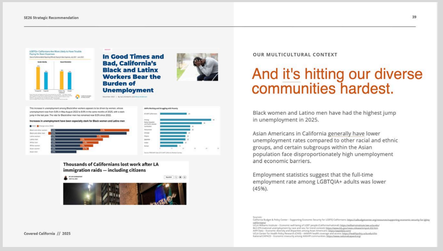
September 2026

What We're Up Against in This Moment

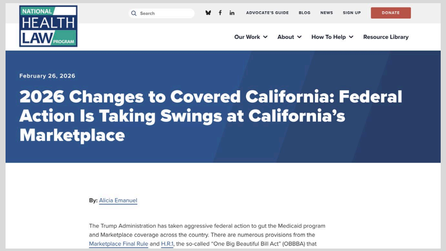
As we go into Open Enrollment this year, we face ongoing challenges related to the overall policy landscape, as well as new headwinds specific to media.

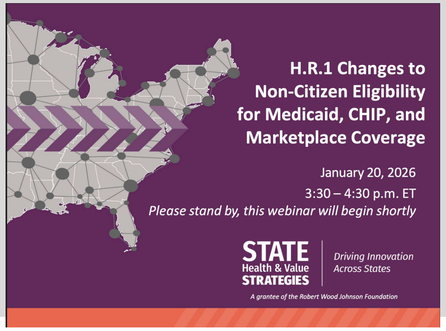
CONTINUED ECONOMIC CHALLENGES



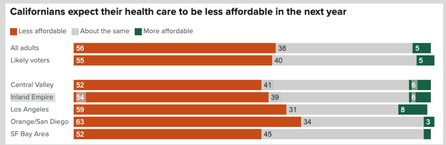


CONTINUED CUTS AND DEEPENING RESTRICTIONS TO SUBSIDIES





CONTINUED HEALTHCARE FRUSTRATIONS AND COST ANXIETIES



ELECTION-YEAR MEDIA MARKET DISRUPTION

How Political Advertising Will Impact the Media Landscape in 2026

For nonpolitical advertisers, this translates to tighter inventory, higher CPMs, platform-specific restrictions, and heightened brand safety concerns across channels. That complexity is compounded by challenges resulting from a fragmented media environment and the rise of AI-generated content.

INTERNAL PIVOT

MarComm had been planning for a shortened OE and are now quickly recalibrating for a full-length enrollment period

Consumers are under pressure, uncertain, and delaying decisions

The Data Is Telling Us:

Costs are rising, and pressure is real

- 80% report higher costs, including 51% "a lot higher"

Consumers are navigating with uncertainty

- 63% felt worried and 46% felt confused during the process of selecting coverage

Affordability is driving decisions

- 73% worry about affording care; 55% are cutting back on basic needs

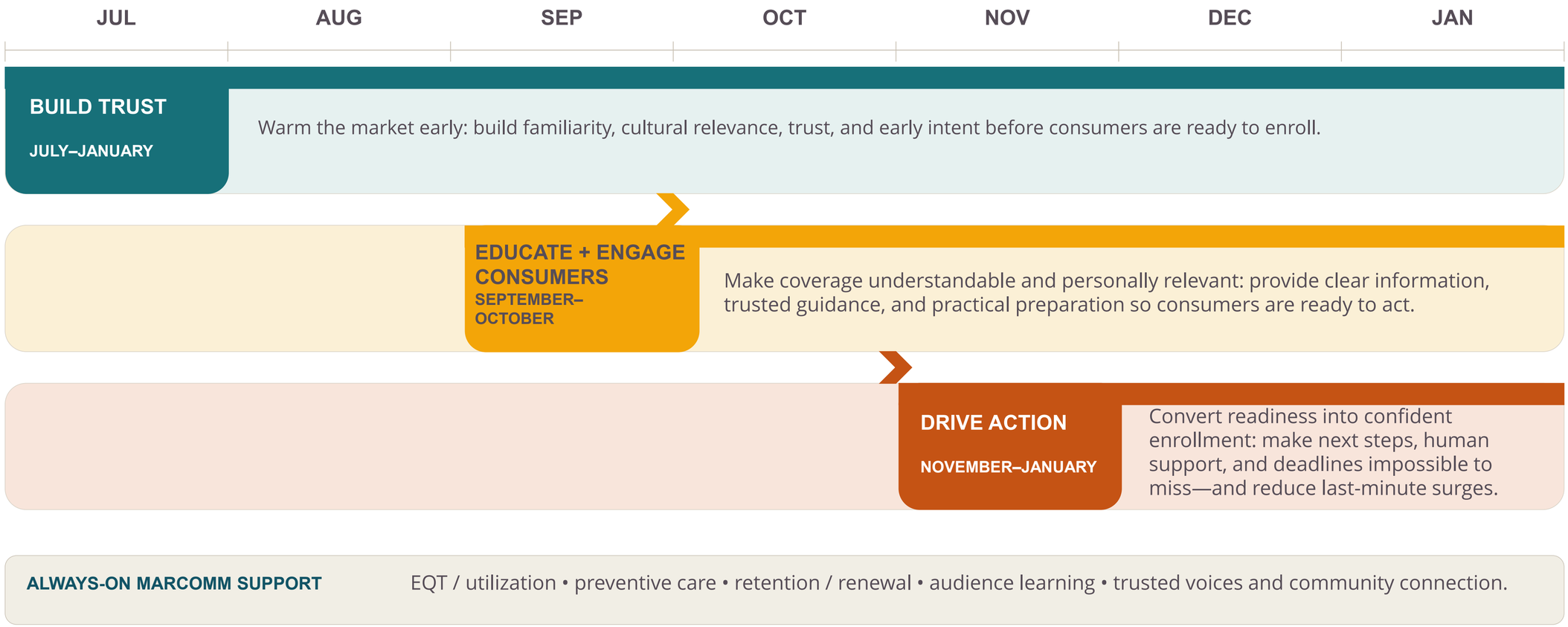
Confidence is fragile

- 1 in 6 are not confident they can afford coverage, increasing delayed decisions

** KFF: Cost Concerns and Coverage Changes: A Follow-Up Survey of ACA Marketplace Enrollees, March 2026*

Warm the market. Build readiness. Drive action.

One continuous runway from trust to understanding to confident action.



One team. Three phases. One continuous runway from trust to understanding to confident action.

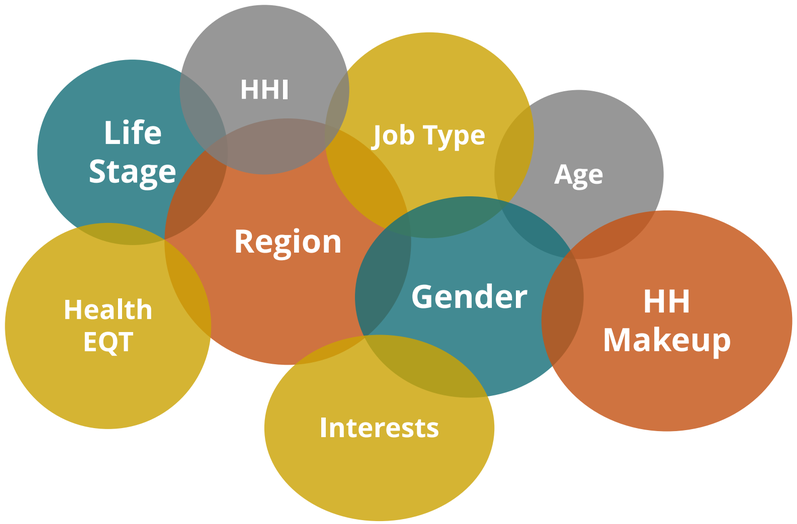
Moving towards Audience-Based Marketing and Comms

MarComm will be building on our shared achievements in reaching multicultural audiences, and embracing Audience Based Marketing which moves beyond language and seeks to engage consumers based on the totality of their lived experiences (behaviors, attitudes, interests).

Isolated Consumer Identity

Attributes
- Ethnicity
- Language
- Household Income
- SOGI

Consumer Lived Experience



Intersectionality

In progress: Refining target audiences through life stage, behavioral, and attitudinal markers

Each priority audience splits into two distinct lived experiences — typically one more empowered and one less from a behavioral perspective.

Young adults

Same age band, very different urgency.

Young Invincibles – *16% of CA Pop*

Ages 24–26. Feel healthy, free, and not yet accountable to the consequences. Low perceived need; high sense of invincibility. invincibility.

Optimizers – *8% of CA Pop*

Ages 26+. More constrained and responsible — rent, work, relationships, maybe kids. Not immature; simply balancing cost, cost, stress, and competing priorities.

1099 workers

Both value independence, but from different realities.

Gig Workers – *16% of CA Pop*

Task-based or blue-collar workers juggling jobs, schedules, and and income volatility. Coverage has to feel practical, accessible, accessible, and worth it.

Knowledge Workers – *3% of CA Pop*

Freelancers, consultants, creatives, and recently laid-off professionals trying to preserve autonomy or replace employer coverage without losing momentum.

50+

Same life stage, different levels of control.

Forced Transition – *8% of CA Pop*

Pushed out of work, involuntarily retired, or nearing a COBRA cliff. Higher vulnerability, more anxiety, more immediate need for for reassurance.

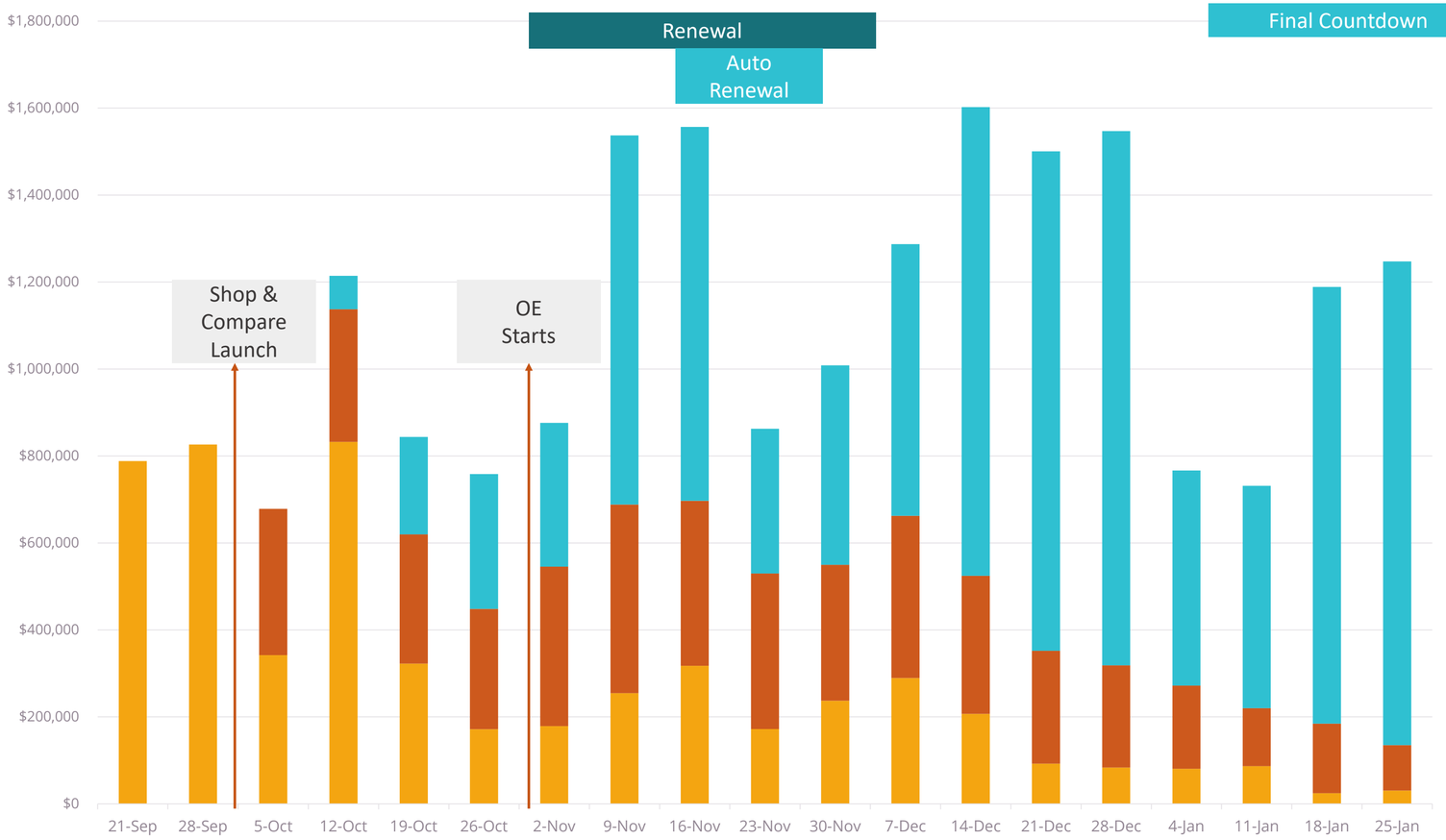
Planned Transition – *9% of CA Pop*

Early retired, self-employed, or intentionally bridging to Medicare. More prepared, less fearful, but still looking for value and confidence.

TAKEAWAY **We are continuing to refine MarComm audience approach—building on work already underway to make our targeting more specific, relevant, and actionable.**

THE FULL FUNNEL IN MARKET

Planned media weight amplifies demand at the right moments—directly supporting enrollment surges, and spans the full funnel: Awareness, Education and Action.



Awareness

Establish relevance and trust by increasing familiarity with Covered California and reinforcing our role as a dependable source for health health coverage.

Educate

Deepen consideration by explaining plan options, demystifying enrollment, and showing consumers where they can turn for trusted trusted help and guidance.

Act

Convert intent into action by using strong calls to action, high-urgency urgency messaging, and clear pathways that move consumers to visit, visit, apply, and enroll.

REASONS TO BELIEVE

For the love

4 out of 5 Californians qualify for financial help with their health coverage. Someone you love is probably one of them. We're here for you all.

For the love of ___ (multiple names scrolling in different languages)
Open Enrollment: Nov 1 - Jan 31

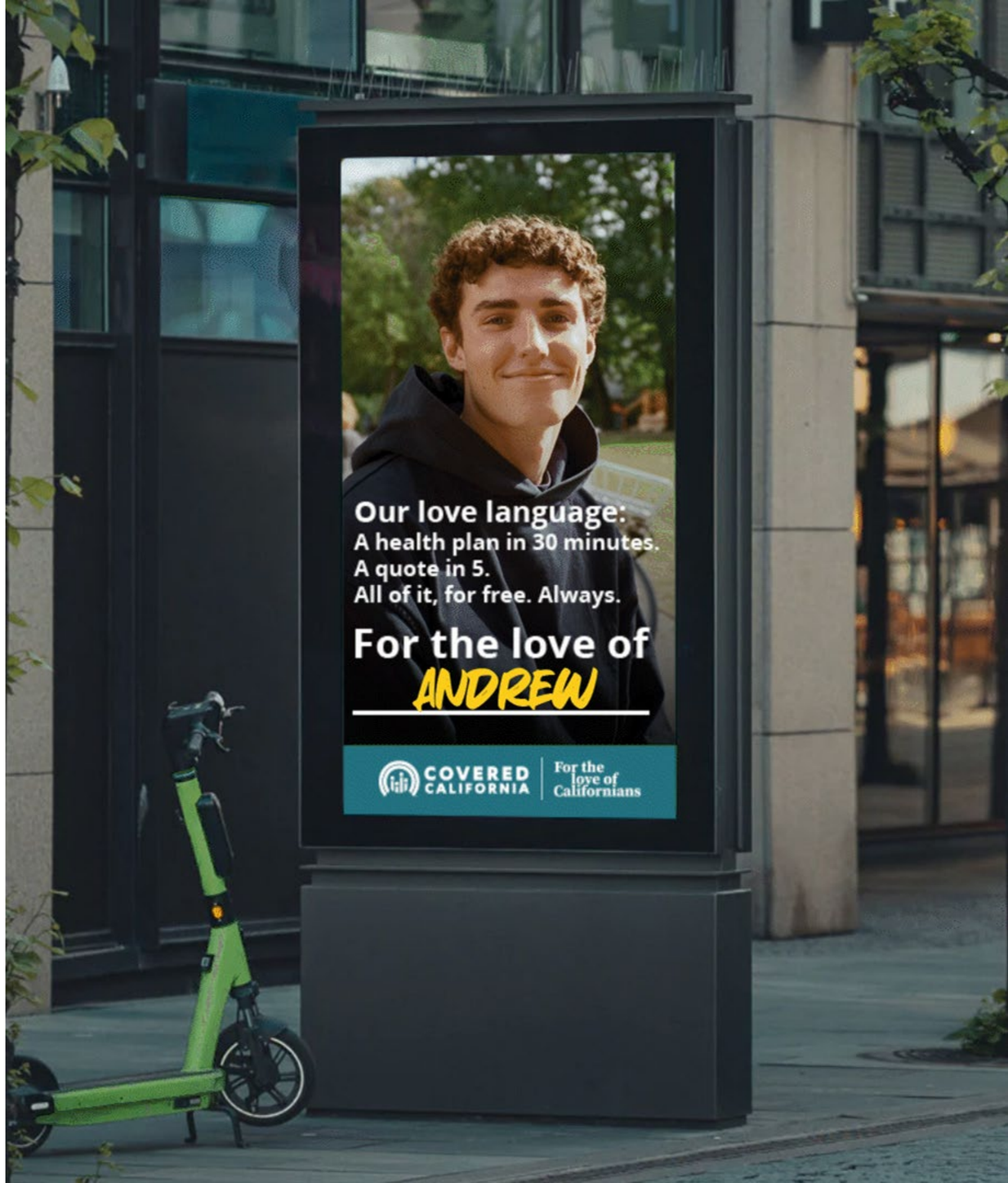
A Covered California agent is within 15 minutes of almost every Californian. Probably within 15 minutes of this billboard, too. They know health coverage. Find them. Because you deserve someone who is in your corner.

For the love of the people of this block.
Open Enrollment: Nov 1 - Jan 31

Health coverage is hard enough. Understanding it in your language shouldn't be. We can help in 14 of them. Love is the one that matters most.

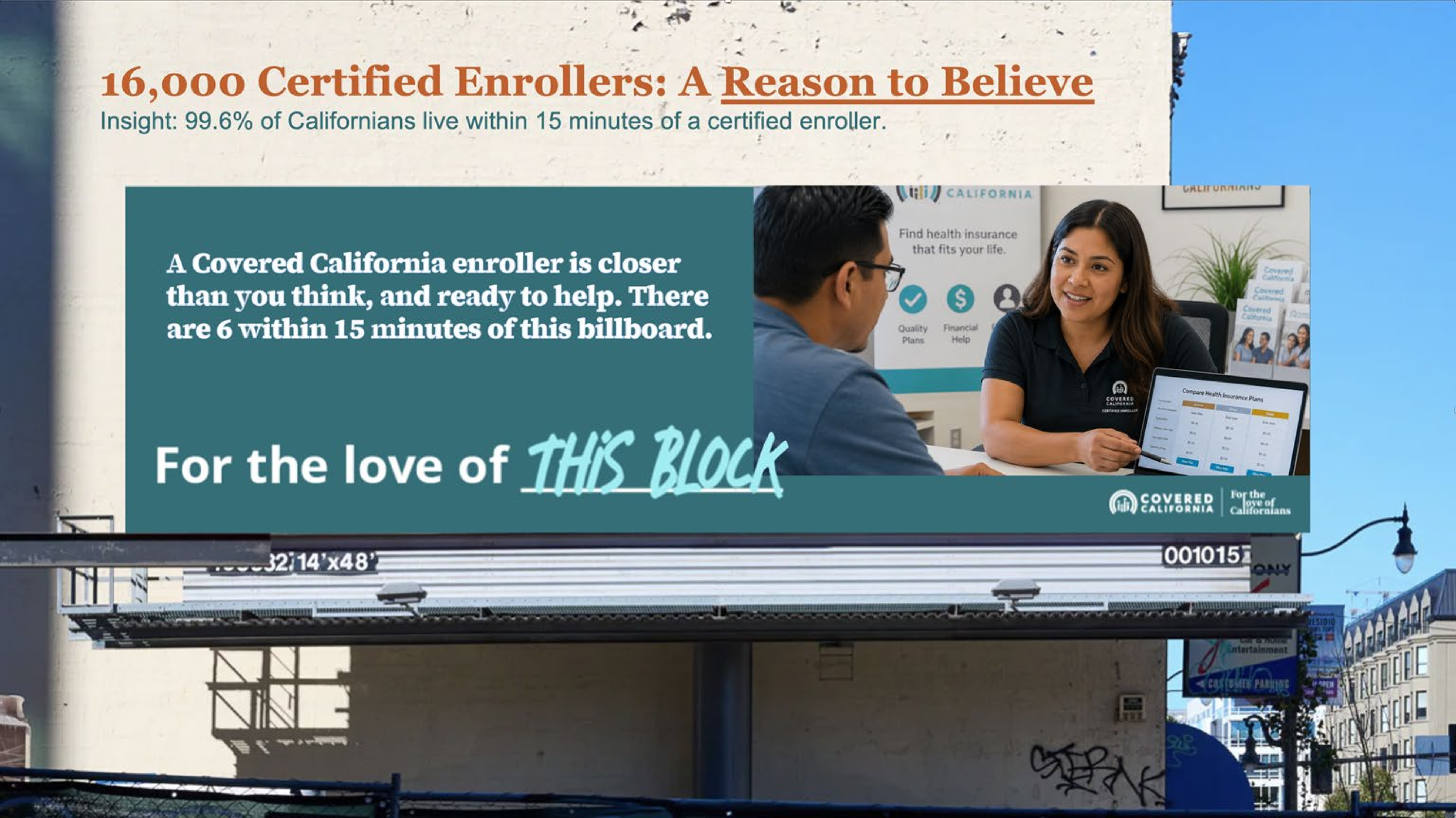
For the love of Halmoni and Ha-eun
Open Enrollment: Nov 1 - Jan 31

Covered California
For the love of Californians



16,000 Certified Enrollers: A Reason to Believe

Insight: 99.6% of Californians live within 15 minutes of a certified enroller.



Countdown

We will make it obvious that the deadline is approaching, leaning on eye-catching OOH and other channels.

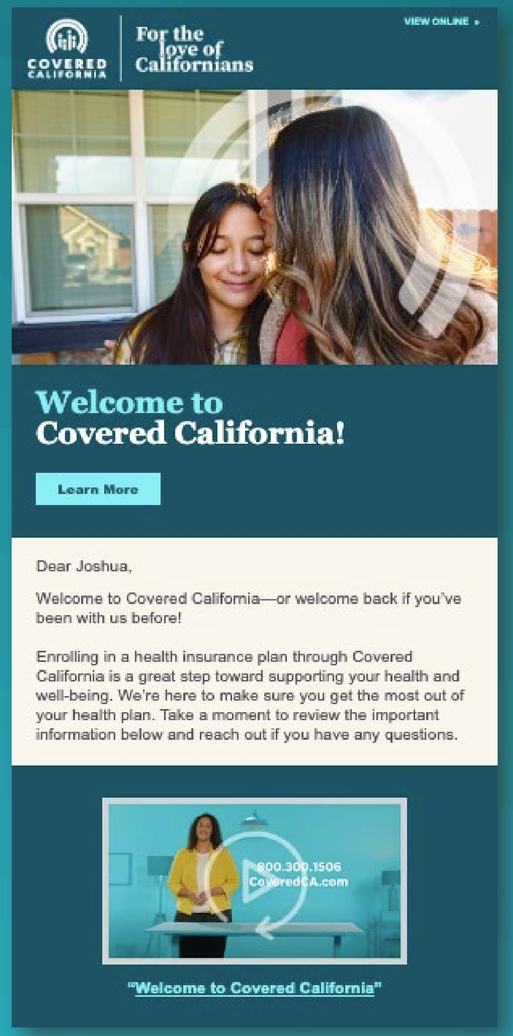
BEYOND ADVERTISING

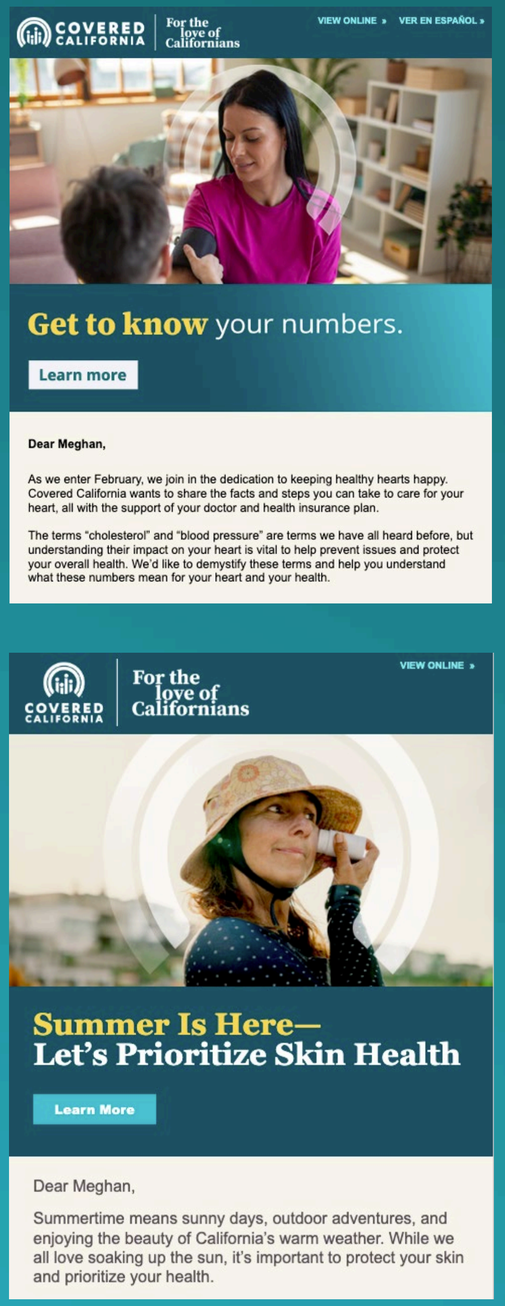
Communicating with our Enrollees – Email, Direct Mail, SMS

We connect with enrollees through the Welcome Letter, email, and SMS to provide clear, timely information about their coverage and next steps.

Our communications are designed to build trust, explain changes simply, and help enrollees stay informed, supported, and covered.

Reminding enrollees of benefits that are included in their health insurance plan encourages utilization and access to care. This ongoing outreach continues to be adjusted and tailored as access to data and knowledge about our enrollees increases.





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OE ‘27 Communications Strategy

Preparing Californians Earlier. Supporting Them Longer.

What we're preparing for this Open Enrollment

External Environment

- Open Enrollment returns to a three-month enrollment period
- Federal eligibility changes reduce coverage options for many Lawfully Present Immigrants
- Public Charge changes may create confusion and discourage eligible consumers
- Midterm and California elections will increase misinformation and competition for attention

Communications Implications*

- Consumers need clear guidance amid policy uncertainty
- Consumers will rely on trusted sources to navigate health coverage changes
- Education must begin before consumers are ready to enroll
- Messaging must remain simple, consistent, and action-oriented

Our Response

Advance Connectors to Coverage into an engagement strategy that prepares consumers before Open Enrollment begins, and drives consumers to Covered California resources for help

** OE26 Program Assessment, Allison Advanced Analytics*
** KFF Health Information & Trust Dashboard (2026)*

Connectors to Coverage

COVERED CALIFORNIA

Our communications program shifts from seasonal enrollment promotion to year-round engagement, which prepares consumers earlier and supports them longer.

Build Trust	Educate + Engage	Enrollment
Build awareness before Open Enrollment begins *July - September*	**Prepare consumers before Open Enrollment begins** *September - October*	**Help consumers enroll with confidence** *November - January*
Build awareness and understanding before Open Enrollment	Activate consideration and support preparedness before Open Enrollment	Convert intent into enrollment through coordinated execution
Use trusted voices and community outreach to reduce confusion and make coverage feel possible	Provide clear, actionable guidance on options, costs, and next steps	Reinforce urgency with clarity and support across all touchpoints
Outcome Build awareness and early intent	**Outcome** Increase early action and readiness	**Outcome** Drive completed enrollment and reduce last-minute surges

BUILD TRUST | ENGAGE | ENROLL

Build Awareness and Trust with Californians

Reduce confusion around eligibility, affordability, and available support with Open Enrollment ahead and key policy changes in place.

Leverage real voices

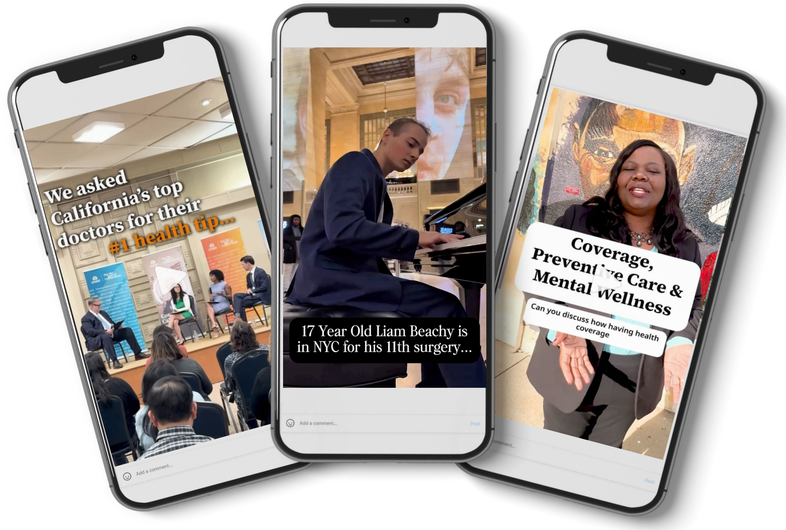
Develop social media content that leverages connectors in communities and real people stories. Leverage preventative care information and cultural and health awareness months to connect with specific audiences.

Events that generate earned media

Host community events that bring connectors and media together. Events would begin with a panel conversation moderated by a news reporter who will pose questions to each panelist within three specified topics: financial assistance, health care resources, and community-based support.

Educational materials

Develop physical and digital materials for community-based organizations and particular audiences to educate and inform Californians.



Kickoff and Deadline Media Events

Launching open enrollment with kickoff events and closing open enrollment with deadline events to earn state and regional media.

Events will be in:

- Los Angeles
- Sacramento
- Bay Area
- San Diego
- Fresno
- Cities and regions statewide, with the greatest need

Website Redesign

August 27, 2026

The Challenge

The current Covered California website requires and update. It’s organized around insurance products and isn’t meeting the needs of consumers in this current environment.

Californians who need coverage, have questions, or need help are coming to the site arrive in different mindsets. When they’re uncertain, the product-first structure quickly becomes confusing.

The Vision

Evolve the Covered California Website from a “Marketing site about insurance” to an “Educational hub focused on the people who need insurance.” We will provide a people-first resource that builds enrollment-readiness by guiding uninsured Californians through their unique moment of need.

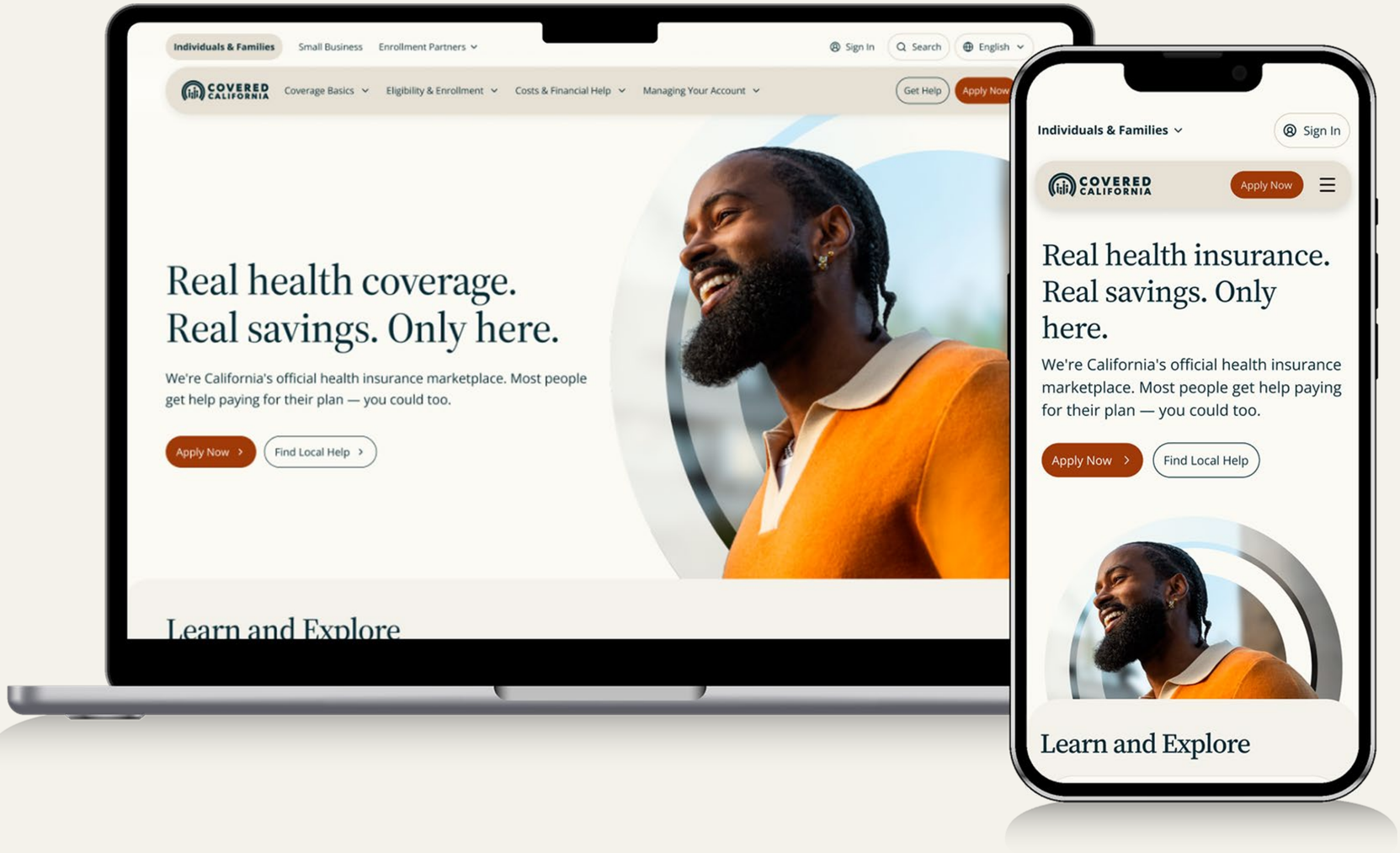
A Robust Solution

The new website makes the journey simpler. Users will experience intuitive navigation and content that feels organized and more connected to their specific goals.

More consistent language and layout patterns create a smoother experience for everyone, while tested, thoughtful, and accessible structure reduce cognitive load and support task completion.

Homepage

A warm welcome brings the Covered California brand to life and helps people find the right path as they navigate their coverage journey.



Audience-Focused Navigation

Our Approach

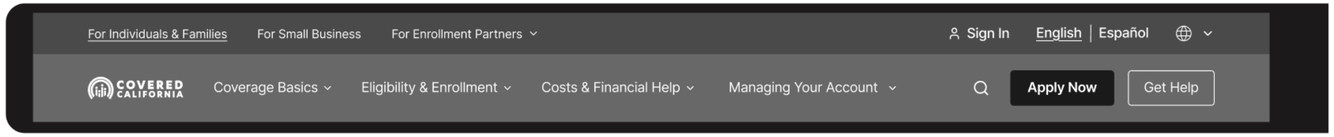
The updated Covered California navigation centralizes four audience types in the utility navigation — each with its own unique global navigation when selected. This includes not only the principal content folders but the supporting utilities relevant to that audience, such as sign-in access and contextually appropriate calls to action.

Why This Works

Audience-focused navigation works because it separates intent before users enter the content. Giving each audience its own dedicated navigation ensures they find what they need without having to navigate through content designed for someone else.

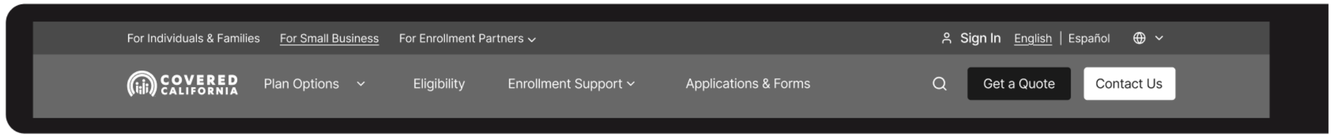
For Individuals & Families

The Individuals & Families navigation has been reorganized around demonstrated user intent, surfacing the topics users reach for most and sequencing them to match where they are in their coverage journey.



For Small Business

The Small Business section follows the same progressive structure as Individuals & Families — moving users from understanding coverage to determining eligibility, completing enrollment, and accessing key resources.

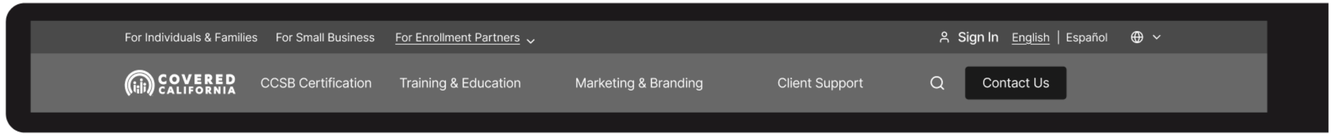


For Enrollment Partners - Serving Individuals & Families

Serving Individuals & Families consolidates shared needs across Agents and Community Enrollment Partners by providing unified resources for education, marketing, and client support, while distinguishing role-specific requirements such as certification.

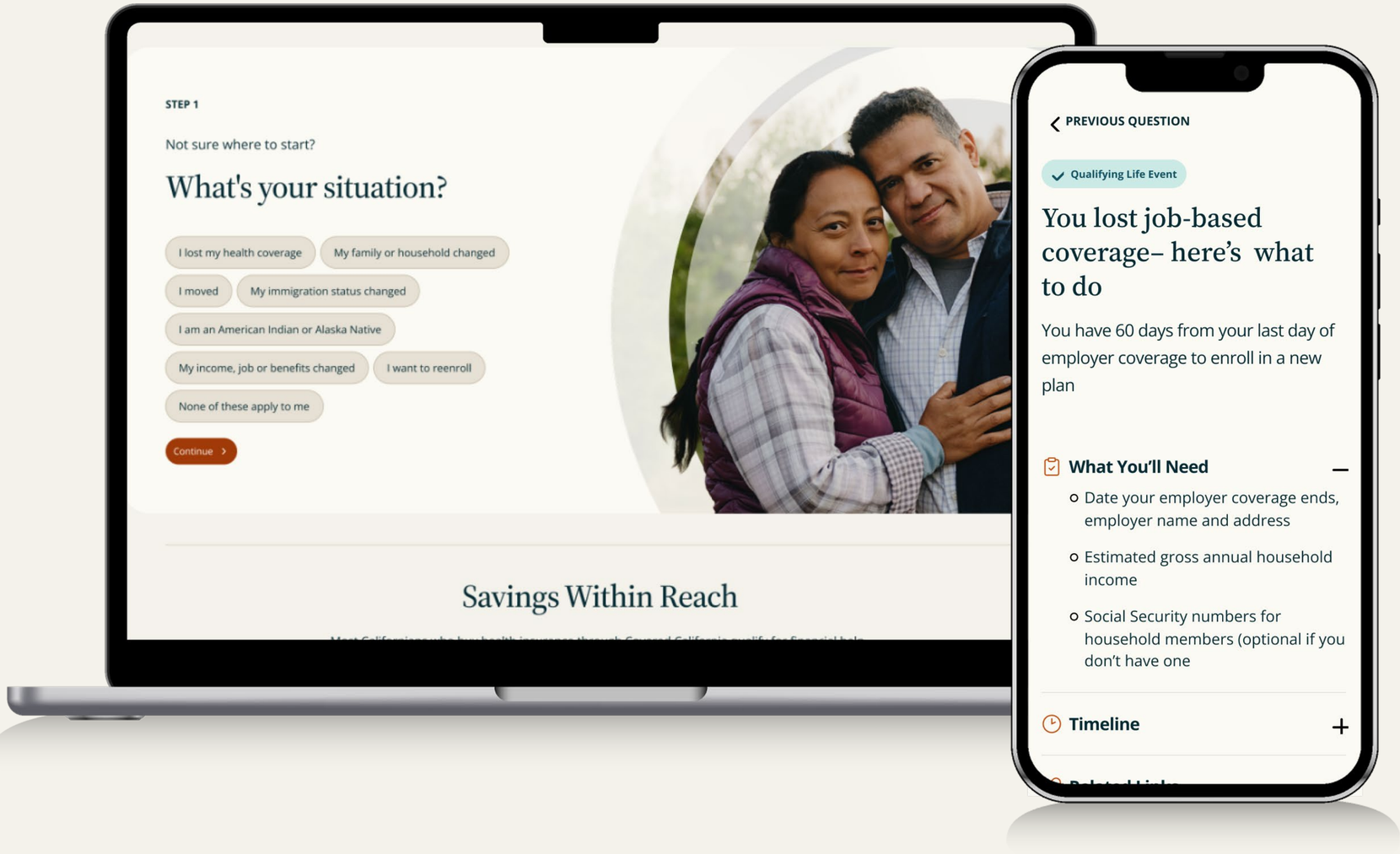
For Enrollment Partners - Serving Small Business

Serving Small Businesses is designed for Agents supporting small business clients, consolidating key resources across certification, training, marketing and branding, and client support into a single, focused experience.



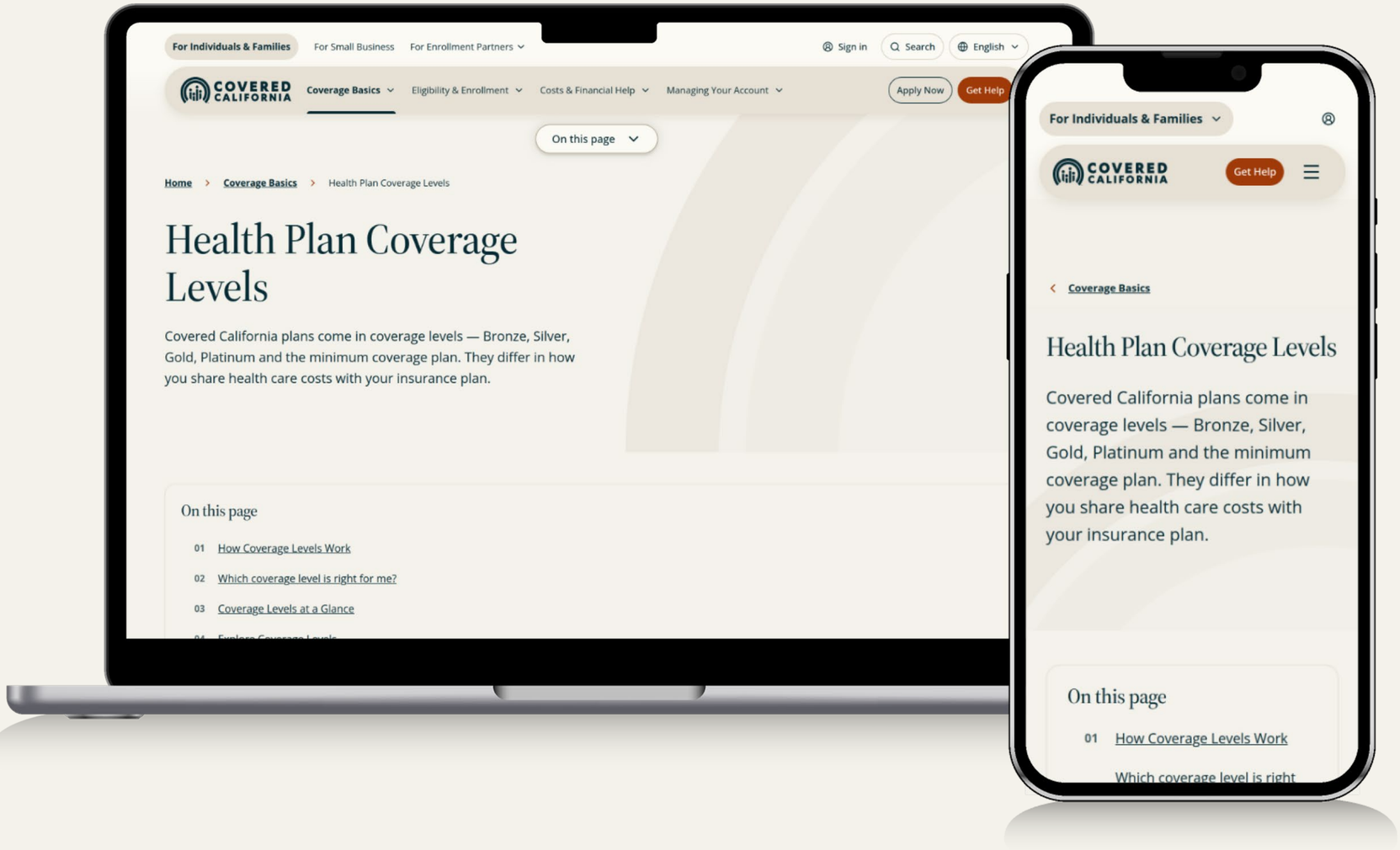
Situation Selector

Explore coverage options based on your unique life situation. By answering a few questions, you'll get clearer next steps and information tailored to what matters most to you.



Topic Pages

In-depth, easy-to-understand information on a specific topic, gathered in one centralized place. Clear organization helps consumers find the guidance they need.



Thank You

State and Federal Policy & Legislative Updates

Federal Update: California Files Lawsuit Challenging DHS Public Charge Final Rule

On September 14, 2026, a coalition of states led by California and New York, filed a lawsuit, *New York v. U.S. Department of Homeland Security*, seeking to block the Departments July 16, 2026, final rule, which expands public charge determinations to a broad, case-by-case evaluation that considers noncitizens' participation in public benefit programs.

- The complaint alleges that the rule violates the Administrative Procedure Act by granting immigration officers overly broad and vague discretion to consider participation in previously excluded programs, including health, nutrition, and housing assistance, when determining eligibility for green cards and visas.
- The plaintiff states argue that the rule creates significant chilling effects by deterring eligible individuals from enrolling in safety-net programs, improperly shifting uncompensated care and administrative burdens onto state and local healthcare systems.

Covered California continues to monitor the litigation alongside state partners to assess potential impacts on consumer enrollment and public messaging.

Federal Update: Public Charge Policy Alert Guidance

On August 18, 2026, the U.S. Citizenship and Immigration Services (USCIS) issued guidance implementing the U.S. Department of Homeland Security's (DHS) July 16, 2026, final rule rescinding the 2022 public charge regulations. As shared with the board on August 20, 2026, the rule returns public charge determinations to a broad, case-by-case assessment of the totality of an applicant's circumstances, including allowing consideration of factors previously excluded, such as participation in health, nutrition, and housing programs.

- The guidance provides immigration officers broad discretion to consider a wide range of means-tested public benefits, including "government-funded health coverage." It indicates that programs funded by any federal, state, Tribal, territorial, or local government entity may be considered, but does not identify which specific programs are included.
- The guidance does not expressly reference premium tax credits (PTCs) or cost-sharing reductions (CSRs). However, DHS declined to categorically exempt PTCs or other means-tested tax credits from consideration under the totality-of-the-circumstances analysis. Receipt of PTC or CSR would not, by itself, establish inadmissibility.

Covered California continues to analyze the guidance and will incorporate information in public communications. Covered California is preparing Service Center Representatives, Agents, and Enrollment Partners with resources and referrals to assist consumers. Covered California is coordinating closely with other state departments to align messaging and engagement with community partners and the public.

Federal Update: CMS Rule on Gender Affirming Care Takes Effect October 13

On August 13, 2026, the Centers for Medicare and Medicaid Services (CMS) published a final rule prohibiting the use of federal Medicaid and Children's Health Insurance Program (CHIP) funds for gender-affirming care for minors (under 18 for Medicaid and under 19 for CHIP). The rule takes effect October 13, 2026. As previously shared with the board on March 19, 2026, Covered California submitted a comment letter expressing 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.

- The final rule requires Medicaid and separate CHIP state plans to include an explicit assurance that federal funds will not be used for defined "sex-rejecting procedures" under the applicable plan. States may continue to cover these services with state-only funds, and the rule does not affect private insurance coverage.
- For beneficiaries who are receiving cross-sex hormone therapy when the rule takes effect, state Medicaid and CHIP agencies may continue to claim federal matching funds for the medications for up to six months from October 13, 2026, to allow for gradual tapering of the therapy.

Federal Update: CMS Rule on Gender Affirming Care Takes Effect October 13, Continued

- California law continues to protect access to medically necessary gender-affirming care, including for minors, and prohibits discrimination in health care based on gender identity.
- The final rule is expected to have minimal direct impact on Covered California. Potential indirect impacts are limited to continuity-of-care considerations for consumers transitioning between Medi-Cal and Covered California, although those impacts are unlikely given the minimal utilization of gender-affirming care among Covered California enrollees under age 18 based on the current utilization data.

Joint Advocacy on Drug Pricing and Health Care Quality

On August 17, 2026, Covered California and California Public Employees' Retirement System (CalPERS) submitted joint comments to the Senate Committee on Finance regarding "Commonsense Policy Options to Lower Drug Prices for Patients." The letter supports reforms to lower total drug spending, including broader application of price negotiation across drug classes and other pricing reforms.

- On August 17, 2026, Covered California, the Department of Health Care Services (DHCS), and CalPERS submitted joint comments on NCQA's proposed Measurement Year (MY) 2027 updates to the Healthcare Effectiveness Data and Information Set (HEDIS). The letter supports retiring the Oral Evaluation, Dental Services (OED) and Topical Fluoride for Children (TFC) measures because they duplicate mandatory Medicaid and CHIP Child Core Set measures. It also emphasizes the value of aligning around a focused, shared measure set.
- The letter does not support retiring the Diagnosed Mental Health Disorders (DMH) or Diagnosed Substance Use Disorders (DSU) measures. It encourages NCQA to preserve visibility into behavioral health and substance use care in the absence of other measures addressing these areas.
- Additionally, the letter does not support retiring the Language Description of Membership (LDM) measure and encourages NCQA to preserve visibility into members' preferred languages and plan performance on language access.

End of 2025-2026 Legislative Session

The California State 2025-2026 Legislative Session ended on August 31. Bills enrolled in the final days of session are headed to the Governor for action. The Governor has until September 30 to act on the bills that reach his desk.

Throughout the legislative session, Covered California staff reviewed numerous bills with topics including eligibility and enrollment, cost sharing, benefit mandates, data collection, health plan regulation and others. Key bills passed by the legislature include:

- **AB 1907 (Addis)** which 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. This bill also amends state law to conform California's open enrollment period to federal timelines, only if required.
- **AB 2066 (Rodriguez)** would establish pregnancy as a qualifying life event for special enrollment.

End of 2025-2026 Legislative Session

- The Legislature took additional budget action in August by passing AB 113 (Gabriel), which includes an appropriation of $8 million from the Health Care Affordability Reserve Fund (HCARF) for FY 2026-27 to provide dialysis services for beneficiaries of restricted scope Medi-Cal. This appropriation follows a 2025 action by the federal government which resulted in the elimination of outpatient dialysis maintenance services as an emergency Medi-Cal benefit.
- According to testimony provided in the legislature, costs for this program are expected to be $37 million (HCARF) for each of the next two fiscal years.

2027 California Premium Subsidy Program

- Following the passage of the State budget, Covered California submitted the 2027 California Premium Subsidy Program Design Document to the Joint Legislative Budget Committee as required by state law.
- The 2027 Program Design document – along with all historical program design documents – are available on Covered California's HBEX Data & Research page.

COVERED CALIFORNIA

Data and Research

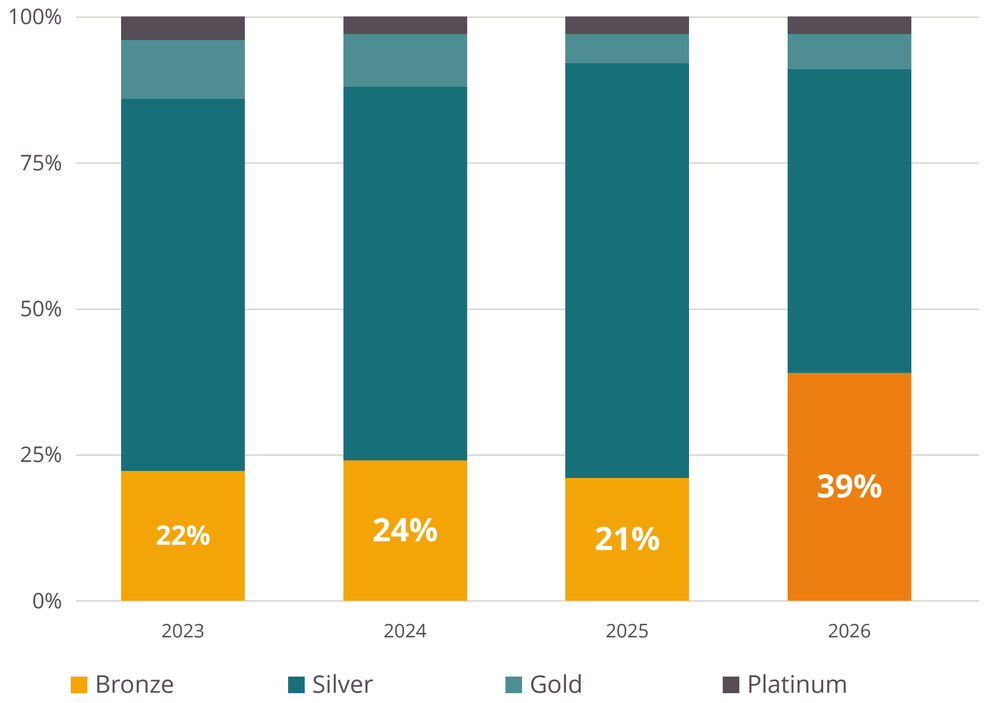
Experiences of Members Who Switched to Bronze Coverage in 2026

- When premiums spiked in 2026 due to the expiration of the federal enhanced premium tax credit, many Covered California members downgraded their coverage to Bronze.
- Leveraging Covered California's annual Member Survey, which is fielded annually following Open Enrollment by NORC, Covered California collected consumer experiences from these members.
- The following slides report findings. A new issue brief about this group is also available on Covered California's HBEX Data & Research **page**.

Without Extension of Enhanced Federal Tax Credits in 2026, Renewing Consumers Switched Down to Lower Coverage Bronze Plans and Now Face Higher Out-of-Pocket Costs

- Following federal inaction to extend enhanced premium tax credits, many marketplace consumers responded to higher premium costs by switching to Bronze coverage, which have lower premiums but higher out-of-pocket costs when accessing care.
- The shift was substantial: 39% of Active Renewals chose Bronze in 2026, compared to 21% in 2025.
- Nearly one-third of Active Renewals downgraded plans from higher coverage Silver or Gold.
- Lower income consumers receiving California's state subsidy program tended to stay in Silver.
- Most consumers (80%) who switched from Silver to Bronze reported that health care costs were a source of stress.

Metal Tier Plan Choice among Active Renewals, 2023–2026

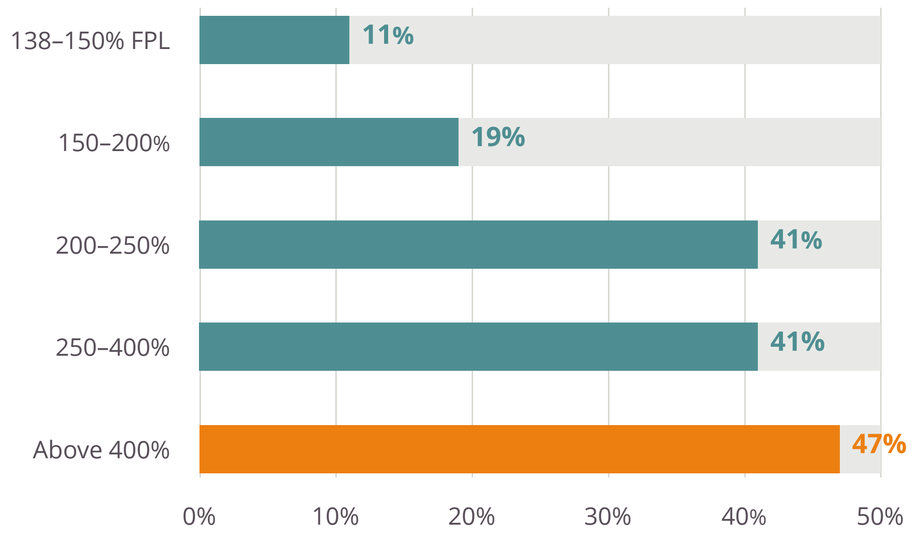


Source: Covered California enrollment data; 2023–2026 active renewals.

Rate of Switching Into Bronze More Than Doubled Above 200% FPL

- Switching was greatest among middle-income consumers, who faced some of the largest premium increases after enhanced tax credits expired.
- Many low-income consumers were buffered by California's state subsidy program and generous CSR Silver plans below 200% FPL.
- Consumers above 400% FPL lost eligibility for financial assistance and had the highest Bronze switch rate among active renewals, at 47%.

Bronze Switch Rate by Federal Poverty Level (FPL)



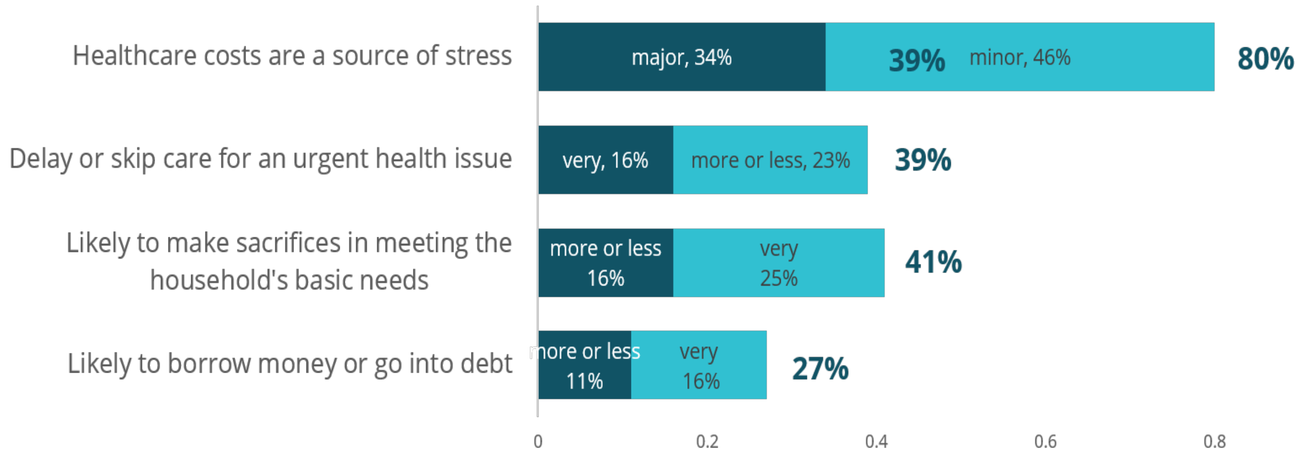
Source: Covered California enrollment data, 2026 active renewals.

Bronze Switchers Reported Stress and Household Tradeoffs Despite Remaining Covered

Among California Health Coverage Survey respondents who were enrolled in Covered California and switched to a Bronze plan from a Silver plan in 2026:

- About 80% reported that health care costs were a **source of stress**
- More than one third said they are likely **to delay or skip** care for an urgent health issue, delay a recommended procedure or screening, or delay their annual checkup
- Over 40% reported they were likely to **make sacrifices to meet basic household needs**
- More than a quarter reported they were likely to **go into debt to cover health care costs**

Financial Burden of Health Care among Bronze Switchers



Source: Covered California 2026 Consumer Survey; Bronze switchers.

CONSUMER PERSPECTIVES | TOM

"It might be worth suffering for another six months of intermittent pain to not have that procedure hit me in this cost year."

Tom is a self-employed energy consultant and former electrician living near Sonoma. After his Silver premium increased, he switched to Bronze; a shoulder injury led to higher-than-expected urgent-care and imaging costs, and he began considering postponing a procedure because of cost.

CONSUMER PERSPECTIVES | ANA

"I definitely do think it would be necessary for me to try to get health checkups once in a while, which I have been avoiding … I'm kind of like feeling like maybe I should have done that earlier when I had the better [coverage]."

Ana is a part-time educator living in San Jose with her parents. She switched to Bronze after her premium rose to $80/month because of reduced financial help.

Name changed to protect consumer privacy.

Source: NORC interviews conducted 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

COVERED CALIFORNIA

Service Center Update

Comparing August 2026 vs. 2025 Call Statistics

Year	Calls to IVR	Calls Offered to SCR	Abandoned %	Calls Handled	ASA	AHT	Service Level %
2026	183,512	123,071	1.09%	121,721	0:00:36	0:20:09	76.47%
2025	217,399	147,593	1.27%	145,712	0:00:35	0:20:18	74.42%
Percent Change	16% Decrease	17% Decrease	14% Decrease	16% Decrease	3% Increase	1% Decrease	3% Increase

- The total Calls Offered decreased from 2025 by 17%.
- Calls Handled decreased from 2025 by 16%.
- The Abandoned % decreased from 2025 by 14%.
- Service Level increased from 2025 by 3%.

August Weekly Quick Sort Transfers

Week 1	Week 2	Week 3	Week 4	Week 5	Total
08/01 - 08/08	08/09 - 08/15	08/16 - 08/22	08/23 - 08/29	08/30 - 08/31	
851	890	840	904	276	3,761

*Includes Saturday, August 01, 2026.

August Weekly Quick Sort Transfers

SAWS Consortia	Calls Offered	Service Level %	Calls Abandoned %	ASA
CalSAWS	2,121	89.16%	2.07%	0:01:08

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

Improving Customer Service

- Completed Employee Engagement sessions with Service Center branches: Fresno and Sacramento Operations, Consumer Relations and Resolution (CR&R), and Internal Compliance and Support (ICS).

Enhancing Technology Solutions

- Consumer Relations and Resolution (CR&R) collaborated with CCIT, Policy, Eligibility, & Research Division (PERD), Outreach, and Sales on minimizing duplicate/overlapping coverage cases.

Staffing Updates

- Vacancy rate of 5.4 percent (2026) comparable to prior year of 5.5 percent (2025)

COVERED CALIFORNIA

Covered California for Small Business Update

COVERED CALIFORNIA FOR SMALL BUSINESS

Membership Updates – **September 2026**

Group Membership

- **Total Groups**: 9,819
- **Total Members**: 80,951
- **Retention Numbers:** 88%
- **Average Group Size**: 8.3 members

Enrollment Updates

- **Membership by Health Plan:**
  - **Blue Shield of California:** 35,608
  - **Kaiser Permanente:** 41,949
  - **Sharp Health Plan:** 3,394
  - **Delta Dental:** 9,204 (*not included in total member count*)
- **Year-to-Date (YTD) New Sales**: 8,391

Membership reconciled through 08/15/2026

CCSB Welcomes Back Western Health Advantage for 2027 Plan Year

Western Health Advantage Returns to Covered California for Small Business

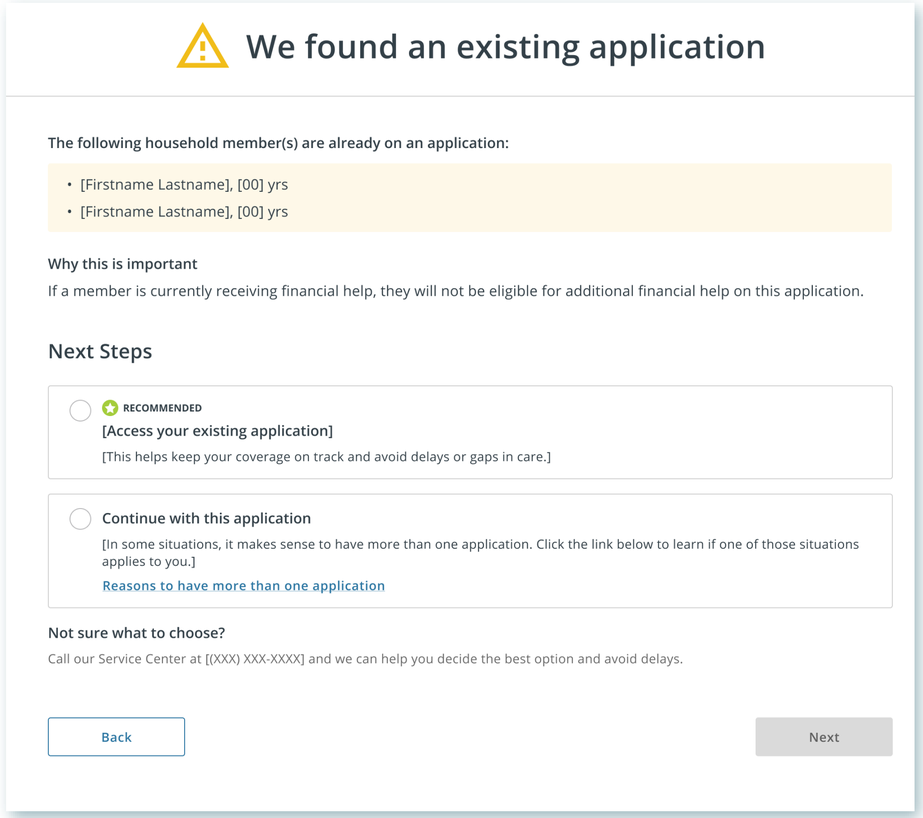
- **Expanded Choice and Affordability:** Enhancing access to competitive, quality coverage for small businesses in Sacramento and North Bay regions.
- **Availability Timeline:** Plans available for quoting in October for January 1 effective dates.
- **Looking Ahead:** Excited to deliver added value to brokers and employer groups, with more details about 2027 plans coming soon.

Current CCSB Health Plan Partners

COVERED CALIFORNIA

CalHEERS Update

CalHEERS | Decreasing Duplicates

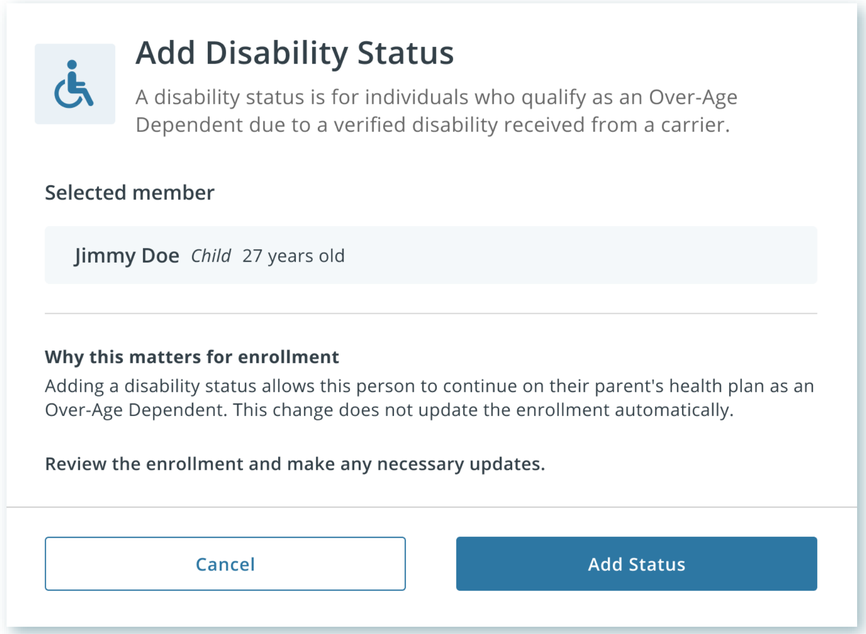


Decreasing Duplicates

CalHEERS is enhancing the consumer website and application flow to prevent duplicate cases before they are created. The update adds earlier and repeated duplicate checks, clearer warnings, and better guidance to help users return to an existing case instead of creating a new one. This is expected to reduce consumer confusion, reduce manual duplicate-resolution work, and improve data integrity and subsidy accuracy.

Clearer guidance helps consumers keep or select coverage on time.

CalHEERS | 2027 Renewals



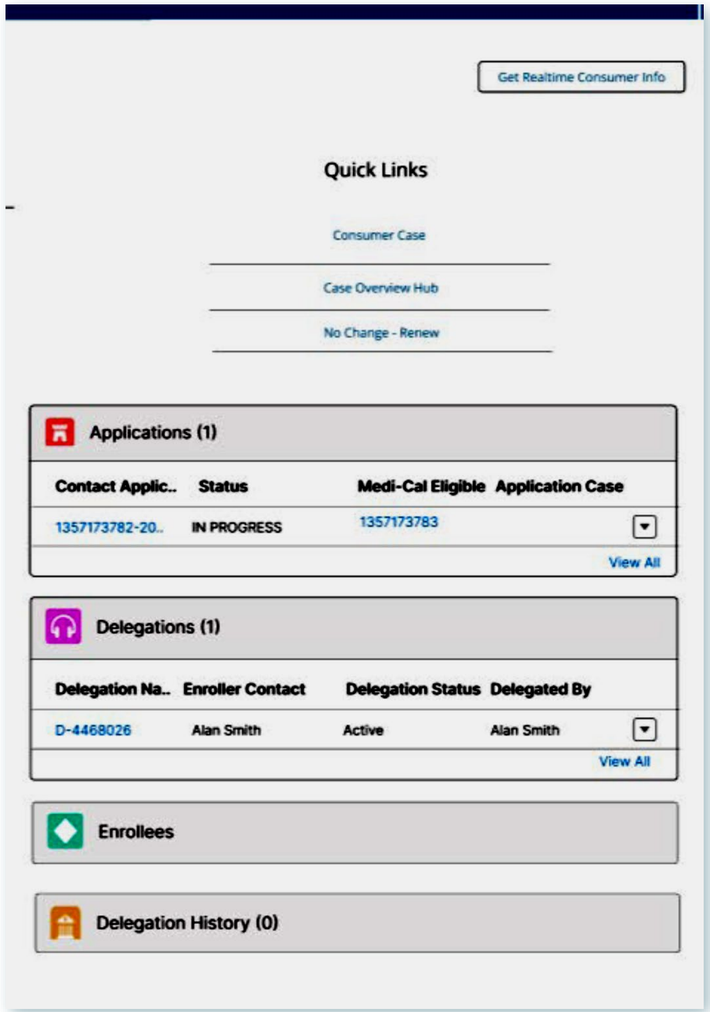
2027 Renewals

CalHEERS will strengthen the 2027 renewal experience by refreshing lawful presence and eligibility verifications during active and passive renewals, defaulting dental plan shopping to the lowest premium, and persisting an individual's Disability Indicator across renewals, applications, eligibility transitions, and plan changes.

The update also retires the outdated employer information page, improves the accuracy of renewal notice dates, expands banner messaging limits, and automatically moves over-age dependents into their own enrollment group with a Special Enrollment Period when their disability status is removed.

More accurate renewals and clearer plan options help consumers keep the right coverage while reducing manual corrections for staff.

CalHEERS | H.R.1 - Implement HBX/SFEP No Change Quick Renewal Phase 1 Eligibility



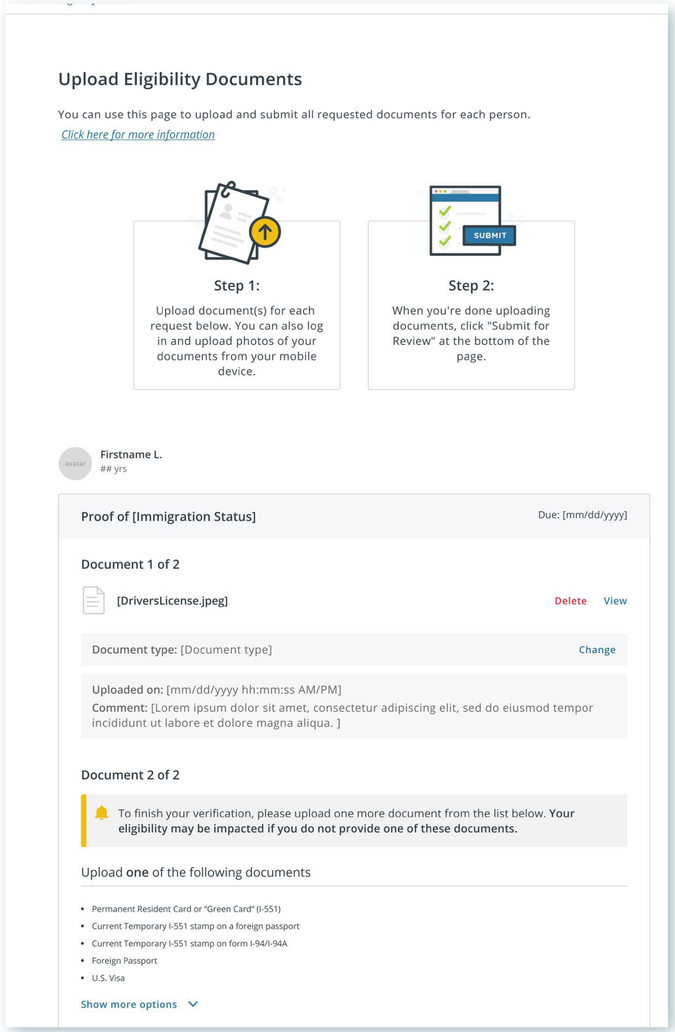
H.R.1 - Implement HBX/SFEP No Change Quick Renewal Phase 1 Eligibility

CalHEERS will give enrollers a faster way to renew coverage for Exchange consumers by adding a "No Change - Renew" link in the Salesforce Enroller Portal that launches a streamlined quick renewal flow in HBX during Open Enrollment.

The quick renewal flow opens on a consolidated Final Review of household and individual details with a "Skip to Submit" option, still runs the existing duplicate case check and mini assessment steps, and lets enrollers switch to the standard renewal flow whenever changes are needed.

A one-click renewal path helps enrollers complete no-change renewals faster during Open Enrollment while preserving key eligibility and duplicate safeguards.

CalHEERS | H.R.1 - CalHEERS Update Functionality for Eligible Non-Citizens (ENC)



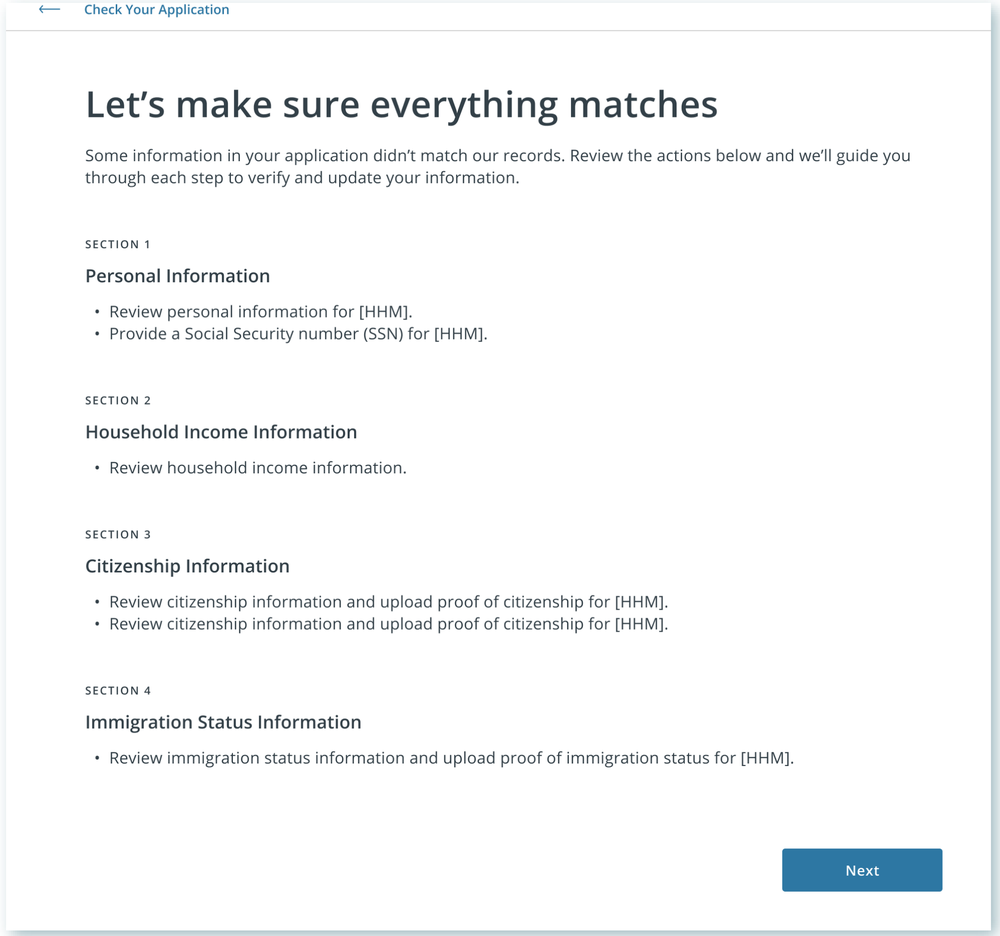
H.R.1 - CalHEERS Update Functionality for Eligible Non-Citizens (ENC)

CalHEERS will update eligibility rules to comply with federal law (H.R.1, One Big Beautiful Bill Act) by limiting Exchange financial assistance to lawfully present non-citizens who meet the newly defined "Exchange Eligible Non-Citizen" criteria, using a yearly configuration that turns on for the 2027 benefit year.

The change adds a new verification attribute with electronic verification through the Verify Lawful Presence service, displays updated eligibility results and dynamic document-upload guidance for affected consumers, grants a reasonable opportunity period to submit proof, and discontinues subsidies for individuals who no longer qualify.

Aligning eligibility with federal law keeps Covered California compliant while giving affected consumers clear guidance and time to verify their status.

CalHEERS | H.R.1 Verifications and Income Enhancements



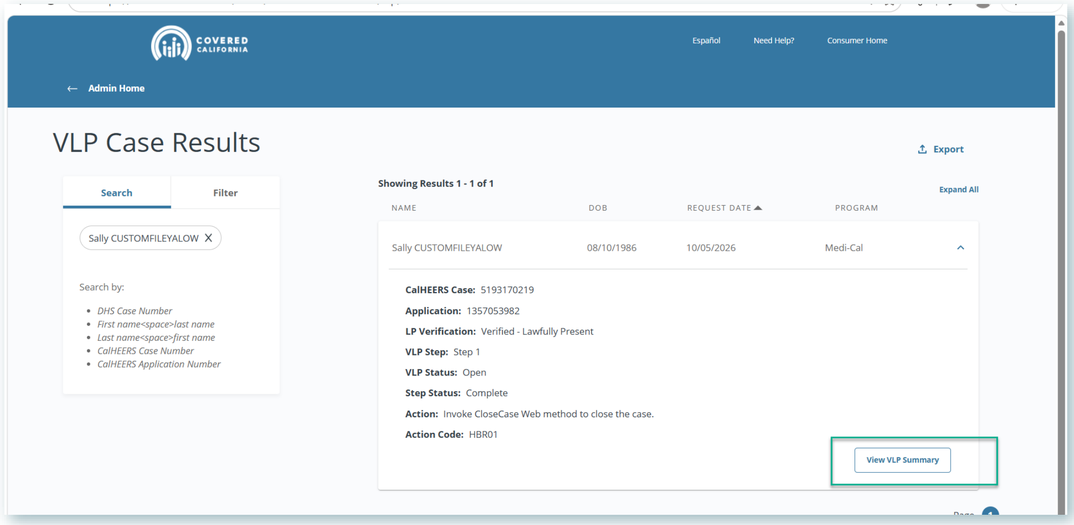
H.R.1 Verifications and Income Enhancements

CalHEERS will make it easier for consumers to submit accurate applications by streamlining how income, lawful presence, and citizenship information is collected, allowing manual entry or document upload (including a QR code to upload from a mobile device) with Intelligent Document Processing that extracts and pre-populates the details.

A new application check will run before submission to flag missing or inconsistent information and guide consumers to review and resolve eligibility inconsistencies through easy edits, income attestation, and reasonable compatibility checks, reducing the need for follow-up verifications after enrollment.

Catching and resolving eligibility inconsistencies during the application helps consumers enroll accurately the first time and reduces downstream verification work.

CalHEERS | H.R.1 - Restricting Federal Funding for Certain QNCs



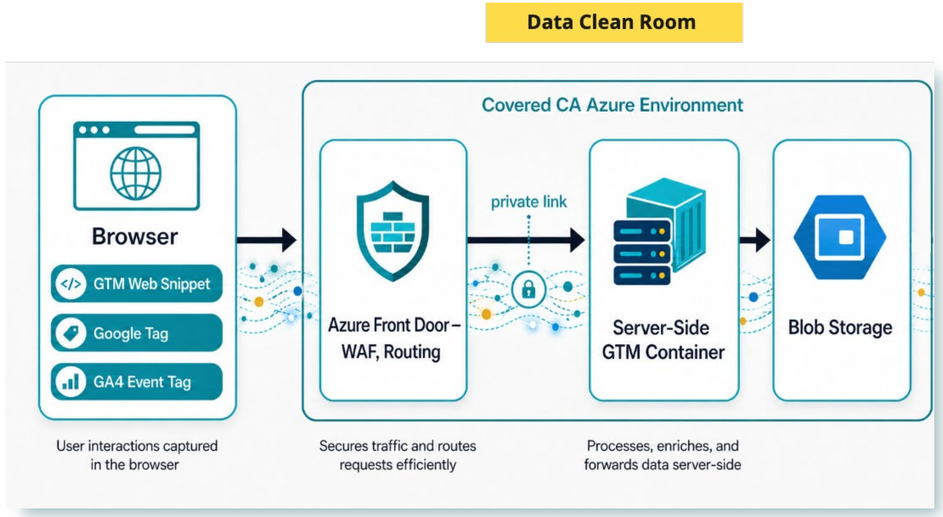
H.R.1 - Restricting Federal Funding for Certain QNCs

CalHEERS will align the definition of "Qualified Non-Citizen" with new federal law (H.R.1) by adding a "Medi-Cal Eligible Non-Citizen" verification attribute, limited to lawful permanent residents, Cuban/Haitian entrants, and COFA migrants, effective October 1, 2026, and adjusting Medi-Cal eligibility and aid codes accordingly.

The change electronically verifies the new attribute, updates eligibility results and consumer messaging to upload proof of immigration status, and transitions affected individuals to the appropriate full-scope, state-funded, or restricted-scope coverage, while protecting pregnant individuals and children under 21.

Aligning immigration eligibility definitions with federal law keeps Covered California and Medi-Cal compliant while protecting coverage for children and pregnant individuals.

Dotcom| Proposed Analytics Strategy



Privacy & Security Measures Around Analytics

The Dotcom Team is developing a privacy-protected approach to website analytics that will help improve the consumer experience while limiting data collection to approved information.

The solutioning has been developed in partnership with Privacy, Security, and the Data & Insights team as collaborators and reviewers.

The strategic intent is to create clearer separation between collecting user interactions, securing and routing traffic, processing and enriching data, and consuming analytics results.

COVERED CALIFORNIA

Outreach and Sales Update

Uncompensated Partners Supporting Enrollment Assistance Efforts

Enrollment Assistance Program	Entities	Counselors
Certified Application Counselor	198	1,443
Plan-Based Enroller	11	794
Medi-Cal Managed Care Plan	3	35

Outreach and Sales Non-English Enrollment Support

DATA AS OF SEPTEMBER 1, 2026

12,749 Certified Insurance Agents
- 20.9% Spanish
- 10.4% Chinese
- 4.0% Vietnamese
- 4.3% Korean
- 21.0% Other Languages

1,214 Navigator: Certified Enrollment Counselors (CEC)
- 32.3% Spanish
- 4.3% Chinese
- 1.6% Vietnamese
- 0.3% Korean
- 3.1% Other Languages

1,443 Certified Application Counselors (CAC)
- 24.0% Spanish
- 1.6% Chinese
- 0.3% Vietnamese
- 0.1% Korean
- 1.2% Other Languages

794 Certified Plan-Based Enrollers (PBE)
- 6.1% Spanish
- 1.1% Chinese
- 0.6% Vietnamese
- 0.4% Korean
- 0.8% Other Languages

35 Certified Medi-Cal Managed Care Plan Enrollers (MMCPE)
- 14.3% Spanish
- 2.9% Chinese
- 2.9% Vietnamese
- 0.0% Korean
- 0.0% Other Languages