Bridge Plan Demonstration Project:
A Strategy to Promote Continuity of Care & Affordability

SUMMARY

Offering affordable health plans is a critical priority for Covered California and ensuring high enrollment of low-income Californians cannot be done without it. Covered California is requesting federal approval for a three-year Demonstration Project to test the effectiveness of a strategy using Bridge plans to achieve the following objectives: promote continuity of coverage, reduce the disruptions in continuity of care associated with changes in health plans, and create access to more affordable coverage. The Bridge plan approach offers the potential of significant, measureable benefits for its eligible enrollees.

The Covered California Board adopted the Bridge plan policy on February 26, 2013, and directed staff to seek federal approval for the proposal. Governor Brown's 2013-14 budget proposed the Bridge concept. The Legislature passed SBx1 3 (Hernandez) and the Governor signed it on July 11, 2013.

Proposed Demonstration Project. Covered California proposes a three-year Demonstration Project to test the effectiveness of Bridge plans. Under this proposal, Covered California would contract with Medi-Cal Managed Care Plans to offer Qualified Health Plans to provide coverage for three Exchange-eligible target populations with incomes under 250 percent of the Federal Poverty Level (FPL):

- New Covered California enrollees who were previously enrolled in Medi-Cal Managed Care Plans who participate in the program;
- Family members eligible for coverage in Covered California whose families include enrollees in Medi-Cal Managed Care Plans participating in the program; and
- Parent or caretaker relative of a Medi-Cal enrolled child.

The proposed Demonstration Project would expire in 2017, and would be evaluated to determine its effectiveness. Based on this evaluation, the state could consider applying for a five-year state innovation waiver as allowed under the Affordable Care Act.

BACKGROUND

For low-income Californians, the monthly premium cost for health coverage will be a significant factor in determining whether they will enroll in a plan. Federal subsidies – based on household income – will significantly reduce premiums and out-of-pocket costs. Table 1 illustrates how these federal tax credits impact monthly premiums for a hypothetical 40-year-old policyholder. In addition to premium subsidies, cost-sharing reductions available to enrollees in Silver-level plans will reduce point-of-service costs

for individuals with incomes between 100 and 250 percent of the FPL. These federal subsidies significantly reduce out-of-pocket expenditures, such as deductibles, co-pays, and co-insurance for individuals in this income range. Together these subsidies help to ensure that both coverage and the cost of accessing care remain affordable for lower income Californians thereby encouraging initial enrollment and retention of coverage.

While affordable coverage is available for a range of incomes, coverage is provided through two programmatic structures – Medi-Cal and Covered California – offering different sets of plans throughout the state. When a family's circumstances change, the family members often move between these programs. Offering options that allow for the continuity of care from their existing providers is an important value.

Several studies have attempted to quantify the magnitude of movement that can be expected to occur once reforms in 2014 are in place. The most frequent cause of this change, sometimes called "churn," is change of income. Churning can result in individuals changing health plans and having to seek care through different provider networks. This creates risks for enrollees, particularly those who are under active care for chronic conditions.

Using CalSIMS and adjusted Survey of Income and Program Participation (SIPP) data to represent the Medi-Cal enrollee population, the UC Berkeley Center for Labor Studies found that of approximately 15.1 percent of Medi-Cal enrollees who leave Medi-Cal over 12 months due to income increases above 138 percent of the FPL, 13.7 percent would be eligible for participation in Covered California and receipt of an Advanced Premium Tax Credit. (This excludes an estimated 9 percent who obtain employer-sponsored coverage.) (See Table 2.)

Having different sources of coverage for different family members can be another cause of confusion for families. This is a concern for families with household incomes between 138 and 250 percent of the FPL whose children are enrolled in Medi-Cal/CHIP while the parents are enrolled in Covered California health plans. It would benefit these families to offer the option to enroll all family members in the same health plan to help simplify their consumer health care experience.

The role of Medi-Cal Managed Care plans can be important to address both provider-level continuity and affordability. Today, almost 5 million Medi-Cal beneficiaries in 30 counties receive their health care through these Managed Care plans. This number will grow due to the transition of the Healthy Families Program to Medi-Cal, and the Medi-Cal eligibility expansion of childless adults, many of whom are now enrolling in the county-based Low-income Health Program (LIHP), and the extension of managed care to the remaining 18 counties. By encouraging Medi-Cal Managed Care plans to participate in Covered California, continuity of care can be promoted by giving low-income consumers the option of staying in their same health plan even though their eligibility may shift between Medi-Cal and Covered California.

Medi-Cal Managed Care plans, particularly in the larger counties where Local Initiatives operate, provide added support to the safety net service that will be an ongoing need, despite reductions in the number of uninsured. In a November 2012 analysis, the UC Berkeley Center for Labor Research and Education projected that over 3.1 million Californians would remain uninsured by 2019, even assuming the Exchange's enhanced enrollment model. These uninsured individuals will continue to rely on a robust safety net for their health care needs. Medi-Cal Managed Care plans play an essential role in supporting the local health care safety net, which is often the provider of last resort for those without health insurance. By providing these plans with opportunities to participate in Covered California, they can continue to provide support for the safety net service infrastructure.

In responding to interest in other states in encouraging continuity of coverage and care, the Centers for Medicare & Medicaid Services recently commented on "Medicaid Bridge Plans" in its December 10, 2012, Frequently Asked Questions (FAQ). The CMS response described the potential for a state-based Exchange to certify a Medicaid Managed Care plan as a Bridge Qualified Health Plans in state exchanges. Such a plan "would allow individuals transitioning from Medicaid or CHIP coverage to the Exchange to stay with the same issuer and provider network, and for family members to be covered by a single issuer with the same provider network." This approach, CMS said, is intended to promote continuity of coverage between Medicaid or CHIP and the Exchange. The FAQ outlined several requirements for Bridge plan proposals:

- *The state must ensure that the health insurance issuer complies with applicable laws, and in particular with Section 2702 of the Public Health Service Act.*
- *The Exchange must ensure that a bridge plan offered by a Medicaid managed care organization meets the qualified health plan certification requirements, and that having the Medicaid managed care organization offer the bridge plan is in the interest of consumers*.
- *As part of considering whether to certify a bridge plan as a qualified health plan, the Exchange must ensure that bridge plan eligible individuals are not disadvantaged in terms of the buying power of their advance payments of premium tax credits.*
- *The Exchange must accurately identify bridge plan eligible consumers, and convey to the consumer his or her qualified health plan coverage options.*
- *The Exchange must provide information on bridge plan eligible individuals to the federal government, as it will for any other individuals who are eligible for qualified health plans on the Exchange, to support the administration of advance payments of premium tax credits.*

In his 2013-14 budget, Governor Brown proposed to implement a program based on the federal Bridge option. The Brown Administration sponsored the legislation to authorize the Bridge program -- Senate Billx1 3 (Hernandez) -- which was passed by the Legislature and signed into law on July 11, 2013.

PROPOSAL FOR CONSIDERATION

Bridge Plan Strategy to Promote Continuity of Coverage and Affordability

Covered California proposes to implement a three-year Demonstration Project to test the effectiveness of the Bridge plan approach. Under this proposal, Covered California would contract with Medi-Cal Managed Care Plans to offer Qualified Health Plans (QHP) to provide coverage for three Exchange-eligible target populations with incomes under 250 percent of FPL:

- New Covered California enrollees who were previously enrolled in Medi-Cal Managed Care Plans who participate in the program;
- Family members eligible for coverage in Covered California whose families include enrollees in Medi-Cal Managed Care Plans participating in the program; and
- Parent or caretaker relative of a Medi-Cal enrolled child.

Specifically, the Department of Health Care Services (DHCS) would amend its contracts with Medi-Cal Managed Care plans to establish a pre-existing obligation to serve Exchange-eligible individuals up to 250 percent of the FPL who qualify for Bridge coverage The contract would require the Bridge plan to accept enrollment of any potentially eligible member. Bridge plans would not be required to accept enrollment of any other individuals.

Covered California would contract with Medi-Cal Managed Care plans to offer Bridge plans that meet the requirements for QHP certification. The monthly premiums charged by Bridge plans would be negotiated between Covered California and the participating Medi-Cal Managed Care plans. These rates would provide enrollees low monthly premiums once the Advance Premium Tax Credit is taken into account.

Bridge plans would allow individuals transitioning from Medi-Cal or Medi-Cal/CHIP coverage to Covered California to stay with the same issuer and thereby retain access to their existing provider network. It would also allow family members of Medi-Cal enrollees and parents or caretaker relatives of a Medi-Cal enrolled child to be covered by the same issuer as the children to simplify their processes for obtaining care. These Bridge plans could offer premiums that would result in very low out-of-pocket premiums for transitioning enrollees. The estimated potential participation in Bridge plans, based on the UC Berkeley Center for Labor Research and Education estimates, ranges from 670,000 and 840,000 in first year.[i]

Once approval for the demonstration is obtained, an implementation effort will be required to modify our enrollment system to support these new enrollment options, to

[i] Estimate is based on CalSIM data and assumes participation of all Medi-Cal Managed Care plans. An estimated 860,000 -1,080,000 are projected to be eligible in the first full year the program is in operation.

review and certify Medi-Cal manage care plans to participate, and to negotiate rates. Covered California will develop an implementation timeline in consultation with the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) development team, Covered California staff, and stakeholders.

To foster maximum participation of Medi-Cal Managed Care plans and their Bridge plans, the QHP certification process would be streamlined.

Covered California would conduct an evaluation of the Demonstration Project to determine the extent to which the Bridge Program successfully achieved its objectives of:

- Greater enrollment;
- Promotion of continuity of coverage;
- Reduction in enrollment churn between Medi-Cal and Covered California;
- Greater affordability; and
- Improved health outcomes.

The evaluation would be completed prior to the end of the proposed Demonstration Project in 2017. Based on this evaluation, the state could consider applying for a five-year state innovation waiver as allowed under the Affordable Care Act.

Bridge Plan Demonstration Project: Implementation Issues

Affordability. Offering more affordable coverage products is a key objective of the Bridge plan demonstration project. To maximize enrollment, Bridge plans would have a strong incentive to offer an attractive plan option with a very low premium. Based on an analysis by Milliman, this level of affordability and quality coverage is achievable if the Bridge plan is designated as the lowest Silver-level benefit tier. To achieve this lower premium level, Covered California would negotiate contracts with existing Medi-Cal Managed Care plans to provide coverage for the target population. At this level the Bridge plan would effectively become the most affordable plan and would encourage the enrollment of individuals who were on Medi-Cal but transferred to Covered California because of an increase in income. Further, the Bridge plan would offer an affordable choice to other members of a MAGI household in which there are Medi-Cal or Medi-Cal/CHIP enrollees, and parents or caregiver relatives of Medi-Cal enrolled children.

Covered California recognizes the Bridge plan design reduces an eligible individual's federal tax credit and purchasing power for those who prefer to purchase a non-Bridge plan. This is a direct result when Bridge plans offer the lowest Silver-level tier product, thereby shifting downward the federal subsidy relative to the lowest Silver-level tier product that would exist *in the absence* of a Bridge product.

The reduction in premium subsidies affects only those eligible for the Bridge plan. Other enrollee in QHPs through Covered California would have their subsidies based on the second lowest Silver plans to which they have access. Because this does not include the Bridge plan, the presence of the Bridge plan would not affect their subsidy calculation.

The reduction of premium subsidies for those eligible for Bridge plan enrollment is an issue of concern and was discussed by the Covered California Board and by the Legislature during its consideration of the authorizing legislation. However, without a change in the foundational structure of Bridge plan pricing as it relates to the federal subsidy calculation, there does not appear to be an alternative mechanism that would avoid the consequence of a reduced premium subsidy.

In advancing the Bridge Plan Demonstration Project, Covered California acknowledges the benefits of the policy tradeoff. On balance, the Covered California Board and other California policymakers believe the potential benefits of offering Bridge plans, coupled with the requirements under SBx1 3 and our active purchasing authority, outweighs the disadvantages that may result from this policy. The Demonstration Project can provide Covered California the data to quantify and measure these tradeoffs.

Attachment 1 shows the proposed rates for 2014 in the 19 rating regions in California. The rates shown are for the lowest and second lowest Silver plans in each region. For example, if a Bridge plan were offered in the Los Angeles region (Region 15), the second lowest Silver plan for a 40-year old enrollee would be $252 per month and the lowest plan will be $222, or 12 percent less. The Medi-Cal Managed Care plans in Los Angeles would have the opportunity to offer a Bridge plan with a monthly premium that could be lower, or equal to, the price differential between the lowest and second lowest plan currently expected to be offered in this area. Thereby offering a more affordable alternative to enrollees who are transferring from Medi-Cal to coverage through Covered California or who want to enroll in the same plan as their children who are eligible for Medi-Cal.

Participation Requirements. Participation by Medi-Cal Managed Care plans in the Bridge program, would be limited to plans who comply with the following requirements:

- Bridge plan must agree to amend their contracts with DHCS to include a provision to require the plan to cover any applicant who is eligible to participate in Bridge coverage. This includes Exchange-eligible transitioning Medi-Cal Managed Care members up to 250 percent of the FPL, other members of a MAGI household in which there are Medi-Cal or Medi-Cal/CHIP enrollees, or a parent or caretaker relative of a child enrolled in Medi-Cal.

- The plan must be certified by Covered California as a Bridge QHP, meeting other certification requirements and establish a rate structure for Bridge plan enrollees.

- The plan must comply with a medical loss ratio of 85 percent and demonstrate the Bridge plan has a substantially similar provider network as the Medi-Cal Managed Care plans offered by the health plan issuer.

Consumer Choice and Protection. Bridge plan eligible consumers would be able to choose any plan offered through Covered California. However, to facilitate continuity and coverage, individuals would be encouraged, but not required to stay with the issuer of their prior Medi-Cal Managed plan – their offered Bridge plan. Covered California would propose that certain Bridge plan eligible individuals would also have the option to enroll in a different Bridge plan if the individual's primary care provider is included in the contracted network of the other Bridge plan and the eligible Bridge plan is either not offered in the service area or is not offered as a Bridge plan by Covered California.

The enhanced affordability option would only be available if the eligible transitioning individual or family members in which there are Medi-Cal or Medi-Cal/CHIP enrollees remained in the Bridge plan offered by their Medi-Cal Managed Care plan or received an allowance to enroll in another Bridge plan, as explained above. This option – offering both for lower premiums and continuity of care – would provide tangible benefits that advantage Bridge plan eligible enrollees. However, it is acknowledged that these Bridge plan benefits reflect a policy tradeoff. As has been previously noted, non-Bridge plan options would be more costly to the consumer due to the reduced federal subsidy associated with the downshifting of the lowest Silver-level plan rate. The extent of the potential benefits as compared to the reduced subsidy would be a critical component of the Demonstration Project's evaluation.

Eligibility. Consistent with current federal guidance and subject to amended Medi-Cal Managed Care plan contracts, initial enrollment would be limited to individuals transitioning from Medi-Cal or Medi-Cal/CHIP coverage. Contingent on federal approval, the transitioning Medi-Cal enrollees would be required to be under 250 percent of the federal poverty level. It would also include other members of a MAGI household in which there are Medi-Cal or Medi-Cal/CHIP enrollees, or a parent or caretaker relative of a child enrolled in Medi-Cal. Pursuant to SBx1 3, Covered California has the option to delay until January 1, 2015, the allowance for a parent or caretaker relative of a Medi-Cal enrolled child to enroll in a Bridge plan until it has the operational capability to implement it. Enrollment in the Bridge plan would be limited to these eligible individuals and family members.

The California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) will provide the on-line portal for completion of the single streamlined application and enrollment in QHPs for those eligible for the Advanced Premium Tax Credit. It will also provide the mechanism for enrolling in Bridge plans. Individuals who lose Medi-Cal coverage commencing January 1, 2014, would be eligible for four months of transitional Medi-Cal coverage. It is proposed that other members of a MAGI household in which there are Medi-Cal or Medi-Cal/CHIP enrollees and parents or caretaker relatives of a child enrolled in Medi-Cal could also enroll during the special enrollment period because

of their Bridge plan eligibility. In subsequent open enrollment periods, a Bridge plan could enroll Exchange-eligible individuals who could demonstrate that their Medi-Cal or Medi-Cal/CHIP coverage was terminated based on income within 180 days prior to their application.

The UC Berkeley Labor Center estimates that the potential Bridge Plan eligible population in 2014 would be between 670,000 and 840,000.[ii]

Requirement for Guaranteed Issue. Bridge plan issuers would be required to comply with applicable laws, and in particular, the guaranteed issue requirements of Section 2702 of the Public Health Service Act. If the issuer demonstrates that the provider network serving both Medi-Cal Managed Care enrollees and Bridge enrollees is only sufficient to adequately handle this population, then the Bridge could be closed to non-Bridge eligible individuals. The following elements are proposed to address this requirement.

- The Department of Health Care Services would ensure there is a legally binding contractual obligation in place that would require a Medi-Cal Managed Care plan that offers a Bridge plan product to enroll Bridge plan eligible individuals. This requirement is proposed to be included in legislation.
- The Department of Managed Health Care would be authorized by the federal government to review capacity for Bridge plan issuers in regard to the Bridge plan product in the following manner: A health care service plan offering a Bridge Plan would be determined to have reached capacity by looking solely at the capacity of the Bridge plan product and not on the capacity of the health care service plan. Enrollment of individuals who are members of the MAGI household in which there are Medi-Cal or Healthy Families enrollees with that Bridge plan would not be considered new enrollment for purposes of determining capacity or state or federal provider network adequacy standards of the Bridge plan product.

Enrollment Issues & Data Exchange with Federal Government. As noted in the federal guidance, the successful implementation of the Bridge Program would require close coordination with the Medi-Cal program, which is administered by the DHCS. The DHCS maintains a central database that includes current and historical data on individuals eligible for Medi-Cal and the plans in which they are enrolled. To administer the Bridge program the CalHEERS system would query this system whenever an individual enrolls in coverage supported by an Advanced Premium Tax Credit. This query would determine whether there was a history of Medi-Cal enrollment and, if so, the plan in which the individual was enrolled. It would also be able to detect whether the new enrollee was a parent of a child enrolled in a Medi-Cal plan. In either of these cases, if the individuals' prior Medi-Cal plan is offered as a Bridge plan and the

[ii] Estimate is based on CalSIM data and assumes all Medi-Cal Managed Care plans offer Bridge plans. On an annual basis, an estimated enrollment of 860,000 -1,080,000 is projected.

individual still resides in that plan's service area, the health plan choices presented to the new enrollee would include the Bridge plan among the available plan choices. Contingent on federal approval, certain Bridge plan eligible individuals and family members would also have the option to enroll in a different Bridge plan if their primary care provider is included in the contracted network of the other Bridge plan and the eligible Bridge plan is either not offered in the service area or is not offered as a Bridge plan by the Exchange. In addition, Covered California would work with the DHCS to identify other pathways for notifying potential consumers who may be transitioning into Exchange-subsidized coverage. County eligibility workers and Covered California's network of assisters would also be available to provide in-person help for Bridge eligible consumers.

CalHEERS would also be the mechanism for providing information on Bridge eligible individuals to the federal government in the same manner as other Exchange eligible individuals. Covered California would be able to track total Bridge plan enrollments by participating plan and provide an analysis of the impact that offering the Bridge plan has on the cost of coverage for eligible enrollees.

The Bridge proposal requires additional functions to be designed and developed within the CalHEERS. Once the program has been approved, Covered California will initiate development activities and determine the implementation schedule that balances the significant operational needs of the system.

Streamlining Approaches for QHP Certification for Medi-Cal Managed Care and Bridge Plans. Consistent with federal guidance, a Bridge plan product offered by a Medi-Cal Managed Care plan must meet all of the QHP minimum requirements and be certified. The Bridge plan must also be determined to be in the interest of consumers. However, Covered California recognizes that Medi-Cal Managed Care plans are already engaged in intensive implementation efforts related to an array of new policy initiatives that are bringing new populations into managed care. Given the unique role that Medi-Cal Managed Care plans offer and the potential benefits to Covered California consumers, the following revisions to the QHP solicitation process are recommended for Medi-Cal Managed Care plans that operate only in the non-commercial market:

- Allow Medi-Cal Managed Care plans to defer those elements of the solicitation that have not been applicable to a non-commercial health plan (e.g., waive their completing eValue8 elements in 2014).
- Accept state Medi-Cal quality and performance requirements as satisfying Exchange quality requirements during 2014.
- Coordinate with Department of Managed Health Care to streamline regulatory approval that may be required.

Additional recommended measures would only apply to Bridge plans in recognition of their unique timelines and schedule requirements.

- Covered California would develop a separate timeline for certifying Bridge qualified health plans for 2014 and later years.
- State law has been amended to allow Covered California to waive the requirement that Bridge plans offer all precious metal benefit tiers and catastrophic coverage, as well as the requirement to sell the same plans outside of Covered California. However, the federal requirement to offer both Silver and Gold precious metal benefit tiers would still apply.
- Allow Medi-Cal quality reporting features such as HEDIS measures to be used in lieu of other quality data requirements.

Evaluation. In the design of the Bridge Plan Demonstration Project, the evaluation component would be a critical element. In acknowledging the Bridge Program's policy tradeoffs, both for consumer benefits and disadvantages, the evaluation would establish an empirical, evidence-based approach for considering the merits of the proposal. Additional information about consumer preferences, behavior, and plan selection options would be needed to gauge the extent to which Bridge eligible consumers might be disadvantaged by having reduced purchasing power. To address this fundamental question, the Bridge Plan Demonstration Project would be evaluated across the following domains:

- Total Enrollment. Covered California would track enrollment in Bridge plans on a quarterly basis and the extent to which Bridge eligible enrollees choose the Bridge plan.
- Reduced Churn Between Medi-Cal and Exchange Plans. Data would be collected and analyzed to determine the extent to which Bridge plans reduce the level of churn among plans associated with the transition of consumers between Medi-Cal and Exchange based coverage.
- Greater Continuity of Care. Covered California, in consultation with the Department of Managed Health Care, would evaluate the extent to which Bridge plan enrollees are able to keep their existing provider relationships compared to enrollees who are not offered Bridge plans.
- Affordability. Covered California would evaluate the average premium and out-of-pocket costs of Bridge plan enrollees to determine the extent to which Bridge plans offer more affordable choices compared to former Medi-Cal eligible enrollees in the absence of a Bridge plan. The evaluation would also assess the extent to which Bridge plan eligible individuals receive smaller premium tax credits and whether this differential has an effect in choice of plans (i.e., whether they select a Bridge plan or a non-Bridge plan.
- Quality Measurement. The state's Medi-Cal Managed Care plans already provide a robust data set on various quality measures to the state's Department of Health Care Services. Covered California would collect and review quality data on a quarterly basis to determine quality metrics for Bridge plans compared to other offered plans.

The evaluation that will be incorporated into the design of the Bridge Plan Demonstration Project will provide a policy foundation to inform state and federal decision-makers on the options of extending or modifying the program.

If the Demonstration Project is successful, Covered California would pursue policy options that would institutionalize the Bridge program on an on-going basis. One approach for consideration would be a potential application in 2017 of a State Innovation Waiver as authorized under the Affordable Care Act.

However, if it is determined that Demonstration Project has failed to achieve its objectives, no further new enrollment into Bridge plans would be permitted, and the plan would become a closed block of business. Specifically, the CalHEERS enrollment system would cease to offer the Bridge plan as an option for any new enrollment. Current enrollees would be allowed to renew their Bridge policies.

REFERENCE MATERIAL

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Table 1: Sample Tax Credit for Purchase in the Individual Exchange				
Percent of FPL	**Annual Income**	**Unsubsidized Premium for Month**	**Tax Credit**	**Monthly Premium after Credit**
138%	$15,500	$379	$340	$40
150%	$16,700	$379	$324	$55
200%	$22,300	$379	$262	$117
250%	$28,000	$379	$192	$187
300%	$33,500	$379	$114	$265

Example based on a 40-year-old policyholder using 2014 projected incomes, assuming a "silver" plan covering 70 percent of expected medical utilization costs. Source: UC Berkeley Labor Center "Calculator."

Table 2: Reason enrollees leave Medi-Cal over the 12 months, enrollees under 138%, based on different time periods for income eligibility					
Eligibility for Med-Cal based on income from	**Income Increases, eligible for exchange subsidies**	**Income Increases, not eligible for exchange subsidies**	**Takeup ESI**	**Stay in Medi-Cal**	**Total**
Previous month	14.6%	1.8%	9.1%	74.5%	100%
Previous 6 months	13.1%	1.4%	8.8%	76.7%	100%
Previous 12 months	13.7%	1.4%	8.6%	76.4%	100%

Attachment 1

Price and Percentage Differential between the Second Lowest and Lowest Silver-Level Plans Rates, by Region (Rates shown are for a 40-year old enrollee)

Region by Number	Region by County Names	Second Lowest Silver-level Plan	Premium Rate	Lowest Silver-level Plan	Premium Rate	Differential	Percent of Lowest Silver-level Plan
1	Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne	Blue Shield - EPO	$318	Anthem Blue Cross – PPO	$309	$9	**3%**
2	Napa, Sonoma, Solano, Marin	Anthem Blue Cross – PPO	$343	Blue Shield – EPO	$338	$5	**1%**
3	Sacramento, Placer, El Dorado, Yolo	Blue Shield – PPO	$333	Anthem Blue Cross – PPO	$332	$1	**0%**
4	San Francisco	Anthem Blue Cross – EPO	$373	Chinese Community Health Plan – HMO	$325	$48	**13%**

Region by Number	Region by County Names	Second Lowest Silver-level Plan	Premium Rate	Lowest Silver-level Plan	Premium Rate	Differential	Percent of Lowest Silver-level Plan
5	Contra Costa	Kaiser Permanente – HMO	$347	Blue Shield – PPO	$328	$19	**5%**
6	Alameda	Anthem Blue Cross – PPO	$357	Blue Shield – EPO	$317	$40	**11%**
7	Santa Clara	Anthem Blue Cross – HMO	$340	Anthem Blue Cross – PPO	$336	$4	**1%**
8	San Mateo	Kaiser Permanente – HMO	$383	Chinese Community Health Plan – HMO	$351	$32	**8%**
9	Santa Cruz, Monterey, San Benito	Anthem Blue Cross – PPO	$382	Blue Shield – EPO	$335	$47	**12%**
10	San Joaquin, Stanislaus, Merced, Mariposa, Tulare	Blue Shield - PPO	$322	Anthem Blue Cross – PPO	$295	$27	**8%**
11	Fresno, Kings, Madera	Anthem Blue Cross – PPO	$288	Blue Shield – PPO	$284	$4	**1%**

Region by Number	Region by County Names	Second Lowest Silver-level Plan	Premium Rate	Lowest Silver-level Plan	Premium Rate	Differential	Percent of Lowest Silver-level Plan
12	San Luis Obispo, Ventura, Santa Barbara	Anthem Blue Cross – PPO	$326	Blue Shield – PPO	$314	$12	**4%**
13	Mono, Inyo, Imperial	Blue Shield – PPO	$396	Kaiser Permanente – HMO	$316	$80	**20%**
14	Kern	Anthem Blue Cross – PPO	$281	Blue Shield – PPO	$277	$4	**1%**
15	Los Angeles (partial)	Blue Shield – PPO	$252	HealthNet – HMO	$222	$30	**12%**
16	Los Angeles (partial)	Anthem Blue Cross – HMO	$259	HealthNet – HMO	$242	$17	**7%**
17	San Bernardino, Riverside	Molina Healthcare – HMO	$259	HealthNet – HMO	$246	$13	**5%**
18	Orange	Anthem Blue Cross – HMO	$286	HealthNet – HMO	$252	$34	**12%**
19	San Diego	Anthem Blue Cross – EPO	$308	HealthNet –HMO	$269	$39	**13%**