2027 Plan Year: Health, Dental, and Vision

COVERED CALIFORNIA | For the love of Californians

CalOptima

Larry Baca | Director of Sales & Marketing

COVERED CALIFORNIA | For the love of Californians

Introducing CalOptima Health Covered

Larry Baca, Director, Sales & Marketing

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

About CalOptima Health

- Serving the Orange County community since 1995
- Founded as a public agency to improve health care access
- Offers health insurance plans for low-income children, adults, seniors and people with disabilities
  - Medi-Cal
  - OneCare (Medicare Advantage)
  - Program of All-Inclusive Care for the Elderly (PACE)
- Orange County's single largest health insurer, serving 1 in 4 residents

CalOptima Health

Covered CalOptima Health

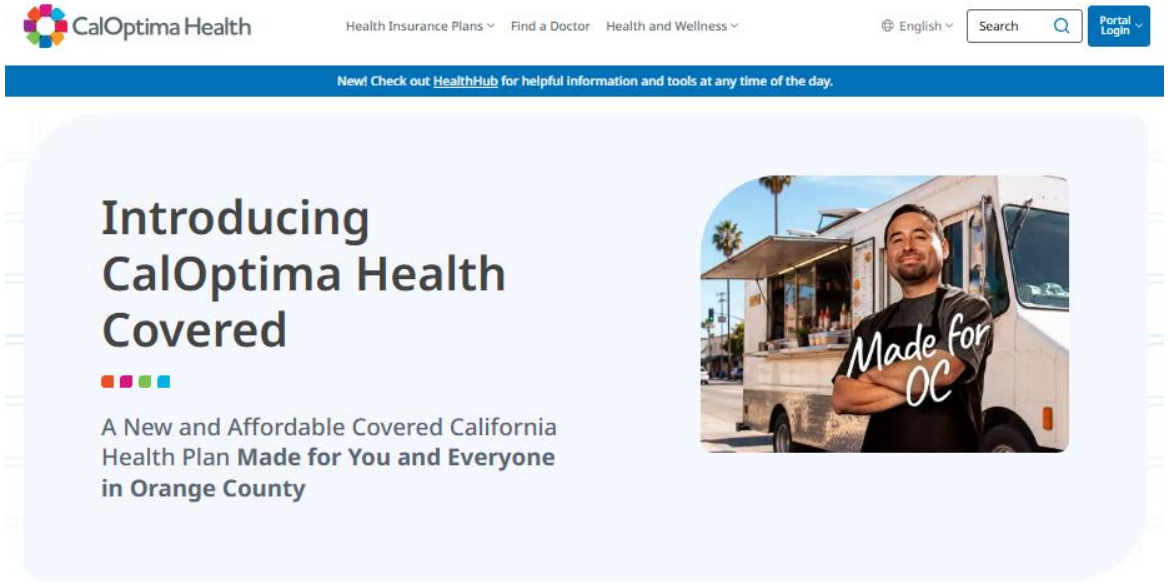
CalOptima Health Covered

- CalOptima Health will offer a Covered California plan for the first time in 2027
- Entry into the Covered California market will bridge the coverage gap when CalOptima Health members lose Medi-Cal coverage and keep family members in aligned networks at affordable premiums
- Through Covered California participation, CalOptima Health will provide continuous, quality care to our members across changes in life circumstances
- CalOptima Health Covered is not just for former Medi-Cal members. It is available to Orange County residents interested in a marketplace plan from an organization that is not-for-profit, community-based and mission-driven

Covered CalOptima Health

Member Support

- www.caloptima.com/covered
- CalOptima Health Covered Customer Service toll-free:
  - 1-888-312-2221 (TTY 711), Monday–Friday, 8 a.m. to 6 p.m.
- Member Portal



COVERED CALIFORNIA

Covered CalOptima Health



Member Portal at caloptima.org

- View member ID card
- Find doctors and health care professionals in network
  - Change your PCP
- Check benefits and plan details
- Track claims and costs
- Make monthly premium payments and set up autopayment
- Connect with our CalOptima Health Covered Customer Service team

Why CalOptima Health Covered

- Local customer service
- Robust network
- Lowest-cost Silver plan
- Strong history in Orange County



Covered
CalOptima Health

Covered
CalOptima Health

Stay Connected With Us

www.caloptima.org

Western Health Advantage

Patrice Osby | Senior Individual Plan Specialist

COVERED CALIFORNIA | For the love of Californians



The Health Plan That Does More

westernhealth ADVANTAGE

Proud partner of COVERED CALIFORNIA™

Individuals & Families 2027

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Western Health Advantage is a leading non-profit HMO serving Northern California residents.

Caring for our communities for 30 years

Strong, highly regarded network of physicians and hospitals

Local, non-profit health plan – 90% of every premium dollar goes to patient care

WHA HMO Plans

Offering Plans across all metal tiers: Platinum, Gold, Silver and Bronze

Plans for 2027

WHA Platinum 90 HMO
WHA Gold 80 HMO
WHA Silver 70 HMO
WHA Bronze 60 HMO

Benefit Highlights

- Hypertension management program includes an online dashboard and lifestyle coaching
- Pregnancy and postpartum support, including access to doula services
- Mental and substance use disorders care/resources
- Incentives and Rewards for preventive care such as screening and immunizations
- 100-day supply via mail order for maintenance meds



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Care Choices

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The flexible HMO

- Select a PCP of your choice
- Dependent's select a PCP of their choice; can be with a different medical group
- Members can change PCP's and medical groups; call member services to change by the 1st of the following month.
- Specialty care - your PCP coordinates care by referring you to a specialist in our network
- Our **Advantage Referral** benefit gives you and your PCP access to specialists from all **FIVE** WHA medical groups—not just the one your PCP is in.

Mercy Medical Group. A Service of Dignity Health Medical Foundation

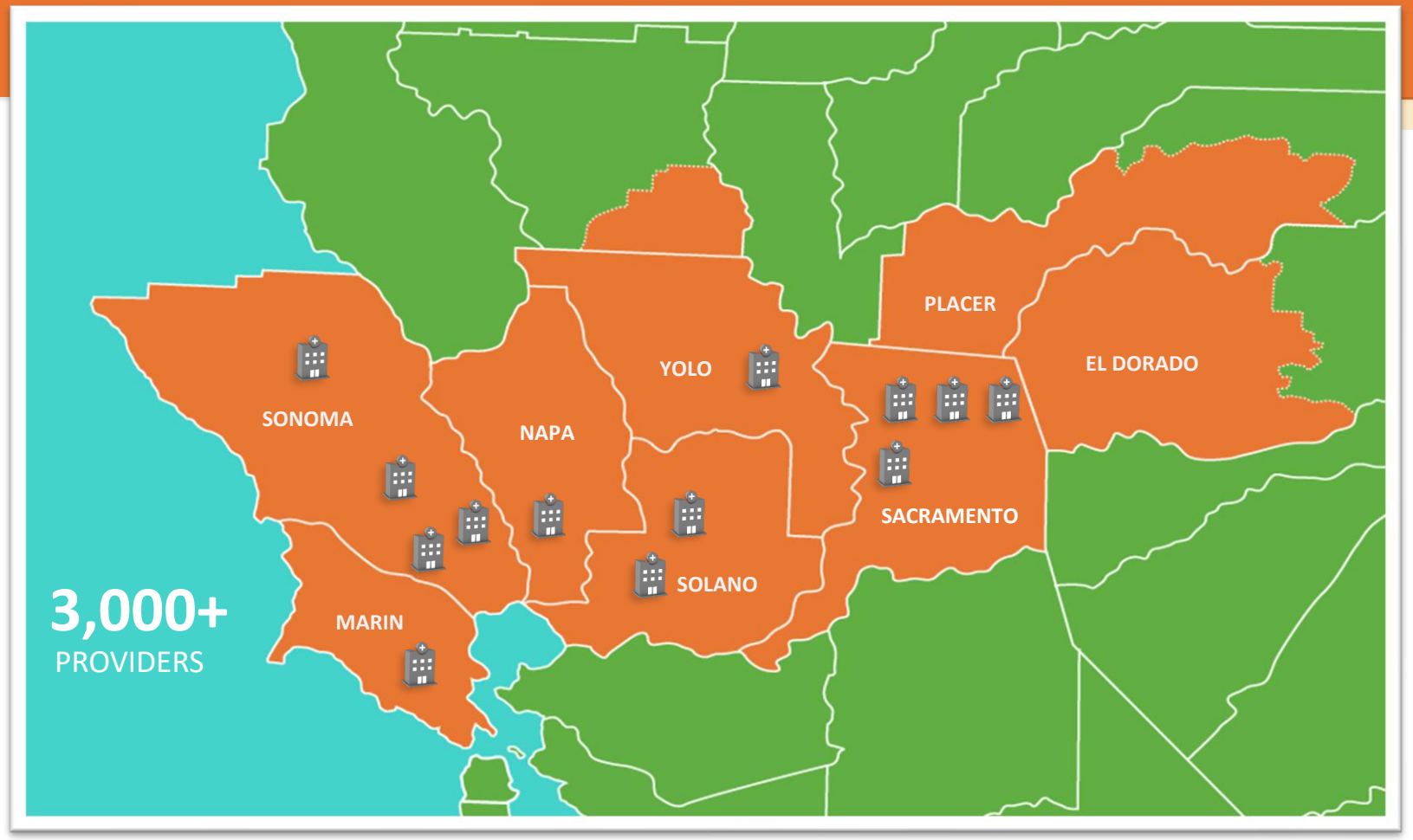
Hill Physicians

Woodland Clinic. A Service of Dignity Health Medical Foundation

NorthBay HEALTH

Providence

Partners in Care



Mercy Medical Group
A Service of Dignity Health Medical Foundation

Hill Physicians

Woodland Clinic
A Service of Dignity Health Medical Foundation

NorthBay HEALTH

Providence

Partners in Care

Greater Sacramento Area

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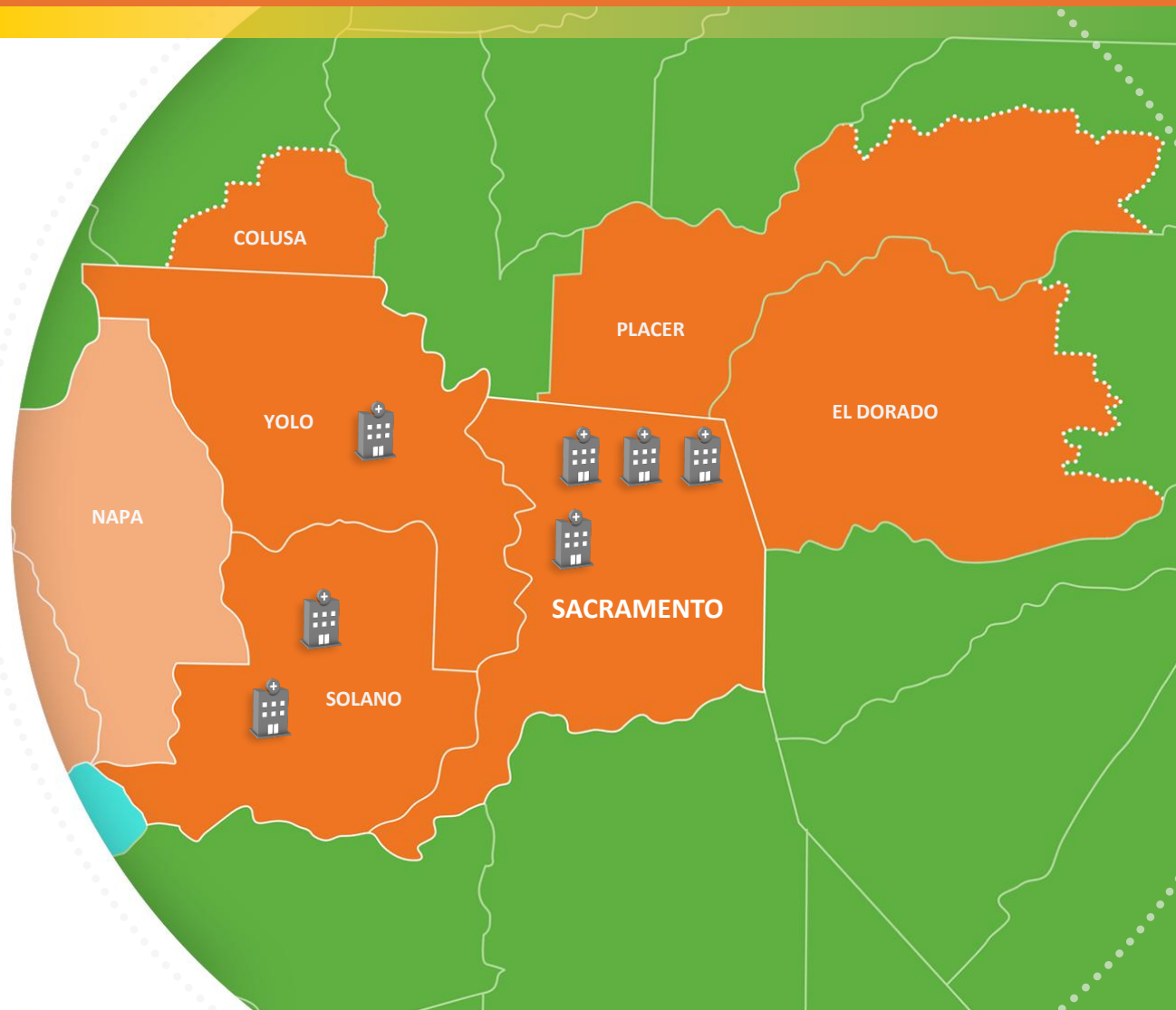
Mercy Medical Group
A Service of Dignity Health Medical Foundation

Woodland Clinic
A Service of Dignity Health Medical Foundation

Hill Physicians

NorthBay HEALTH

Woodland Memorial Hospital
Mercy General Hospital
Mercy Hospital of Folsom
Mercy San Juan Medical Center
Methodist Hospital of Sacramento
NorthBay Health Medical Center
NorthBay Health VacaValley Hospital



Partners in Care

North Bay Region

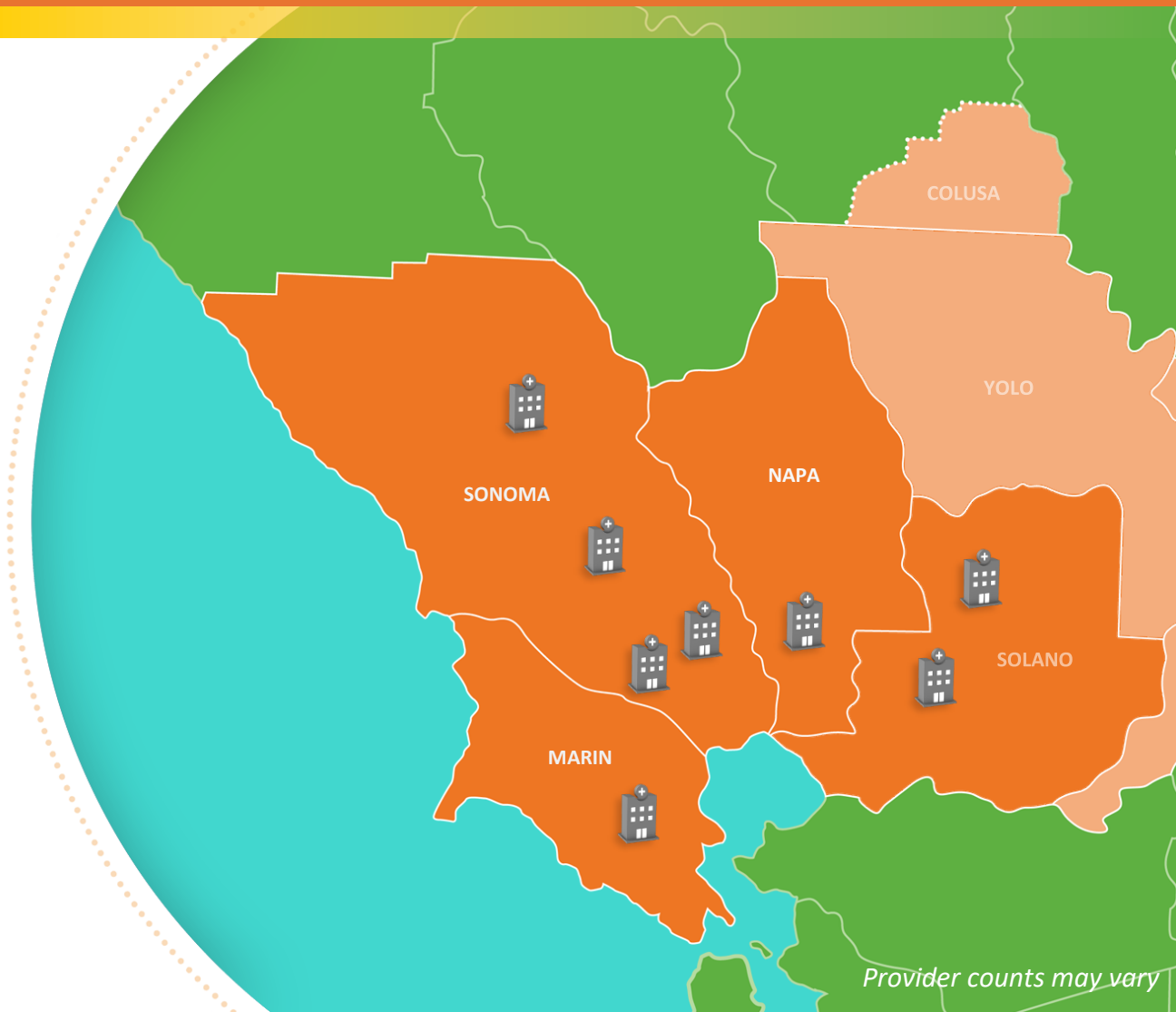
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NorthBay HEALTH

Hill Physicians

Providence

Healdsburg Hospital, Providence
Petaluma Valley Hospital, Providence
Queen of the Valley Medical Center
Providence Santa Rosa Memorial Hospital
MarinHealth Medical Center – Hill physicians
Sonoma Valley Hospital – Hill Physicians
NorthBay Health Medical Center
NorthBay Health VacaValley Hospital



Provider counts may vary

Choosing a Provider

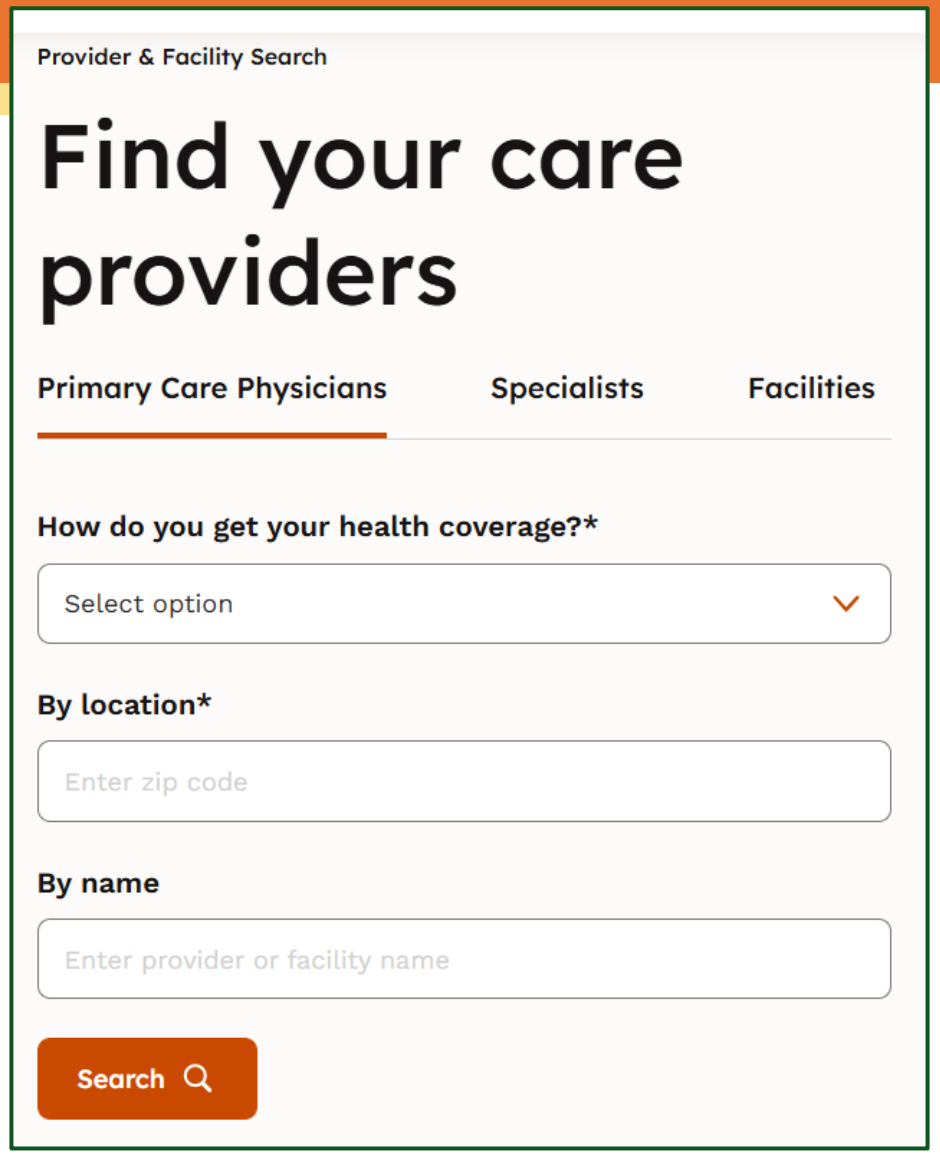
Simply choose your doctor from a comprehensive list of doctors and specialists available.

Use our online Provider Search: choosewha.com/directory

Use filters to narrow down what's important to you, such as:

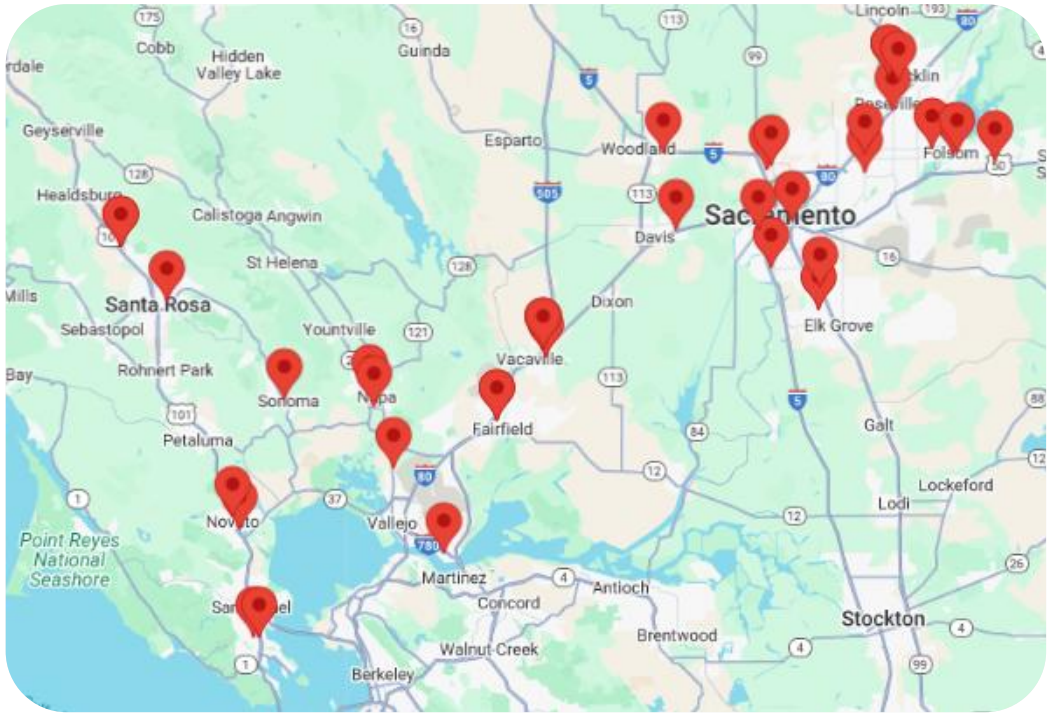
- Provider type and/or specialty
- Accepting new patients
- Distance from home/work
- Gender and/or languages spoken

If you need to make a change, it's easy to go online, or give us a call.



Urgent Care In the WHA Service Area

Within WHA's service area, be sure to go to an urgent care center affiliated with your PCP's medical group.
Use our online Provider Search and select facilities.



El Dorado
Cameron Park
El Dorado Hills

Marin
Corte Madera
Novato
San Rafael

Napa
American Canyon
Napa

Placer
Granite Bay
Grass Valley
Lincoln
Roseville

Sacramento
Carmichael
Elk Grove
Folsom
Orangevale
Rancho Cordova
Sacramento

Solano
Benicia
Dixon
Fairfield
Vacaville

Sonoma
Petaluma
Santa Rosa
Sonoma
Windsor

Yolo
Davis
Winters
Woodland

Learn more: mywha.org/careoptions

Anytime Anywhere Virtual Care

Telehealth with Your Doctor

Virtual primary and specialty care when offered With your PCP
(*some may offer evening or weekend appointments)*

24/7 Virtual Urgent Care With Teladoc HEALTH

For minor injuries/illnesses, reach a doctor often within 15 minutes with Teladoc®— 800.835.2362

24/7 Nurse Advice

Talk to a registered nurse, 24/7 For any health concerns — 888.656.3574



Learn more: mywha.org/virtualvisits

Emergency Assistance While Traveling



We cover emergency services and urgent care, wherever you are in the world

Assist America provides global emergency services when more than 100 miles away from home

- ✓ Medical consultation, evaluation, and referral
- ✓ Emergency medical evacuation
- ✓ Lost luggage or document assistance
- ✓ Arrangement of care for minor children
- ✓ Global network of medical providers and foreign hospital admission assistance
- ✓ And so much more!

Learn more: mywha.org/travel

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Plan Essentials

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Acupuncture



Acupuncture Care

This benefit provides members treatment of pain related to acute neuromusculoskeletal conditions such as dysfunction of the neck, back, or joints, headaches, carpal tunnel, arthritis, allergies, and asthma.

Review plan documents for the number of acupuncture care visits per year.

There’s no referral needed.

Learn more: mywha.org/cam

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Pharmacy Benefits



Members manage their prescriptions with ease

Access to local and national retail pharmacies

- CVS, Walgreens, Safeway, and Costco and more
- Mail order and drive-thru options available
- 90-day supply (retail) / 100-day supply (mail order)

24/7 access to pharmacists, online and via CVS Caremark® mobile app:

- Check medication coverage
- Track home delivery orders
- Sign up to receive text messages that remind you when it's time to refill or take your medication

Learn more: mywha.org/Rx

mywha.org/apps

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Behavioral Health



From diagnosis to treatment, WHA partners with Optum Behavioral Health to offer a wealth of mental health services to WHA members.

WHA plans offer a full spectrum of mental health and substance use disorder services:

- Call 24/7 to reach a mental health professional. PCP referral is not required — and when you need it right away, we offer Express Care Access
- Optum's **liveandworkwell.com** member portal has interactive videos on types of care options, screening tools, prevention programs, self-care apps, and more

Learn more: mywha.org/bh

westernhealth ADVANTAGE

Stress Management

Calm Health

Calm Health app is now available at no extra cost. This app-based tool offers self-care programs, courses and tools designed with you in mind.

- Get better sleep
- Build skills to help with stress and anxiety
- Develop resilience to navigate life's uncertainties
- Practice mindfulness for improved focus, movement and clarity

Virtual Behavioral Health Coaching

Optum's Behavioral health coaching helps you build skills to manage stress, anxiety, and depression.

- Motivational coaching: 8 Digital 1:1 sessions with your dedicated coach
- An evidence-based approach: Programs that use the principles of cognitive-behavioral therapy (CBT)
- On-demand support: Instant access to resources you can use during and after your sessions

Learn more: mywha.org/stressmgmt



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Built-in Wellness

Your Wellness Benefits



Stay Healthy



Manage a Chronic Condition



Innovative Programs

westernhealth ADVANTAGE

Wellness Benefits, Discounts + Fitness

westernhealth ADVANTAGE

VITALITY

Complete a Personal Health Assessment, set goals, and access resources to achieve better health!

ChooseHealthy™

ChooseHealthy® offers product discounts from 10-50% on popular health and fitness brands, and discounts on massage therapy from specialty health care practitioners.

communityfit

FINDING INSPIRATION TOGETHER

Our popular CommunityFIT classes connect mind-body-spirit for holistic wellness. See online calendar for upcoming class schedule.

Active&Fit DIRECT®

Fitness memberships, local and nationwide. Access to 11,000+ Standard Fitness Centers and 4,500+ Premium Fitness Centers.

Preventive Care

westernhealth ADVANTAGE

Your WHA health plan is not just about care and coverage when you are sick, but to help strengthen your defenses! When you catch health issues early, your treatment is that much more effective.

Preventive care is at no-added cost and includes:

- Regular checkups (wellness visit/exam)
- Preventive screenings
- Vaccines and immunizations (shots) including flu vaccine and tetanus shot available at your PCP's office or local pharmacy



Learn more: mywha.org/guidelines

westernhealth ADVANTAGE

Better Health. Built-In Rewards.

Earn gift cards for completing preventive care visits and screenings. You can earn one gift card per incentive each calendar year.

How to Participate.

After completing a qualifying exam/screening, submit an incentive form to WHA. You must submit the form within the same calendar year that you completed the exam/screening.

For rules, eligibility, and more information, follow the QR code to the left or visit **mywha.org/incentives.**



Nutritional Counseling

westernhealth ADVANTAGE

Support is offered to our members with weight management issues — whether dealing with obesity, eating disorders, or a needed weight gain.

For those who meet specified medical criteria and are ready for nutrition and lifestyle changes, **your PCP may refer you to a nutritionist or dietician for several sessions.**

Learn more: mywha.org/nutrition

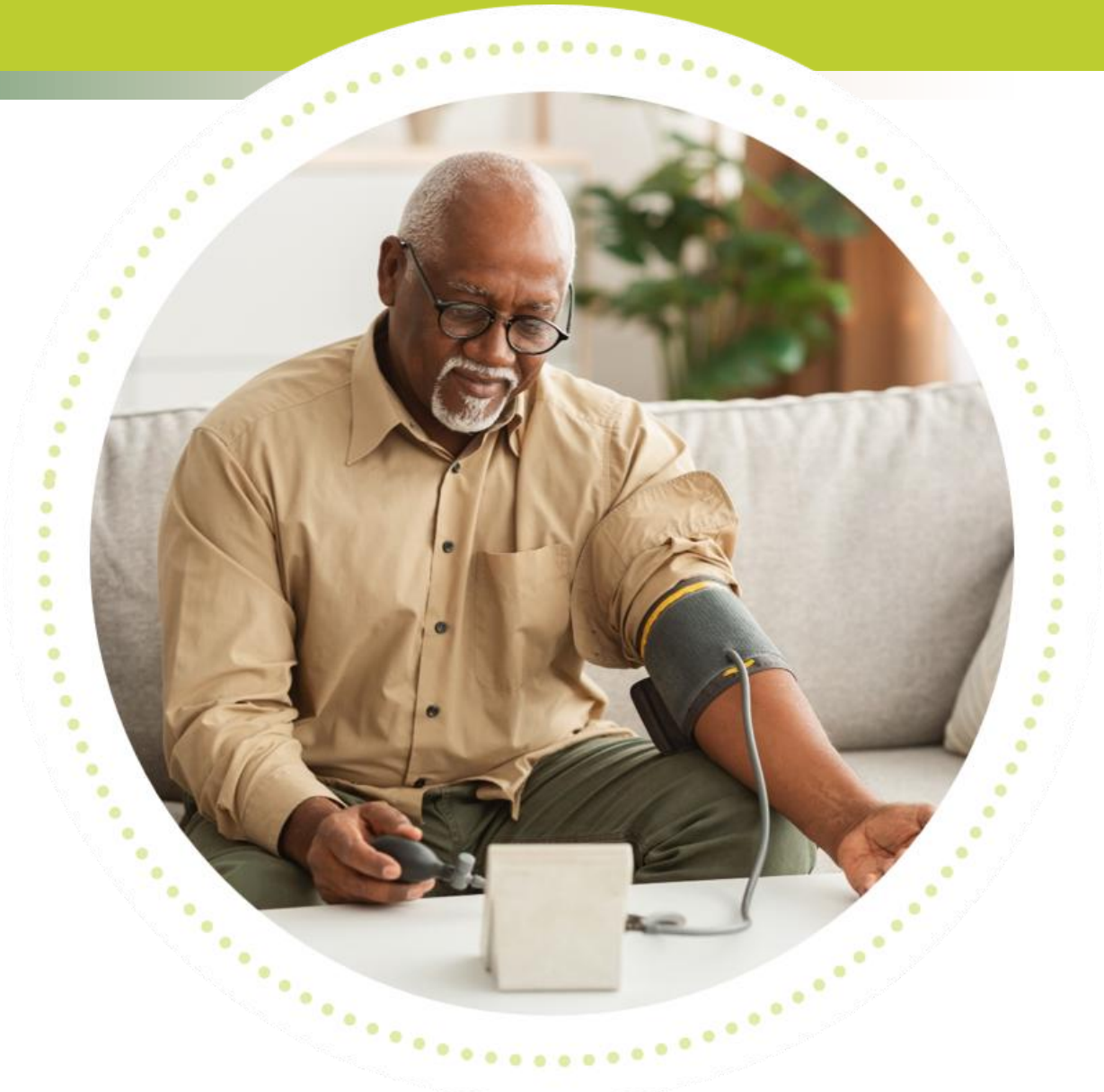


Hypertension Management

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Help Manage High Blood Pressure

For adult members living with high blood pressure (or hypertension), our plans include a hypertension management program that includes personalized **coaching support**, **health education**, and **online tools and resources**. Members may be eligible for a connected blood pressure monitor.



Learn more: mywha.org/manageHBP

Reversing Type 2 Diabetes

westernhealth ADVANTAGE

A New Approach to Type 2 Diabetes

- Virta Health is a clinically proven program that helps reverse type 2 diabetes – without medications or surgery
- 100% virtual and personalized – members get daily support from licensed health coaches and medical providers
- Focuses on nutritional therapy and sustainable lifestyle changes
- Monitored progress with easy-to-use digital tools and lab work
- Result include reduced A1C, weight loss, and fewer medications
- Over half of the WHA participants **reduced or eliminated** their diabetes-specific medications



Learn more: mywha.org/diabetes

Pregnancy & Postpartum Support

westernhealth ADVANTAGE

MAVEN

WHA provides pregnancy/postpartum support through Maven, expectant mothers' support and coaching throughout their pregnancy and beyond.

Members have access to education and videos, and personalized coaches to answer questions – at anytime. There are lactation specialists, classes, and a community to support you and your partner during this parenthood journey

Learn more: mywha.org/parentsupport



Reimbursement for Doula Services

WHA members can obtain doula services with a provider of choice and receive a reimbursement of up to $1,500 per pregnancy.

Healthy Lifestyle Programs



Weight Management through Vitality is a 12-week personalized approach to help members achieve and maintain a healthy weight. Includes: virtual small-group coaching sessions, app-based tools, strategies for activity and nutrition, and support for lasting progress.

Tobacco Cessation through Vitality is a 10-week, virtual coach-led group experience designed to help members quit tobacco with support and practical tools for long-term success. Includes weekly sessions, optional nicotine replacement therapy, and community support.



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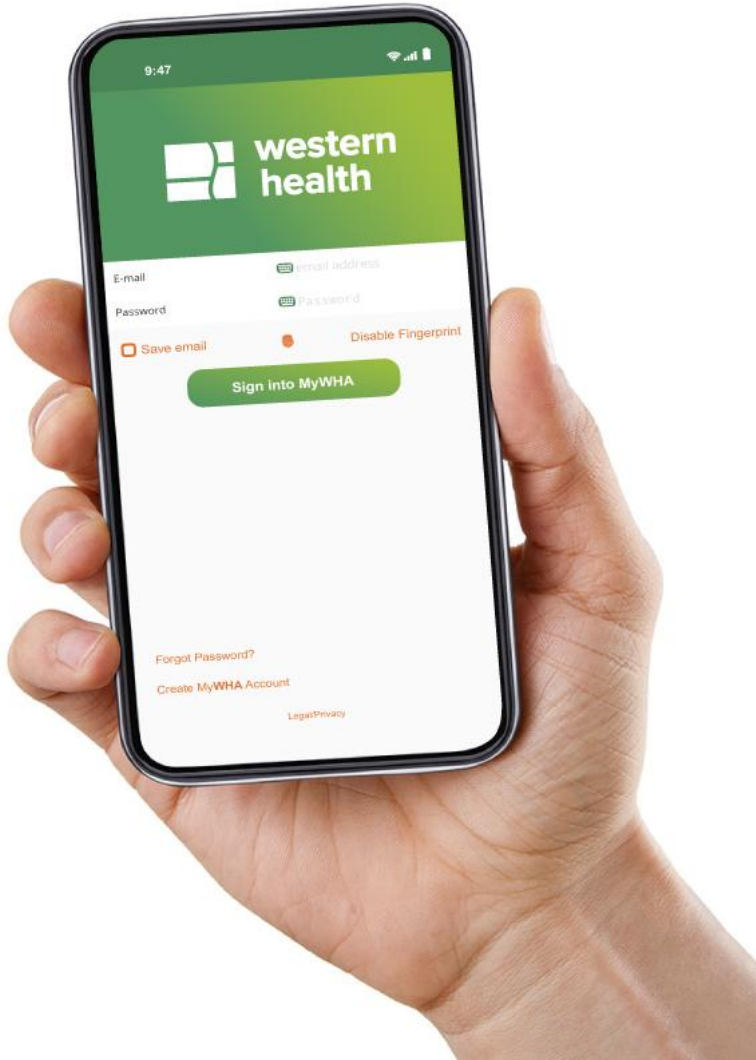
Support from Your Health Plan

Anytime Access to Health Plan Information!

Easy access to plan information 24/7

- **Your MyWHA Account** gives you the convenience of any-time access. You may look up account information, change your PCP, order/print ID cards and review a claims summary.
- **MyWHA mobile app** provides you instant access to your WHA member ID card, details about your plan, as well as contact information for your PCP and other service providers.

Learn more: mywha.org/apps



Thank You!

We're Here for You!

Member Services is available:

Monday through Friday, 8 a.m. to 6 p.m. (except holidays)

Call: 916.563.2250 or 888.563.2250 toll-free; 711 for TTY
Email: memberservices@westernhealth.com

Your WHA Account Team:

Patrice Osby and Holly Frederiksen
Individualsales@westernhealth.com
916.563.2250 • 888.499.3198 (toll free)

Health Net

Amy Frith | Director, Account Management
Ban Luu | Director, IFP Sales



ambetter. FROM | health net

Focused on the Health of All Californians

Individual & Family Plans

Confidential and Proprietary Information



WE ARE

Ambetter

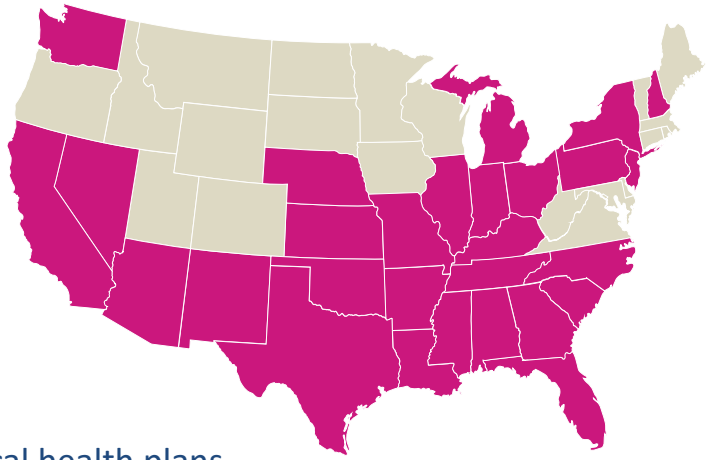
- We provide market-leading, affordable health insurance on the marketplace

#1 carrier
on the health insurance marketplace

2014
year that Ambetter began

Over 3.5 million
members insured

29
states



Centene's Marketplace plans are united under one umbrella, **Ambetter**. Offered by our local health plans, this approach empowers delivery of affordable, high quality and culturally sensitive healthcare services

We target a focused demographic

Lower income,
underinsured and uninsured

94%
of our membership is below 400% of the Federal Poverty Level and **receive Premium Subsidies**

64%
of our membership are below 250% of the Federal Poverty Level and have **enrolled Cost Sharing Reduction Plans**

58%
of our membership is enrolled on Plans with a $0 premium, **significantly lowering the burden to healthcare access**

health net

ambetter. FROM | health net

wellcare

wellcare By health net

Portfolio and Price Position

HMO Rate Position: Key Changes

How Health Net's 2027 metal-tier standing shifts across HMO markets.

HMO Rate Position

- **#1 Lowest Cost**
  - **Bronze** in Imperial
  - **Silver** in Kern
  - **Gold** in Inland Empire
- **2nd Lowest Cost**
  - **Silver** in Inland Empire
  - **Gold & Platinum** in Kern
- **3rd Lowest Cost**
  - **Bronze** in Kern
  - **Silver** in Imperial, LA East
  - **Gold & Platinum** in Imperial

Region	Bronze	Silver	Gold	Platinum
13- Imperial	#1	#3	#3	#3
14- Kern	#3.	#1	#2	#2
15- LA East	*Not Offered*	#3	#4	#4
16- LA West	*Not Offered*	#4	#5	#5
17- Inland Empire	*Not Offered*	#2	#1	#4
18- Orange	*Not Offered*	#5	#4	#4
19- San Diego	*Not Offered*	#6	#5	#6

Source: Covered California news release, July 21, 2026.
Pending regulatory approval.

PPO Rate Position

2027 PPO price advantage over competitor— dollar savings by market and metal tier.

Region	Bronze	Silver	Gold	Platinum
3- Sacramento	$189	$167	$233	$456
15- LA East	$147	$136	$187	$360
16- LA West	$86	$45	$82	$240
17- Inland Empire	$111	$85	$127	$280
18- Orange	$42	**($11)**	$14	$150
19- San Diego	$64	$10	$43	$201

Key Points

- **Lowest-priced PPO in every market** through our tailored network strategy — the one exception is Silver in Orange.
- Advantage **narrowed on the other metal tiers** (Silver, Gold, Platinum).

Bronze avg savings
$107

Silver avg savings
$72

Gold avg savings
$114

Platinum avg savings
$280

Source: Covered California news release, July 21, 2026.
Pending regulatory approval.

All-Regions Average Downgrade Options

Start with the highest savings path, then tailor by member region and network preference.

HMO Downgrade Options

(All-Regions Avg.)

1	Platinum 90	→ **Gold 80**	**-16%**
2	Gold 80	→ **Silver 70**	**-21%**
3	Silver 70	→ **Bronze 60**	**-12%**

Note: HMO Bronze is only available in Regions 13 and 14.

PPO Downgrade Options

(All-Regions Avg.)

1	Platinum 90	→ **Gold 80**	**-19%**
2	Gold 80	→ **Silver 70**	**-20%**
3	Silver 70	→ **Bronze 60**	**-28%**
4	Bronze 60	→ **Bronze 60 HDHP**	**-1%**

Strongest single-step savings:
PPO Silver 70 → Bronze 60 at -28%.

*Pending regulator approval.

Region 15 — LA East

Clear cross-network path for cost-sensitive members currently enrolled in HMO.

HMO + PPO Downgrade Path

1	Platinum 90 (HMO)	**Gold 80 (HMO)**	**-15%**
2	Gold 80 (HMO)	**Silver 70 (HMO)**	**-15%**
3	Silver 70 (HMO)	**Bronze 60 (PPO)**	**-9%**
4	Bronze 60 (PPO)	**Bronze 60 HDHP (PPO)**	**-2%**

*Pending regulator approval.

Regions 17 & 18 — Inland Empire and Orange

Use the same HMO-to-PPO bridge, with region-specific savings.

Region 17 — Inland Empire

1	Platinum 90 HMO →	**Gold 80 HMO**	**-15%**
2	Gold 80 HMO →	**Silver 70 HMO**	**-15%**
3	Silver 70 HMO →	**Bronze 60 PPO**	**-4%**
4	Bronze 60 PPO →	**Bronze HDHP PPO**	**-2%**

Region 18 — Orange County

1	Platinum 90 HMO →	**Gold 80 HMO**	**-15%**
2	Gold 80 HMO →	**Silver 70 HMO**	**-15%**
3	Silver 70 HMO →	**Bronze 60 PPO**	**-3%**
4	Bronze 60 PPO →	**Bronze HDHP PPO**	**-2%**

*Pending regulator approval.

Network

Service Area and Network Size

IFP AND COVERED CALIFORNIA



REGION	COUNTIES	AMBETTER PPO	AMBETTER HMO
3	Placer, Sacramento, Yolo*	✓	
13	Imperial*		✓
14	Kern*		✓
15	Los Angeles East*	✓	✓
16	Los Angeles West*	✓	✓
17	Riverside, San Bernardino*	✓	✓
18	Orange	✓	✓
19	San Diego	✓	✓

NETWORK ACCESS

- Ambetter **HMO** offers a robust network with **29,198 providers** and **123 Hospitals** in Southern CA
- Ambetter **PPO** provides additional choice for consumers who want more flexibility and greater access to **25,328 in network providers and 111 hospitals** or **out of network providers in CA**
- **70%** overlap between Medi-Cal and Ambetter HMO networks

Value Added Benefits

Value Added Benefits Overview

Six no-cost or low-cost programs turn Health Net membership into a comprehensive wellness experience brokers can market with confidence.

Teladoc HEALTH

Nationwide non-emergency **24/7** telehealth provider (Medical & Mental Health)

myhealthpays®

Wellness program to earn rewards. **$572** for adults, **$350** for children

ambetter. Perks

Member have access to offers on travel, technology, food and dining and find exclusive discounts on things like movie tickets, attractions and tours, and more

Active&Fit DIRECT™

Access to all fitness center facilities within the national network—**12,200+** major fitness centers. **$28** Monthly Fee



Nurse Advice

24/7 Nurse advice from any location

My Health Pays

My Health Pays rewards healthy behaviors with real dollars — up to $572 for adults

How Members Earn

Complete health activities to earn rewards

Power Ups	**$52**
Wellness	**$75**
Preventive Screenings	**$75**
Challenges	**$170**
Health Screenings i.e., blood pressure, diabetes, colorectal	**$200**
Adult Total	**$572**

Wellness & Preventative	**$75**
Childhood vision screening (ages 0-17)	**$75**
Childhood immunizations including flu (ages 0-17)	**$200**
Children	**$350**

How Members Redeem

- Utilities (electricity, gas, water)
- Childcare services
- Rent payments
- Health-related merchandise
- Kitchenware
- Electronics — via My Health Pays online store



*Rewards cannot be used to pay premiums, cost shares, or pharmacy copays. Program may only be marketed after member enrollment.

Available to Ambetter from Health Net members.

Ambetter Perks!

Save More on Just About Everything

Beyond health and wellness, Ambetter Perks gives members exclusive deals on the goods and services you use every day.

Here are just a few of the ways you can save:



Home

Appliances, groceries, and more



Travel

Car rentals, airfare, and hotels



Entertainment

Movie tickets, theme parks, and all things fun



Education

Audiobooks, online classes, and language courses



Office

Phone plans, computers, and furniture



Food

Restaurants, wholesale grocers, and gift cards



Tech

Computers, TVs, and accessories



Auto

Vehicles and repairs



Health & Wellness

Gym memberships, dental savings, and more

Helpful Contacts

Confidential and Proprietary Information

Contact Us

When you have questions, Health Net has answers — here's who to call.

Shopping for a plan

We'll help you find the coverage level that fits you best.

1-877-878-7983

Already a member

Enrolled through Covered California™

1-888-926-4988

Online help

Questions about your plan, changing coverage, or finding a doctor:

Visit the FAQ page

Email us

Forms and brochures Link:
ambetterhealth.com/en/ca/resources/f_b

Open enrollment hours: Monday–Friday, 8:00 a.m. to 8:00 p.m. • Saturday, 8:00 a.m. to 6:00 p.m.

Delivering Award-Winning Customer Service

Health Net named to USA TODAY's Best Customer Service in Financial Services — 2026

Health Net is the only California-based health insurer named to USA TODAY's **"America's Best Customer Service in Financial Services 2026,"** receiving the highest rating.



Why It Matters

- A trusted partner supporting member satisfaction and long-term retention
- Teams help members understand benefits, find care, and access community resources
- Reflects feedback from thousands of customers across financial services

Only

California-based health insurer named

Highest

rating received in the study



Confidential and Proprietary Information

IEHP

Helen Howard
Sales & Outreach Manager

2027 IEHP Covered Plan Overview

The Health Plan with a Heart

IEHP Covered





Inland Empire Health Plan

iehp.org

Who We Are

An Overview, Our MVV and Commitments

Plan Highlights

Provider Network, Coverage Changes, Rates, Extra Benefits

Key Updates

2026 & 2027 Fed & State Changes

Enrollment Process

Many Options

The Choice is Yours

Support & Resources

Member Services
New Materials

Who We Are:

An Overview



Our Business Model

30+ Years of Growth

Top 5 Largest Medicaid Plan in the Nation

01 

1.4+ Million Members

02 

Riverside & San Bernardino Counties

03 

Joint Power Agency (JPA)

04 

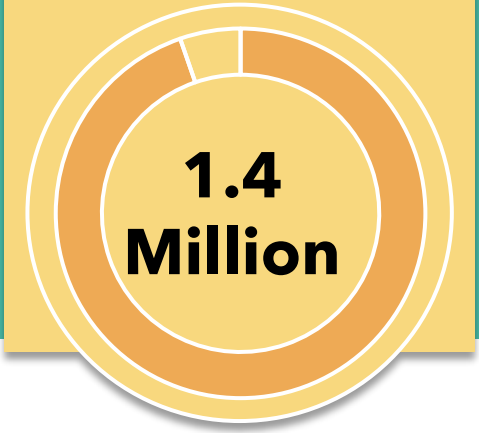
Mixed-Model Health Plan

1.4+ Million Members

Plans

Who We Serve

Medi-Cal Managed Care



IEHP DualChoice HMO D-SNP



IEHP Covered



MISSION

WE **HEAL & INSPIRE** THE HUMAN SPIRIT

VISION

WE WILL NOT REST UNTIL OUR COMMUNITIES ENJOY **OPTIMAL CARE & VIBRANT HEALTH**

VALUES

WE DO THE RIGHT THING BY:

PLACING OUR **MEMBERS AT THE CENTER** OF OUR UNIVERSE

UNLEASHING OUR **CREATIVITY** AND **COURAGE** TO IMPROVE HEALTH AND WELL-BEING

BRINGING **FOCUS** AND **ACCOUNTABILITY** TO OUR WORK

NEVER WAVERING IN OUR **COMMITMENT** TO OUR **MEMBERS, PROVIDERS** AND **EACH OTHER**

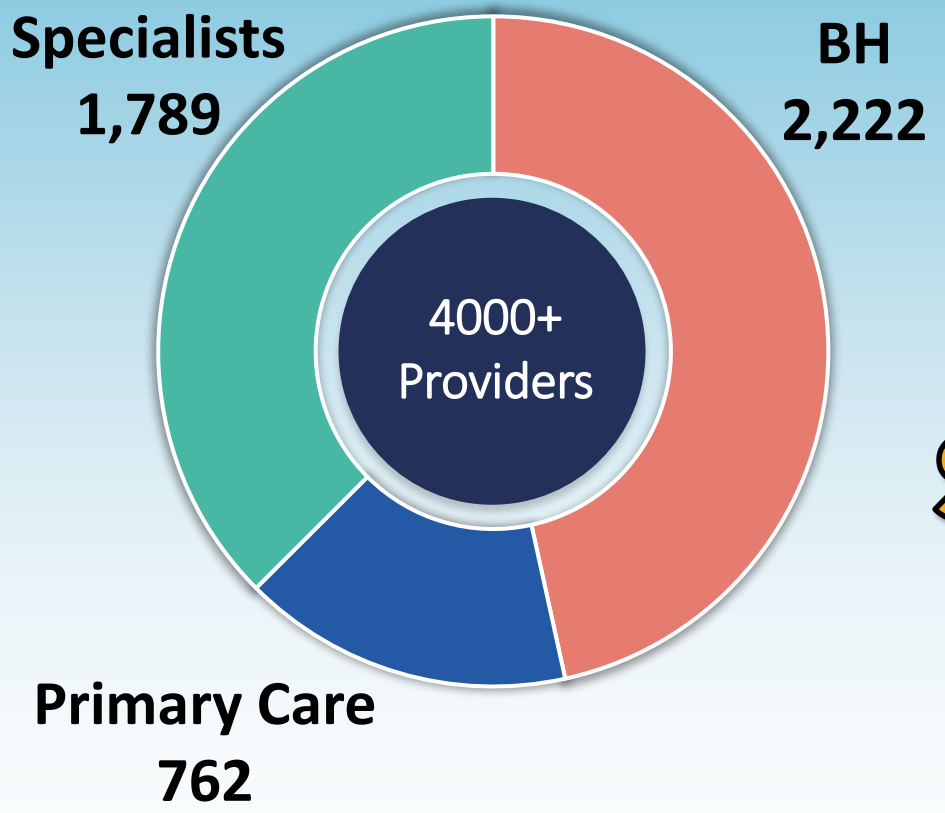
IE HP

Plan Highlights 2027



Providers & Hospitals

Network Snapshot



93.4%
Satisfaction



34 Hospitals

2027 Plan Benefits Preview

COVERED CALIFORNIA 2027 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73	Silver 87	Silver 94	Gold	Platinum
Percent of cost coverage	Covers **0%** until out-of-pocket maximum is met	Covers **60%** average annual cost	Covers **70%** average annual cost	Covers **73%** average annual cost	Covers **87%** average annual cost	Covers **94%** average annual cost	Covers **80%** average annual cost	Covers **90%** average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	**> $31,921 to $39,900** (>200% to ≤250% FPL)	**$23,941 to $31,920** (>150% to ≤200% FPL)	**up to $23,940** (100% to ≤150% FPL)	N/A	N/A
Free Preventive Care Visit	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	$60	$50	$50	$15	$5	$40	$20
Urgent Care		$60	$50	$50	$15	$5	$40	$20
Specialist Visit	Full cost per service until out-of-pocket maximum is met	$100*	$100	$100	$30	$8	$80	$45
Emergency Room Facility		40% after deductible is met	$400	$400	$200	$50	$350	$225
Laboratory Tests		$50	$50	$50	$35	$10	$40	$25
X-Rays and Diagnostics		40% after deductible is met	$95	$95	$50	$10	$85	$35
Imaging			$325	$325	$100	$50	$125 copay or 25% coinsurance***	$90 copay or 15% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	$20	$20	$20	$10	$3	$19	$10
Tier 2 (Preferred Drugs)		40% up to $500 per script after drug deductible is met	$65**	$55**	$30**	$10	$60	$25
Tier 3 (Non-preferred Drugs)			$95**	$95**	$50**	$15	$90	$45
Tier 4 (Specialty Drugs)			20% up to $250** per script	20% up to $250** per script	15% up to $150** per script	10% up to $150 per script	20% up to $250 per script	10% up to $250 per script
Medical Deductible - The amount you pay before the plan pays	N/A	Individual: $5,800 Family: $11,600	Individual: $4,700 Family: $9,400	Individual: $4,700 Family: $9,400	Individual: $1,100 Family: $2,200	Individual: $200 Family: $400	N/A	N/A
Pharmacy Deductible - The amount you pay before the plan	N/A	Individual: $450 Family: $900	Individual: $50 Family: $100	Individual: $50 Family: $100	Individual: $50 Family: $100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	Individual: $12,000 Family: $24,000	Individual: $11,650 Family: $23,300	Individual: $11,650 Family: $23,300	Individual: $9,600 Family: $19,200	Individual: $4,000 Family: $8,000	Individual: $3,000 Family: $6,000	Individual: $9,600 Family: $19,200	Individual: $5,500 Family: $11,000

Drug prices are for a 30 day supply.

* Copay is for any combination of services (specialist) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

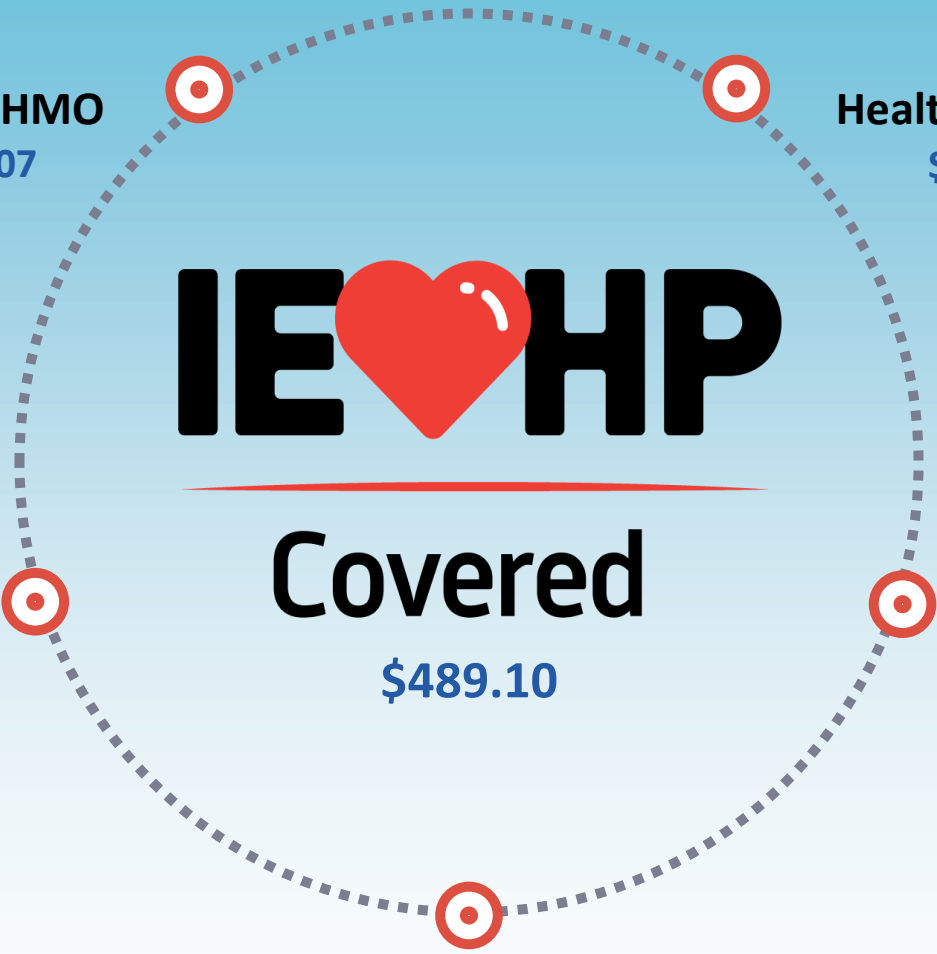
09/2026

2027 Plan Rates

Delivering Sustainable Affordability



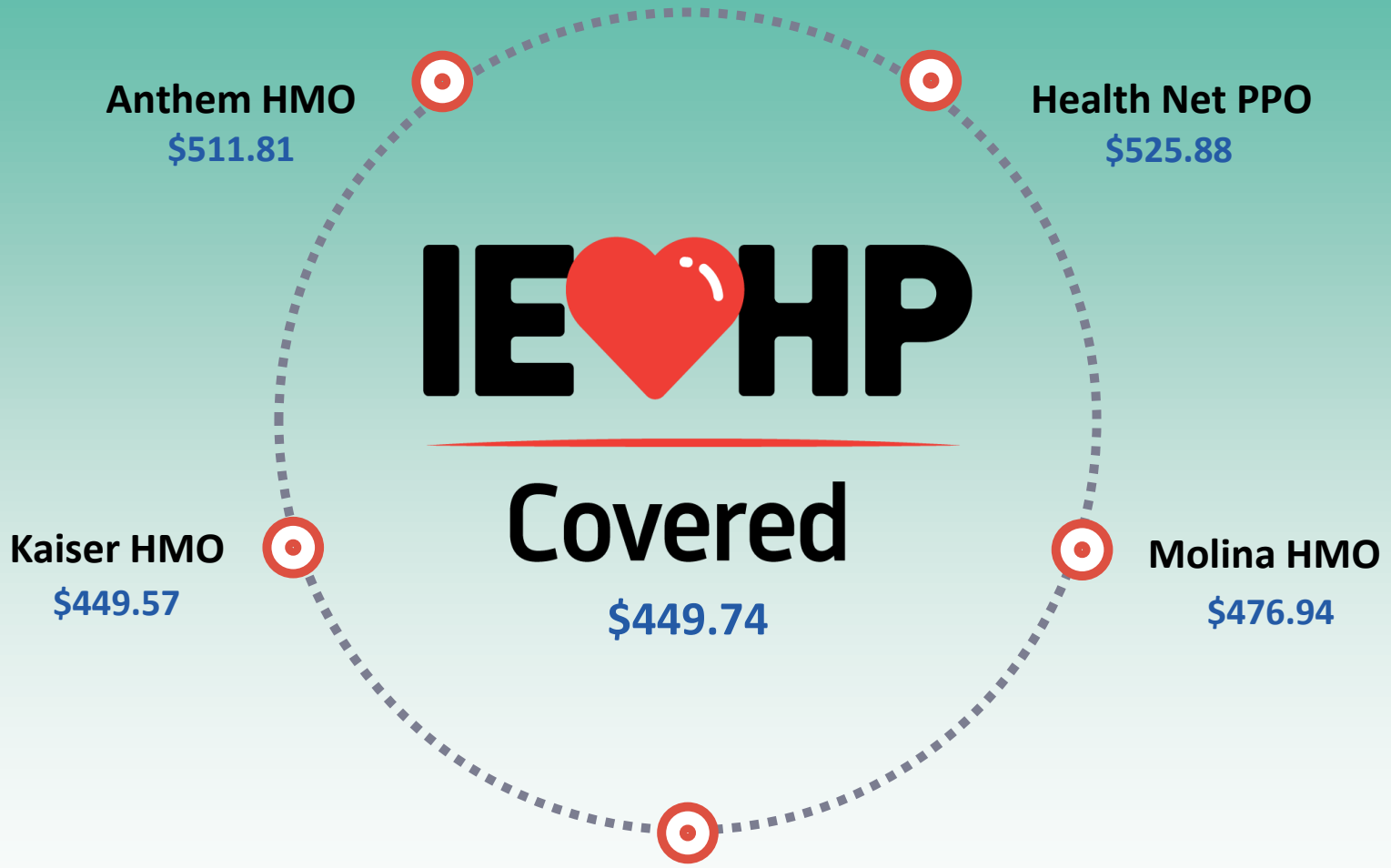
Region 17 Silver Plan Rates Snapshot



Region 17 average rate increase in 2027 equals 9.8%

***Rates for a 40-year-old consumer without tax credits**

Region 17 Bronze Plan Rates Snapshot



Region 17 average rate increase in 2027 equals 9.8%

***Rates for a 40-year-old consumer without tax credits**


I'm not sure
I can afford it.
Find health coverage that meets your needs today.
COVERED CALIFORNIA
IEHP Covered


I'm not sure
I can afford it.
Many Inland Empire residents qualify for affordable health coverage.
COVERED CALIFORNIA
IEHP Covered


I'm not sure
I can afford it.
IEHP helps every step of the way to find the right health plan.
COVERED CALIFORNIA
IEHP Covered

Extra Benefits

At No Extra Cost



Member Services & Community Resources

- Multilingual Support
- 24-Hour Nurse Advice Line
  (888) 224-4347
- Health Education and
  Wellness Programs
- Community Wellness Centers (CWCs)



Community Wellness Centers

Available to IEHP Members and IE Community Residents



IEHP

Riverside

3590 Tyler St., Suite 101
Riverside, CA 92503

Monday – Friday 9:00 am – 6:00 pm



IEHP

Victorville

12353 Mariposa Road, Suites C2 and C3
Victorville, CA 92395

Monday – Friday 9:00 am – 6:00 pm



IE

New Address:
2050 N. Massachusetts Ave.,
San Bernardino, CA

All CWCs provide language support for all our members

***The new San Bernardino Community Wellness Center at 2050 N. Massachusetts Ave. will open in November 2026**

IEHP
Key Updates
Fed and State Changes
2026 & 2027



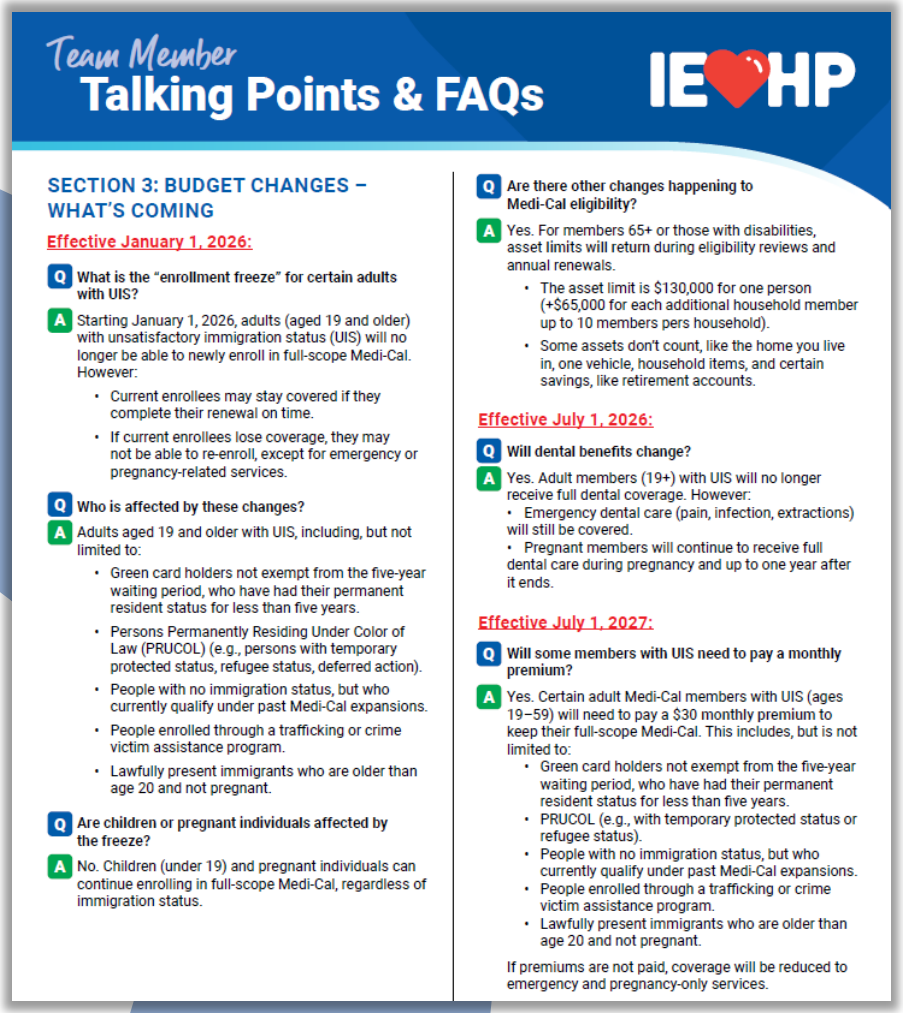
Important Year-Over-Year Changes

2026	2027	Projected Consumer Impacts

HR 1 and Medi-Cal	Medi-Cal work requirements, 6-month eligibility check, immigration status, asset limit	• Eligibility Issues stemming from
		  • Work requirements
		  • 6-month eligibility check versus once a year
		  • Immigration status change for some groups (10/1/2026)
		  • Asset limit Reinstatement

APTC eligibility for lawfully present immigrants (LPI)	End of APTC eligibility for certain lawfully present immigrants (LPI)	• Increased uninsured rates and health disparities • Higher healthcare costs and unaffordability • New immigrants who have been in the U.S. for less than five years and have incomes below the FPL may no longer qualify for APTC
Public Charge Rule Before 9/18/2026	Public Charge Rule After 9/18/2026	• Removes current federal regulations that limit the public benefits that may be considered and restores broad discretion to immigration officers. • Financial assistance available through Covered California may be considered in a public charge determination.

Medi-Cal Essential Information



Team Member
Talking Points & FAQs

IEHP

SECTION 3: BUDGET CHANGES – WHAT'S COMING

Effective January 1, 2026:

Q **What is the "enrollment freeze" for certain adults with UIS?**

A Starting January 1, 2026, adults (aged 19 and older) with unsatisfactory immigration status (UIS) will no longer be able to newly enroll in full-scope Medi-Cal. However:

- Current enrollees may stay covered if they complete their renewal on time.
- If current enrollees lose coverage, they may not be able to re-enroll, except for emergency or pregnancy-related services.

Q **Who is affected by these changes?**

A Adults aged 19 and older with UIS, including, but not limited to:

- Green card holders not exempt from the five-year waiting period, who have had their permanent resident status for less than five years.
- Persons Permanently Residing Under Color of Law (PRUCOL) (e.g., persons with temporary protected status, refugee status, deferred action).
- People with no immigration status, but who currently qualify under past Medi-Cal expansions.
- People enrolled through a trafficking or crime victim assistance program.
- Lawfully present immigrants who are older than age 20 and not pregnant.

Q **Are children or pregnant individuals affected by the freeze?**

A No. Children (under 19) and pregnant individuals can continue enrolling in full-scope Medi-Cal, regardless of immigration status.

Q **Are there other changes happening to Medi-Cal eligibility?**

A Yes. For members 65+ or those with disabilities, asset limits will return during eligibility reviews and annual renewals.

- The asset limit is $130,000 for one person (+$65,000 for each additional household member up to 10 members pers household).
- Some assets don't count, like the home you live in, one vehicle, household items, and certain savings, like retirement accounts.

Effective July 1, 2026:

Q **Will dental benefits change?**

A Yes. Adult members (19+) with UIS will no longer receive full dental coverage. However:

- Emergency dental care (pain, infection, extractions) will still be covered.
- Pregnant members will continue to receive full dental care during pregnancy and up to one year after it ends.

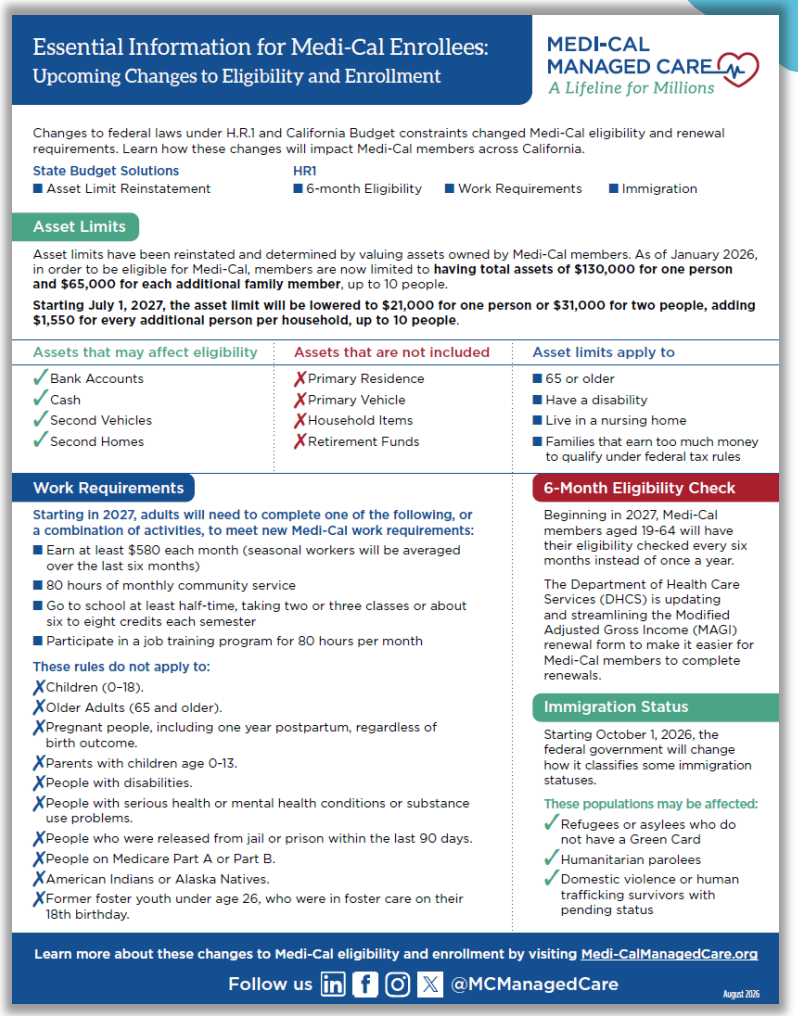
Effective July 1, 2027:

Q **Will some members with UIS need to pay a monthly premium?**

A Yes. Certain adult Medi-Cal members with UIS (ages 19–59) will need to pay a $30 monthly premium to keep their full-scope Medi-Cal. This includes, but is not limited to:

- Green card holders not exempt from the five-year waiting period, who have had their permanent resident status for less than five years.
- PRUCOL (e.g., with temporary protected status or refugee status).
- People with no immigration status, but who currently qualify under past Medi-Cal expansions.
- People enrolled through a trafficking or crime victim assistance program.
- Lawfully present immigrants who are older than age 20 and not pregnant.

If premiums are not paid, coverage will be reduced to emergency and pregnancy-only services.



Essential Information for Medi-Cal Enrollees:
Upcoming Changes to Eligibility and Enrollment

MEDI-CAL MANAGED CARE
A Lifeline for Millions

Changes to federal laws under H.R.1 and California Budget constraints changed Medi-Cal eligibility and renewal requirements. Learn how these changes will impact Medi-Cal members across California.

State Budget Solutions
- Asset Limit Reinstatement

HR1
- 6-month Eligibility
- Work Requirements
- Immigration

Asset Limits

Asset limits have been reinstated and determined by valuing assets owned by Medi-Cal members. As of January 2026, in order to be eligible for Medi-Cal, members are now limited to **having total assets of $130,000 for one person and $65,000 for each additional family member**, up to 10 people.

Starting July 1, 2027, the asset limit will be lowered to $21,000 for one person or $31,000 for two people, adding $1,550 for every additional person per household, up to 10 people.

Assets that may affect eligibility	Assets that are not included	Asset limits apply to
✓ Bank Accounts	✗ Primary Residence	■ 65 or older
✓ Cash	✗ Primary Vehicle	■ Have a disability
✓ Second Vehicles	✗ Household Items	■ Live in a nursing home
✓ Second Homes	✗ Retirement Funds	■ Families that earn too much money to qualify under federal tax rules

Work Requirements

Starting in 2027, adults will need to complete one of the following, or a combination of activities, to meet new Medi-Cal work requirements:
- Earn at least $580 each month (seasonal workers will be averaged over the last six months)
- 80 hours of monthly community service
- Go to school at least half-time, taking two or three classes or about six to eight credits each semester
- Participate in a job training program for 80 hours per month

These rules do not apply to:
- ✗ Children (0–18).
- ✗ Older Adults (65 and older).
- ✗ Pregnant people, including one year postpartum, regardless of birth outcome.
- ✗ Parents with children age 0-13.
- ✗ People with disabilities.
- ✗ People with serious health or mental health conditions or substance use problems.
- ✗ People who were released from jail or prison within the last 90 days.
- ✗ People on Medicare Part A or Part B.
- ✗ American Indians or Alaska Natives.
- ✗ Former foster youth under age 26, who were in foster care on their 18th birthday.

6-Month Eligibility Check

Beginning in 2027, Medi-Cal members aged 19-64 will have their eligibility checked every six months instead of once a year.

The Department of Health Care Services (DHCS) is updating and streamlining the Modified Adjusted Gross Income (MAGI) renewal form to make it easier for Medi-Cal members to complete renewals.

Immigration Status

Starting October 1, 2026, the federal government will change how it classifies some immigration statuses.

These populations may be affected:
- ✓ Refugees or asylees who do not have a Green Card
- ✓ Humanitarian parolees
- ✓ Domestic violence or human trafficking survivors with pending status

Learn more about these changes to Medi-Cal eligibility and enrollment by visiting Medi-CalManagedCare.org

Follow us @MCManagedCare

August 2026

LPI Consumers Can Enroll. The 2027 Change is Financial Assistance Eligibility

Immigration Group	Can Enroll in Covered California in 2027	Financial Assistance in 2027	Enroller Takeaway
Eligible Non-Citizen Group Lawful Permanent Residents (LPR) / green card holders Cuba and Haitian entrants COFA migrants: Micronesia, Marshall Islands, and Palau	Yes	Yes	**No change** to the financial assistance eligibility.
Asylum status or pending applications; Refugees	Yes	No	**Coverage remains available;** 2027 financial assistance is not available
Survivors of trafficking, domestic violence, and serious crimes Including U/T visas and pending VAWA petitions	Yes	No	**Coverage remains available;** 2027 financial assistance is not available
Temporary Protected Status: work visas, student visas, other humanitarian, or temporary lawful statuses Including U/T visas and pending VAWA petitions	Yes	No	**Coverage remains available;** 2027 financial assistance is not available

Federal "Public Charge" Rule Before 9/18/26

What It Means

- A **check used only during certain immigration steps**, like applying for a green card or entering the U.S.
- It is **NOT a test** for most people already living here or renewing their coverage, including refugees, asylees, and certain humanitarian visa holders.
- In addition to considering many other factors, it currently asks: Is the person likely to rely mainly on government cash aid or long-term care?

Can Be Considered

- Cash assistance for income (e.g., CalWORKs/TANF, SSI)
- Long-term care paid by the government

Does Not Count

- Health coverage like Covered California or Medi-Cal
- Emergency medical care, WIC, food assistance
- Benefits received by family members

Enrollment Process

The Choice is Yours



Enrollment Options – The Choice is Yours



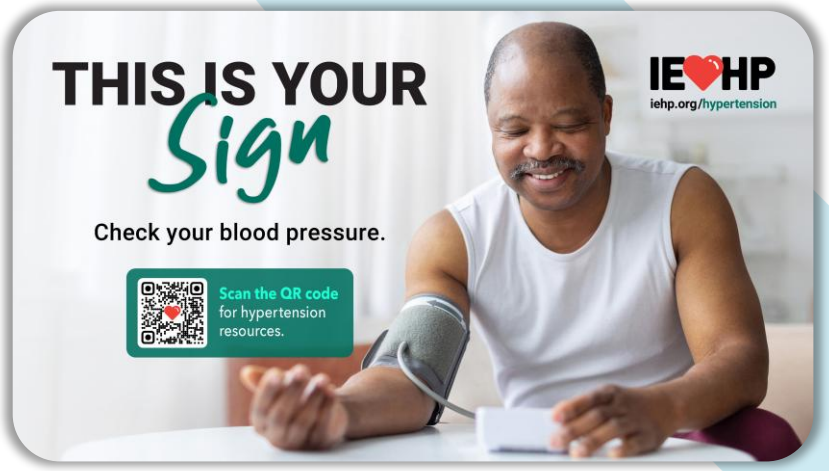
Photo by Austin Distel on Unsplash

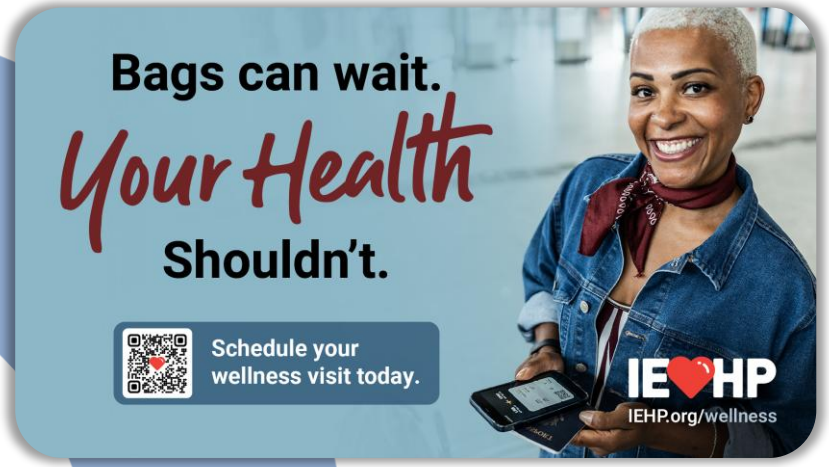
- IEHP Certified Agent Partners
- IEHP Enrollment Services Team
- Health Navigator Partners
- Self-Enroll

Quality Health Coverage





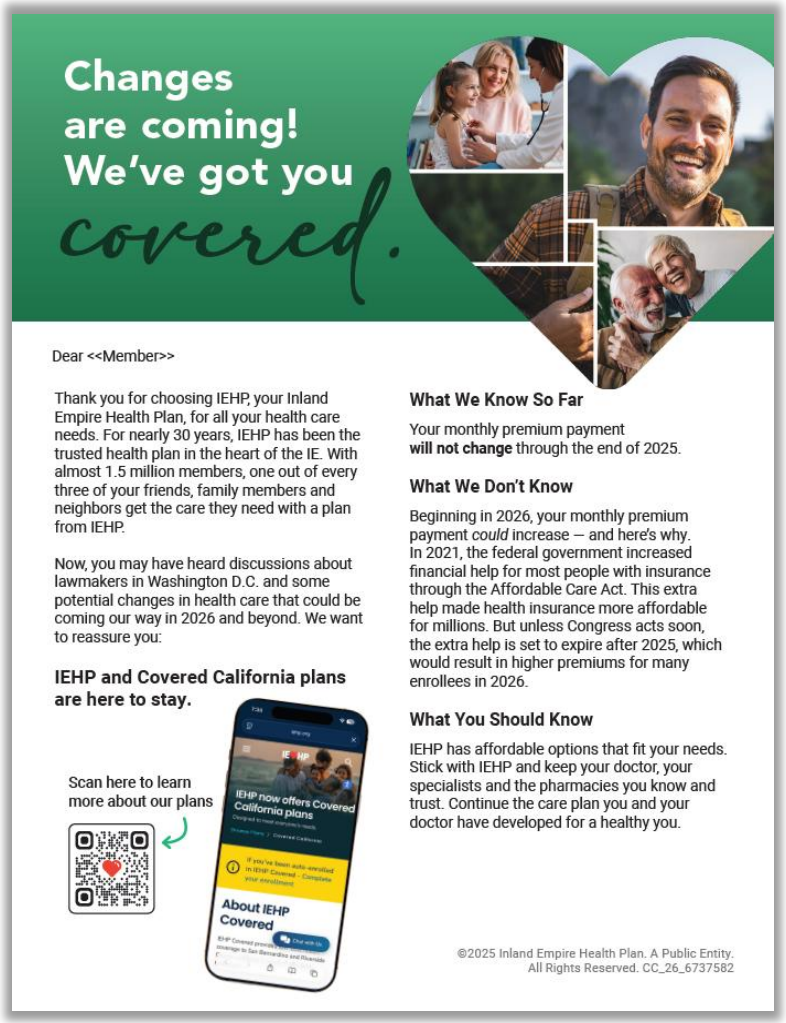






2027 Renewal Letters

Multi-language with Agent Partner Contact Information



Changes are coming! We've got you covered.

Dear <<Member>>

Thank you for choosing IEHP, your Inland Empire Health Plan, for all your health care needs. For nearly 30 years, IEHP has been the trusted health plan in the heart of the IE. With almost 1.5 million members, one out of every three of your friends, family members and neighbors get the care they need with a plan from IEHP.

Now, you may have heard discussions about lawmakers in Washington D.C. and some potential changes in health care that could be coming our way in 2026 and beyond. We want to reassure you:

IEHP and Covered California plans are here to stay.

Scan here to learn more about our plans

What We Know So Far

Your monthly premium payment **will not change** through the end of 2025.

What We Don't Know

Beginning in 2026, your monthly premium payment *could* increase — and here's why. In 2021, the federal government increased financial help for most people with insurance through the Affordable Care Act. This extra help made health insurance more affordable for millions. But unless Congress acts soon, the extra help is set to expire after 2025, which would result in higher premiums for many enrollees in 2026.

What You Should Know

IEHP has affordable options that fit your needs. Stick with IEHP and keep your doctor, your specialists and the pharmacies you know and trust. Continue the care plan you and your doctor have developed for a healthy you.

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¡Próximamente habrá cambios! Lo tenemos cubierto.

Estimado(a) <<Member>>:

Gracias por elegir IEHP, Inland Empire Health Plan, para todas sus necesidades de atención médica. Durante casi 30 años, IEHP ha sido el plan de salud de confianza en el corazón de Inland Empire (IE). Con casi 1.5 millones de miembros, uno de cada tres de sus amigos, familiares y vecinos recibe la atención que necesita con un plan de IEHP.

Ahora bien, es posible que haya oído hablar de los debates entre los legisladores de Washington D. C. y de algunos posibles cambios en la atención médica que podrían producirse a partir de 2026. Queremos asegurarle:

Los planes de IEHP y Covered California continúan aquí para usted.

Escanee aquí para obtener más información acerca de nuestros planes

Lo que sabemos hasta ahora

El pago de su prima mensual **no cambiará** en lo que resta de 2025.

Lo que no sabemos

A partir de 2026, el pago de su prima mensual *podría* aumentar, y aquí le explicamos por qué. En 2021, el gobierno federal aumentó la ayuda financiera para la mayoría de las personas con seguro a través de la Ley de Cuidado de Salud a Bajo Costo. Esta ayuda adicional hizo a los seguros médicos más accesibles para millones de personas. Pero, a menos que el Congreso actúe pronto, la ayuda adicional expirará después de 2025, lo que provocaría un aumento de las primas para muchos afiliados en 2026.

Lo que usted debe saber

IEHP tiene opciones económicas que se adaptan a sus necesidades. Quédese con IEHP y conserve a su médico, sus especialistas y las farmacias que conoce y en las que confía. Continúe con el plan de cuidados que usted y su médico han desarrollado para sentirse bien y saludable.

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Support & Resources

Member Services



Member Services



IEHP Covered | COVERED CALIFORNIA

Effective Date: [00/00/2024] Plan Level: [Plan Level]

Name: **[Member Name]**
Member ID: **[0123456789]**

PCP Effective Date: **[00/00/2024]**
PCP: **[PCP Name]**
PCP Phone: **[1-234-567-8901]**

RXBIN: **[XXXXXX]**
RxPCN: **[XXXXXXX]**
RxGroup: **[XXXXX]**

PCP Office Visit: **[$X]** Urgent Care: **[$X]** ER Visit (waived if admitted): **[$X]**
Deductible: **[$X]** OOPM: **[$X]**

In case of an Emergency: Go to the nearest Emergency Room (ER).

- Member Services: [**1-877-273-IEHP (4347)** or TTY **1-800-718-4347**, 8am-6pm PST, Monday-Friday.]
- Behavioral Health: [**1-877-273-IEHP (4347)**]
- 24 Hour Nurse Advice Line: [**1-888-244-IEHP (4347)** or TTY **711**.]
- Dental: Contact Liberty Dental at [**1-888-LIBERTY**]
- Pharmacy Help Desk: [**1-888-495-3147**]
- Send Claims To: [IEHP, P.O. Box 4259, Rancho Cucamonga, CA 91729-4259]

Visit us at **IEHPcovered.com**

Need to speak to IEHP Member Services?

Our IEHP Member Services team is available to answer your questions.

Phone 1-800-440-IEHP (4347)

TTY 1-800-718- IEHP (4347)

Email MemberServices@iehp.org

Serving the Inland Empire for 30+ Years



Mission

We heal and inspire
the human spirit

Robust network

Lowest priced Silver and Bronze plans that fit YOU!

Resources, materials, FAQs, guides and more

Questions? Call us at: (800) 440-4347
TTY 800-718-4347
www.IEHP.org

Thank You!

IEHP

Covered

VSP Vision

Michael Denhaan | Sr. Business Development Manager, Direct to Consumer

vsp individual vision plans

Welcome to VSP® Individual Vision Plans

2026-2027



Mike Denhaan

Sr. Business Development Manager

VSP Individual Vision



VSP Vision Classification: Restricted

Largest Groups in Need of Vision Coverage

Adults on ACA are not covered

Early retirees



4M

Americans are turning 65 each year through 2027[1]

Marketplace



24M

People selected a marketplace health insurance plan in 2025[2]

Part-Time/Contract Employees



28M

Employees work part-time jobs in the U.S.[3]

Young Adults



26

Adults aged 26 have the highest uninsured rate among all ages[4]

Do you wear glasses or contacts?

1. Retirees 55+, CBS News, January 2024.; **2.** Centers for Medicare & Medicaid Services Jan 2025.; **3.** Bureau of Labor Statistics March 2026.; **4.** KFF Health News Aug 2025

VSP Vision Classification: Restricted

Powerful Preventative Care

An eye exam is the only non-invasive way to view blood vessels in the body, helping eye doctors detect signs of over 270 health conditions.* Some detectable health condition signs include: early signs of, **high cholesterol**, **diabetes**, some types of cancer, kidney disease, and **hypertension** – even without other symptoms.[1]



1. American Optometric Association, Systemic Conditions with Ocular and Visual Manifestations, 2023

VSP Vision Classification: Restricted

Low Out-of-pocket Costs with VSP

Typical Annual Savings Example*

Standard Plan	Walk-in Prices	With a VSP Plan	Savings	
Comprehensive Exam	$214	$15	$199	Typical Savings after Premium – $366
Frames	$253	$82	$171	
Rx Lenses Copay Single Vision	$118	$25	$93	
Optional Lens Enhancements				
Anti-Glare	$161	$85	$76	
Polycarbonate	$66	$35	$36	
Annual VPS Plan Cost		$204	$-204	
Total	$812	$446	$366	

Savings based on state and national averages for eye exams and most commonly purchased brands and lens enhancements. This number represents average savings for VSP members at in-network providers. Your actual savings will depend on the eyewear you choose, your plan, the eye doctor you visit, your copays, and your premium.
Source: VSP book-of-business paid claims data for Aug-Jan of each prior year..
This chart represents typical savings for VSP members with a Standard Plan when they see a VSP doctor.

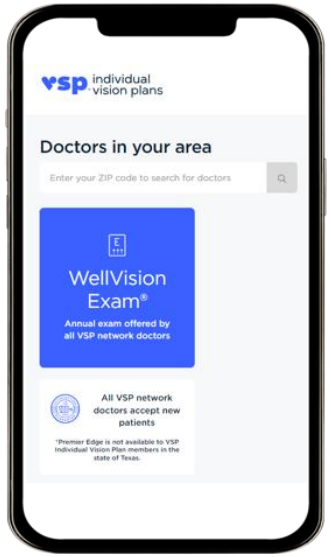
VSP Vision Classification: Restricted

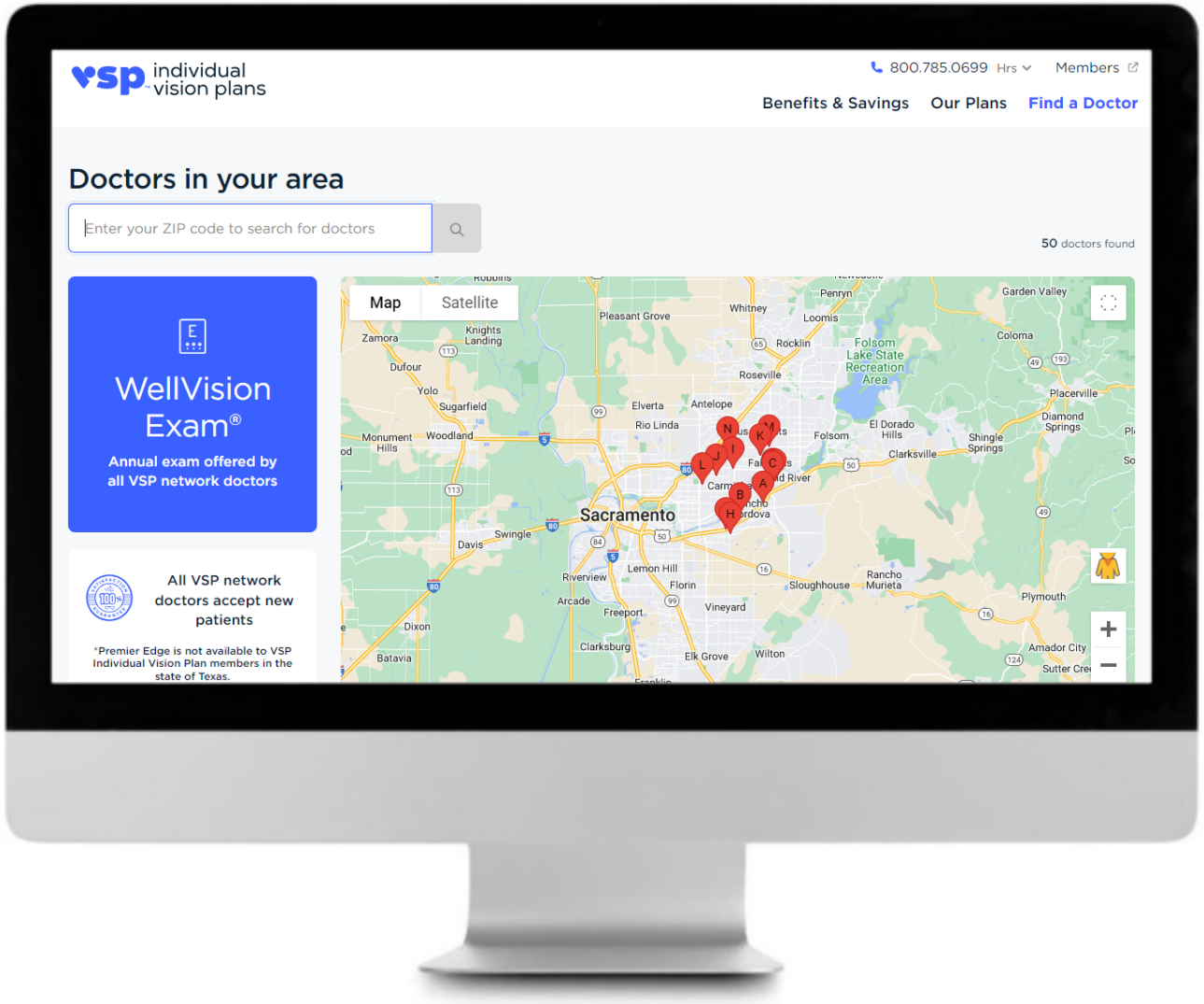
Finding an Eye Doctor Easily and Quickly

With our “Find a VSP Doctor” locator, easily find network doctors by ZIP code.

How to Find a Doctor:

- Search by ZIP code
- See full list of in-network doctors including information about hours, languages, and more





Classification: Public

A Network That Continues to Grow

With millions of members nationwide, VSP provides access to a broad network of eye doctors, convenient care locations, and trusted retail partners.



Look for the Heart
Helping Members Use their Benefits Wisely[1]

private practice doctors

96,000 independent doctor access points throughout the U.S.

Visionworks

Now in CA

- 750+ retail locations nationwide
- Easy scheduling
- Organized shopping experience
- Pricing made simple

EYEMART EXPRESS

- 250 retail locations across 42 states
- Retail expansion in rural markets

eyeconic
a vsp vision company

Online retailer that seamlessly integrates their VSP benefits and includes prescription, sunglasses and contact lenses

*1. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. It's simple: Follow Your Heart. Look for the VSP heart logo stamped on the lens of your favorite glasses to quickly identify the Featured Frame Brands that will help you maximize your VSP benefits.

VSP Vision Classification: Restricted

COVERED CALIFORNIA

Plan Details



Classification: Public

12/12/12 Plans

VSP Individual Vision Plans provide coverage for:



VSP WellVision Exam®
Every 12 Months



New lenses
Every 12 Months

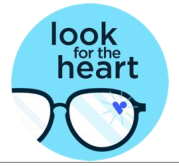


New frame
Every 12 Months

These plans keep our members seeing clearly all year long.

Classification: Public

Covered CA $120 Plan*

Coverage with a VSP Network Doctor			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eyes and overall wellness	$15	Every 12 months
Prescription Glasses		$25	(See frame and lenses)
Frame 	• $140 featured frame brands allowance • $120 frame allowance • 20% savings on the amount over your allowance • $65 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Progressive lenses (standard, premium, or custom)	$0-$75	Every 12 months
	• Anti-glare	$41-$85	
	• Light-reactive lenses	$75	
	• Impact-resistant lenses	$35	
	• Scratch-resistant coating	$17-$33	
	• Tinted lenses	$15-$17	
	• UV protection	$16	
	• Average savings of 30% on other lens enhancements		
Contacts (Instead of Glasses)	• $120 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on contact lens exam (fitting and evaluation)	$0	Every 12 months

Classification: Public

*Covered CA $120 Plan only available in California.

Covered CA $175 Plan*

Coverage with a VSP Network Doctor			
Benefit	Description	Copay	Frequency
WellVision Exam®	Focuses on your eyes and overall wellness	$15	Every 12 months
Prescription Glasses		$25	(See frame and lenses)
Frame 	• $195 featured frame brands allowance • $175 frame allowance • 20% savings on the amount over your allowance • $95 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	• Progressive lenses (standard, premium, or custom)	$0-$175	Every 12 months
	• Anti-glare	$41-$85	
	• Light-reactive lenses	$0	
	• Impact-resistant lenses	$0	
	• Scratch-resistant coating	$0	
	• Tinted lenses	$0	
	• UV protection	$0	
	• Average savings of 30% on other lens enhancements		
Contacts (Instead of Glasses)	• $175 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on contact lens exam (fitting and evaluation)	$0	Every 12 months

Classification: Public

*Covered CA $175 Plan only available in California.

Choosing The Right Plan

BASIC PLAN

Covered CA $120 Plan

- Perfect for those who enjoy overall savings and don't need a lot of extras
- $120 frame allowance or $120 contact lens allowance

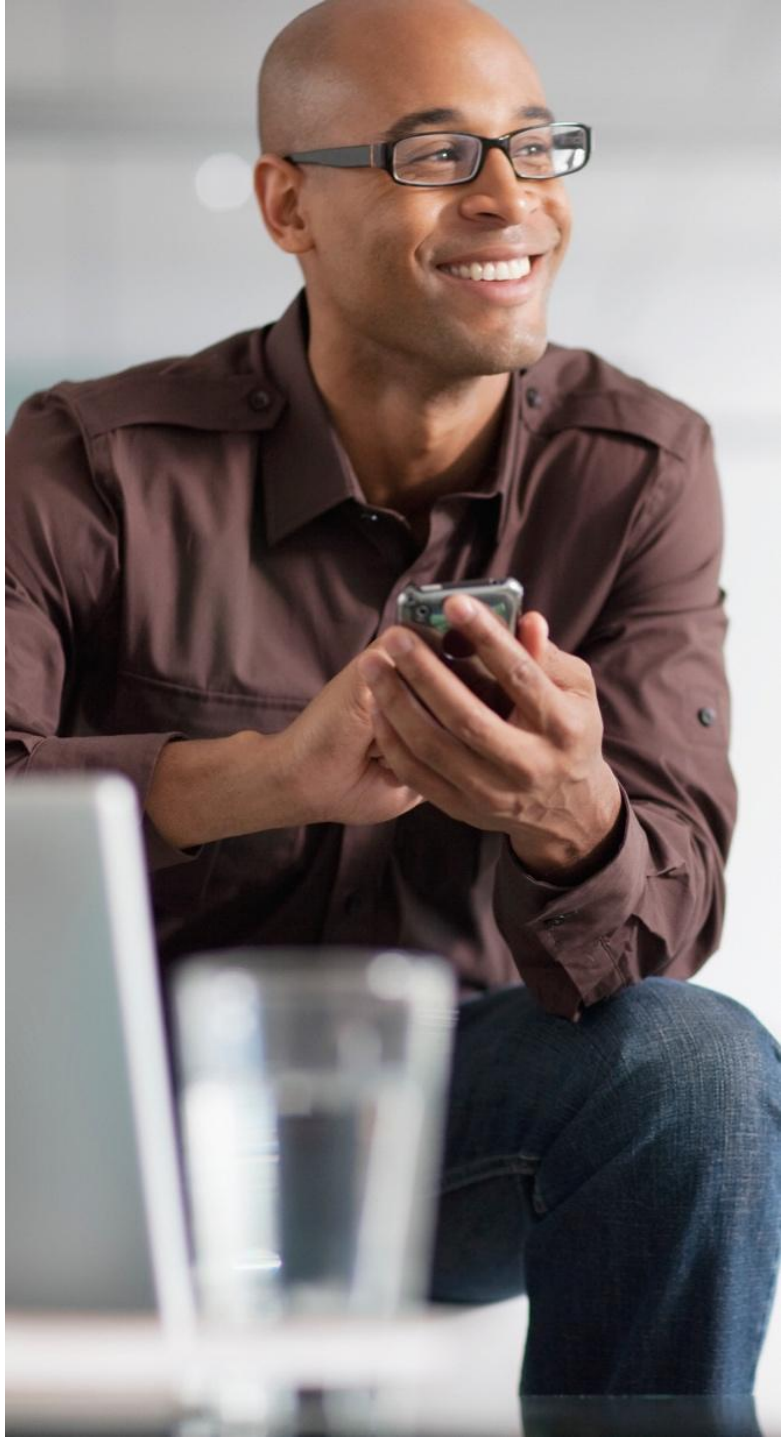
HIGH PLAN

Covered CA $175 Plan

- Great for those who prefer to a higher allowance on frames or contacts
- $175 frame allowance or $175 contact lens allowance
- Light-reactive lenses, scratch resistant coating, impact-resistant lenses, and UV protection covered-in-full

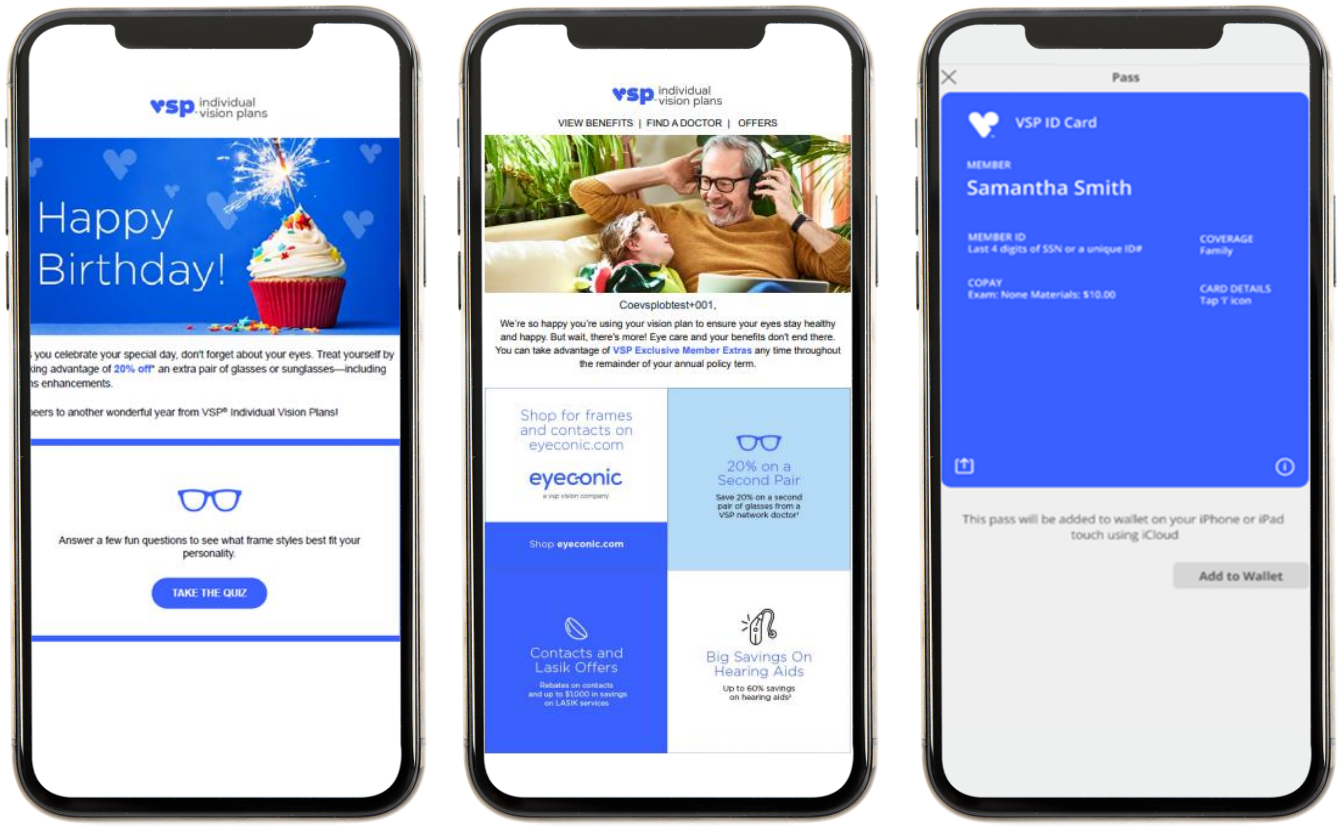
look for the heart

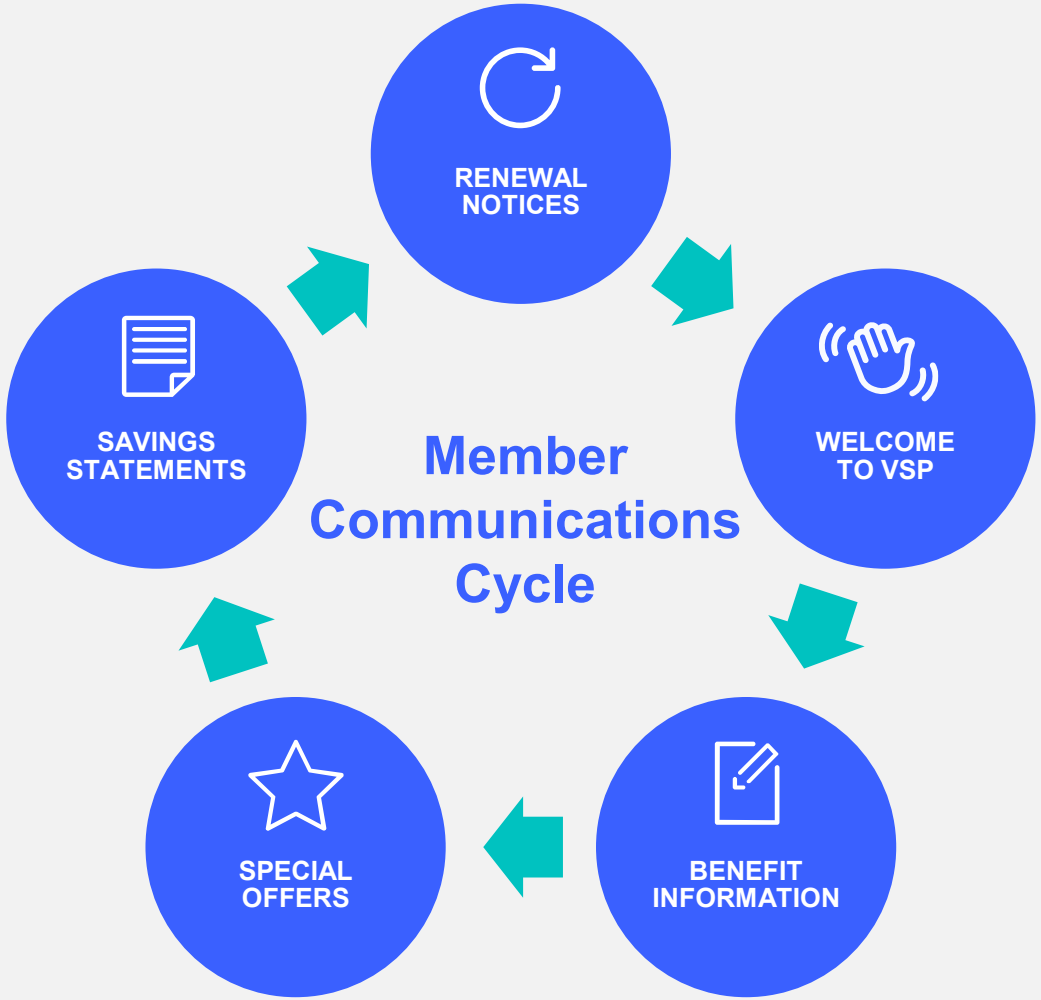
***Follow Your Heart* – Helping Members Use their Benefits Wisely**



Classification: Public

Member Communications





VSP Vision Classification: Restricted

Meeting Vision Care Needs for Covered CA Members



93%
Overall Satisfaction[1]

92%
Annual Renewal Rate[2]

1. VSP Individual Vision Plan Member Post-Claim Satisfaction Survey for all Individual Plan members in the Indirect channel as of 12/31/2025, n=5368; 2. Year-end 2025 VSP Indirect Membership data

VSP Vision Classification: Restricted



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VSP, VSP Choice Plan, WellVision Exam, Eyeconic, and eyeconic.com are registered trademarks; VSP Premier Edge, and Otis & Piper are trademarks; and VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners. 144723-26-VC

VSP Vision Classification: Restricted

Humana

Tracy Camarata | Lead, Product Marketing – Individual Dental & Vision
Matt Graves | Senior Product Designer – Individual Dental & Vision

DENTAL



Covered California

Smile. We've Got You Covered!

October 2027

Humana

Today's Presenters



Tracy Camarata

Lead, Product Marketing

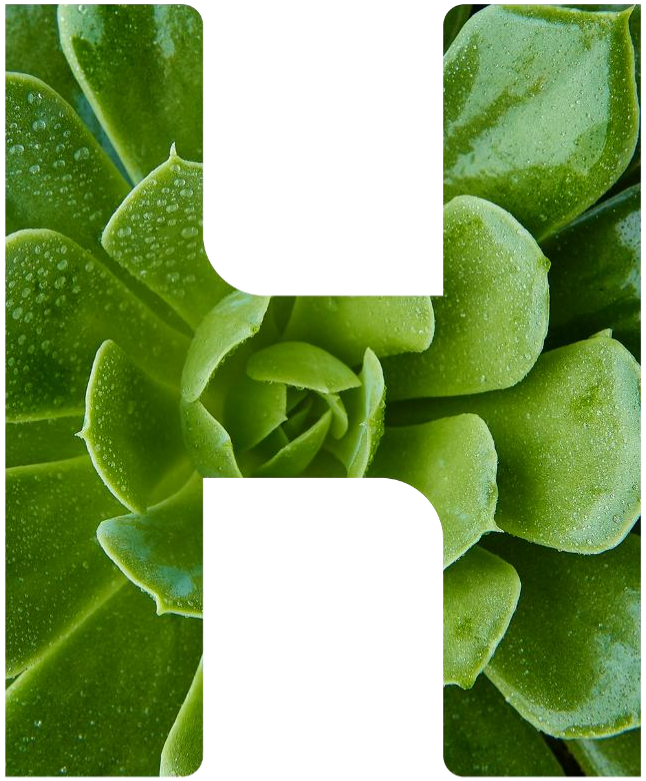
Individual Dental & Vision



Matt Graves

Senior Product Designer

Individual Dental & Vision



Humana®

Today’s discussion

- Humana and Covered California:
  A shared commitment to a healthy California
- Our Commitment to our Members
- Agent Support & Resources
- Humana Family Dental PPO Overview

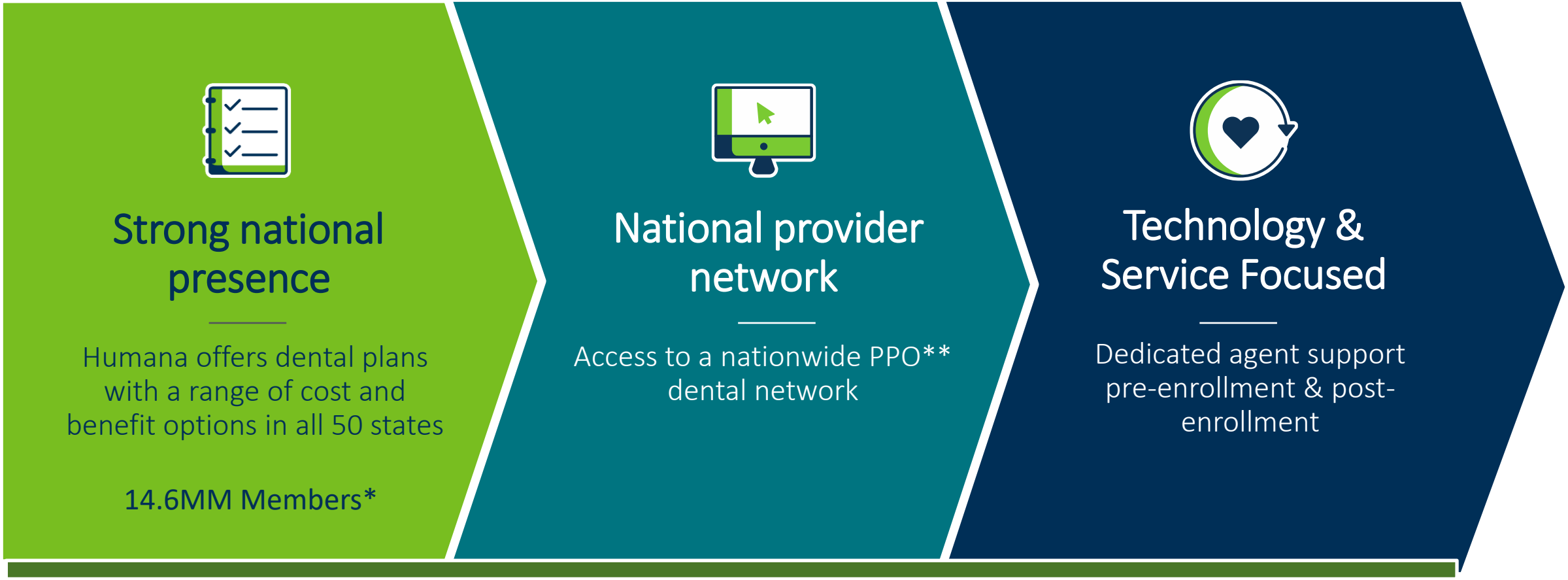


Humana and Covered California:

A shared commitment to a healthy California



Humana Individual Dental: Member-focused, Agent-driven



* December 2025, Internal Reporting. Humana dental and vision membership counts inclusive of all lines of business: Medicare, employer group, individual, and Federal
**December 2025, Provider Counts, Internal Reporting

Members are at the heart of everything we do



Focus on Preventive Care as a gateway to health

Member engagement

- ***Humana Family Dental PPO*** offers 100% coverage on in-network routine dental checkups, plus diagnostic and treatment services with no waiting periods
- Communications encourage members to seek preventive care

Importance of preventive care

- Lower risk of developing gum disease, tooth decay and other serious health issues*
- Help reduce dental issues related to chronic medical conditions, such as diabetes, certain cancers and osteoporosis
- Promote good oral hygiene habits for members
- Find and fix small problems before they become big (and possibly expensive) problems

* What Can My Dentist Tell Me About My Overall Health? | College of Dentistry | University of Illinois Chicago, (Feb., 2019)

.

Member On-Boarding, Retention & Service

Member Enrolls for Humana Family Dental PPO

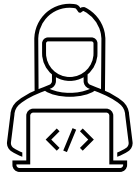
Receives ID Card

New Member On-Boarding Emails & Direct Mail

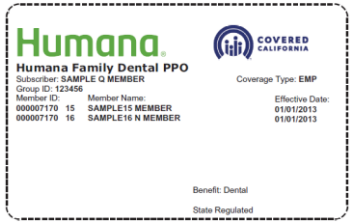
Registers for MyHumana

Educational content & claim updates

Customer Care





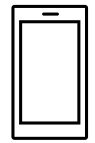


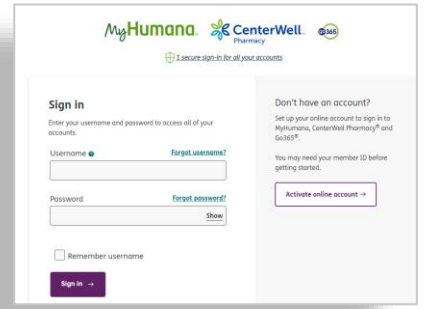


















Humana Family Dental PPO



Our commitment to our members

Humana's focus has always been to offer our members plan strength, network flexibility and benefits they can count on. That will look like:

- In 2026, Humana has one of the largest dental networks in California with nearly 20,000 dentists and specialists throughout the State.*
- 100% paid preventive care—including cleanings, exams and X-rays
- No waiting periods for child dental services—including child orthodontia coverage
- Flexible coverage options—including in- and out-of-network benefits
- Teledentistry—access to virtual dental consultations from home



*Zelis data as of December 2025

Humana Family Dental PPO – offered statewide

	ADULT		PEDIATRIC	
Annual Maximum	$1,500		No Limit	
Out-of-Pocket Maximum	Does Not Apply		$350 for individual child with a $700 maximum for 2 or more children	
Waiting Periods	6 months for major services		None	
	In Network	**Out of Network**	**In Network**	**Out of Network**
Deductible	$50 per adult (limited to $100)	$50 per adult (limited to $100)	$75 per child (limited to $150)	$75 per child (limited to $150)
Preventive	100% coinsurance (no deductible)	90% coinsurance (no deductible)	100% coinsurance (no deductible)	90% coinsurance (no deductible)
Basic	80% coinsurance (after deductible)	70% coinsurance (after deductible)	80% coinsurance (after deductible)	70% coinsurance (after deductible)
Major	50% coinsurance (after deductible)	50% coinsurance (after deductible)	50% coinsurance (after deductible)	50% coinsurance (after deductible)
Orthodontia	Not Covered	Not Covered	50% coinsurance (after deductible)	50% coinsurance (after deductible)

Remember…

- ✓ Enroll on the CoveredCA.com portal starting November 1st, 2026 through January 31st, 2027.
- ✓ Review the Humana Family Dental PPO plan on the Covered California portal or visit Humana's Exchange website at ***Communication.Humana.com/member-exchange***.
- ✓ If you are assisting a consumer with enrollment, find additional information and resources on Humana's Agent Advantage portal.

Humana®

A more human way to healthcare®

Sharp Health Plan

Glen Whitman | Sales Associate – Individual and Family Plans

SHARP Health Plan



Better rates. Better quality.

Better health insurance matters.

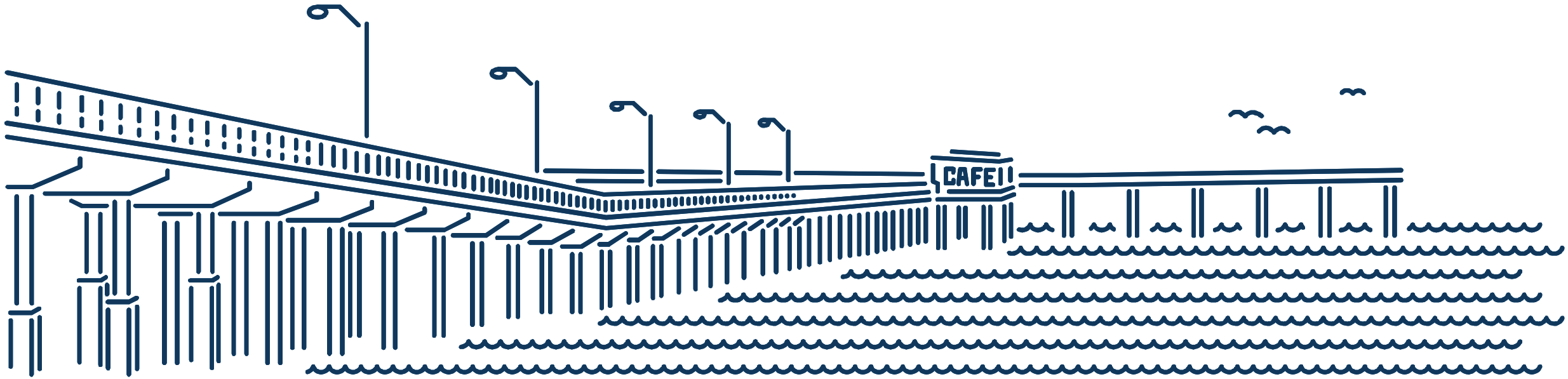
2027 Individual and Family Health Insurance Plans

Agenda

Sharp Health Plan

Plan options and how they work

Pricing and enrollment



Sharp Health Plan

Affordable options
We offer nine different individual and family plan options so you and your family can find a plan that fits your lifestyle and budget.

Local and nonprofit
Our decisions focus on keeping members healthy – not increasing profits.

Committed to high-quality coverage
Our commitment to our members is at the heart of everything we do and has resulted in multiple local, state and national recognitions.*

Health care, simplified
We make it easy to manage your plan, find great care, view your benefits and more, all online and available whenever you need it.

Wellness program
Free resources to help you reach your health goals.



SHARP Health Plan

*Visit sharphealthplan.com/honors to learn more.

Better Health Insurance Matters



The Union-Tribune Readers Poll named Sharp Health Plan the Best Health Insurance in San Diego for the sixth year in a row.[1]

[1] Voted 'Best Health Insurance' in the San Diego's Best Union-Tribune Readers Poll, 2021-26.

Sharp Health Plan's Performance Network*

Choose from a large selection of doctors San Diegans know and trust.



2,600+ doctors



40+ urgent care locations



MinuteClinic® locations nationwide



460+ pharmacies

- Albertsons® / Sav-on® Pharmacy
- Costco® Pharmacy
- CVS Pharmacy® locations, including those at Target®
- Ralphs® Pharmacy
- Sharp Rees-Stealy Pharmacy
- Vons® / Pavillions® Pharmacy
- Walgreens® Pharmacy
- Walmart® Pharmacy
- Independently contracted neighborhood pharmacies



13 hospitals[1]

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Mary Birch Hospital for Women & Newborns
- Sharp Memorial Hospital
- **Sharp Tri-City Medical Center**
- Palomar Medical Center Escondido
- Palomar Medical Center Poway
- Rady Children's Hospital (2 locations)
- Southwest Healthcare Inland Valley Hospital
- Southwest Healthcare Rancho Springs Hospital
- Temecula Valley Hospital



7 plan medical groups

- Sharp Rees-Stealy Medical Group
- Sharp Community Medical Group
- Sharp Community Medical Group – Graybill
- Sharp Community Medical Group – Inland North
- Sharp Community Medical Group – Graybill Temecula
- Sharp Community Medical Group – Palomar Health Medical Group
- Rady Children's Health Network

[1] Acute Care facility locations only. The network also includes Sharp Mesa Vista Hospital and Sharp McDonald Center.
Based on the Performance Network valid as of July 2026. Participating doctors, urgent care centers, pharmacies, medical groups and hospitals are subject to change. For the most current information, please visit sharphealthplan.com.

We’ve got you covered

Around town, across the world and around the clock.



Sample plan options – Premier Network

	Platinum	Gold	★ Silver	Bronze
Annual Deductible	$0	$0	$4,700 / $9,400	$7,800 / $15,600
Out-of-Pocket Maximum	$5,500 / $11,000	$9,600 / $19,200	$11,650 / $23,300	$7,800 / $15,600
Preventive Care	$0	$0	$0	$0
PCP / Specialist	$20 / $45	$40 / $80	$50 / $100	0% of the cost*
Urgent Care	$20	$40	$50	0% of the cost*
Emergency Room	$225	$350	$400	0% of the cost*
Hospitalization	$325/day (5-day max)	$375/day (5-day max)	30%*	0% of the cost*
Prescription Drugs	$10/ $25/ $45 10% of the cost	$19/ $60 / $90 20% of the cost	$20/ $65/ $95 20% of the cost*	0% of the cost*

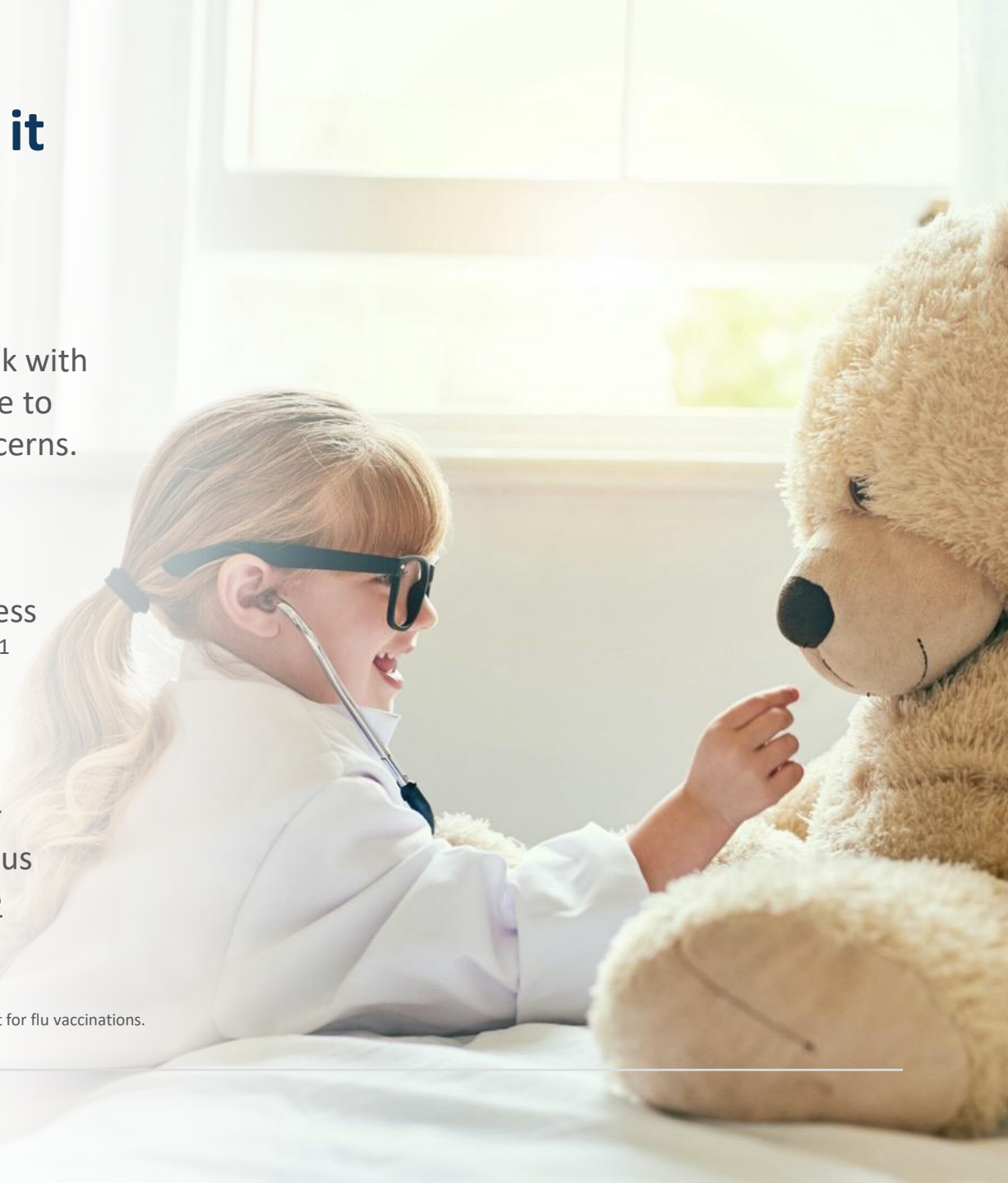
* Deductible applies.

Get the care you need, when you need it

After-Hours Nurse Advice
Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. They can talk with you about an illness or injury and help you decide where to seek care and provide advice on any of your health concerns.

MinuteClinic
MinuteClinic is the medical clinic located in select CVS Pharmacy stores. MinuteClinic provides convenient access to basic care to help you stay healthy on your schedule.[1]

Same-day care
Same-day virtual care and urgent care in your plan medical group are both great options when your doctor isn't available. Emergency care is also available for serious medical issues. Visit sharphealthplan.com/samedaycare for more information.



[1] Your share of the cost for a MinuteClinic visit is equal to what you pay for a PCP office visit (deductible may apply). There is no copayment for flu vaccinations.

Best Health® wellness program

Personalized digital tools

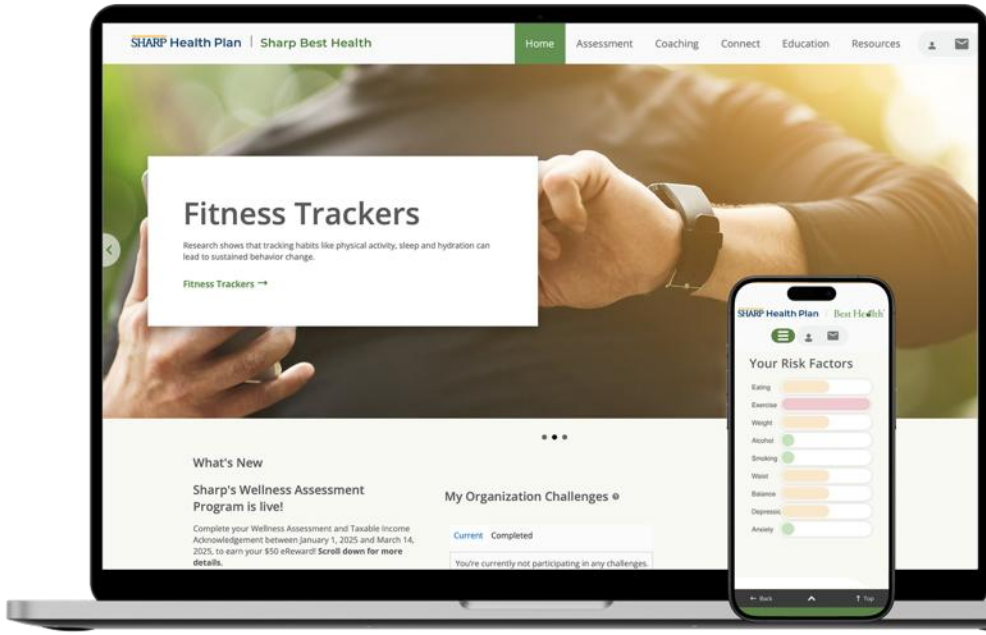
- Complete your Wellness Assessment and receive customized resources.
- Discover fun activities and challenges, or connect with a buddy to support your well-being.
- Learn about stress management, healthy eating, sleep, emotional health, exercise and more.
- Connect various physical activity trackers to help you reach your goals.

Coaching and support

- Get personalized support at no cost from local health coaches (phone-based and digital coaching programs).
- Make positive changes during weekly sessions with our nationally board-certified team.
- Define your personal goals and cocreate a lifestyle action plan to help you live your best life.

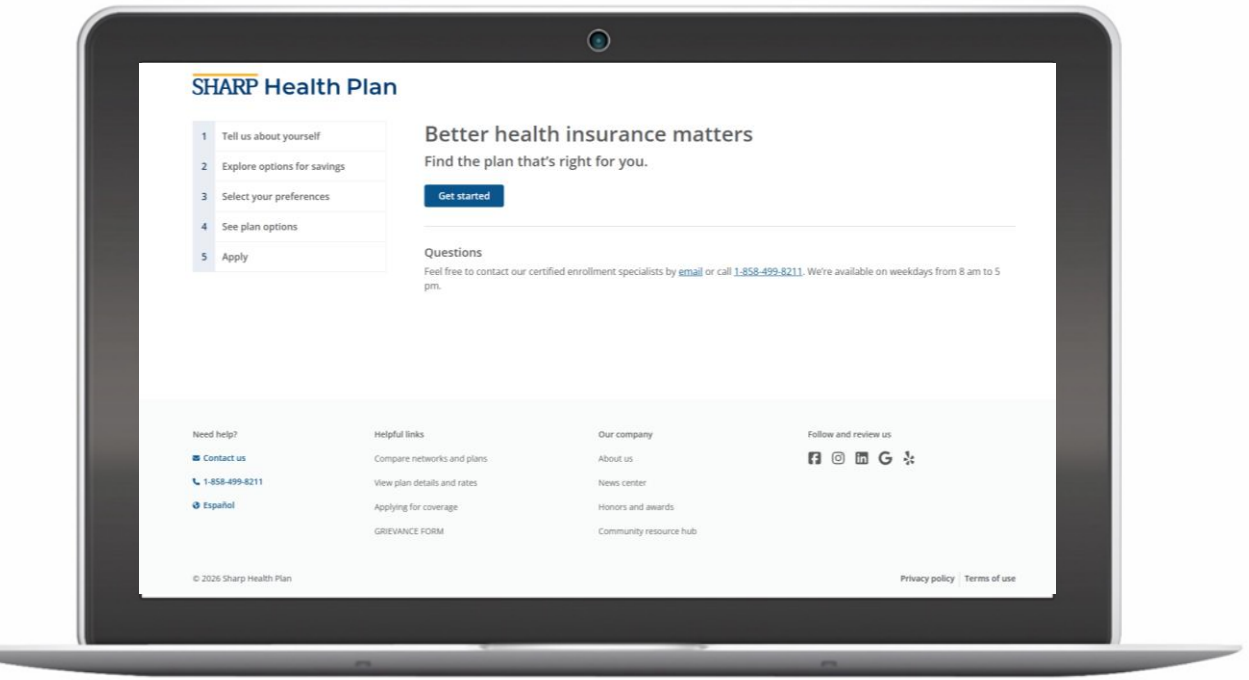
Fitness and wellness discounts

- **Active&Fit Direct™:** Enjoy access to 18,000+ workout videos designed for every style and fitness level at no cost.
- **Active&Fit Direct™:** Access 12,900+ participating fitness centers nationwide with a Sharp Health Plan member promo rate.
- **ChooseHealthy®:** Save 15%-50% on wellness products.

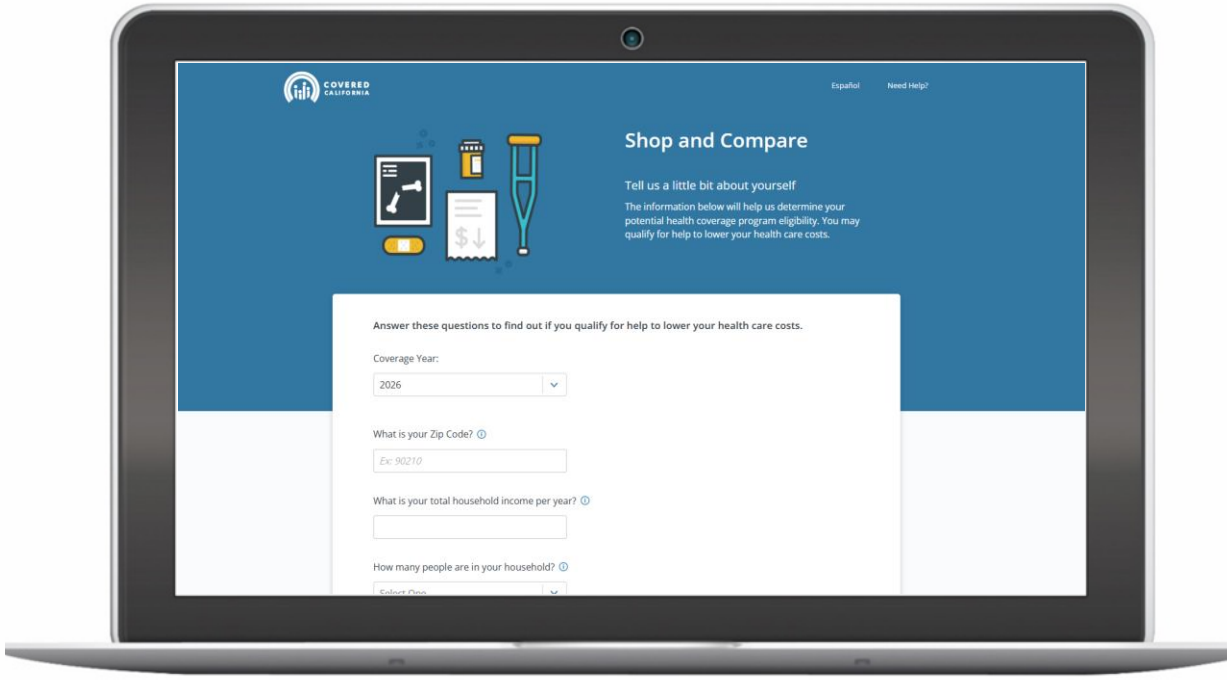


Getting a quote is easy

It takes less than 5 minutes.



www.sharphealthplan.com



www.coveredca.com

Blue Shield of California

Dani Williams | IFP Broker Sales Specialist

COVERED CALIFORNIA | For the love of Californians

blue CALIFORNIA | INDIVIDUAL & FAMILY PLANS

Covered California Member Presentation

Fall 2027



CALIFORNIA-BASED. STATEWIDE REACH. COVERAGE FOR LIFE.

Blue Shield of California

Built around California for Californians

From a first individual plan to family coverage, employer benefits and Medicare, Blue Shield offers Shield offers a connected portfolio designed to help members stay Blue through life's transitions. life's transitions.

6M+ MEMBERS SERVED

A broad membership base spanning commercial and government programs across California.

ALL CALIFORNIA ZIP CODES

Statewide IFP PPO availability gives brokers a Blue Shield Blue Shield option throughout the state.

LIFE COVERAGE THROUGH TRANSITIONS

Individual and family, employer, Medicare, Medi-Cal, Cal, dental, vision and life solutions across changing changing needs.

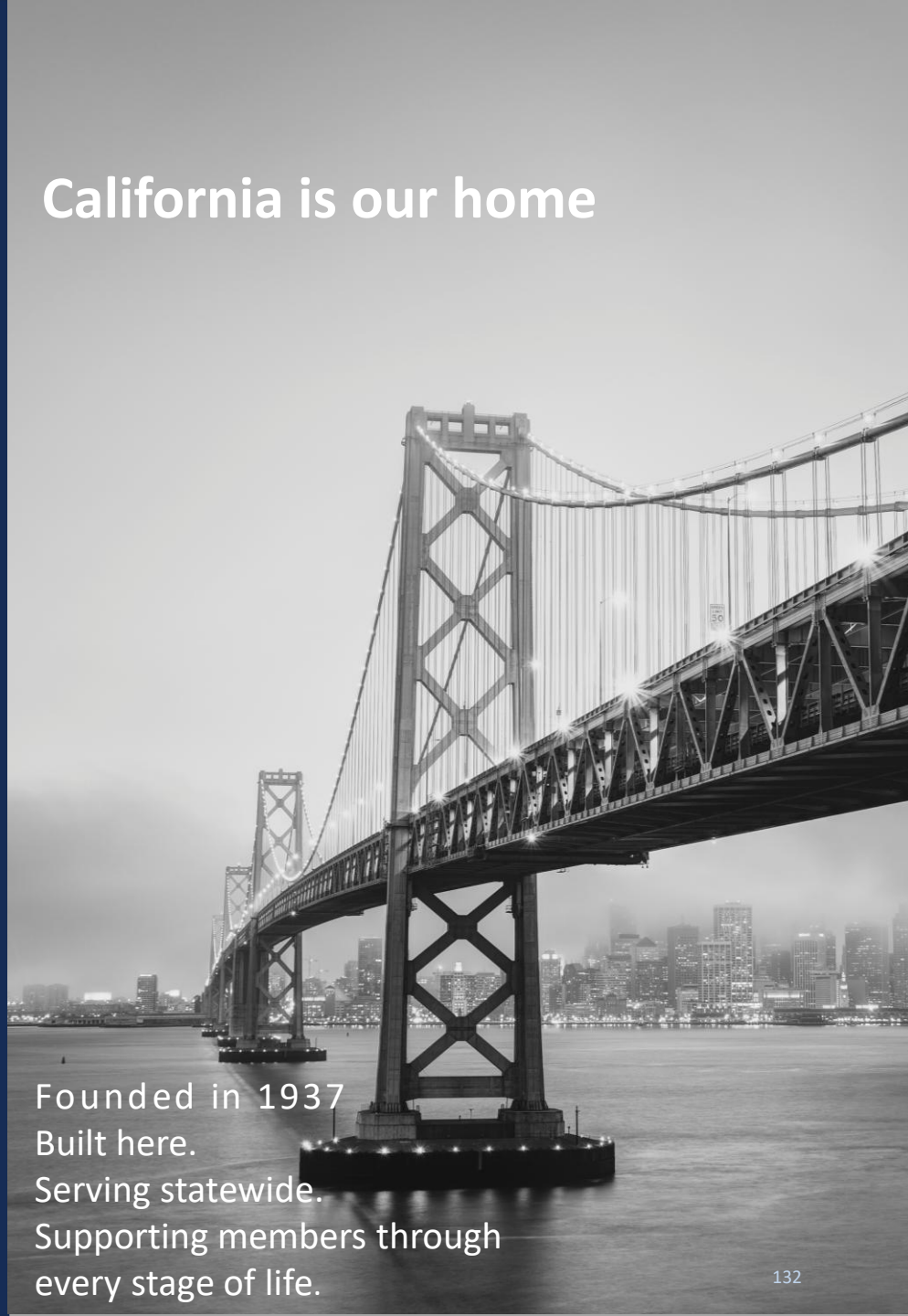
CA ROOTED IN CALIFORNIA

Founded in California and focused on the communities, providers and health needs of the state.

WHAT THIS MEANS FOR YOU

One trusted California partner with many ways to support members and their changing needs

California is our home



Choosing a health plan starts with two questions

1. What will you pay each month?
2. How do you want to access care?

PRICE + CHOICE

See your estimated monthly premium after any financial help. Then compare provider access, prescriptions, care costs, and how the plan works.



PRICE + TOTAL COST

Look beyond the monthly premium

Your monthly premium depends on your household, plan, and ZIP code.

1

IF THE PREMIUM IS LOWER

Check whether the network and care costs also fit your needs.

2

IF PREMIUMS ARE CLOSE

Provider access and plan type may help you decide.

3

IF ONE OPTION COSTS MORE

Consider whether the additional access or flexibility is valuable to you.



2027 reminder: Some plans have lower deductibles, while annual out-of-pocket maximums may be higher.

ACCESS MODEL

Choose how you want to access care

Depending on where you live, Blue Shield options may include PPO and Trio HMO plans.

PPO

MORE FLEXIBILITY

- Choose from the plan's PPO network
- See in-network specialists without a referral
- Some out-of-network care may be covered at a higher cost

TRIO HMO

COORDINATED CARE

- Receive care through a defined HMO network
- Select or receive a primary care physician
- Referrals may be required for specialist care

NEW FOR 2027

Bronze 60 Trio HMO

Another Covered California option for consumers seeking a lower monthly premium and coordinated HMO care.

$60 primary & urgent care • $50 labs
No-charge Teladoc consultation

Plan availability, benefits, networks, and member costs vary by ZIP code and plan.

PROVIDER ACCESS

California access through Blue Shield

Provider participation varies by plan, network, location, and year.



Before enrolling, confirm your doctor, medical group, hospital, and facility location for the specific 2027 plan.

ENROLLMENT CHECKLIST

Five things to check before you enroll

A quick review now can help prevent surprises later.

01

MONTHLY PREMIUM

See what you would pay after financial help.

02

PROVIDERS

Confirm doctors, medical groups, hospitals, and locations.

03

PRESCRIPTIONS

Check coverage, pharmacy tier, and cost.

04

CARE COSTS

Compare deductible, copays, coinsurance, and out-of-pocket maximum.

05

PLAN MODEL

Choose coordinated HMO care or PPO flexibility.

Review current 2027 benefit details for the exact plan available in your ZIP code.



BLUE SHIELD OF CALIFORNIA | 2027 COVERED CALIFORNIA

Choose Blue Shield with confidence

A California nonprofit health plan serving Californians since 1939.

1

CHECK YOUR PREMIUM

Enter household information and ZIP code to see available plans and financial help.

2

CHECK YOUR CARE

Confirm providers, prescriptions, deductibles, and plan details.

3

COMPLETE ENROLLMENT

Enroll through Covered California or get help from a Certified Enroller or licensed agent.

START AT CoveredCA.com



Blue Shield of California is an independent member of the Blue Shield Association

L.A. Care

Karen Rios | Manager,
Community and Field Engagement

COVERED CALIFORNIA | For the love of Californians



L.A. Care Covered™

COVERED CALIFORNIA

2027

Confidential and Proprietary

The plan and benefit information contained in this document is pending approval and subject to change.

L.A. Care Health Plan is the **nation's largest publicly operated health plan serving more than 2.4 million** members. We are a non-profit plan with a mission to provide access to quality health care for Los Angeles County's vulnerable and low-income residents and to support the safety net required to achieve that purpose.



Why L.A. Care Stands Out for 2027

Total Value Proposition: Price + Network + Local Support — a community-inspired plan built for L.A. County, by L.A. County.

For the **sixth** consecutive year, L.A. Care Covered™ is the most affordable choice in Los Angeles County across all metal tiers Bronze, Silver, Gold, and Platinum. As the nation's largest publicly operated health plan, L.A. Care is committed to ensuring that all hardworking Californians have access to a variety of plans with comprehensive benefits, preventive care, a large and trusted provider network, and tailored support services.



Local, Non-Profit & Public

As L.A. County's public option and a true non-profit for 25+ years, every dollar goes back into serving our communities, not shareholders.



Culturally Responsive Care

In-language support and community-based programs designed for L.A. County's diverse, multicultural population.



Largest HMO Network

Quality care close to home on Covered California exchange

Member Experience: A Seamless Journey

One Plan for Life

Continuity of coverage as members move across Medi-Cal, L.A. Care Covered, and Medicare — you're always at home with L.A. Care.

Proactive Retention Support

Dedicated teams help members renew Medi-Cal, transition to Covered CA (SB 260 auto-enrollment into the lowest-cost Silver plan), and navigate eligibility changes.

Multi-Channel Access

Support through brokers, Inside Sales, Community Resource Centers, and in-language member services.

Digital Self-Service

Manage payments, choose or change a PCP, find a pharmacy, and locate urgent care through L.A. Care Connect.

Member Experience: Whole-Person Care



Behavioral Health

Tele-psychiatry through Carelon plus integrated mental health and substance use support.



Wellness & Prevention

No-cost preventive care, screenings, immunizations, and up to **$215** in Wellness Rewards through Health in Motion.



Chronic Condition Management

Structured programs for Heart Disease, COPD, Asthma, and Diabetes with coaching and action plans.



Community Investment

Free fitness, cooking and wellness classes; in-person help with benefits and health questions; food resources, screenings, vaccines and Medi-Cal support.

Important Dates for 2027

1

October 1, 2026

Renewals begin for existing members. Review your coverage options and make changes before Open Enrollment starts.

2

Nov 1 – Jan 31, 2026

Open Enrollment Period for new and renewing members. Enroll or make changes during this window. Coverage starts January 1, 2027, for enrollments through December 31, 2026, or February 1, 2026, for January enrollments.

3

December 31, 2026

Renewal deadline for existing members who want coverage starting January 1, 2027.

4

SEP: Year-Round

Special Enrollment Period for those with qualifying life events. If you experience a major life change, you may be eligible to enroll outside of Open Enrollment.

2027 Plan – Value Adds



Nurse Advice Line: Connect with a registered nurse 24/7 for health questions, guidance and help understanding the right next step for your care.



Telehealth: 24/7 access to doctors by phone or video; convenient care from home or wherever you are; an option when an in-person visit is not necessary.



Wellness Rewards: Up to $215 through the Health in Motion™ program. Visit members.lacare.org.



Tele-Psychiatry: Carelon (formerly Beacon Health Options) offers tele-psychiatry services, providing safe and secure virtual mental health care when you need it.



Mail Order Rx: Convenient door-to-door delivery of medications. L.A. Care mail order pharmacy plans offer 90 days of maintenance medications for only 60 days' worth of cost share—a 33% savings



L.A. Care Member Portal: Members can sign in or create an account for L.A. Care Connect, their portal to benefit information, making a payment, medication management, request, view, and/or print your ID card and more.

2027 Plan – Value Adds

L.A. Cares About

Heart: Understanding Heart Disease, Lifestyle Changes, Maintaining Medications.

L.A. Cares About

COPD: What is COPD, Smoking Cessation, Medication, Living a Healthy Lifestyle.

L.A. Cares About

Asthma: Things to Know About Asthma, Triggers, Warning Signs, Medicine, Action Plans

L.A. Cares About

Diabetes: Blood sugar management, nutrition guidance, and lifestyle coaching.

L.A. Care | blue california Promise Health Plan

Community Resource Center

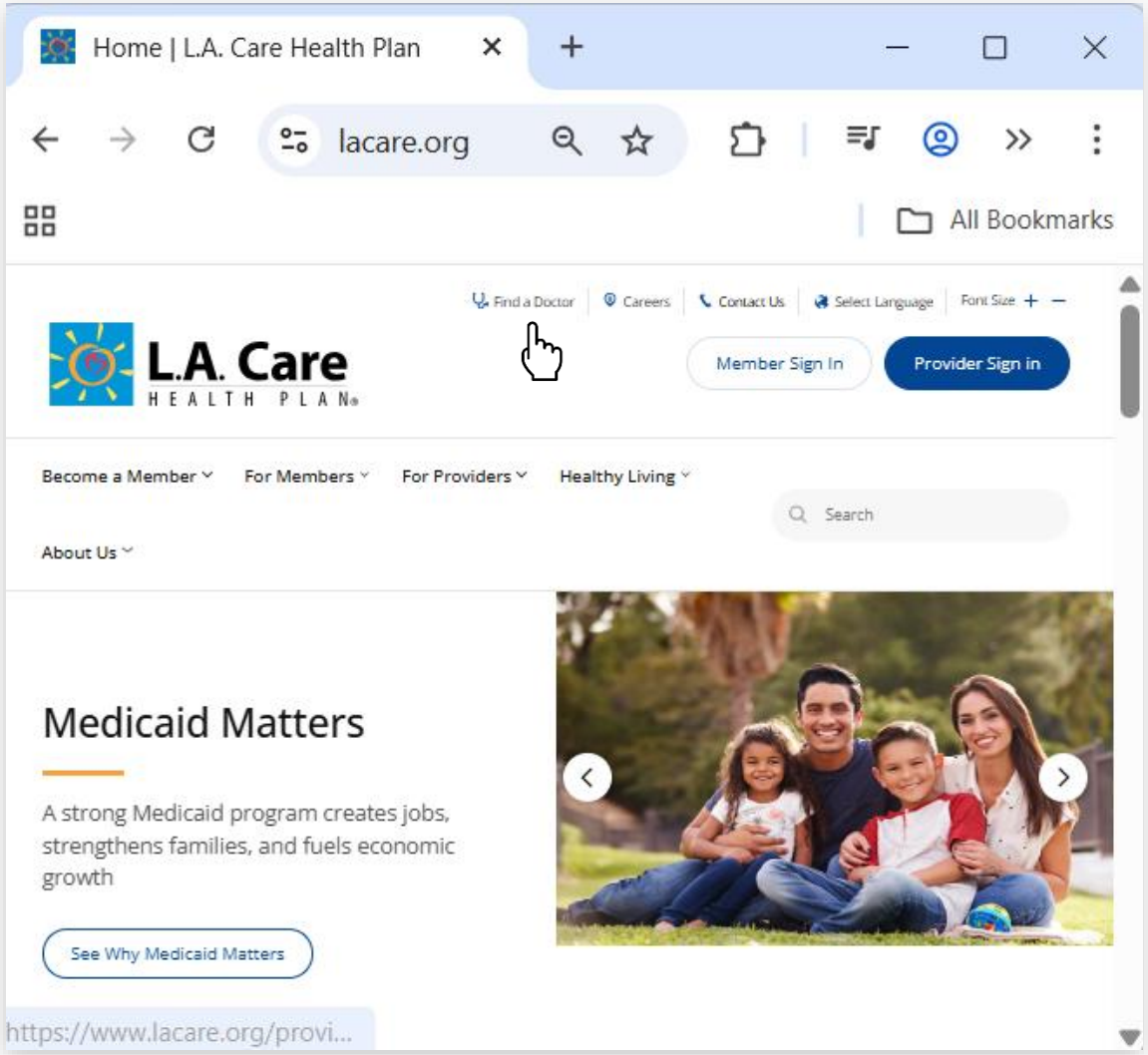
Located in communities where many of our members live, offering free health and wellness classes that are open to the public.

Provider Network

Visit our lacare.org at to access link: "Find a Doctor"

2,700+ Primary Care Providers	**5,900+** Specialists	**200+** Clinics
180+ Urgent Cares	**60+** Hospitals	**30+** Medical Groups

- Search by Location
- Search by Provider Detail
- Search by Care Requirements (Medical Group, Provider Type/Specialty)





L.A. Care Covered™

COVERED CALIFORNIA

Thank You

Agent/Broker Use Only Confidential and Proprietary

Not to be distributed or shared with members/beneficiaries/prospects. Distribution to any person or company is prohibited and may be grounds for contract termination.
The plan and benefit information contained in this document is pending approval and subject to change.

Delta Dental

Jennifer Watson | Account Manager

DELTA DENTAL®

COVERED CALIFORNIA

2027 Dental Plan Highlights



Jennifer Watson
Account Manager



Topics

- Delta Dental marketplace experience
- Network access
- Choosing PPO or DHMO
- Payment, activation and member resources

DELTA DENTAL®

DELTA DENTAL®

Built for the Marketplace

Serving California since 1955 and participating in Covered California since its launch in 2014.

Choose a trusted dental plan with convenient access to dentists across California and support every step of the way.



Broad Network Access



29,000+ DeltaCare USA HMO

69,000+ Delta Dental PPO

Dental locations throughout California

DELTA DENTAL®

Match Dental Plan to the Client Needs

Delta Dental PPO Family Dental PPO

A good fit for clients who:

- Prefer freedom to visit any licensed dentist
- Want strong savings within network provider
- Need a large, trusted nationwide network of dentists [1]
- Prioritize having 100% coverage for preventive services (cleaning, exams, X-rays) with no waiting period[2]

Good news for OE 2027: Plan benefits and coverage remain largely unchanged, with **no change to premium rates.**

Delta Dental Family PPO Plan Brochure

DeltaCare® USA Family Dental HMO

A good fit for clients who:

- Prefer predictable costs
- Are comfortable selecting a primary dentist
- Want a lower-cost dental coverage option
- Want coverage with no waiting period

Good news for OE 2027: Plan benefits and coverage remain largely unchanged; premiums increase by approximately $1.00.

DeltaCareUSA Family HMO Plan Brochure



1. Delta Dental Association Fact Sheet 2025 and American Dental Association. All our companies are members or affiliates of members of Delta Dental Plans Association, the nation network of 39 Delta Dental companies that together provide dental coverage to 78 million people in the U.S
2. Limitations and exclusions apply. Please see your plan booklet or policy for complete description of plan benefits, limitations and exclusions

Payment and Activation Best Practices

Your coverage does not begin until your first premium payment is received

Stay on track: Pay your first premium promptly and consider automatic payments.



01

Enroll through Covered California



02

Select Pay Now



03

Complete the first premium payment



04

Save confirmation

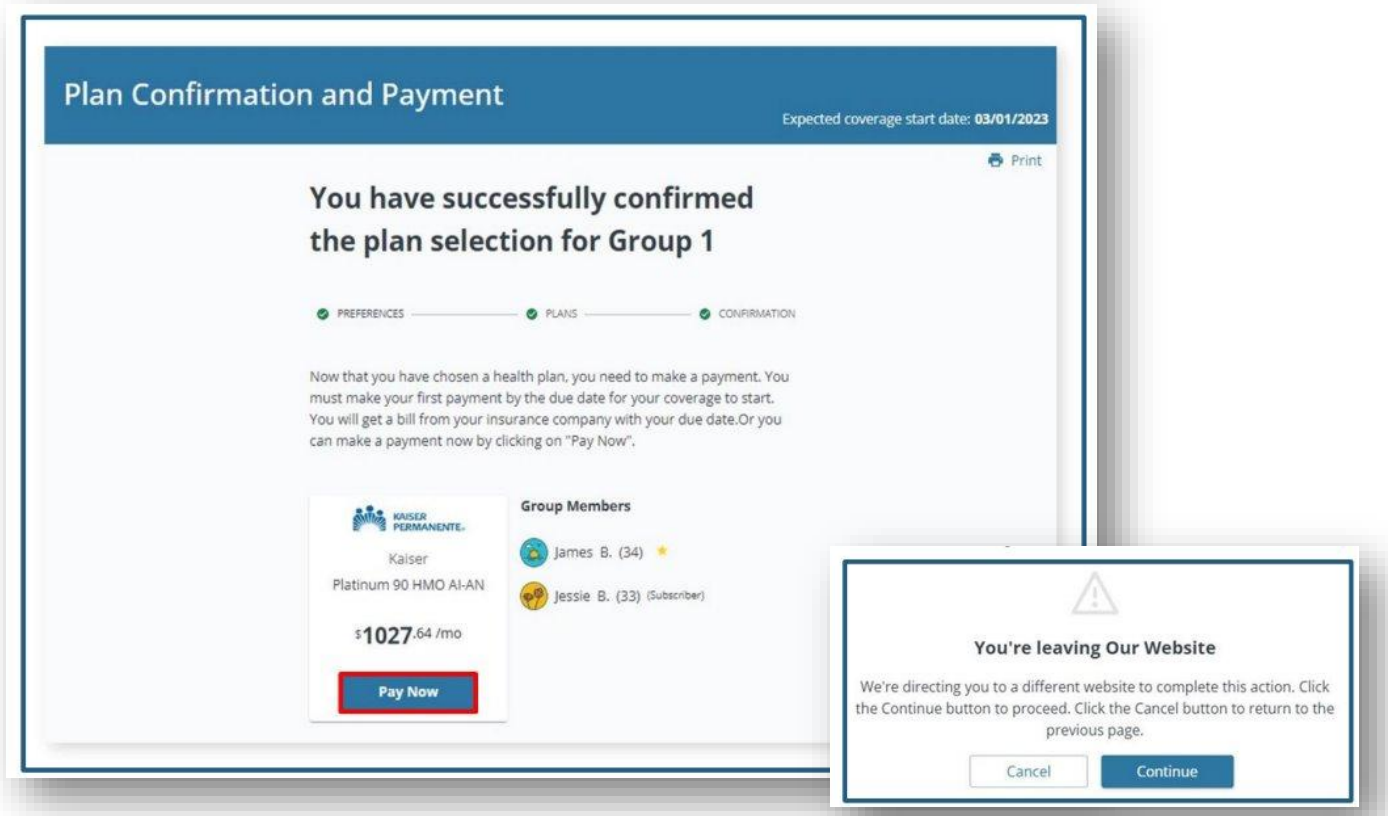
DELTA DENTAL®

Payment and activation best practices

01 Enroll through Marketplace → **02 Select pay now** → 03 Complete first premium payment → 04 Save confirmation

Complete your first premium payment

Monthly premium payments are required to maintain coverage.



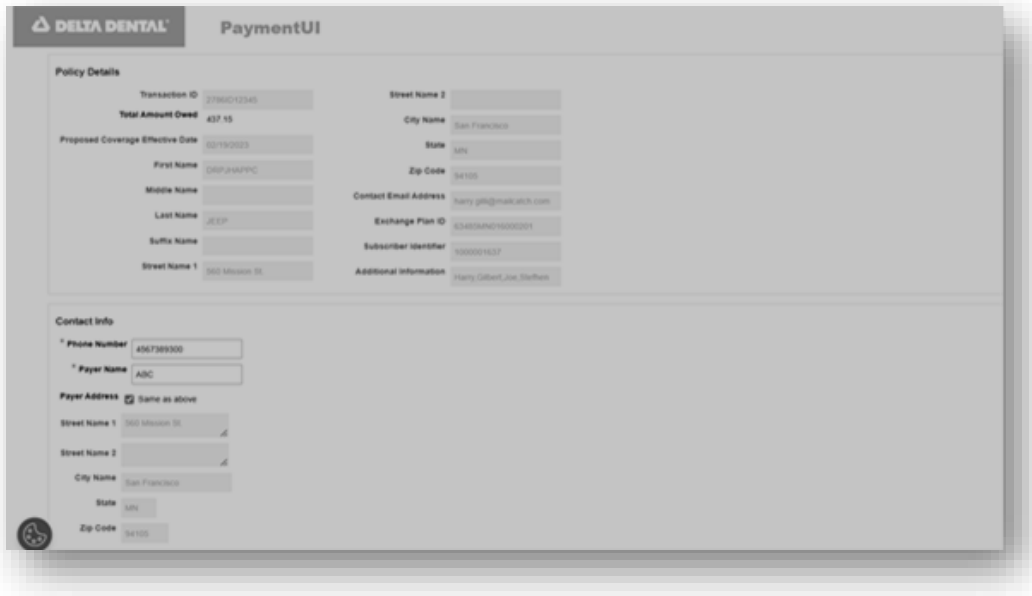
DELTA DENTAL®

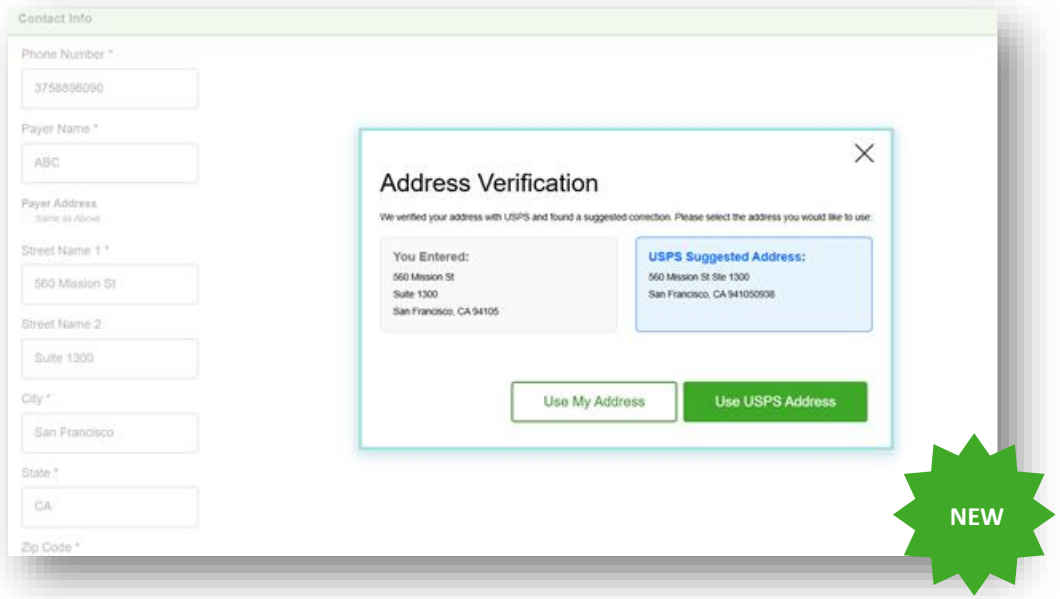
Payment and activation best practices

01 Enroll through Marketplace → **02 Select pay now** → 03 Complete first premium payment → 04 Save confirmation

New member-facing enhancement:

Address verification made easier





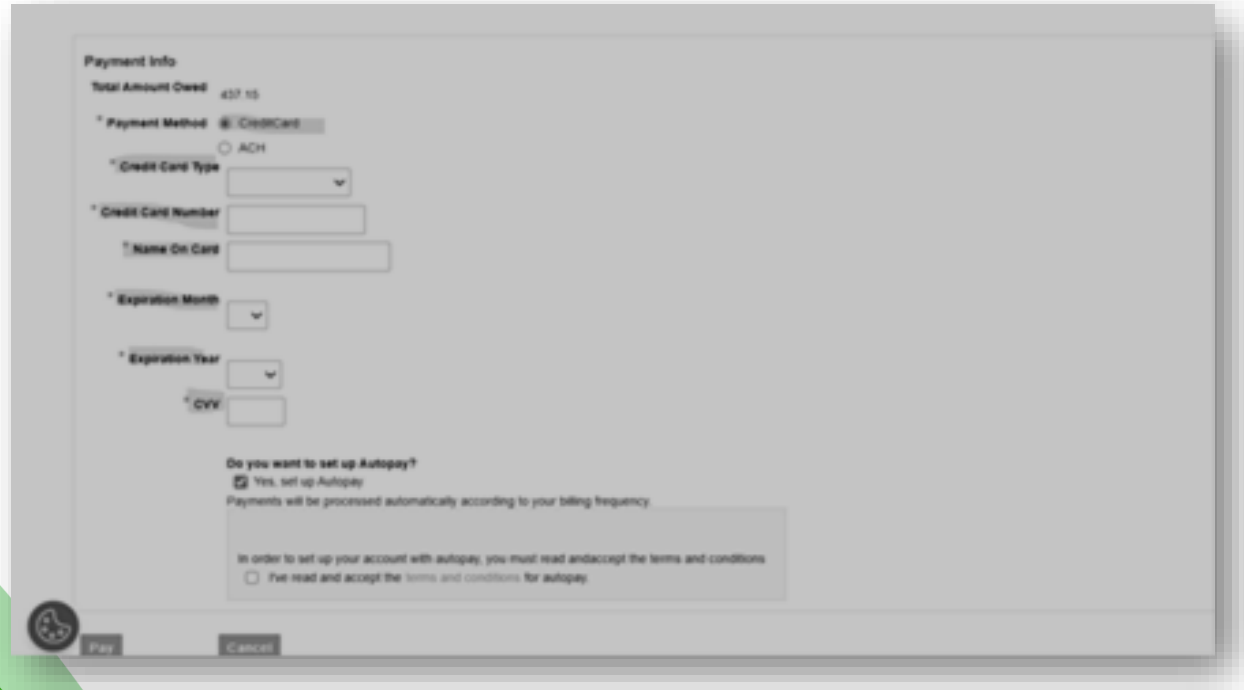
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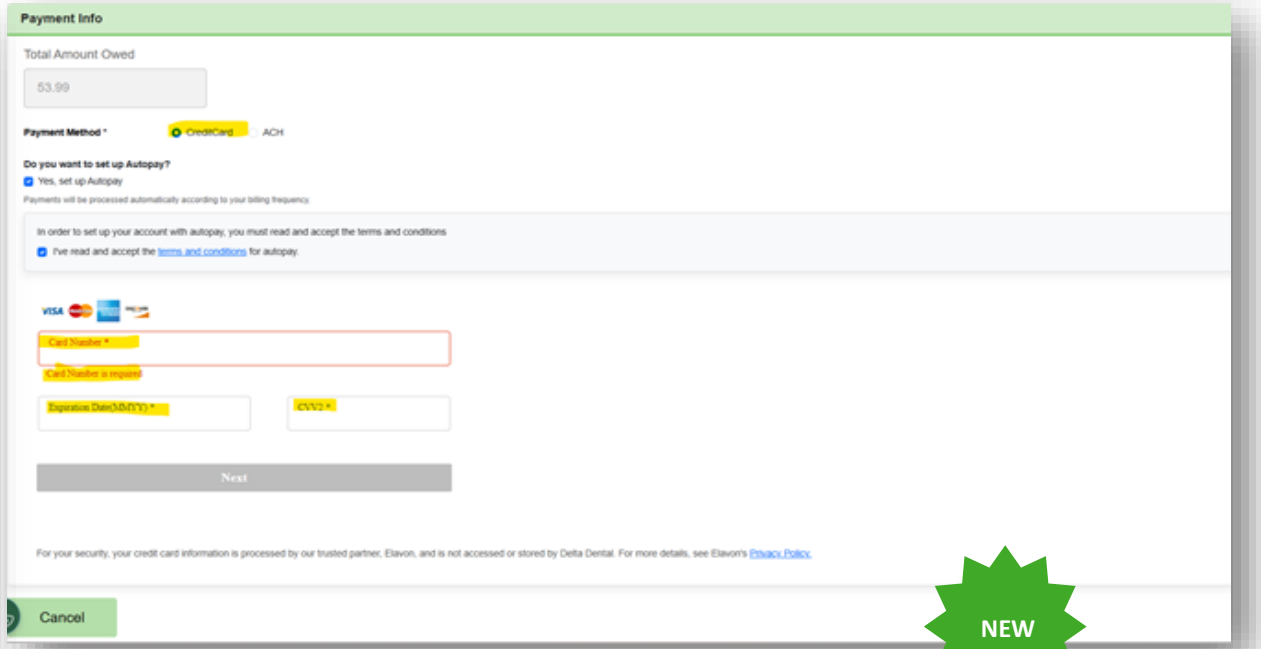
Payment and activation best practices

01 Enroll through Marketplace → **02 Select Pay Now** → 03 Complete first premium payment → 04 Save confirmation

New member-facing enhancement:

Credit card payment

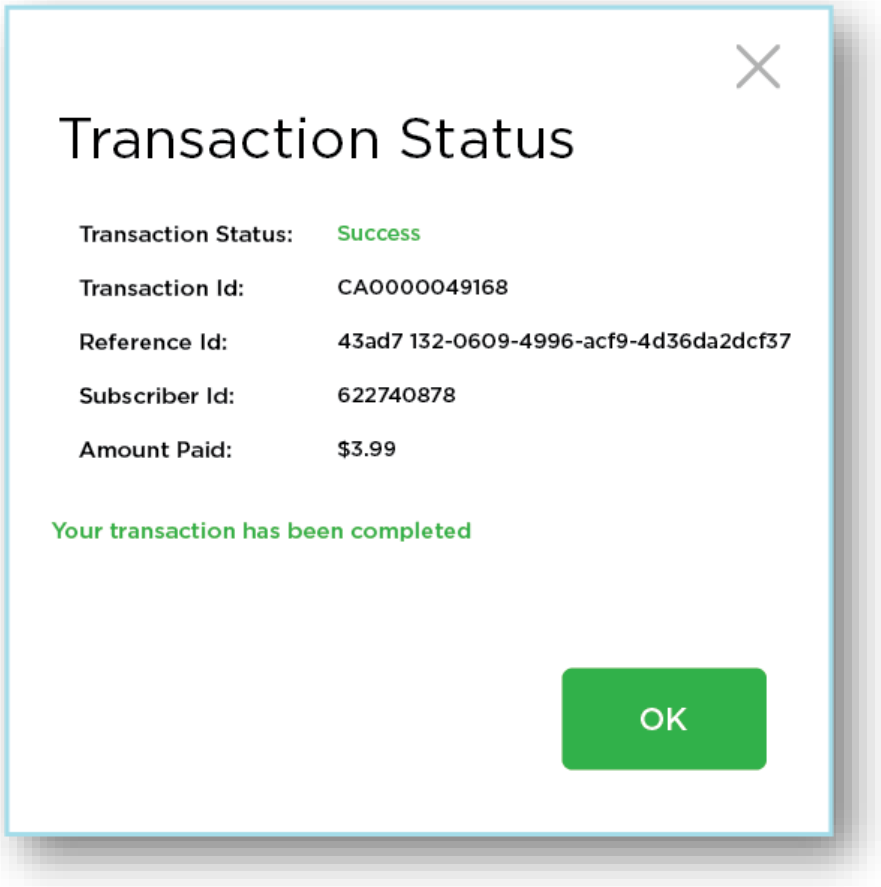




NEW

DELTA DENTAL®

Payment and Activation Best Practices



Transaction status
Confirm the status shows “Success.”

Amount paid
Verify the total is correct.

Transaction and subscriber IDs
Record the information if displayed.

Save your confirmation

Download or save a copy
of the payment confirmation for your records.

DELTA DENTAL®

Payment and activation best practices

01 Enroll through Marketplace → **02 Select pay now** (available for all states except NY) → 03 Complete first premium payment → **04 Save confirmation**

Download your payment confirmation to keep for your records.

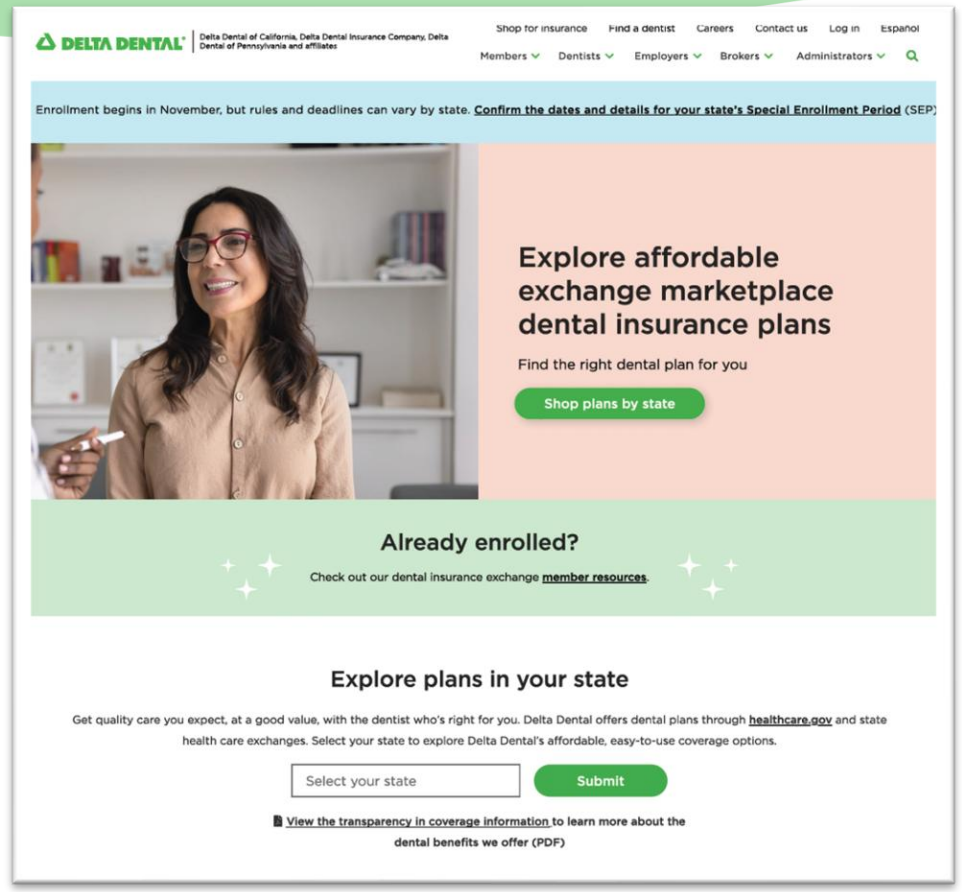


DELTA DENTAL®

DELTA DENTAL®

Resources and next steps

Compare Plans Before Enrollment



A simplified digital journey designed to help consumers explore plans and make informed coverage decisions.

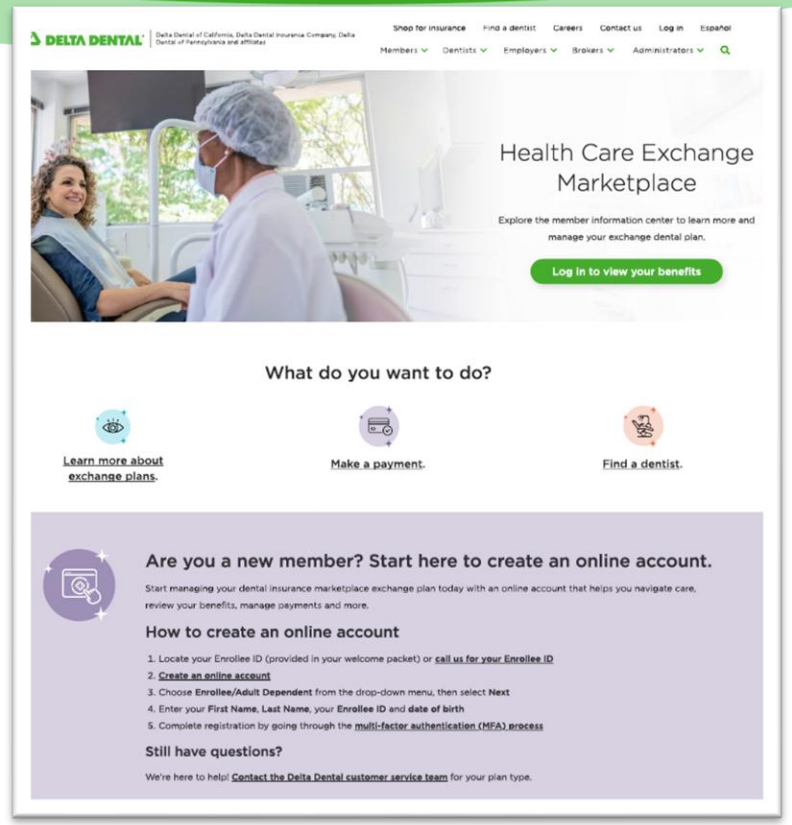
Key features

- Supports plan selection
- Explains marketplace enrollment requirements
- Highlights differences between plan types
- Provides Covered California-specific guidance
- Connects you to provider network resources

Visit our Health Care Exchange (Marketplace) client resource page
https://www1.deltadentalins.com/individuals-and-families/healthcare-reform-for-individuals/marketplace-plans.html

DELTA DENTAL®

Successful Onboarding for New Members



A modernized experience that helps members manage their dental benefits and access important plan information

Key features

- Helps you get started
- Simplifies account setup with member ID from welcome letter
- Explains benefits and payments
- Helps you access dental care
- Provides convenient self-service tools

Visit the Health Care Exchange (Marketplace) member resource page
https://www1.deltadentalins.com/individuals-and-families/healthcare-reform-for-individuals.html

DELTA DENTAL®

Thank you for joining us

Need help or have questions?



5:00 a.m. - 6:00 p.m.



1-888-282-8978



www1.deltadentalins.com/exchange

DELTA DENTAL®

Molina Healthcare

Andrea Espinoza | Broker Channel Manager – CA, NV, NM



2027

Marketplace Open Enrollment Presentation (OEP) Presentation

Covered CA

MOLINA® HEALTHCARE

2027 Open Enrollment Period



November 1, 2026 –January 31, 2027

MOLINA HEALTHCARE

Our Story

Molina Healthcare provides managed health care services across Medicaid, Medicare, and state Marketplaces—focused on provider experience, member experience, improved outcomes, and cost reduction efforts.



Founded in 1980, in Long Beach; aimed at addressing the disparities in access to quality health care.



For over 40-years we've been improving the lives of our 5.1 million members across the country by pioneering health care services exclusively for those with government-sponsored health care.



Ranked #104 on the Fortune 500 and named to Fortune's 100 Fastest-Growing Companies for the third consecutive year, with 40% annual revenue growth over three years.



Our team of over 20,000 employees strives to meet the physical, social and emotional needs of each member and to strengthen the communities we serve.

MOLINA® HEALTHCARE

Product Portfolio - Value Basics



24/7 Telehealth virtual care services through Teladoc including Mental Health Services

NO COST

- **Preventive prescriptions drugs**
- **Preventive screening for children and adults**
- **Pediatric vision services**
- **24/7 Nurse Advice line**

Molina Healthy Rewards Well Program

Extensive Provider Network: A comprehensive and well-established provider network that ensures members have access to high-quality care across a wide range of specialties and services.

MOLINA® HEALTHCARE

Teladoc® HEALTH

Included in all Molina Plans
Teladoc Virtual Care Visits 24/7/365

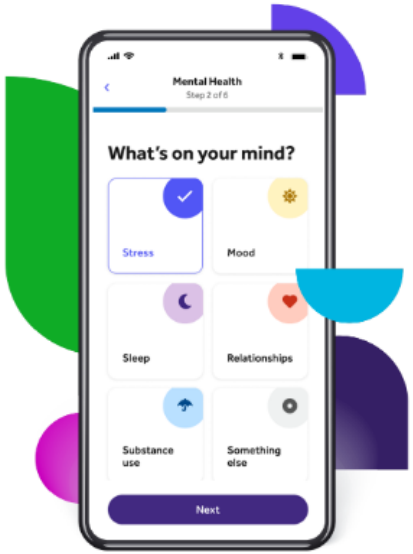
Molina Healthcare is pleased to offer Teladoc to our members. Just use your phone, video or mobile app for:
Virtual doctor visits with no cost share.
Convenient online or phone visits, without leaving home.
No appointment is needed. Get the right care, right now.
If needed, Teladoc doctors can send a prescription to your local pharmacy.

Teladoc is an easy way to treat:
Cold and flu symptoms
Sore throat
Allergies
Respiratory infection
Sinus problems
Skin problems
And more!



General Medical (24/7 care)

Get care 24/7 for non-emergency needs like allergies and sinus infections.



Mental Health

Take the first step toward feeling better and flourishing mentally with the help of a therapist. From self-guided digital programs to care from a licensed therapist or help with medication management, get the right level of support for your journey to better emotional health.

MOLINA® HEALTHCARE

Molina Wellness Program

Molina Healthy Rewards:

- Recognizes and rewards members who are taking steps towards better health.
- Contains interactive programming to help manage your health and wellness.

Molina is proud to offer our wellness program called Molina Healthy Rewards.

- **Smoking cessation**
- **Diabetes management**
- **Managing depression**
- **High blood pressure**
- **Asthma management**
- **Healthy living video library - exercise, diet and nutrition**

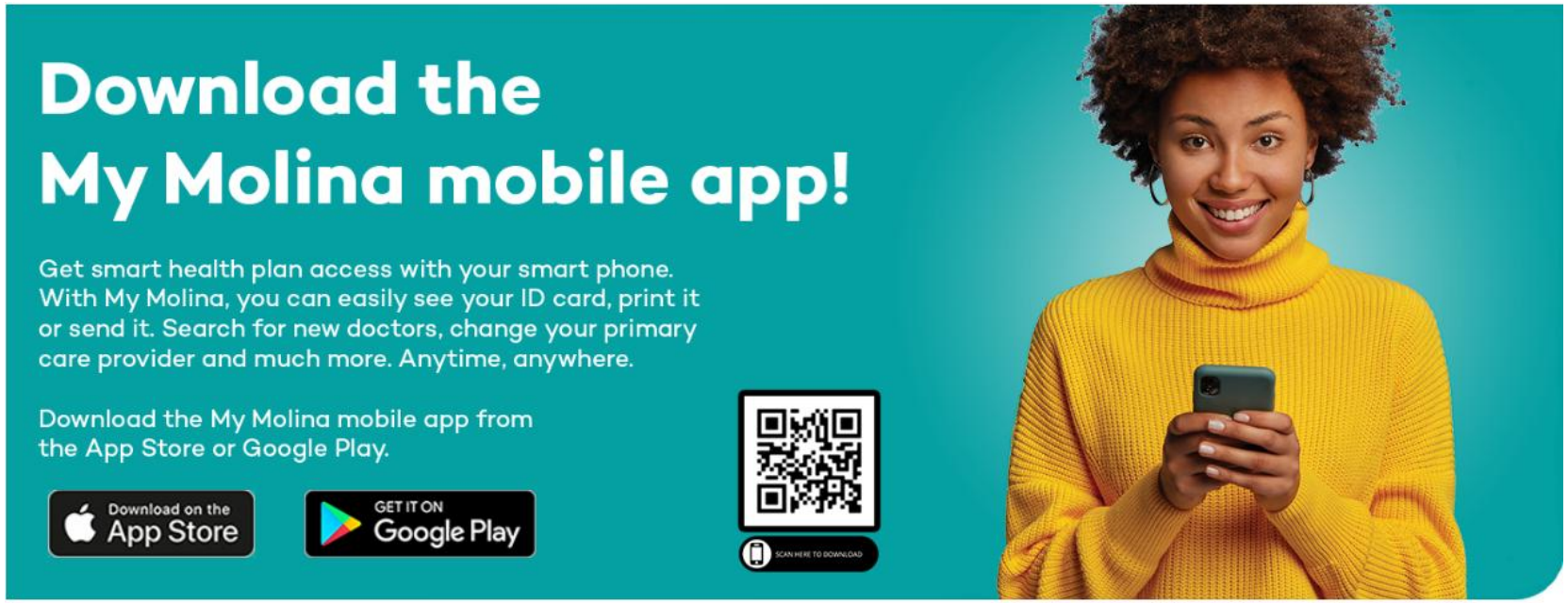
Molina Healthy Rewards will offer a gift card to all eligible members (18+) on their health plan who complete the steps below.

- Log in to their My Molina portal
- Complete the Molina Healthy Rewards Molina Wellness Assessment
- Complete their annual physical - Visit your primary care provider (PCP) for their annual Wellness Examination at no cost to or request a covered In-Home Assessment from Care Connections.

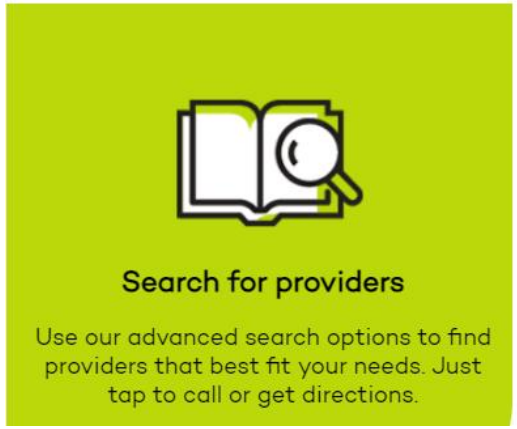
*Rewards and program benefits are available for redemption only while the Subscriber or eligible Dependent is currently enrolled with a Molina Marketplace Health Plan. Molina Healthy Rewards is a voluntary program. It is available to all Subscribers and dependents 18 years or older at no cost.

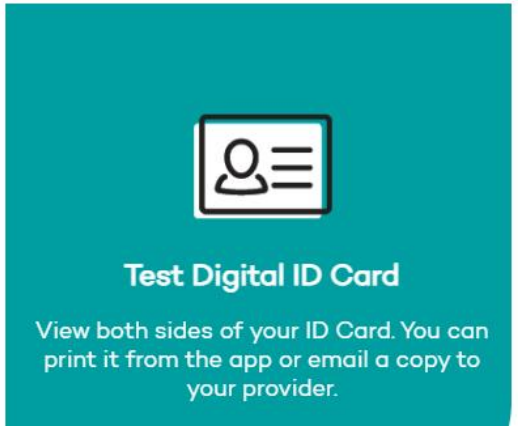
MOLINA HEALTHCARE

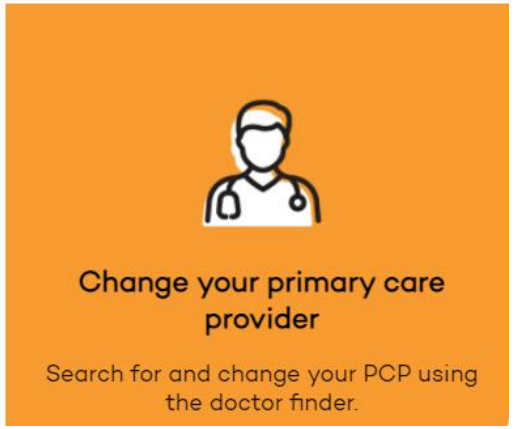
My Molina – Member Portal & Mobile App



- Easy to navigate
- All your information in one secure place
- Access to digital member ID card, premium payments, medical records and more.









GET IT ON Google Play Download on the App Store

MOLINA HEALTHCARE

Premium Payment Methods

Binder Payments: Members must make a binder payment before receiving their Member ID card. This typically takes 1–2 business days post-enrollment.

Payment Portal: Members can pay via **BillMatrix** without needing a portal login. **https://webpayments.billmatrix.com/MHCInitialPayGuest**

Pay by Phone: 1-800- 772-5327 Monday – Friday 8:00 AM – 6:00 PM Local Time

Pay by AutoPay: Fast, easy and convenient! Sign Up for AutoPay through your **MyMolina.com** account and never miss a payment!

Pay by Bill Pay: Set up is required through member's bank or credit union, not Molina. Please use the primary subscriber ID as the account number.

Pay by Mail: Please write your subscriber/account number on your check/money order.

Standard Delivery

Molina Healthcare
P.O. Box 75159
Chicago, IL 60675-5159

Overnight Delivery

Molina Healthcare Dept #75159
350 N. Orleans St. Ste 800
Chicago, IL 60654-1529

MOLINA HEALTHCARE

Resources for Members

- Molina Healthcare of California Member Services Number: 1-888-858-2150

- Provider Online Directory: Provider directory platform designed to enhance the Molina member experience by enabling ease of use and ease of search to pinpoint the right provider information in order to obtain the right care: **https://molina.sapphirethreesixtyfive.com/**

- Nurse Advice Line:
  - 1-888-275-8750 (English)
  - 1-866-648-3537 (Spanish)

- Health Education Programs: Molina Healthcare offers educational support for our members who have certain chronic health care conditions or may want to stop using tobacco, lose weight or need nutritional counseling. Our team of specially trained nurses, health educators and registered dietitians are here to help. You can enroll in these programs by calling the Molina Health Management Department at (833) 269-7830.

MOLINA® HEALTHCARE

One-Stop Help Centers in California

Walk in for friendly, face-to-face support. No appointment is needed.

Services at no cost

How we can help

- Enrollment help for Medi-Cal, Covered California, Medicare and CalFresh
- Member Services support, including benefits, ID cards, eligibility and PCP changes
- Help connecting to housing, utilities, food, dental and other community resources
- Classes, workshops, support groups and community events
- Legal aid, language and immigration assistance

Monday–Friday | 8:30 a.m.–5:30 p.m.

Find a location near you

LONG BEACH
6583 Atlantic Ave., Ste. 110
Long Beach, CA 90805

EL CAJON
576 N. 2nd Street
El Cajon, CA 92021

CHULA VISTA
689 Palomar St.
Chula Vista, CA 91911

SACRAMENTO
6075 Florin Rd., Ste. 200
Sacramento, CA 95823

INDIO
81735 HWY 111 STE. B
Indio, CA 92201

(855) Molina1 (665-4621) • MeetMolinaCA.com

MOLINA HEALTHCARE

Thank you



MOLINA HEALTHCARE

Kaiser Permanente

Rick Henshaw | Manager, KPIF Channel Management

COVERED CALIFORNIA | For the love of Californians



 ©2026 Kaiser Foundation Health Plan, Inc.


We don’t just cover care.
We deliver it.
Integrated care and coverage radically advances health
100% of our revenue gets reinvested
Ranked #1 in 71 effectiveness-of-care measures
KAISER PERMANENTE®

Our model is your advantage

COVERAGE

BETTER HEALTH

Proactive care | Purposeful innovation | Empowered doctors | Aligned incentives | Unmatched access

GREATER VALUE

We empower doctors and clinicians to do what's right for each patient

CARE

KAISER PERMANENTE®

Health care is better when it all works together

Our connected care is designed to deliver the right support at every step.

- **Proactive, high-quality care**
- **Mental health support**
- **Virtual visits**
- **Pharmacy and labs**

Discover care that grows with you at kp.org/choosekp.



 ©2026 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

Connected care for a seamless experience

IN PERSON

Many services often under one roof

Timely primary care appointments and lab results

VIRTUAL CARE

Connect with doctors who know your health history

Phone, video, and online options[1]

AWARD-WINNING APP

24/7 access to your health records

Message your care team, manage appointments, view most lab results, and refill most prescriptions[2]

1. When appropriate and available. **2.** These features apply to care you get at Kaiser Permanente facilities.

 ©2026 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®



Health care that moves with you

Mail-order pharmacy

- One-tap refills and automated reminders
- Home delivery or same-day pickup for most prescriptions[1]

Care while traveling

- Coverage for urgent and emergency care anywhere in the world
- Care by phone or online across the U.S.[2]

1. Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy.
2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

KAISER PERMANENTE®

Holistic support for your mind and body



Mental health support

- Access to licensed therapists without a referral within Kaiser Permanente
- Mindfulness apps and self-care resources[1]

Fitness and lifestyle

- Digital fitness resources and gym memberships[2]

Our members are:

4x

as likely to be screened for depression.[3]

1. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. **2.** See note 1. **3.** NCQA Quality Compass® 2025.

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KAISER PERMANENTE®

Exceptional care makes staying healthy simple

LIVING PROOF OF BETTER CARE

Our members are:

33%
less likely to lose years of life due to heart disease*

20%
less likely to lose years of life due to cancer*

> Kaiser Permanente has really taken care of all of me. They've helped through everything — from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

Jessica H., Southern California member

*Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022.

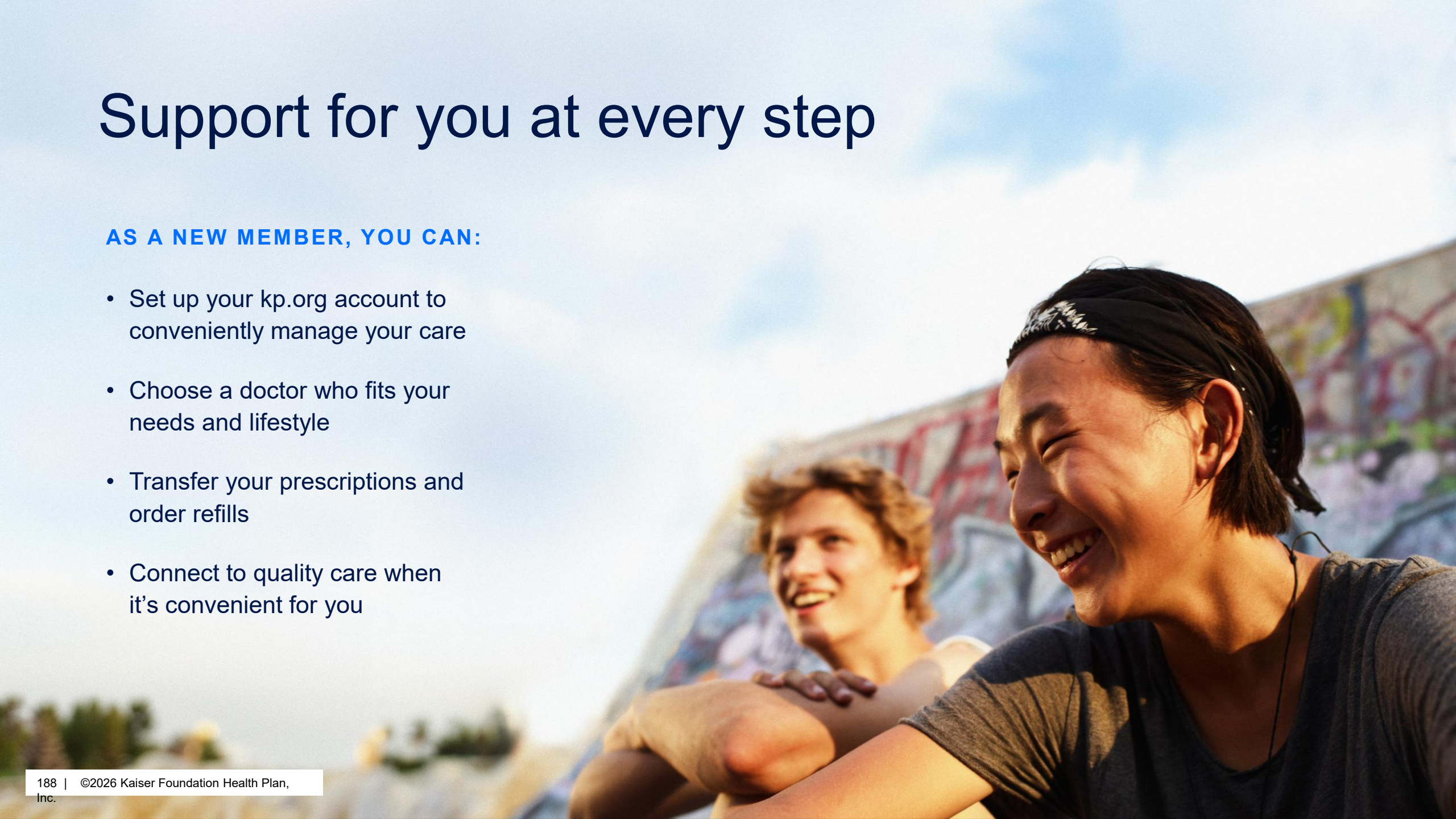
 ©2026 Kaiser Foundation Health Plan, Inc.

KAISER PERMANENTE®

Support for you at every step

AS A NEW MEMBER, YOU CAN:

- Set up your kp.org account to conveniently manage your care
- Choose a doctor who fits your needs and lifestyle
- Transfer your prescriptions and order refills
- Connect to quality care when it’s convenient for you



 ©2026 Kaiser Foundation Health Plan, Inc.

Updates in Northern California

NOW OPEN

- Sports Medicine Center at Sacramento Medical Center (opened April 2026)
- Modesto Medical Offices 2 (opened February 2026)
- Fresno Orchard Plaza Medical Offices (opened October 2025)

New and upgraded urgent care locations

NOW OPEN

- Dublin
- Folsom*
- Fremont
- Fresno
- Manteca
- Oakland
- Redwood City
- Roseville
- San Francisco
- San Jose
- San Leandro
- Santa Clara
- Santa Rosa
- Scotts Valley
- South Sacramento
- Vacaville

COMING SOON

- Modesto
- Napa*
- Sacramento

*Satellite location: non-medical center-based locations with limited diagnostic capabilities.



Modesto Medical Offices 2



Sports Medicine Center at Sacramento Medical Center

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KAISER PERMANENTE®

Updates in Southern California

NOW OPEN

Sports Medicine Center at Intuit Dome

State-of-the-art center at the home of the LA Clippers. Services include:

- Care from official team physicians of the LA Clippers
- Physical therapy
- Endurance lab
- Rehabilitation
- 7,000-square-foot gym

Aliso Creek Medical Offices

Brand-new facility. Services include:

- Dermatology*
- Family medicine
- Ob-gyn
- Pediatrics
- Physical therapy*
- Radiology/diagnostic imaging*



Sports Medicine Center at Intuit Dome



Aliso Creek Medical Offices

COMING SOON

- Kern Outpatient Surgery Center (scheduled for early 2027)
- Menifee Medical Offices (scheduled for spring 2027)
- Riverside Medical Center expansion (154 more beds, scheduled for late 2027)

*By referral only.

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KAISER PERMANENTE®

Award-winning care

Across California, we have 441 medical facilities and more than 19,000 doctors available to our members. And we're producing recognized results for our members.



Unmatched in California

More high-performing hospitals for cancer care and cardiac care than any other health system in the state[1]

Leading California in **116 effectiveness-of-care measures**[2]

18 years of recognition for **top-rated quality medical care**[3]

Top-rated health plans
in California 10 years in a row[4]

Of the 25 commercial health plans in California rated by the National Committee for Quality Assurance, ours are the top-rated plans in the state for the 10th year in a row.

1. Learn more at kp.org/tophospitals. **2.** NCQA Quality Compass® 2025. **3.** Health Plan Report Card, 2009–26, California Center for Data Insights and Innovation. 2025–26 results are based on 2024 performance data. View the complete report at reportcards.cdii.ca.gov/rc/HMO_PPOCombined.aspx. **4.** NCQA's Private Health Insurance Plan Ratings 2025–2026, National Committee for Quality Assurance, 2025: Kaiser Foundation Health Plan, Inc., of Northern California — HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California — HMO (rated 5 out of 5). NCQA's Private Health Insurance Plan Ratings 2015–2025, National Committee for Quality Assurance. (No ratings were issued in 2020.)

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KAISER PERMANENTE®

KAISER PERMANENTE®

4391825004 June 2026

Anthem

Jesse Campbell | Individual Sales Executive – CA

FY 2027

Open Enrollment Update



Anthem

COVERED CALIFORNIA

Anthem capabilities & market share

Anthem Blue Cross in California

A local Team enabling a national commitment



Invested in strengthening every segment of California's communities:

9.3M+	86 years	5,900+
members	of proud service	associates

Access to the state's largest network, including:

127,520	447	96.4%
doctors	hospitals	of claims paid in network

Source: Anthem membership and network analysis, July 2025.

Anthem and our national Blue partners: the size and scope to deliver more

Anthem

Commercial, Medicare, and Medicaid

carelon

Pharmacy, data analytics, and behavioral health

OUR REACH AND SCALE

1 in 3
Americans has a Blue plan[1]

117M
Blue members[1]

46M
Anthem members[2]

2M+
network doctors and hospitals[1]

98%
of paid claims are in network[3]

KEY INDUSTRY · VERTICAL EXPERTISE



ANTHEM IN CALIFORNIA

A local team enabling a national commitment

86 years
of proud service[4]

9.2M+
Anthem members[4]

5.9k+
Anthem associates[4]

90% of hospitals;
127.5k doctors[5]

$8.4M
of active investments in California communities[6]

1 Blue Cross Blue Shield Association: *Advancing Affordable and Equitable Health Care for Everyone* (accessed December 2025): bcbs.com/media/documents/Blue-Fact-Sheet.pdf.
2 Anthem data, Q2 2025.
3 Anthem Commercial claims analysis, January 2025.
4 Anthem internal data, Q2 2025.
5 Anthem network analysis, June 2025.
6 Our parent company's foundation, 2024 year-end investments.

People and technology make the difference

Helping members stay engaged, motivated, and healthy

The Sydney Health app has everything people need to maximize their benefits and empower healthy choices

A better member experience:

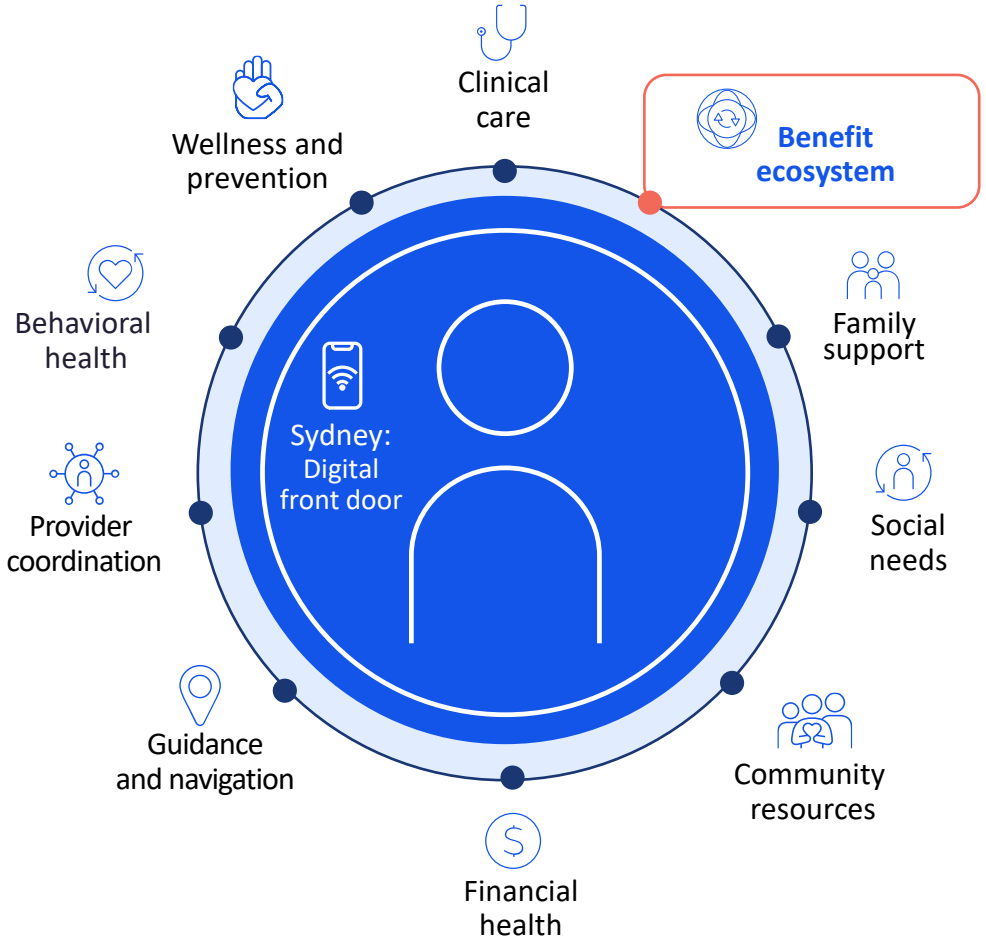
82%

of Sydney Health users complete their tasks in Sydney

4.8

★★★★★

iOS App Store rating



Sydney household adoption rate:

72%

Top reasons people are using Sydney:

- Benefits (45% of visits)
- Claims (28% of visits)
- Finding care (13% of visits)
- ID Card (12% of visits)

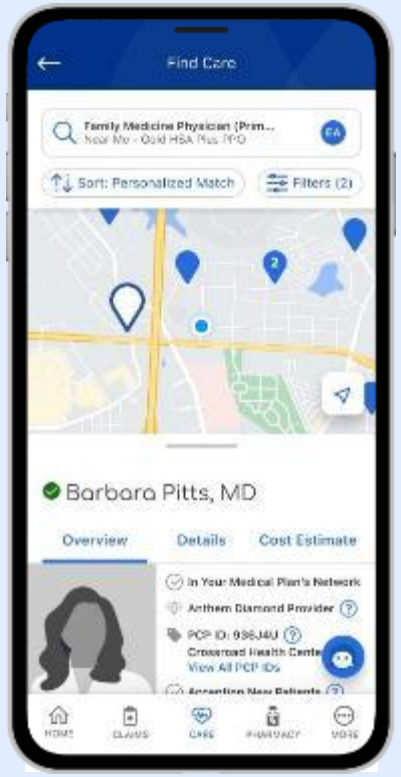
1 in 4 **people using Sydney for healthcare**

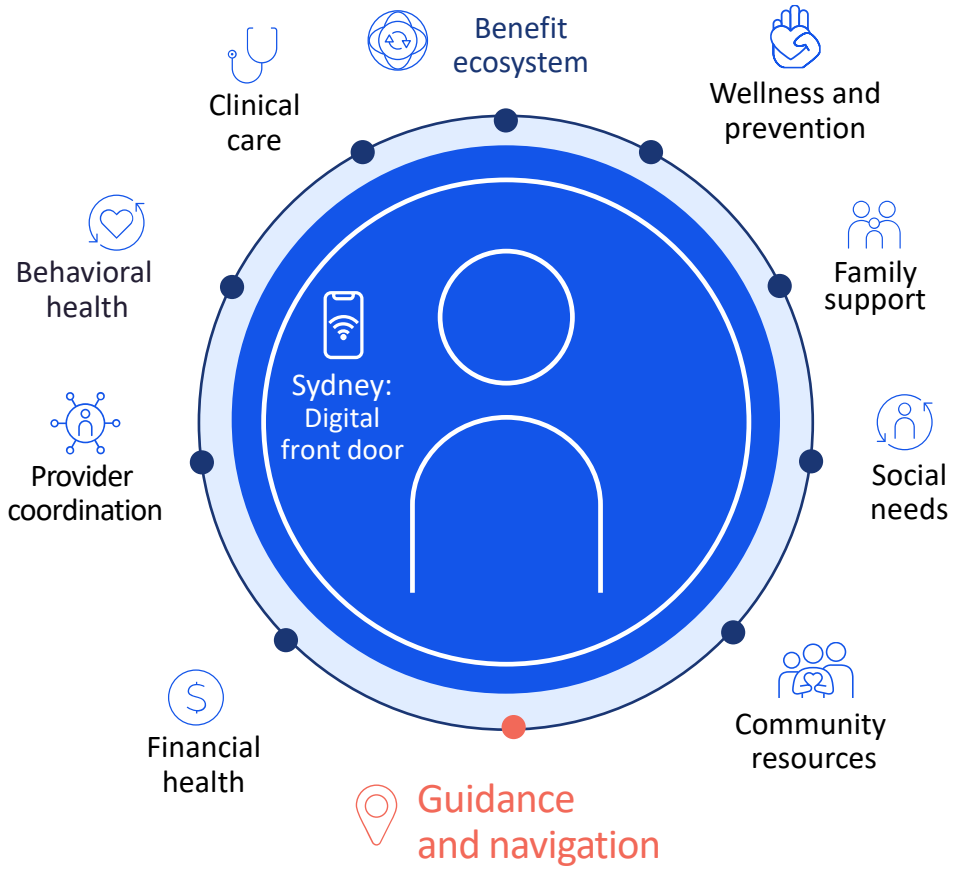
Source: Sydney analytics, August 2025

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

Support for everyone’s unique health experience

Sydney Health is our digital front door guiding people to resources, 24/7





Sydney Health members are:

8% more likely to see their primary care doctor

6% more likely to avoid the emergency room

than non-Sydney Health users*

* Anthem internal data, Sydney Executive Dashboard, August 2025..

Delivering big results in a simpler, smarter app

#1 app among all Blue Cross Blue Shield Association health plans

Sydney Health: powered by actionable data and predictive analytics:[1]

4.8
★★★★★
iOS App Store rating

4.6
Google Play™ store rating

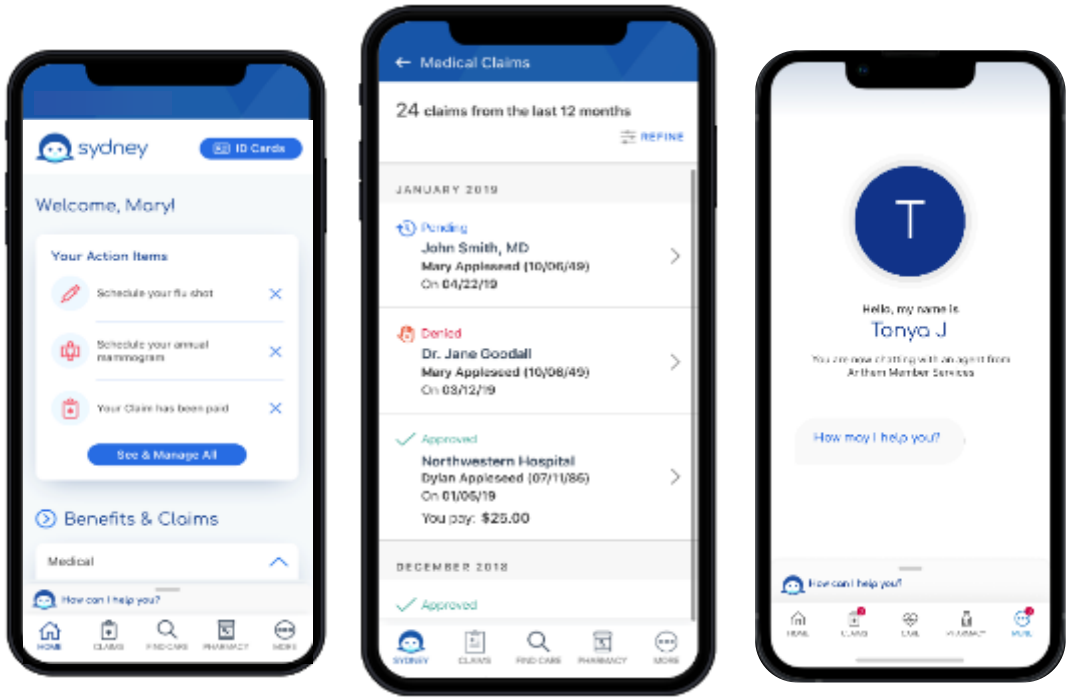
#1
healthcare mobile app experience among health plans[2]

15M
registered users[1]

48%
of visits through mobile app[1]

1.9M+
users connected to care[1]

3 out of 4
households engaged[1]



1 Sydney internal data, 2022.
2 Becker's Payer Issues: *Payers ranked by digital experience*, 2024 (September 2024): beckerspayer.com.
Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

How to choose a health plan that fits you

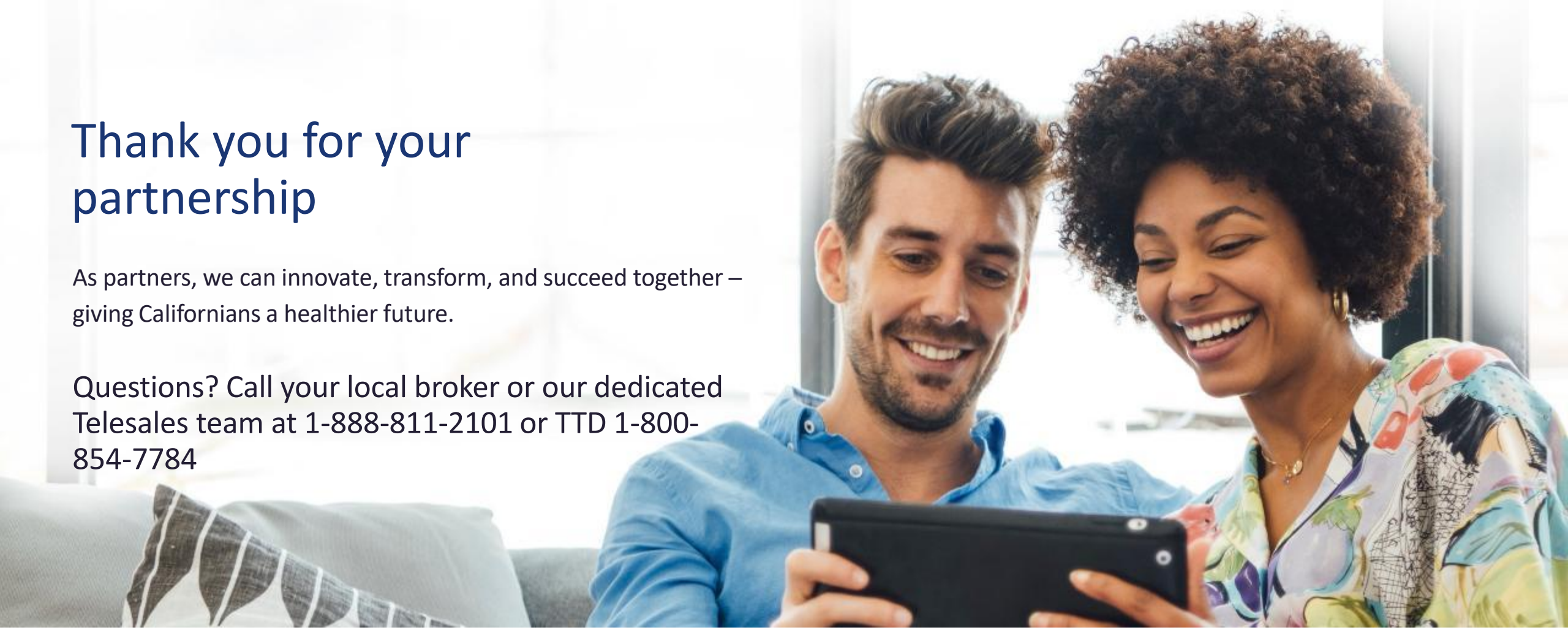


Emmy and Critics' Choice Award-winning actress Katherine LaNasa (*The Pitt*) partners with Anthem to share practical tips on How to choose a health plan that fits you.
If you have trouble viewing the link, please visit: https://www.usatoday.com/interactives/sponsor-story/anthem-blue-cross/finding-the-right-health-plan-coverage/

Thank you for your partnership

As partners, we can innovate, transform, and succeed together – giving Californians a healthier future.

Questions? Call your local broker or our dedicated Telesales team at 1-888-811-2101 or TTD 1-800-854-7784



Anthem

COVERED CALIFORNIA

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

CarelonRx, Inc. is a separate company providing pharmacy benefit management services on behalf of your Anthem Blue Cross and Blue Shield.

In California Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the trade name of Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc., and Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

1054531MUEENABC 11/25

Thank you for your time!



Jesse Campbell
Individual Broker Sales Executive

Valley Health Plan

Mariel Gonsalves | Senior Management Analyst

2027 OPEN ENROLLMENT

Affordable Coverage and Roots in your community



TOPICS

- About VHP
- What's New At VHP
  - Community Report Highlights
  - Telehealth
  - Health & Wellness
- Member Tools & Resources
- Enrollment Support

VHP Valley Health Plan

About VHP

HEALTH GROWN LOCALLY

Valley Health Plan (VHP) was licensed in 1985 to provide a choice for County of Santa Clara employees and grew to 4,500 members by 1995. We are now a health plan choice for medical care for employer groups, Covered California, and VHP's Individual & Family Plan. It is through our mission, vision and values that we provide quality service and affordable health plan options to our members. Today VHP covers nearly 200,000 members through multiple lines of business.

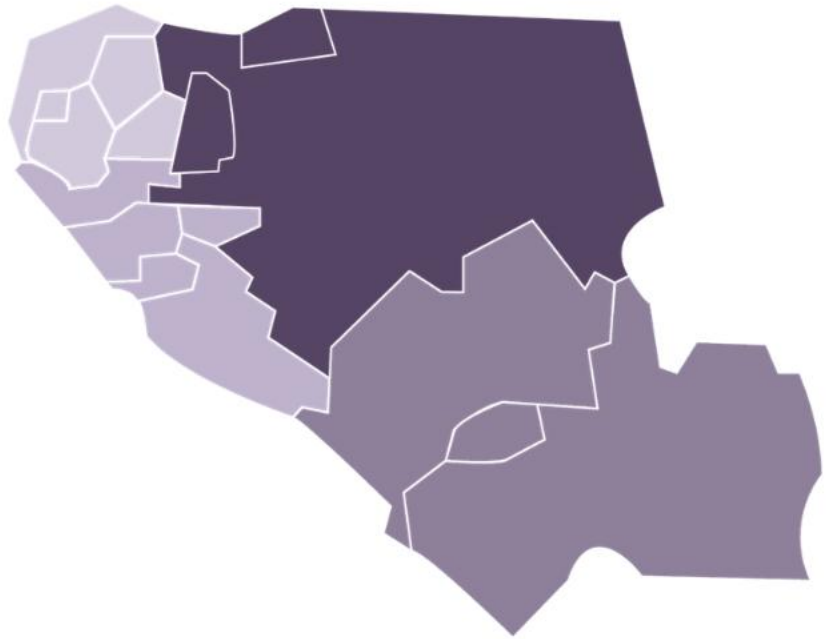
Vision:
VHP will have a positive impact on the health of our families, friends, and neighbors.

Mission:
To support the well-being of our members through a commitment to accessible, high-quality health services and community-focused, local care.

VHP Valley Health Plan

VHP SERVICE AREA

Santa Clara County



VHP'S OFFICE LOCATION:

5845 Hellyer Ave,
San Jose, CA 95138

VHP Valley Health Plan

VHP Products

Covered California

VHP is proud to offer Covered California plans to residents of Santa Clara County.

Individual & Family Plan (IFP)

Off-exchange mirrored plans are available to residents of our service area who do not qualify for Covered California.

Group and more...

In Santa Clara County, employees have the option of VHP. Medi-Cal members have access to the VHP network if they select Santa Clara Family Health Plan as their provider. VHP also supports the PCAP program.

VHP Valley Health Plan

VHP offers affordable coverage and a plan with roots in your community

Affordable and doctors who speak your language

Over 95% of VHP members have acces to PCPs in their threshold language (Vietnamese, Chinese, Spanish, Farsi, Tagalog, and Russian)

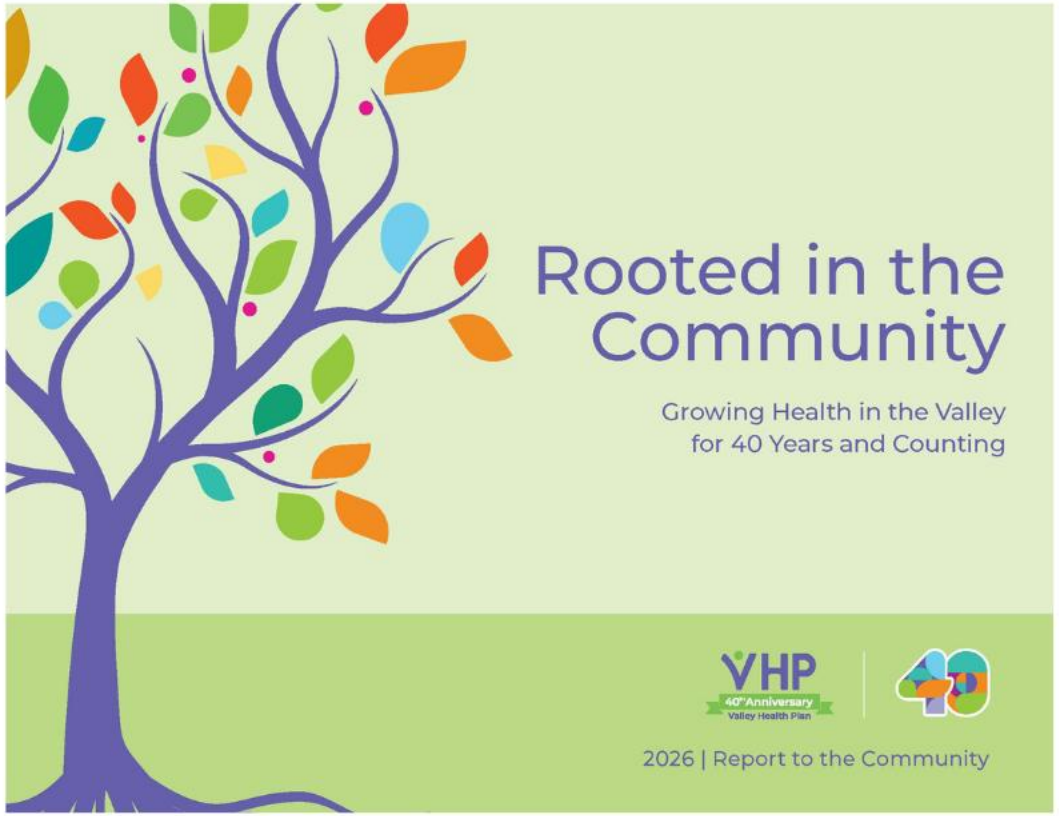
Affordable and locations close to home

With hundreds of providers in Santa Clara County, our members have options no matter where they call home in our community

Affordable and local customer service

Our members can visit the VHP office and speak directly to our Member Services team

VHP Valley Health Plan



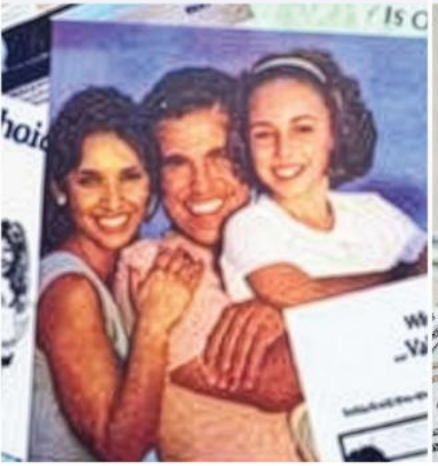
COMMUNITY REPORT HIGHLIGHTS

VHP Valley Health Plan

1985

Founded

Established by Santa Clara County and licensed under California's Knox-Keene Act as a county-sponsored HMO.



1995

4,500 Members

Reached approximately 4,500 members—primarily county employees and their dependents—reflecting steady enrollment growth in its first decade.



2015

30 Years!

Marked 30 years of operations. Around this time, VHP celebrated its 30th anniversary with the slogan of having served the community for "over 30 years," and it had grown to be recognized as a homegrown health plan option for Santa Clara County residents.



2019

Acquisitions

Santa Clara County's acquisition of O'Connor Hospital and St. Louise Regional Hospital (previously private hospitals) expanded VHP's provider network beyond SCVMC. Later that year, leadership also transitioned to current CEO Laura Rosas.



2020

176,000 Members

VHP's membership surpassed 30,000 enrolled in commercial plans and over 176,000 total members. The plan also celebrated 35 years in operation, continuing its role as a locally run health plan with a strong commitment to community-focused care.



2025

NCQA Health Plan Accreditation

Achieved full NCQA Health Plan Accreditation in January 2025 after a multiyear quality improvement initiative. This accreditation underscores VHP's maturation into a plan meeting national quality standards while continuing to adapt and expand its offerings.



Building a Healthier Community, Together

VALLEY HEALTH PLAN BY THE NUMBERS

Since 1985, Valley Health Plan has grown from a small, local health benefit provider for Santa Clara County employees into a trusted health plan for more than 200,000 people across the region. As we celebrate our 40th anniversary, we reflect on the milestones that matter most—meaningful, significant improvements in access to care and the health of our vibrant community.

COVERED CALIFORNIA MEMBERSHIP

AS OF DECEMBER 31, 2025

24,967
Covered California Plan (CoCA)

280
Individual & Family Plan (IFP)

25,247
Total CoCA/IFP

COUNTY EMPLOYEES SERVED

CLASSIC PLAN

13,319

PREFERRED PLAN

1,084

CLAIMS PROCESSED

2025

2.9M

COMMUNITY EVENTS ATTENDED

2023 - 2025

427

CASE MANAGEMENT MEMBER REFERRALS

2025

16,746
Referred Members VHP CM (Case Management)

27%
Increase Compared to Prior Year

VHP Valley Health Plan

HEDIS Measures

Covered California Member Trends

Measure	2021	2022	2023	2024	2025
Controlling High Blood Pressure	52.31%	54.50%	54.99%	60.83%	64.48%
HbA1c >9.0%	N/A	N/A	35.65%	28.47%	22.35%
Colorectal Cancer Screenings	36.79%	40.88%	39.17%	47.20%	63.23%



Improved in all measures

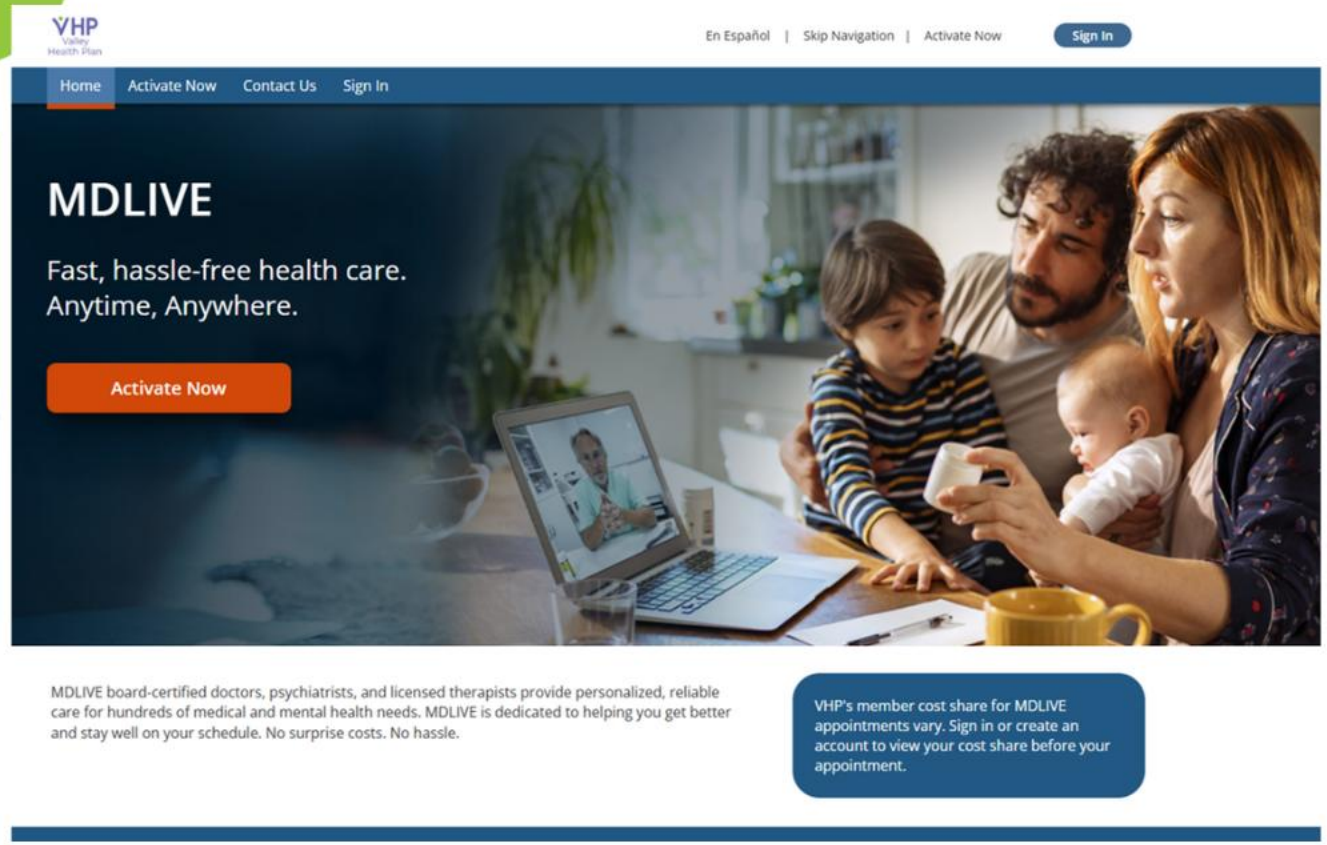
VHP Valley Health Plan



TELEHEALTH

VHP Valley Health Plan

MDLIVE Telehealth



MDLIVE telehealth benefit - try it!

All VHP Members can access primary care doctors, mental health, and substance use services, for a wide range of urgent and non-emergency conditions.

The cost is the same as a regular doctor visit on an on demand or scheduled basis. No prior authorization is required.

Visit www.mdlive.com/VHP or call 888-467-4614 (toll-free) to activate your account or schedule an appointment (language assistance is available).

Keep a look out for an MDLIVE membership package and ID card.

VHP Valley Health Plan

MDLIVE Telehealth

Connect with board-certified doctor or licensed thereapist for:

Urgent Care

ON-DEMAND CARE FOR ILLNESS AND INJURIES

- Allergies
- Birth Control
- Cold & Flu
- Cough
- COVID-19
- Ear Pain
- Headache
- Insect Bites
- Medication Refills
- Pink Eye
- Rash
- Sinus Problems
- Sore Throat
- UTI (Females, 18+)
- Yeast Infections

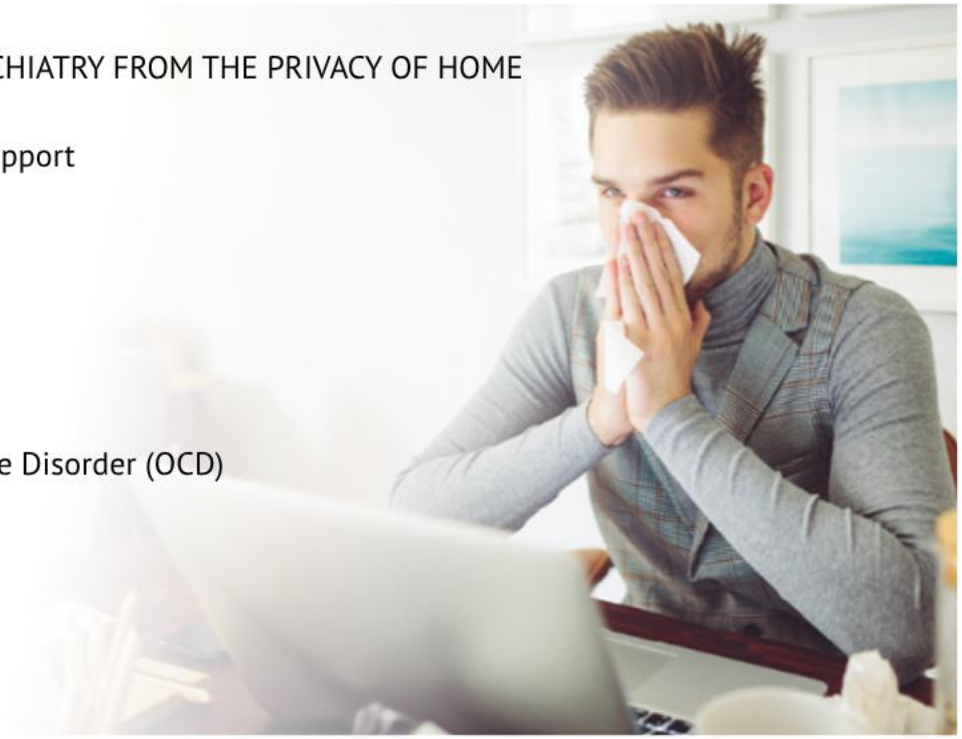
And more

Mental Health

TALK THERAPY AND PSYCHIATRY FROM THE PRIVACY OF HOME

- Addictions
- Aging & Caregiver Support
- Anxiety
- Bipolar
- Depression
- Grief & Loss
- LGBTQ+ Support
- Life Changes
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorders
- Parenting Support
- Phobias
- Relationship Issues
- Stress Management
- Trauma & PTSD

And more



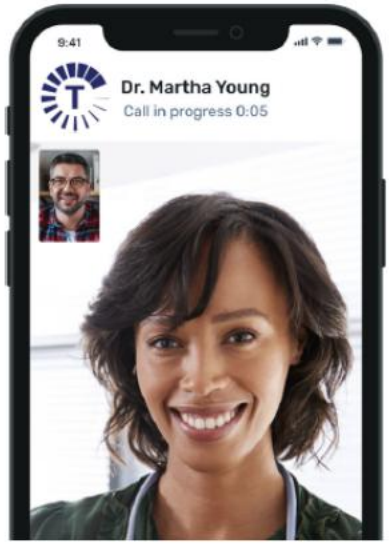
VHP Valley Health Plan

TeleMed2U Specialty Care

Simplifying Specialty Referrals for Primary Care Providers

TeleMed2U

TeleMed2U is a leading specialty care organization with 500+ Specialist care providers that offer telehealth visits to patients and is an in-network group of **Valley Health Plan.**



Now accepting new patient referrals for:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Disease
  *Also specialize in Hepatitis B & C and HIV
- Nephrology
- Neurology
- Nutrition
- PM&R
- Psychology
- Psychiatry
- Rheumatology
- Therapy

For VHP Members

Access high-quality specialty care from the comfort of your home. Our expert providers offer personalized, virtual consultations to meet your health needs.

VHP Valley Health Plan

24 Hour Nurse Advice Line

Our 24/7 Nurse Advice Line is available at no cost to VHP members and is an excellent resource. Members can use the 24/7 Nurse Advice Line for questions about where they should seek medical care and appropriate next steps based on their symptoms.

If you need quick medical advice or are unsure about whether you should wait to see your doctor, go to Urgent Care, or head to the Emergency room, call anytime to speak with an experienced nurse who can answer your questions. Please use the 24/7 Nurse Advice Line for your specific plan listed below:

Covered California and Individual & Family Plan
1-855-348-9119



HEALTH & WELLNESS

VHP Valley Health Plan

Virta Health: Sustainable Weight Loss Program Now Available!

Valley Health Plan's partnership with Virta Health now includes a weight loss program at no additional cost to eligible Covered California members. Members with a BMI of 30 or above or with prediabetes may qualify.



Key features of the program include:

- On-demand support from an expert health coach
- Exclusive access to nutrition resources and recipes
- A digital weight scale and meter

VHP fully covers the cost of Virta (valued at over $3,000) for members and eligible family.

VHP Valley Health Plan

Virta Diabetes Reversal

Virta's other program available for members is their Type 2 Diabetes Reversal Program, which adds support from a dedicated medical provider to help lower blood sugar levels, reduce the number of medicines you are taking, and even help potentially reverse your type 2 diabetes.

Join Virta Today Interested in exploring this valuable resource? Start the application now or scan the QR code to find out if you qualify:

English:
www.virtahealth.com/join/valleyhealthplan.

Español:
es.virtahealth.com/join/valleyhealthplan.

VHP Valley Health Plan

Healthy Families

Pregnancy and the months after childbirth can bring many changes. Valley Health Plan is committed to supporting members during this important time. VHP offers resources that may include:

- Maternal mental health support
- Education and wellness resources
- Connections to community services
- Doula services for eligible members

It is normal to experience a range of emotions during and after pregnancy. If you are feeling overwhelmed, anxious, sad, or need additional support, help is available. Doulas can also provide emotional, physical, and informational support before, during, and after childbirth. You do not have to navigate this journey alone. Our case management and health education teams can help connect you with available resources and services that support your health and well-being.

Reach us your way:

Contact VHP's Case Management and Health Education Departments to learn more about maternal mental health resources and doula services:



Send us a message through **www.vhpconnect.org**.



Call the Case Management Department at **669-220-5235**.



Call the Health Education Department at **408-970-2299** (toll-free).

VHP Valley Health Plan

Healthy Moms and Healthy Babies Program (HMHB)

Our HMHB program connects you with a Health Education Specialist who can:

- Help you understand what to expect during prenatal, postpartum, and well-child visits.
- Explain your health plan benefits, covered services, and available programs.
- Connect you to resources and support services for you and your baby.
- Provide non-clinical health education to help you feel informed.

Support is available by phone, and services are provided at no cost to you.

Get started
To learn more, speak with a Health Education Specialist, you can contact us in the following ways:

1. Phone: (408) 970-2299
2. Online Form: https://www.valleyhealthplan.org/members/contact-health-education
3. Member Portal: Send a message through VHP Connect

VHP Valley Health Plan

Autism Care Management Program

VHP offers a no cost, innovative Autism Care Management Program designed to support families taking care of a child with Autism Spectrum Disorder (ASD). Program care managers work with parents to deliver one-on-one support, prioritize care issues, and address any barriers that are obstacles to the family or their child receiving necessary health care services.

The VHP care manager serves as the primary point of contact for families and can answer questions or address any problems the family is experiencing in making sure their child's health care needs are met. VHP's care managers are ASD specialists with the experience and understanding to help families living with a developmental disorder.

Through the Autism Care Management Program families develop a relationship with their care manager that allows them to function as an extension of their health care team. This relationship helps to ensure that families get coordinated support in alignment with the family's other doctors and specialists.
Families with a child with an ASD diagnosis are contacted by one of our care managers after becoming a VHP member or when a current member receives and ASD diagnosis.

If you are interested in finding out more about **VHP's Autism Spectrum Disorder Care Management Program**, please call **669-220-5235.**

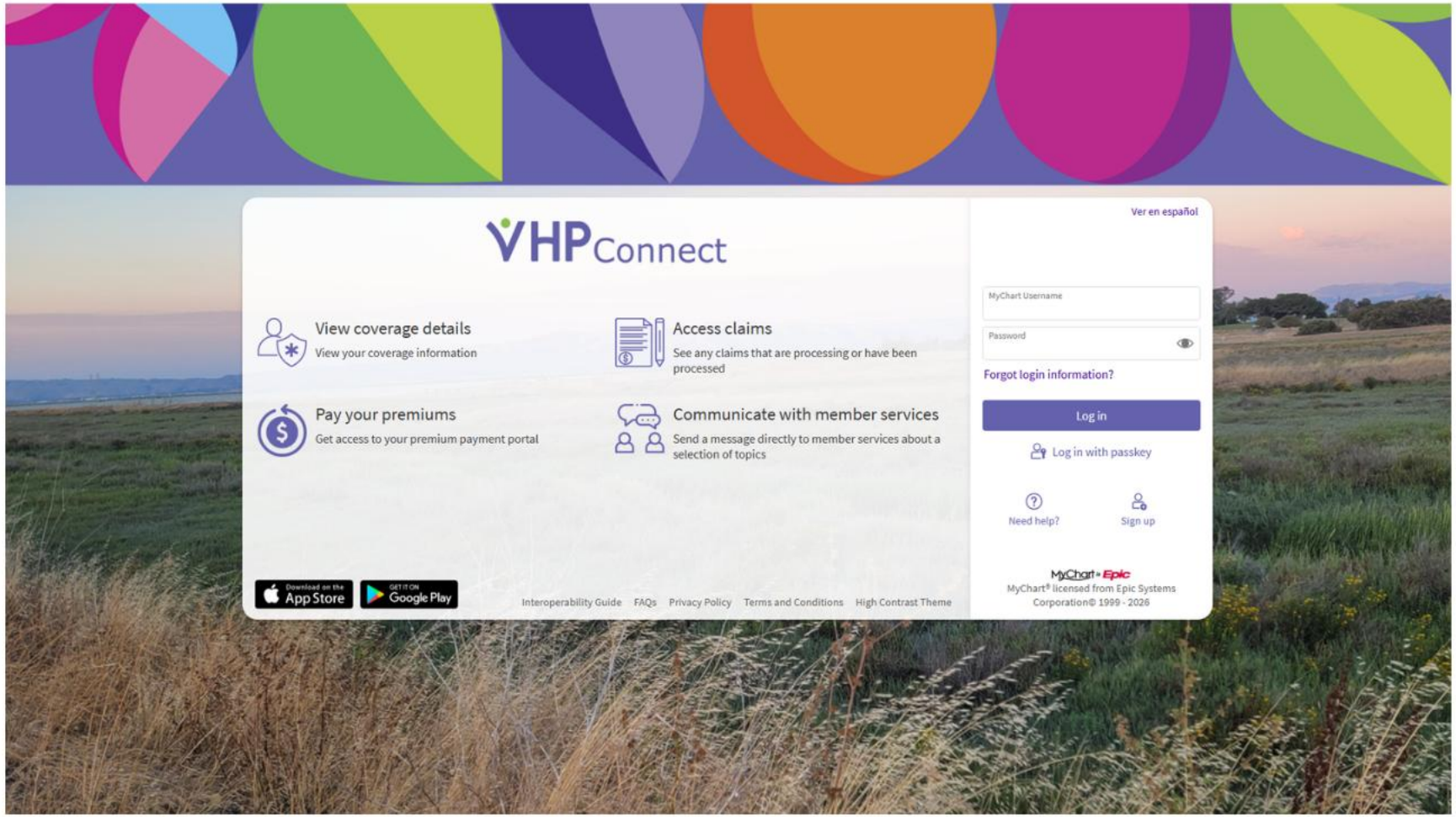
VHP Valley Health Plan



MEMBER RESOURCES & TOOLS

VHP Valley Health Plan

Member Portal



VHP Valley Health Plan

Cost Calculator

To estimate your out-of-pocket expenses for most common services including office visits, exams, and procedures, consider using the Cost Calculator through the member portal, VHP Connect.

What You Need to Get Started

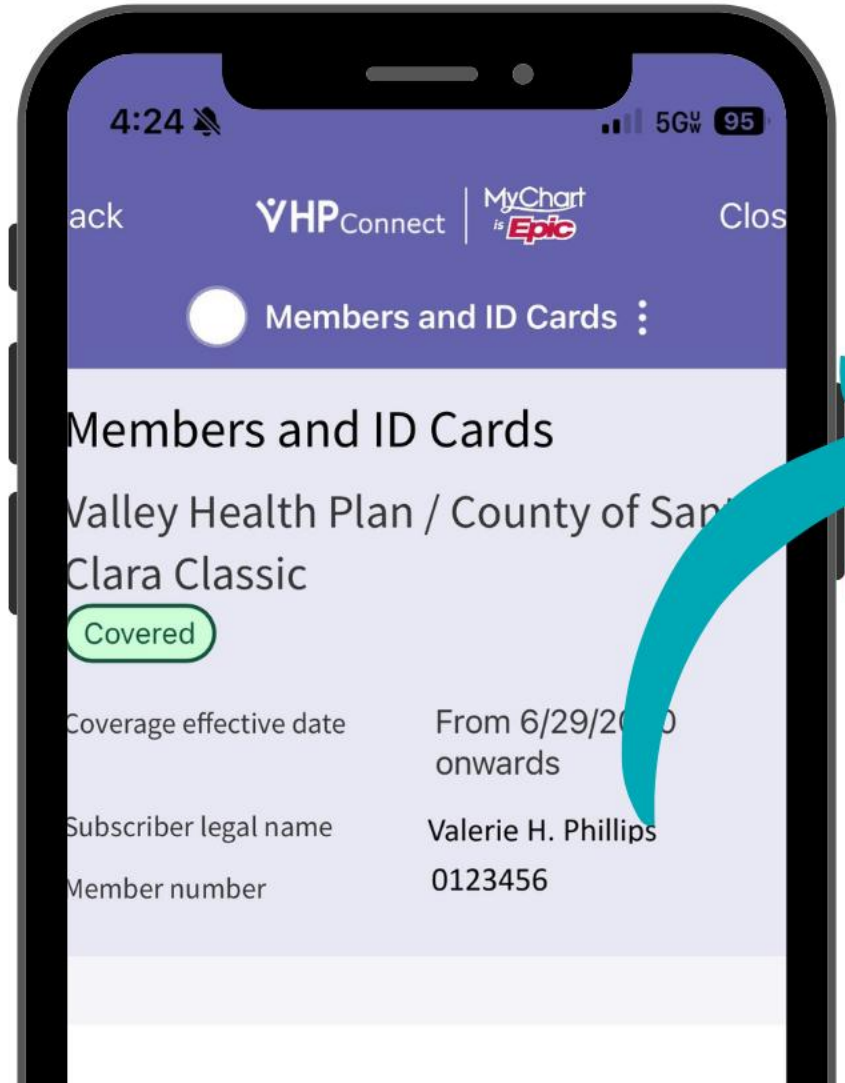
1. Log in to your VHP Connect account at www.vhpconnect.org.
2. Locate the Cost Calculator option under the menu list
3. Enter the service procedure code or description of service
4. Read and accept the disclaimer
5. Narrow results by using the filter option

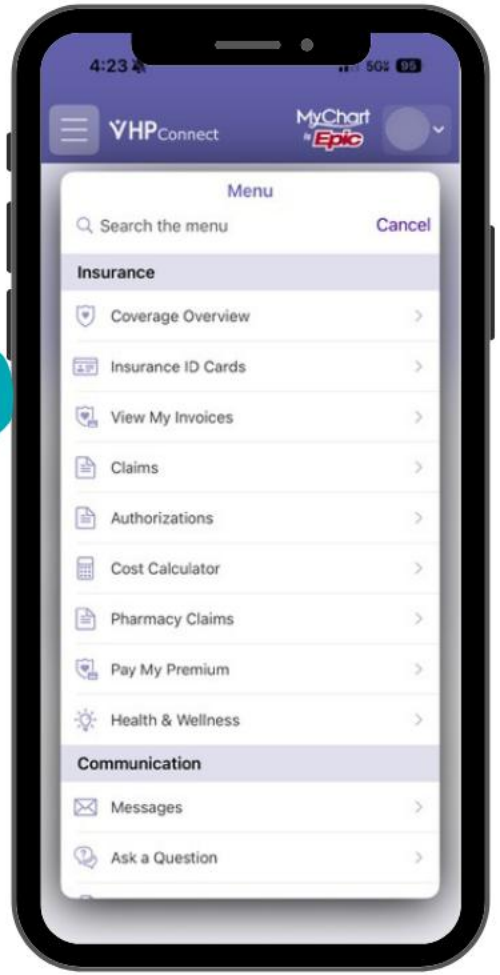
If you need help or have any questions, please call Member Services at 1-888-421-8444 or send an email to memberservices@vhp.sccgov.org.



VHP Valley Health Plan

Member App

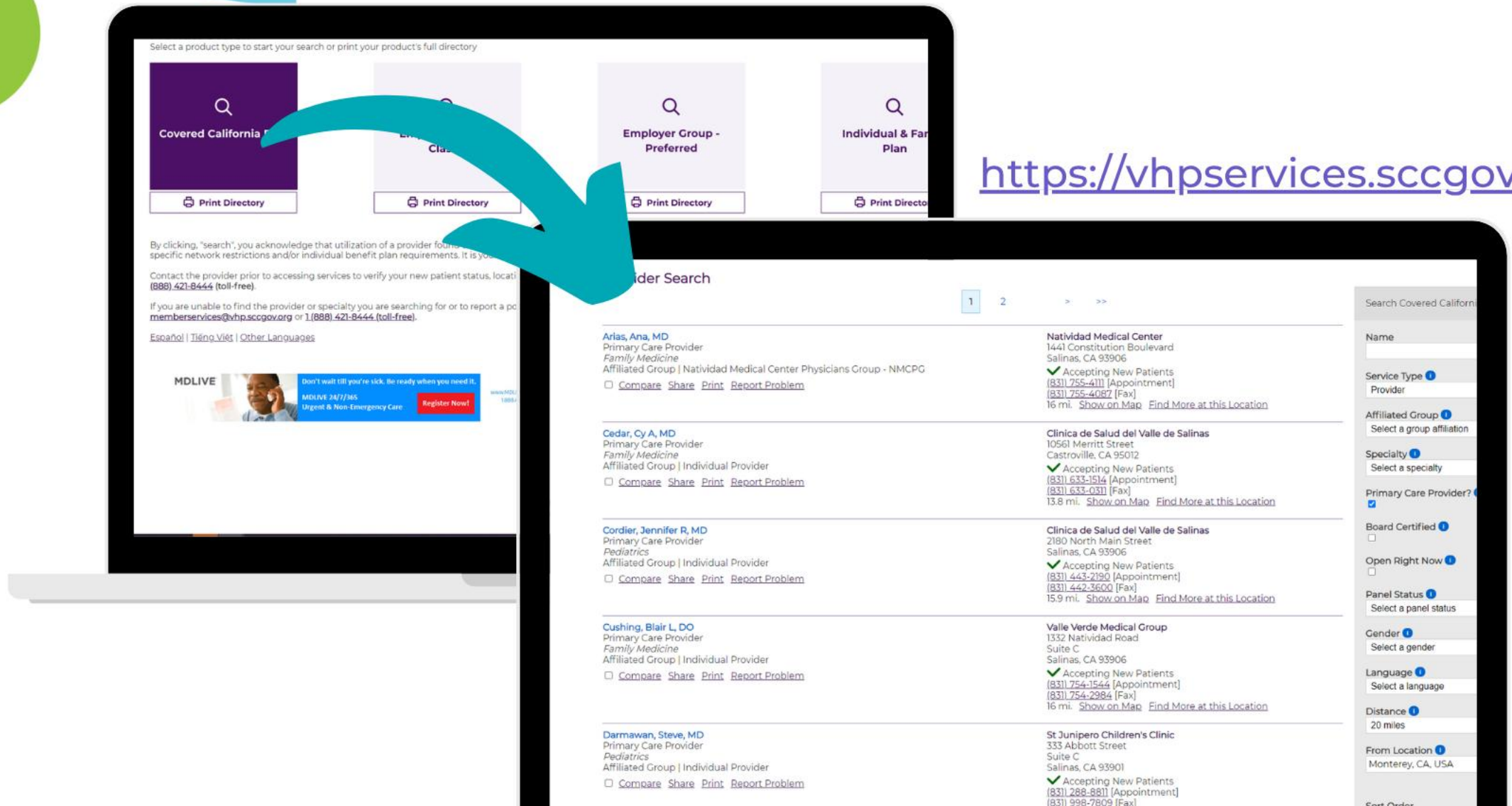

4:24
5G
95
ack
VHP Connect
MyChart is Epic
Clos
Members and ID Cards
Members and ID Cards
Valley Health Plan / County of San
Clara Classic
Covered
Coverage effective date
From 6/29/20 0
onwards
Subscriber legal name
Valerie H. Phillips
Member number
0123456


4:23
VHP Connect
MyChart is Epic
Menu
Search the menu
Cancel
Insurance
Coverage Overview
Insurance ID Cards
View My Invoices
Claims
Authorizations
Cost Calculator
Pharmacy Claims
Pay My Premium
Health & Wellness
Communication
Messages
Ask a Question


4:23
VHP Connect
MyChart is Epic
Menu
Search the menu
Cancel
My Record
Questionnaires
Document Center
Access VHP Case Management & Health Education
Sharing
Sharing Hub
Resources
Learning Library
Settings
Personal Information
Account Settings
Personalize
Change Your Shortcuts
Linked Apps and Devices

Provider Search

https://vhpservices.sccgov.org/





ENROLLMENT SUPPORT

VHP Valley Health Plan

VHP Sales Team

VHP Sales & Broker Relations Team



Digital Information

Rate sheets
MDLIVE
Flyers - Health & Wellness Brochure
Virtual New Member Orientations

Support from VHP

Call or email our staff and speak to a live person for support

VHP Valley Health Plan

VHP Member Services

Phone: 1-888-421-8444 (Mon–Fri, 9 a.m.–5 p.m. PST for commercial members; 8 a.m.–6 p.m. PST for Covered CA and IFP members)
Email: memberservices@vhp.sccgov.org (include your name, DOB, and VHP ID)
In person: 5845 Hellyer Avenue, San Jose, CA 95138 (Mon–Fri, 8 a.m.–5 p.m.)

VHP Valley Health Plan

Thank you!

www.CoveredCA.com

Free, confidential help near you:
https://www.coveredca.com/get-help/find-an-enroller

COVERED CALIFORNIA | For the love of Californians