The information contained in this slide deck is accurate as of October 3, 2025. Please note that policies, procedures, and guidelines may be subject to change. For the most up-to-date information, please contact Covered California directly or visit our official website.





2026 Open Enrollment Period Kick-off Event Webinar



Webinar Housekeeping

Recording	 Today's virtual webinar will be recorded and posted on https://hbex.coveredca.com/toolkit/webinars-briefings/ web page; by staying on the webinar, you consent to the webinar recording.
Attendees	Use the computer audio or dial-in feature to listen.
<i>Dial in by phone:</i> +1 (914) 614-3221	 All participants will be muted during the meeting and will remain muted throughout the webinar.
11 (314) 014-3221	There will be time for questions and comments at the end of each session.
Access Code: 315-613-820 Audio PIN:	 For All Attendees: Please use the "Questions" feature located in the top corner of your webinar screen to submit your questions or comments. Please ensure that your submissions are written in clear, complete sentences.
Shown after joining the webinar	 Our staff will review all questions and do their best to provide responses via text in the questions and responses section.
Webinar ID: 281-915-291	 Some questions may be selected for the facilitator to ask anonymously on your behalf during the live presentation.
Technical Difficulties	 Use the "Questions" feature to submit technical difficulty comments or questions so we can assist you.
Contact	 Email Covered California at <u>OutreachandSales@covered.ca.gov</u> if you have additional questions or comments after the webinar.

AGENDA

Session 1: Key Updates & Plan Information (80 minutes)

- Legislative and Policy Updates
- 2026 Plan Year Information
- Questions and Comments

Break: 10 minutes

Session 2: Open Enrollment Readiness (90 minutes)

- Open Enrollment Updates
- Consumer Retention Efforts
- Important Reminders
- Questions and Comments







California State Budget



Fiscal Year 2025-2026 Updates

State Budget Highlights for Covered California

On June 27, 2025, Governor Newsom signed the state budget into law through SB 101 (Wiener, Chapter 4, Statutes of 2025) and AB 102 (Gabriel, Chapter 5, Statutes of 2025).

Covered California Appropriations



The legislative session continued through September 12, and no additional budget-related bills was introduced.

- \$190 million for a program of financial assistance, which may include premium subsidies
- \$2 million for Strike Benefit Program (with an option to increase the appropriation by up to \$3 million if needed, for a total of \$5 million)
- \$20.35 million (General Fund) for the California Premium Credit.



Key State Proposed Legislative Bill Impacting Covered California

SB 257 (Wahab)

If signed by the Governor, effective January 1, 2026:

- Strengthens protections for individuals undergoing pregnancy, including gestational carriers (surrogates).
- Covered California Impact:
 - Pregnancy designated as a qualifying life event, allowing enrollment or plan changes outside of open enrollment.



Proposed Legislative Updates to California's Essential Health Benefits Benchmark Plan for 2027+

Legislative Efforts: California legislature is considering two companion bills to update the state's Essential Health Benefits (EHB) benchmark plan, contingent upon federal approval.

AB 224 (Bonta)

If approved, effective January 1, 2027:

- Expands EHB benchmark plan (2027+) to include:
 - Specified infertility treatments
 - Specified durable medical equipment
 - Hearing aids
- Impacts California Department of Insurance plans

SB 62 (Menjivar)

If approved, effective January 1, 2027:

- Expands EHB benchmark plan (2027+) to include:
 - Specified infertility treatments
 - Specified durable medical equipment
 - Hearing aids
- Impacts Department of Managed Health Care plans



Federal Changes Impacting Covered California



CMS Marketplace Integrity and Affordability Final Rule and H.R. 1



Federal Update: Recent Actions Impacting Marketplaces



 On June 25, 2025, the Centers for Medicare & Medicaid Services (CMS) <u>issued</u> the Marketplace Integrity and Affordability <u>Final Rule</u>.

*On August 22nd, a **district court issued a stay** on several of the provisions contained in the final rule.





• On July 4, 2025, President Trump <u>signed</u> the <u>federal</u> reconciliation bill, H.R. 1 (U.S. House of Representatives), into law. (One Big Beautiful Bill Act)



Combined Impact of Policy Changes on Marketplace Coverage



 Expiration of the enhanced premium tax credits at the end of 2025.





 Projected to <u>lead</u> to <u>substantial declines</u> in Marketplace coverage and a <u>rise in the</u> <u>number</u> of <u>uninsured</u> individuals.



Major Marketplace Impacts of CMS Final Rule, H.R. 1, & Expiration of ePTC

- As many as 660,000 Covered California enrollees could go uninsured,
- All Covered California enrollees will see significantly <u>higher</u> costs, and



 There will be burdensome new red tape making it <u>harder</u> for Californians to <u>get and stay</u> covered.



Limiting **Enrollment Opportunities** and Imposing New **Administrative** Requirement

- Imposes pre-enrollment verification and ending automatic re-enrollment
- Eliminates income-based Special Enrollment Period (SEP)



Restricting Eligibility for Immigrant Groups

- <u>Limits</u> Premium Tax Credit (PTC) eligibility to certain immigrant groups
- Ends Premium Tax Credit for low-income lawfully present immigrants



Affordability and Coverage Changes



• <u>Denies</u> Advance Premium Tax Credit to consumers who lose Medi-Cal due to work requirements.



H.R. 1 Fails to Extend the Enhanced Premium Tax Credits

 Absent Congressional action, these enhanced tax credits will expire at the end of the year and significantly reduce the affordability of Marketplace coverage.



Federal Update: CMS Final Rule

The final rule adopts policy changes CMS believes will:

- strengthen consumer protections,
- ensure Marketplace integrity, and
- address improper enrollments.

Though several harmful provisions from the **proposed rule were modified** to allow for <u>delayed</u>
<u>implementation</u>, <u>sunsetting</u>
<u>timeframes</u>, and <u>increased state</u>
<u>flexibility</u>, **deeply concerning provisions remain**.





IMPORTANT: The final rule is subject to ongoing legal challenges and several provisions have been temporarily stayed while the litigation proceeds.



Limited Enrollment & Narrow Eligibility

- Shortening the open enrollment period to nine weeks, beginning with the 2027 coverage year.
- Excluding DACA recipients from Marketplace eligibility, effective August 31, 2025.
- Eliminating the monthly special enrollment period (SEP) for individuals below 150% of the federal poverty level (FPL), effective 2025.
- Prohibiting coverage of gender-affirming care as part of essential health benefits, effective 2026.





 Tightening income verification requirements, effective 2025 and sunsetting after 2026.

Stricter Verification & Reconciliation



Preducing the Failure to Reconcile period for advanced premium tax credits (APTC) to one year, effective for 2026 and reverting to two years for 2027.



• Eliminating the automatic 60-day extension for resolving income inconsistencies, effective 2025.



Indicates implementation of provision was stayed by a federal court on 8/22/25.



Reduced Affordability



 Allowing issuers to require consumers pay past-due premiums before enrolling in new coverage, effective 2025.



Updating premiums and plan design requirements, effective for 2026.



 Requiring consumers to pay at least 95% of premiums owed, effective 2025 and sunsetting after 2026.



Indicates implementation of provision was stayed by a federal court on 8/22/25.



DACA Coverage Ended August 31, 2025: Covered California Actions

Consumer Notification	A Notice of Determination was issued once a DACA recipient was found ineligible, accompanied by an insert explaining that coverage is ending due to a federal policy chang		
Phone Outreach	Service center representatives and certified enrollers (only if delegated) contacted affected individuals directly to explain the change and confirm the coverage end date.		
Email Outreach	Targeted emails developed to ensure clear communication.		



Website Updates

CoveredCA.com/**DACA** now reflects the updated policy and provides direct links to consumer assistance.

Off-Exchange Options

DACA recipients who lost Covered California coverage were informed of their **option to purchase health plans directly from carriers**. The Covered California termination notice can be used as proof of loss of coverage to access a **Special Enrollment Period (SEP) through October 30, 2025**.



Impact of Federal Enhanced Premium Tax Credit Expiration



Due to the American Rescue Plan Act of 2021 & Inflation Reduction Act



Enhanced Federal Premium Tax Credits: A Shift for Marketplace Consumers

Increased Affordability



under the American Rescue
Plan and the Inflation
Reduction Act, set to expire at
the end of 2025.

- Increasing the amount of financial help for all consumers eligible to receive the Advanced Premium Tax Credits (APTC).
- Two free Silver plan options for consumers with incomes below 150% FPL (\$23,475 for an individual and \$48,225 for a family of four).
- Elimination of the "subsidy cliff" for middle-income consumers above 400% FPL, previously ineligible for APTCs (\$62,600 for an individual and \$128,600 for a family of four)...

Future Implications: Expiration of Enhanced Premium Tax Credits

Congress did not include this extension in H.R. 1.



- 2026 Plan Year Projected Impact*:
 - On average, enrollee premiums will increase \$125 per member per month, up from \$101 per member per month.
 - This translates to a **97% increase** in monthly premium costs, compared to an initial estimate of 66%.



^{*}This analysis demonstrates the financial impact to consumers due to the loss of enhanced federal tax credits and does not account for California's 2026 premium subsidies.

Enhanced Premium Tax Credits Provide \$2.5 Billion in Annual Savings for Consumers

- The enhanced premium tax credit would account for \$2.5 billion of potential savings, in addition to the \$10.5 billion that consumers are projected to receive in 2026.
- This translates to an average
 \$125 per month in additional premium savings for marketplace enrollees
- The loss of enhanced tax credits will also impact the roughly 1 in 10 Covered California enrollees who do not receive any financial assistance as the result of higher rate increases.

Enrollee Income (by Federal Poverty Level)	Number of Enrollees	Annual Value of Enhanced Premium Tax Credit
0-150% FPL	275,000	\$148 million
150-200% FPL	499,000	\$461 million
200-250% FPL	274,000	\$363 million
250-400% FPL	462,000	\$576 million
>400% FPL	161,000	\$969 million
Total	1,671,000	\$2.5 billion





Premiums Will Increase if the Enhanced Premium Tax Credit Expires: <400% FPL

- Consumers with incomes less than 400% FPL (\$62,600 for an individual), could see, on average, an \$85 monthly increase in net premiums without the enhanced premium tax credit.
- Many consumers earning less than \$40,000 annually will see their premiums double, or more.

Monthly Net Premium Without Extension of Enhanced Premium Tax Credits - Subsidized Enrollees Earning Less than \$62,600







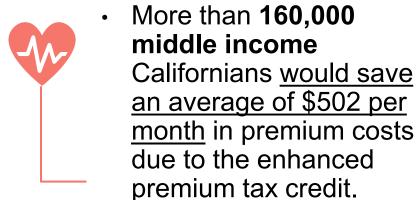
APTC. Income levels reflect relevant program FPL cutoffs for the 2026 plan year

[■] Monthly Net Premium with Enhanced Tax Credits

[■] Monthly Net Premium without Enhanced Tax Credits

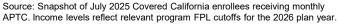
Premiums Will Increase if the Enhanced Premium Tax Credit Expires: >400% FPL

 Without the extension of enhanced premium tax credit, middle income consumers will have to pay the <u>full premium</u> cost to retain coverage.



Monthly Net Premium Without Extension of Enhanced Premium Tax Credits - Subsidized Enrollees Earning More than \$62,600







[■] Monthly Net Premium with Enhanced Tax Credits

[■] Monthly Net Premium without Enhanced Tax Credits



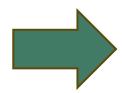
State Funding for Financial Assistance in Plan Year 2026



Fiscal Year 2025-26 State Budget Commitment

\$190 million

Appropriated from the Health Care Affordability Reserve Fund (HCARF).



Funding allocated to

Covered California

for financial assistance for the **2026 plan year**.



State Funding Scenarios for Covered California in 2026 Plan Year

Scenario 1: No Extension
of Enhanced Premium Tax Credits

 HCARF appropriation will be used to reduce premiums for enrollees with incomes at or below 165% of the Federal Poverty Level (FPL).

Scenario 2: Extension

of Enhanced Premium Tax Credits

- \$190 million will be redirected to fund the California Enhanced Cost-Sharing Reduction Program.
 - Adopted by Covered California's Board in April 2025 to provide additional financial assistance to consumers.





Overall Effective Dates: CMS Final Rule, H.R. 1, and ePTC



Overall Effective Dates



Indicates implementation of provision was stayed by a federal court on 8/22/25.

Provision	Aug. 2025	PY 2026	PY 2027	PY 2028+
Shortened Open Enrollment Period				
Excluding DACA Recipients from Marketplace Coverage				
Eliminating the Monthly <150 percent FPL Special Enrollment Period	No SEP			with income- d SEP
Requiring Documentation When Tax Data Shows Income Under 100 Percent FPL				
Requiring Income Attestation and Documentation When Tax Data Is Unavailable				
Eliminating the Automatic 60-Day Extension to Resolve Income Inconsistencies				
Allowing Issuers to Require Payment of Past-Due Premiums Before Effectuating New Coverage				
Modifying the Premium Payment Threshold Policy				
Excluding Gender-Affirming Care from EHBs				
Actuarial Value Changes				
Maximum Out of Pocket and Premium Methodology Changes				
Shortening the FTR Period for APTC				
Eliminating Income-based SEP				
Prohibits PTCs for Lawfully Present Individuals Who Are Ineligible for Medicaid due to Immigration Status with Household Incomes Below 100 Percent FPL				
Eliminating Income-based Caps on Excess APTC Repayment				
Restricting PTC Eligibility to "Eligible Aliens"				
Prohibiting Automatic Re-enrollment and Imposing New Pre-enrollment Verification Requirements on Most Enrollees				
Expiration of Enhanced PTCs				





Indicates implementation of provision was stayed by a federal court on 8/22/25.

Effective August 2025

	Area	CMS Provision Rules
	Immigration Eligibility	Excluding DACA Recipients from Marketplace Coverage
	ŢŢ	Requiring Income Attestation and Documentation When Tax Data Is Unavailable
	Income	Eliminating the Automatic 60-Day Extension to Resolve Income Inconsistencies
	ΔŢΔ	Requiring Documentation When Tax Data Shows Income Under 100 Percent FPL
		Eliminating the Monthly <150 Percent FPL Special Enrollment Period
		Modifying the Premium Payment Threshold Policy
	Premium	Allowing Issuers to Require Payment of Past-Due Premiums Before Effectuating New Coverage



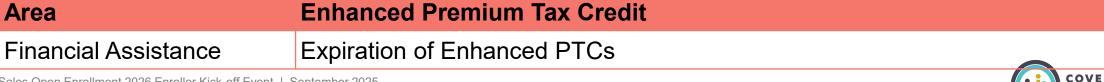




Indicates implementation of provision was stayed by a federal court on 8/22/25.

Effective Plan Year 2026

Area	CMS Provision Rules
Benefit Service	Excluding Gender-Affirming Care from EHBs
$\overline{\nabla} \overline{\downarrow} \nabla$	Actuarial Value Methodology Change
Cost Sharing	Maximum Out of Pocket and Premium Methodology Changes
Timeframe	Shortening the FTR Period for APTC
Area	H.R. 1
Immigration Eligibility	Prohibits PTCs for Lawfully Present Individuals Who Are Ineligible for Medicaid due to Immigration Status with Household Incomes Below 100 Percent FPL
Income	Eliminating Income-based SEP Eliminating Income-based Caps on Excess APTC Repayment





Effective Plan Year 2027

_	Area	CMS Provision Rules
	Timeframe	Shortened Open Enrollment Period - Open Enrollment Period 2027: November 1, 2026 through December 31, 2026

	Area	H.R. 1
	Immigration Eligibility	Restricting PTC Eligibility to "Eligible Aliens"
)	APTC	Denial of APTC to individual who lose Medi-Cal due to work requirements.





Effective Plan Year 2028

Area	H.R. 1
Eligibility Verification	Prohibiting Automatic Re-enrollment and Imposing New Pre-enrollment Verification Requirements on Most Enrollees





Organizational Retention Strategy Upgrades



















Service Center



2026 Plan Year



Consumer Choice and Key Factors

2026 Health Plan Participation & Rates



Covered California Individual Family Plans



Individual Market Health Carriers 2026 Plan Year Participation

- 11 Health Carriers
- All Californians will have a choice of 2 or more carriers.
- 92% Californians
 will have a choice of
 3 or more carriers
- 75% Californians
 will have a choice of
 4 or more carriers

























Aetna CVS Health Exits the Covered California Marketplace

Nearly **21,000 enrollees** in Regions 3, 5, 6, and 11 will be allowed to **choose a new** plan or move to the carrier with the <u>lowest-cost plan</u> in the <u>same metal tier</u>.





- Region 3 El Dorado, Placer, Sacramento, and Yolo Counties
- Region 5 Contra Costa County
- Region 6 Alameda County
- Region 11 Fresno, Kings, and Madera Counties



Supporting Impacted Aetna Consumers During Plan Transition

Consumers will still have access to 3–5 quality health insurance companies offering coverage in these regions for 2026.

Communication Timeline

June 2025: Impacted households will receive a letter from Aetna Health of California, Inc. with details about their plan change.



September 2025

Covered California will send a follow-up letter with instructions for updating applications and selecting a new plan.

Automatic Replacement Plan

Covered California will identify a replacement plan for impacted members. This will be the lowest-cost plan within the same metal tier.



QHP Issuer	Pricing Region
Anthem	HMO - 11, 15, 16, 17, 18, 19 EPO - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14
Blue Shield	HMO - all regions except 13 PPO - all regions
CCHP	4 & 8
HealthNet	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19
Inland Empire	17
Kaiser	all regions
LA Care	15 & 16
Molina	13, 15, 16, 17, 18, 19
Sharp 1 & 2	19
VHP	7 & 9
WHΔ	2 & 3

2026 Health Plan Offerings

	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19									Ŧ							WESTERN HEALTH ADV.
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	8 San Mateo County				lacktriangle												
	9 Santa Cruz, San Benito, Monterey				0						0					0	
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	11 Fresno, Kings, Madera counties				0						0						
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2026 Statewide Average Rate for Health Plans

Total Enrollment As of March 2025

1,927,520

Plan Year	2022	2023	2024	2025	2026	5-Year Average	
Weighted Average	0.5%	1.8%	5.6%	9.6%	10.3%	5.6%	

*The preliminary rates have been filed with California's Department of Managed Health Care (DMHC) and are subject to final review and public comment. The final rates, which may change slightly from the proposed rates, will go into effect on Jan. 1, 2026.

Covered California 2026 Health Plan Rates Press Release



Statewide Weighted Average Rate Increase

1.0%

Shop & Switch
Statewide
Weighted Average



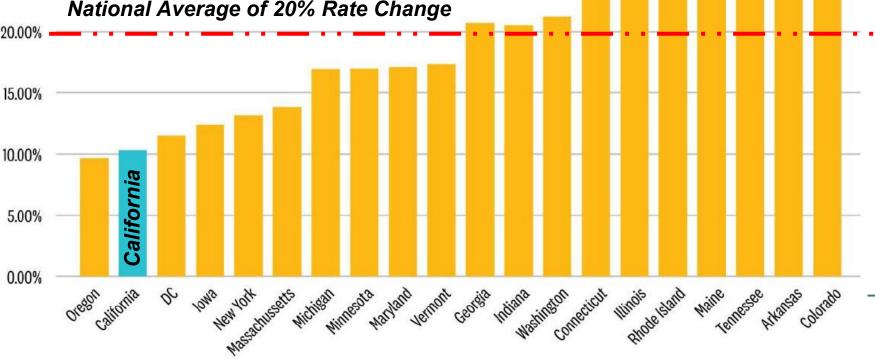
California's Rate Change Lower Than National Average of 20%





Average Increase*

30.00%



Kaiser Permanente has the <u>lowest</u> weighted average rate change of 7.1%

Valley Health
 Plan has the
 highest weighted
 average rate
 change of 21.0%

Covered California 2026 Health Plan Rates Press Release

Individual Market 2026 Rate Changes by Carriers

Carrier	Weighted Average % Rate Change from 2025				
Anthem Blue Cross	14.5%				
Blue Shield of California	9.1%				
Chinese Community Health Plan	9.6%				
Health Net	15.0%				
Inland Empire Health Plan	17.9%				
Kaiser Permanente	7.1%				
LA Care Health Plan	11.0%				
Molina Healthcare	14.7%				
Sharp Health Plan	8.6%				
Valley Health Plan	21.0%				
Western Health Advantage	13.9%				
Overall Weighted Average %	10.3%				



Individual Market Rate Changes by Rating Region for 2026 Plan Year

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties	68,890	11.1%	9.3%
Region 2 Marin, Napa, Solano and Sonoma counties	62,630	8.8%	1.9%
Region 3 Sacramento, Placer, El Dorado and Yolo counties	105,330	7.4%	1.0%
Region 4 San Francisco County	38,330	9.0%	1.0%
Region 5 Contra Costa County	58,590	7.7%	1.8%

¹ Effectuated enrollment for coverage in the month of March 2025.



² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.

Individual Market Rate Changes by Rating Region for 2026 Plan Year

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 6 Alameda County	81,480	7.9%	2.9%
Region 7 Santa Clara County	78,230	12.4%	5.0%
Region 8 San Mateo County	33,320	8.2%	0.6%
Region 9 Monterey, San Benito and Santa Cruz counties	33,390	10.8%	-1.5%
Region 10 San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties	93,810	11.4%	6.3%
Region 11 Fresno, Kings and Madera counties	51,140	12.9%	10.5%
Region 12 San Luis Obispo, Santa Barbara and Ventura counties	86,430	8.5%	1.9%

¹ Effectuated enrollment for coverage in the month of March 2025.



² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.

Individual Market Rate Changes by Rating Region for 2026 Plan Year

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 13 Mono, Inyo and Imperial counties	14,850	12.9%	10.3%
Region 14 Kern County	29,470	10.2%	6.9%
Region 15 Los Angeles County (northeast)	258,490	10.5%	-2.8%
Region 16 Los Angeles County (southwest)	318,130	10.0%	-6.8%
Region 17 San Bernardino and Riverside counties	186,850	12.5%	4.6%
Region 18 Orange County	182,200	10.4%	2.0%
Region 19 San Diego County	145,810	11.8%	2.6%

¹ Effectuated enrollment for coverage in the month of March 2025.



² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.

2026 Health Plan Regional Rates



Covered California Individual Family Plans

How Advanced Premium Tax Credit (APTC) is Calculated – Meet John

3 Major Components for the Calculation

INCOME & FPL



200% FPL

REQUIRED CONTRIBUTION % & AMOUNT



Expected to contribute:

6.60% of his annual income* = \$2,066 annually or \$172 per month before the \$1 California premium credit.

SECOND-LOWEST SILVER PREMIUM



Benchmark plan in Sacramento Region:

\$638 per month –

APTC is the difference between the benchmark plan and his required contribution = \$466, plus the \$1* California premium credit.

= APTC MONTHLY AMOUNT

Benchmark Plan
John's required

contribution - \$172

APTC Amount

= \$466

\$638

CA Premium Credit

+ \$1*

Total Credit Amount for John to use

= \$467

John can pick a more expensive plan but will still only get \$467 to help cover the cost. If he chooses a cheaper plan, the APTC can't be more than the plan's premium.



^{*}All Covered California members receive a monthly \$1, California Premium Credit, which is funded by the state's general budget.

Advanced Premium Tax Credit (APTC):

FPL levels: 150%, 165%, 200%, 250%, 300%, 350%, and 400%

(40 years old in Sacramento County with Benchmark Silver Plan (Kaiser HMO)

FPL Level	Annual Income	Required Contribution %1	Expected Contribution Per Month	Benchmark Plan	APTC + plus the \$1 CA premium credit ²	Gross Premium	Net Premium
150%	\$23,475	3.19%	\$62	\$638	\$576	<mark>\$638</mark>	<mark>\$61</mark>
165%	\$25,823	3.91%	\$84	\$638	\$555	<mark>\$638</mark>	<mark>\$83</mark>
200%	\$31,300	6.60%	\$172	\$638	\$467	<mark>\$638</mark>	<mark>\$171</mark>
250%	\$39,125	8.44%	\$275	\$638	\$364	<mark>\$638</mark>	<mark>\$274</mark>
300%	\$46,950	9.96%	\$390	\$638	\$249	<mark>\$638</mark>	<mark>\$389</mark>
350%	\$54,775	9.96%	\$455	\$638	\$184	<mark>\$638</mark>	<mark>\$454</mark>
400%	\$62,600	9.96%	\$520	\$638	\$119	<mark>\$638</mark>	<mark>\$519</mark>



^{1.} APTC is calculated based on the annual IRS <u>Applicable Percentage Table</u>. In addition, the *CA Premium Subsidy* lowers the required contribution percentages by 1 percentage point for individuals between 150% and 165% of the FPL.



[•] For individuals at 150% of the FPL, the required contribution percentage decreases from 4.19% to 3.19%.

[•] For individuals at 165% of the FPL, the required contribution percentage decreases from 4.91% to 3.91%

^{2.} All Covered California members receive a monthly \$1, California Premium Credit, which is funded by the state's general budget.

Advanced Premium Tax Credit (APTC):

FPL levels: 150%, 165%, 200%, 250%, 300%, 350%, and 400%

(40 years old in Sacramento County with Lowest Bronze Plan (Kaiser HMO)

FPL Level	Annual Income	Required Contribution %1	Expected Contribution Per Month	Benchmark Plan	APTC + plus the \$1 CA premium credit ²	Gross Premium	Net Premium
150%	\$23,475	3.19%	\$62	\$638	\$576	<mark>\$520</mark>	<mark>\$0</mark>
165%	\$25,823	3.91%	\$84	\$638	\$555	\$520	<mark>\$0</mark>
200%	\$31,300	6.60%	\$172	\$638	\$467	<mark>\$520</mark>	<mark>\$54</mark>
250%	\$39,125	8.44%	\$275	\$638	\$364	\$520	<mark>\$157</mark>
300%	\$46,950	9.96%	\$390	\$638	\$249	<mark>\$520</mark>	<mark>\$271</mark>
350%	\$54,775	9.96%	\$455	\$638	\$184	<mark>\$520</mark>	\$336
400%	\$62,600	9.96%	\$520	\$638	\$119	<mark>\$520</mark>	<mark>\$401</mark>



^{1.} APTC is calculated based on the annual IRS <u>Applicable Percentage Table</u>. In addition, the *CA Premium Subsidy* lowers the required contribution percentages by 1 percentage point for individuals between 150% and 165% of the FPL.



[•] For individuals at 150% of the FPL, the required contribution percentage decreases from 4.19% to 3.19%.

[•] For individuals at 165% of the FPL, the required contribution percentage decreases from 4.91% to 3.91%

^{2.} All Covered California members receive a monthly \$1, California Premium Credit, which is funded by the state's general budget.



- Premium rates shown are for a 25-yearold and a 40-year-old single individual.
- An annual household income of \$31,300 (200% FPL)
- Residing in a zip code within the specified county and region.



Rates for 25 and 40-year-old

The premium rates displayed here apply to a 25-year-old and a 40-year-old single individual with an annual household income of \$31,300, residing in a zip code within the specified county and region.

- The lowest-priced plan for each metal tier is shown in **bold**, **green font**.
- The second-lowest silver plan is shown with a red square.

- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans not available in every ZIP code within the county are marked with an asterisk (*).

25-year-old Single Individual

Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem EPO	\$410	\$566	\$568	\$659	\$843	\$1,194
Blue Shield PPO	\$467	\$634	\$637	\$787	\$951	\$1,293
Blue Shield HMO*	-	-	-	\$527	\$586	\$683
Health Net PPO	\$385	\$473	\$482	\$674	\$796	\$993
Kaiser HMO Coin	\$285	\$398	\$409		\$515	-
Kaiser HMO Copay	-	-	-	\$501	\$567	\$610
Western HMO	\$306	-	\$447	\$480	\$549	\$608

40-year-old Single Individual

Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem EPO	\$522	\$721	\$723	\$838	\$1,073	\$1,520
Blue Shield PPO	\$595	\$807	\$811	\$1,001	\$1,210	\$1,646
Blue Shield HMO*	-	-	-	\$670	\$746	\$869
Health Net PPO	\$491	\$602	\$614	\$858	\$1,013	\$1,264
Kaiser HMO Coin	\$363	\$507	\$520	<u> </u>	\$656	-
Kaiser HMO Copay	-	-	-	\$638	\$722	\$776
Western HMO	\$389	-	\$570	\$611	\$698	\$774

https://hbex.coveredca.com/toolkit/downloads/CCA_26_QHP_Plan_Rates_by_County.pdf



% Lowest Rate Change

BRONZE PLAN

% Highest Rate Change

Lowest Price	Health Plan	2025 Monthly Gross Premium	2026 Monthly Gross Premium	YOY Change	Consumer Pays	Market Share
1	Kaiser	\$504	\$520	3.3%	\$54	68.1%
2	Western	\$501	\$570	13.7%	\$103	5.5%
3	Health Net PPO	\$526	\$614	1 6.8%	\$147	5.3%
4	Anthem EPO	\$629	\$723	14.9%	\$256	3.9%
5	Blue Shield PPO	\$795	\$811	2.0%	\$344	4.5%
6	Aetna	\$487	Left Market	_	-	12.8%

2026 Regional Rates

The rates shown apply to a 40-year-old single individual with an annual household income of \$31,300, living in a zip code within the specified county and region. The "Consumer Pays" amount reflects deductions for a \$466 Advance Premium Tax Credit (APTC) and a \$1 California premium credit.

- 4.5% weighted average increase
- Kaiser is the lowest price Bronze Plan with an increase by 3.3% from last year

https://hbex.coveredca.com/toolkit/downloads/CCA_26_Regional_Bronze_and_Silver_Rates.pdf



% Lowest Rate Change

SILVER PLAN



% Highest Rate Change

Lowest Price	Health Plan	2025 Monthly Gross Premium	2026 Monthly Gross Premium	YOY Change	Consumer Pays	Market Share
1	Western	\$536	\$611	13.9%	\$144	18.0%
2	Kaiser	\$605	\$638	5.3%	\$171	50.0%
3	Blue Shield HMO	\$614	\$670	9.2%	\$204	11.0%
4	Anthem EPO	\$708	\$838	18.4%	\$372	6.5%
5	Health Net PPO	\$755	\$858	13.6%	\$391	1.0%
6	Blue Shield PPO	\$965	\$1,001	3.8%	\$535	3.3%
7	Aetna	\$601	Left Market	-	-	10.2%

2026 Regional Rates

The rates shown apply to a 40-year-old single individual with an annual household income of \$31,300, living in a zip code within the specified county and region. The "Consumer Pays" amount reflects deductions for a \$466 Advance Premium Tax Credit (APTC) and a \$1 California premium credit.

- 7.7% weighted average increase
- \$390 price spread (consumer could save by switching from highest to lowest)

https://hbex.coveredca.com/toolkit/downloads/CCA_26_Regional_Bronze_and_Silver_Rates.pdf



Hospital & Urgent Care Provider Network*

X = Blue Shield HMO ACO Partner

X = New in-network hospital for health plan

- Proposed hospital network as of August 2025 May not be a complete list of hospitals
- · Kaiser Permanente hospitals are not listed
- Verify with the health plan if the hospital is in-network

Hospital	Anthem EPO	Blue Shield HMO	Blue Shield PPO	Health Net PPO	Western HMO
Mercy General Hospital		X	X	X	Χ
Mercy Hospital of Folsom		X	X	X	Χ
Mercy San Juan Medical Center		×	X	X	Χ
Methodist Hospital of Sacramento		X	X	X	Χ
Sacramento Rehabilitation Hospital		X	X		
Shriners Hospitals for Children Northern Calif.		X	X		
Sutter Medical Center, Sacramento	Χ		X	X	
UC Davis Rehabilitation Hospital		X	X		
University of California Davis Medical Center		X	X	X	
Vibra Hospital of Sacramento		X	X		

https://hbex.coveredca.com/toolkit/downloads/CCA_26_QHP_Hospital_Network_by_County.pdf

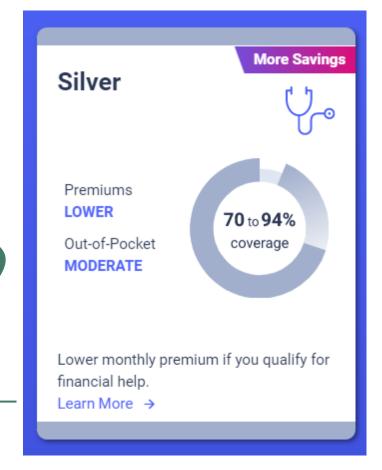


2026 Health Plan Benefits



Covered California Individual Family Plans

Cost-Sharing Reduction (CSR) Silver Plans 73, 87, and 94



A CSR Silver plan provides <u>lower</u> deductibles, copays, and out-of-pocket maximum costs.

Enhanced Cost-Sharing Reduction Plan	Household Income Eligibility by Percentage of FPL	Household Size of One Income Limit
Silver 94	100% up to 150%	\$23,475
Silver 87	Above 150% up to 200%	\$31,300
Silver 73	Above 200% up to 250%	\$39,125



2026 Family 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.

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.



2026 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	\$31,301 to \$39,125 (>200% to <250% FPL)	\$23,476 to \$31,300 (>150% to <200% FPL)	up to \$23,475 (>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	\$60°	\$50	\$50	\$ 15	\$5	\$40	\$15
Urgent Care	instance until out-of-pocket maximum is met	\$60°	\$50	\$50	\$ 15	\$5	\$40	\$ 15
Specialist Visit		\$95*	\$90	\$90	\$25	\$8	\$70	\$30
Emergency Room Facility	Full cost man	40% after deductible is met	\$400	\$400	\$200	\$50	\$350	\$17 5
Laboratory Tests	Full cost per service until out-of-pocket maximum is met	\$50	\$50	\$50	\$30	\$10	\$40	\$15
X-Rays and Diagnostics		40% after	\$95	\$95	\$50	\$10	\$7 5	\$30
Imaging		deductible is met	\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$30 copay or 10% coinsurance'''
Tier 1 (Generic Drugs)		\$20	\$19	\$19	\$8	\$3	\$18	\$9
Tier 2 (Preferred Drugs)	Full cost per script until	40% up to	\$60**	\$55 ^{**}	\$25**	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)	out-of-pocket maximum is met	\$500 per script after drug	\$90**	\$85**	\$45 ^{**}	\$15	\$85	\$25
Tier 4 (Specialty Drugs)		deductible is met	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: \$5,200 Family: \$10,400	Individual: \$5,200 Family: \$10,400	Individual: \$1,400 Family: \$2,800	N/A	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	\$10,600 individual \$21,200 family	\$9,800 individual \$19,600 family	\$9,800 individual \$19,600 family	\$8,100 individual \$16,200 family	\$3,350 individual \$6,700 family	\$1,400 individual \$2,800 family	\$9,200 individual \$18,400 family	\$5,000 individual \$10,000 family



Minimum Coverage and Bronze Plan Changes for 2026 Plan Year

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

Coverage Category	Minimum Coverage	Bronze
Percent of cost coverage	Covers 0 % until out-of-pocket maximum is met	Covers 60% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	<u>_</u> \$0
Primary Care Visit	After first 3 non- preventive visits, full cost per	<u>\$</u> 60*
Urgent Care	instance until out-of-pocket maximum is met	<mark>\$60*</mark>
Specialist Visit		\$95*
Emergency Room Facility	Full post man semilar until sut of mosket	40% after deductible is met
Laboratory Tests	Full cost per service until out-of-pocket maximum is met	\$40 -\$50
X-Rays and Diagnostics	maximum is met	400/ after deductible is met
Imaging		40% after deductible is met
Tier 1 (Generic Drugs)		\$19 -\$20
Tier 2 (Preferred Drugs)	Full cost per script until out-of-pocket	40% up to \$500 per ceript
Tier 3 (Non-preferred Drugs)	maximum is met	40% up to \$500 per script after drug deductible is met
Tier 4 (Specialty Drugs)		alter drug deductible is met
Medical Deductible	N/A	Individual: \$5,800
		Family: \$11,600
Pharmacy Deductible	N/A	Individual: \$450
Thairing's Boadonsio		Family: \$900
Annual Out-of-Pocket Maximum	\$9,200 -\$10,600 individual	\$8,850 \$9,800 individual
7 tillidal Out of Footot Maximum	\$18,400 \$21,200 family	\$17,700 -\$19,600family



Silver and CSR Silver Plan Changes for 2026 Plan Year

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

Coverage Category	Silver	Silver 73	Silver 87	Silver 94
Percent of cost coverage	Covers 70% average annual	Covers 73% average annual	Covers 87% average annual	Covers 94% average annual
reicelli di cost coverage	cost	cost	cost	cost
Cost-sharing Reduction	N/A	\$31,301 to \$39,125	\$23,476 to \$31,300	<mark>up to \$23,475</mark>
Single Income Range	IN/A	(>200% to <250% FPL)	(>150% to <200% FPL)	(>100% to <150% FPL)
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$50	\$35 \$50	\$15	\$5
Urgent Care	\$50	<mark>\$35</mark> \$50	\$15	\$5
Specialist Visit	\$90	<mark>\$85</mark> \$90	\$25	\$8
Emergency Room Facility	\$400	\$350 \$400	\$150 \$200	\$50
Laboratory Tests	\$50	\$50	\$20 \$30	<mark>\$8</mark> \$10
X-Rays and Diagnostics	\$95	\$95	<mark>\$40</mark> \$50	<mark>\$8 \$10</mark>
Imaging	\$325	\$325	\$100	\$50
Tier 1 (Generic Drugs)	<mark>\$18-</mark> \$19	\$15 \$19	<mark>\$5</mark> \$8	\$3
Tier 2 (Preferred Drugs)	\$60**	<mark>\$55</mark> \$55**	<mark>\$25</mark> \$25**	\$10
Tier 3 (Non-preferred Drugs)	\$90**	\$85 \$85**	\$45 \$45**	\$15
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
(1)		20% up to \$250** per script	15% up to \$150** per script	
Medical Deductible	Individual: \$5,400 \$5,200	N/A, Individual: \$5,200	N/A, Individual: \$1,400	N/A
	Family: \$10,800 \$10,400	Family: \$10,400	Family: \$2,800	
Pharmacy Deductible	Individual: \$50	N/A, Individual: \$50	N/A, Individual: \$50	N/A
•	Family: \$100	Family: \$100	Family: \$100	
Annual Out-of-Pocket	\$8,700 -\$9,800 individual	\$6,100 , \$8,100 individual	\$3,000 \$3,350 individual	\$1,150 \$1,400 individual
Maximum	\$17,400 \$19,600 family	\$12,200 , 16,200 family	\$6,000 -\$6,700 family	\$2,300 \$2,800 family

Gold and Platinum Plan Changes for 2026 Plan Year

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

Coverage Category	Gold	Platinum
Percent of cost coverage	Covers 80% average annual cost	Covers 90 % average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	\$0
Primary Care Visit	\$35 \$40	\$15
Urgent Care	\$35 \$40	\$15
Specialist Visit	<mark>\$65</mark> \$70	\$30
Emergency Room Facility	\$330 \$350	\$150 \$175
Laboratory Tests	\$40	\$15
X-Rays and Diagnostics	\$75	\$30
Imaging	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance*** \$30 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	\$15 \$18	<mark>\$7</mark> \$9
Tier 2 (Preferred Drugs)	\$60	\$16
Tier 3 (Non-preferred Drugs)	\$85	\$25
Tier 4 (Specialty Drugs)	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	N/A
Pharmacy Deductible	N/A	N/A
Annual Out-of-Pocket Maximum	\$8,700 \$9,200 individual \$17,400 \$18,400 family	\$4,500 \$5,000 individual \$9,000 \$10,000 family



2026 Dental Plan Participation



Covered California Individual Family Plans

2026 Children Embedded Dental Plan By Health Plan

Health Plan	Embedded Dental
Anthem Blue Cross of California EPO Anthem Blue Cross of California HMO	Anthem Dental Plan DPPO Anthem Dental Plan DHMO
Blue Shield of California HMO Blue Shield of California PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Balance by CCHP	Delta Dental of California DHMO
Health Net HMO Health Net PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Inland Empire Health Plan	Liberty Dental DHMO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental DHMO
Molina Healthcare	California Dental Network DHMO
Sharp Health Plan	Delta Dental of California DHMO
Valley Health Plan	Liberty Dental DHMO
Western Health Advantage	Delta Dental of California DHMO





2026 Children's Embedded Dental Benefit Designs and Cost Shares

Coverage Category	Coinsura	nce Plan	Copay Plan
Percent of cost coverage	Covers <mark>86.2%</mark> 88% average annual cost	Covers <mark>86.2% 88%</mark> average annual cost	Covers <mark>84.9%</mark> 86.4% average annual cost
Age: Pediatric Dental Enhanced Health Benefits	Up to 19	Up to 19	Up to 19
Plan Network Provider	In-Network	Out-of-Network	In-Network Only
Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d)	None	None	None
Office Visit Copay	\$0	\$0	\$0
Dental Deductible	Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: None Family*: Not Applicable
Out of Pocket Maximum	Individual: \$350 Family*: \$700	Individual: None Family*: None	Individual: \$350 Family*: \$700
Annual Benefit Limit (the maximum amount the dental plan will pay in the benefit year)	None	None	None





2026 Children's Embedded Dental Benefit Designs and Cost Shares

		Coinsurance Plan		Copay Plan
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share
	Oral Exam	No charge	10%	No charge
	Preventive - Cleaning	No charge	10%	No charge
Diagnostic &	Preventive - X-ray	No charge	10%	No charge
Preventive	Sealants per Tooth	No charge	10%	No charge
	Topical Fluoride Application	No charge	10%	No charge
	Space Maintainers - Fixed	No charge	10%	No charge
	Restorative Procedures	000/	200/	0 0000 D t - l
Basic Services	Periodontal Maintenance Services	20% Deductible Applies	30% Deductible Applies	See 2026 Dental Copay Schedule
	Periodontics (other than maintenance)			
	Endodontics	50%	50%	See 2026 Dental
Major Services	Crowns and Casts	Deductible Applies	Deductible Applies	Copay Schedule
	Prosthodontics	1		
	Oral Surgery			
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	\$350

Coincurance Plan





Individual Market Family Dental Carriers 2026 Plan Year Participation

- 5 Dental Carriers
- All Californians
 will have a choice
 of 3 or more
 carriers.













2026 Statewide Average Rate for Dental Plans increase by 0.35% from 2025

Total Enrollment As of March 2025

374,000

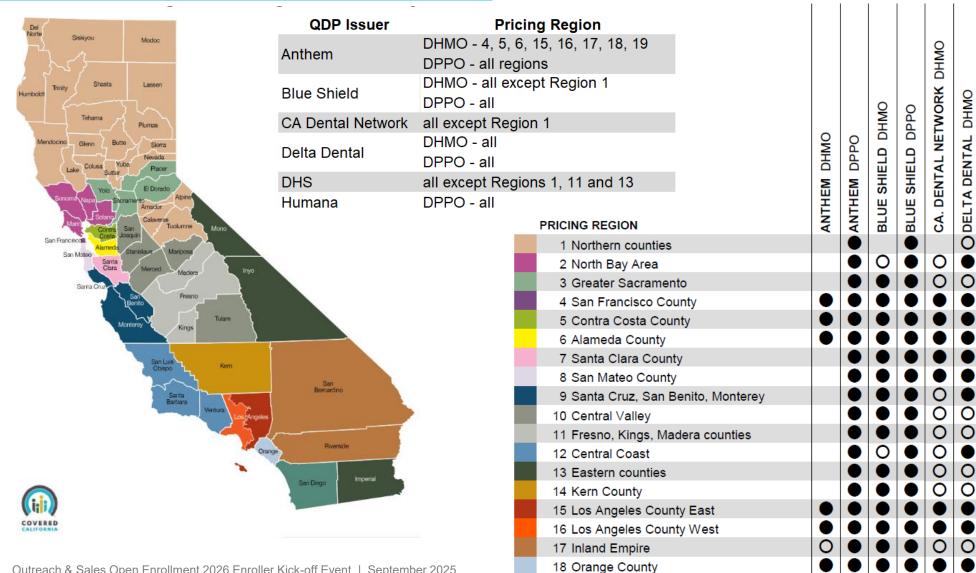
Dental Carrier	Weighted Average Rate
Anthem Blue Cross Dental	-0.2%
Blue Shield of CA Dental	4.5%
California Dental	0.0%
Delta Dental	0.0%
Humana	n/a
Statewide	0.35%



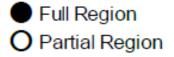




2026 Dental Plan Offerings



19 San Diego County



DHMO

SERVICES

DENTAL HEALTH

DPPO

HUMANA

DPPO

DENTAL



2026 Family Dental Benefit Designs and Cost Shares

	Coverage Category	Fami	ily Dental C	Plan	Family Dental Copay Plan		
	Percent of cost coverage	Covers 86.2% 88% average annual cost		Not Calculated Age 19 and Older		Covers 84.9% 86.4% average annual cost	Not Calculated
	Age: Pediatric Dental EHB & Adulty Dental					Up to 19	Age 19 and Older
	Plan Network Provider	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network Only	In-Network Only
	Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d)	None	None	6 months for Major Services, Waived with Proof of Prior Coverage	6 months for Major Services, Waived with Proof of Prior Coverage	None	None
	Office Visit Copay	\$0	\$0	\$0	\$0	\$0	\$0
	Dental Deductible	Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: \$50 Family*: \$N/A	Individual: \$50 Family*: \$N/A	Individual: None Family*: N/A	Individual: None Family*: N/A
	Out of Pocket Maximum	Individual: \$350 Family*: \$700	None	None	None	Individual: \$350 Family*: \$700	None
	Annual Benefit Limit (the maximum amount the dental plan will pay in the benefit year)	None	None	\$1,500		None	None





^{*}Family is two or more children.

^{**}No charge if covered.

2026 Family Dental Benefit Designs and Cost Shares

ı	Coverage Category & Service Type Age: Pediatric Dental EHB & Adulty Dental Plan Network Provider Procedure Category Service Type		Fa	mily Dental C	Family Dental Copay Plan			
			Up to 19		Age 19 and Older		Up to 19	
			In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
			Member Cost Share		Member Cost Share		Member Cost Share	Member Cost Share
	Diagnostic & Preventive	Oral Exam	No charge	10%	No charge	10%	No charge	No charge
		Preventive - Cleaning	No charge	10%	No charge	10%	No charge	No charge
		Preventive - X-ray	No charge	10%	No charge	10%	No charge	No charge
		Sealants per Tooth	No charge	10%	10% No charge	10%**	No charge	No charge**
		Topical Fluoride Application	No charge	10%	10% No charge	10%**	No charge	No charge**
		Space Maintainers - Fixed	No charge	10%	10% No charge	10%**	No charge	No charge**
	Basic Services	Restorative Procedures	200/ Doductible	30%	20% Deductible Applies	200/ Dadwatible	Can 2026 Dantal	Can 2026 Dantal
		Periodontal Maintenance Services	20% Deductible Applies	Deductible Applies		30% Deductible Applies		See 2026 Dental Copay Schedule
	Major Services	Periodontics (other than maintenance)		50% Deductible Applies	50% Deductible Applies	50% Deductible Applies		See 2026 Dental Copay Schedule
		Endodontics	50% Deductible					
		Crowns and Casts	Applies					
		Prosthodontics						
-		Oral Surgery						
	Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	Not Covered	\$350	Not Covered





^{*}Family is two or more children.

^{**}No charge if covered.

2026 Vision Coverage

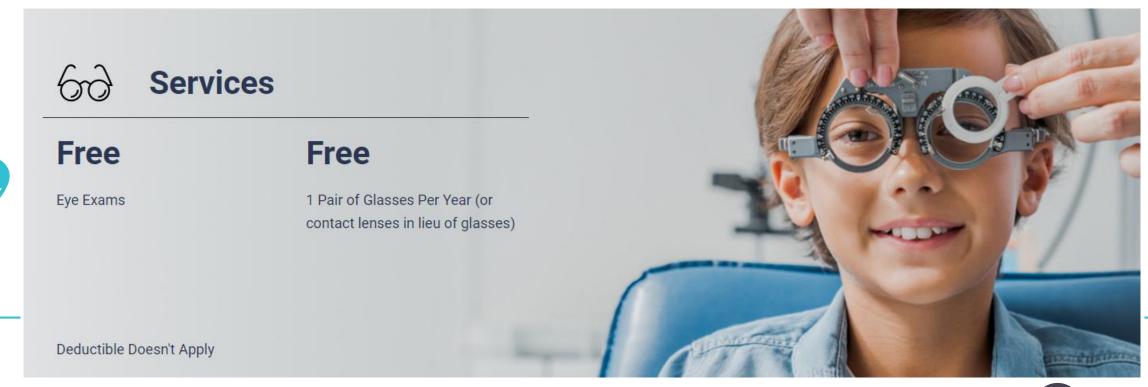


Covered California Individual Family Plans



Vision Coverage for Children

Children under age 19 get free vision care included with their Covered California health plan.



Vision Coverage for Adults

We've selected three vision insurance companies to offer vision care to our customers. Adults can enroll directly through these companies. All offer excellent benefits.













BREAK: 10 minutes



Open Enrollment Readiness



What you need to know...

Renewal & Open Enrollment



Important Dates and Reminders

Renewal Period Begins

Action	Important Dates
Renewal Notices Start	10/15
NOD12a on Daily Summary Email Starts	10/15
Active Renewals	10/15 — 10/31
Passive Renewals	11/1







Open Enrollment 2026 Dates

Action	Important Dates
Open Enrollment Begins	Nov 1
Deadline for Jan 1 Enrollment	Dec 31
Open Enrollment Ends	Jan 31



2026 Plan Year is not subject to a shortened Open Enrollment Period.





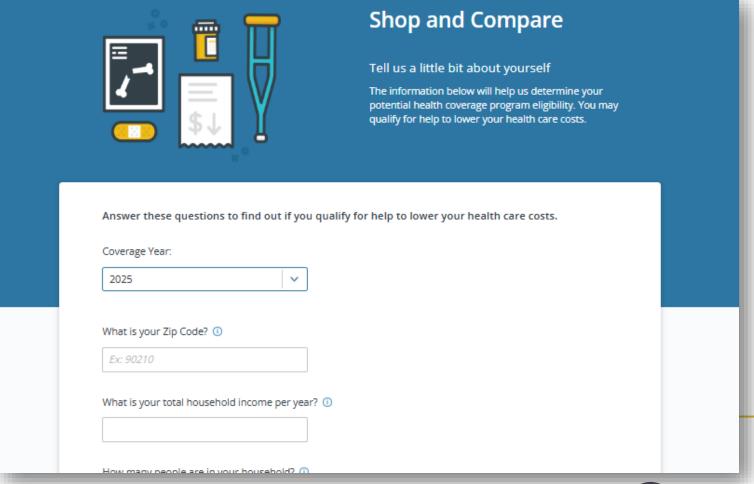


2026 Plan Rates available starting October 15th.



- Help Consumers shop and save.
- Compare available plans.

Shop and Compare Tool

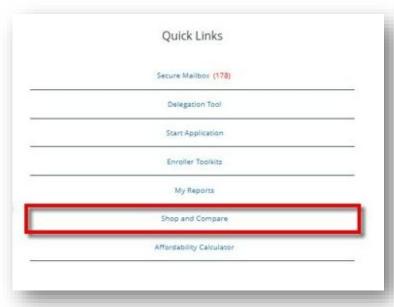




Shop and Compare Print Page

Utilize the Shop and Compare **print page** to assist your consumers

Access Shop and Compare through your quick links for a logged in experience







Active Renewal Period Retaining Coverage for 2026 Plan Year

Renewal Notice

- Households are eligible for renewal if they are currently enrolled in or have selected a health plan for coverage during current year coverage.
- Renewal Notices (NOD12a) are sent to these households, informing them of their opportunity to update their information and confirm plan choices for the upcoming year.

Active Renewal Case

- RENEWAL PAGES are available throughout the renewal period for eligible Covered California and MAGI Medi-Cal cases.
- Eligibility is re-determined for both subsidized and unsubsidized households.
- Current consent for verification is required to determine Financial Assistance and Cost Sharing Reductions.



Passive Renewal Period Retaining Coverage for 2026 Plan Year

Renewal Notice

- Households with current year coverage are selected for renewal.
- Renewal Notices (NOD12a) are sent to notify them of their opportunity to update information and confirm plan choices for the upcoming year.
- The notice includes the renewal date.

Passive Renewal Case

- On the renewal date, eligibility is redetermined using the current information in the application.
- Consumers are automatically reenrolled into the same plan, if available and eligible.
- Consumers with expired consent for verification will be enrolled into an unsubsidized plan



Renewal Notices – NOD12a

- Begin in batches on October 15th
- Will generate an alert on your Daily
 Summary Email NOD12a
- Will have Auto Renewal Date

Dear {PRIMARY_FIRST_NAME} {PRIMARY_LAST_NAME},

It is time to renew your Covered California health and/or dental insurance plans for {next_benefit_year}. You can keep the same plans, or shop for a new health or dental plan that fits your needs.

To renew your coverage by {End_Renewal_Date}:

- 1. Log in to your Covered om account.
- 2. Click "Portion or "Continue" to start reviewing your household information.
- click "Edit" to update information that has changed. Continue through the screens and click "Submit Application."
- 4. Compare and select the best health and dental plans for you.



Will contain Enroller Contact

Information

{Need help renewing your plan? A Covered California certified enrollment counselor or certified insurance agent can help at no cost to you. Our records show you were helped last year } {Agency Business Name/Entity Business Name}. Call them at {Agent Phone Number/Entity Phone Number}}

{Need help renewing your plan? A Covered California certified enrollment counselor or certified insurance agent can help at no cost to you. Find one near you at: CoveredCA.com/find-help.}



Enroller Best Practices



Helping Consumers Navigate Renewal and Open Enrollment

Best Practices for Renewals and OE

Application Accuracy

Updating Consent for Verification

Do **NOT** Create Duplicates

Using the Delegation Tool

Managing Conditional Eligibility

Using your Resources







Review and Update Consumer Data

Contact Info

Household Size Tax Filing Information

Current Income

Citizenship/

Lawful Presence







Consent for Verification





Expired Consent =

NO APTC or Cost Sharing Reductions

for the 2026 Plan Year



New Banner! Consent for Verification Before Plan Renewal

A new **BANNER** will now be displayed on the CalHEERS consumer home page for individuals with expiring Consent for Verification. This banner will appear **before the renewal of their plan is processed**.

Action Required



Action Required by 09/30/2025: We need your consent to use your tax return information to renew your plan. If you don't give us this consent, you will lose your financial help. Please update your Consent for Verification.

The banner includes a link that directs consumers to the Consent for Verification page.



New Banner! Consent for Verification **After Plan Renewal**

Displays <u>after</u> renewal, prompting consumers to update Consent for Verification for Financial Assistance eligibility.



We need your consent to use your tax return information. We use this to see if you can get financial help. Please update your <u>Consent for Verification</u>.



The banner includes a link that redirects consumers to the Consent for Verification page.

https://hbex.coveredca.com/toolkit/downloads/Consent_for_Verification_Quick_Guide.pdf



Resources to Help Update Consent

Daily Summary Email

8/1, 9/1, 10/1



Review your Daily Summary Email for this "Consent Valid Thru"

Book of Business Extract



Filter Book of Business for "Consent Valid Thru" year 2025



Understanding Your Daily Summary Emails



- Secure Mailbox
- Daily Manager
 Summary
- Types of Alerts
- Reports & Frequency of Notification

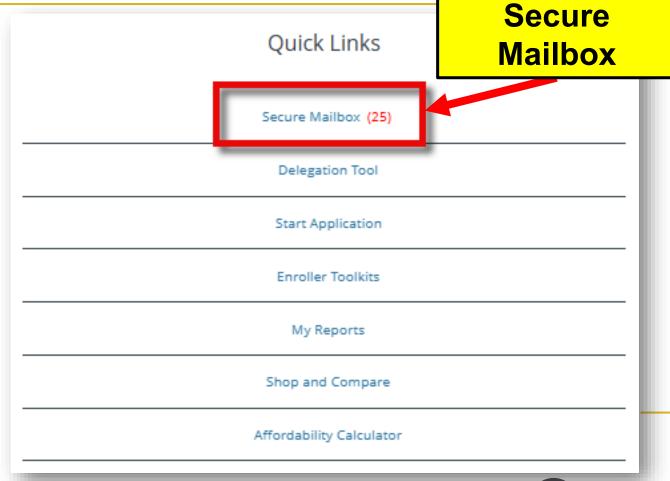


Access Your Daily Summary Email in the Enroller Portal

 Your Daily Summary Email is available daily in your Secure Mailbox.



 Agency Managers and Primary Contacts also receive the Daily Manager Summary.



Daily Summary Notification Topics and Frequency

Notification Topic	Frequency
Binder Payment Pending	Every 7 Days while enrollment is Pending
Consent Valid Thru	8/1, 9/1, 10/1 Only
Actions Requested for Consumer	Daily Alert until resolved
NOD Notice	One Time alert when notice is generated
Enrollment Canceled	One Time alert
Enrollment Terminated	One Time alert
Medicare Aged Out	Daily Alert until resolved
Enrollment Updates Pending	Daily Alert until Resolved





Information in your Daily Summary Email

HBX_Case_ID	Enrollment Year	First_Name	Last_Name	Home_Phone	Cell_Phone	Household_Email	Notification_Topic
500000011	2025	John	Smith	916 555-8888	916 888-5555	John.Smith@invalid.com	Binder Payment Pending
5000000012	2025	Lynn	Miller	510 777-6655	510 355-8888	Lynn.miller@invalid.com	Enrollment Terminated
500000013	2025	James	Johnson	415 333-2222	415 777-8888	James.Johnson@invalid.d	NOD03
500000014	2025	Nick	Long	530 444-5555	530 999-7777	nick.long@invalid.com	Consent Valid Thru
						4	



Consumer Case Number

Consumer Contact Information

Notification Topic

For more information:

https://hbex.coveredca.com/toolkit/pdfs/Daily Summary Email Notices Description Guide.pdf



Duplicate Cases: Negative Impacts



Duplicate cases can lead to serious issues, including:

- Carrier Termination: Active cases may be terminated if binder payments are applied to duplicate cases.
- Tax Liability for Consumers: Consumers may face repayment of advanced premium tax credits tied to duplicate cases during tax reconciliation.
- Commission Repayment for Enrollers: Enrollers may need to repay commissions earned from duplicate cases created in error.

Avoiding duplicate cases is critical to ensuring smooth processes for carriers, consumers, and enrollers.



Duplicate Prevention Logic (DPL) Pop Up Messaging

A Duplicate Prevention Logic (DPL) pop-up may appear when creating a consumer application for health coverage.

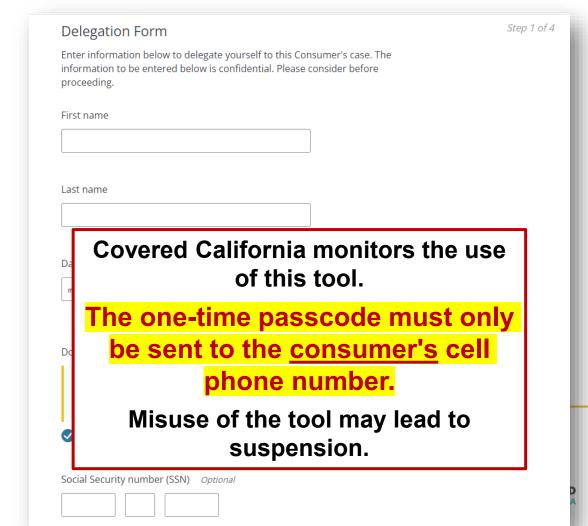


 Alerts the user if a consumer already has a case in CalHEERS, helping to avoid duplicate cases.



Delegation Tool: Case Assignment and Duplicate Prevention

- Delegation Tool: Allows Enrollers to assign a consumer's case to their Book of Business. Admin Staff can also use the tool to delegate a consumer's case to an Enroller's Book of Business.
- Functionality: Performs an initial search for existing CalHEERS cases to help prevent duplicates.
- Consumer Consent: Only use this tool with the consumer's consent.
- Best Practice: Use the consumer's SSN for accurate results.





Appropriate Use of the Delegation Tool

URGENT REMINDER:

- **Passcode Protocol:** The One-Time passcode must be sent exclusively to the consumer's cell phone number.
- Monitoring: Usage of this tool is monitored by Covered California.
- Consequences of Misuse: Inappropriate use of this tool may lead to suspension and even termination of your enroller certification and Book of Business with Covered California.



Important Disclaimers:

• Ensure all disclaimers are read, communicated, and understood by the consumer before accessing

their case.

Read: Accelerated
Consumer Delegation
Consent Quick Guide

NOTE: Certified Enrollers are bound by Contract and/or State Regulations to only complete delegation requests at the express, present consent of a Consumer. Our system tracks and reports all Accelerated Delegation Requests made by every Certified Enroller, and suspicious use will be investigated. Certified Enrollers found fraudulently using this tool are at risk of having their Covered California certification revoked and their Book of Business permanently removed.



Reasonable Opportunity Period – Managing Conditional Eligibility

What is ROP?

A 95-day window for conditionally eligible consumers to submit documents to resolve inconsistencies in their application.



How It Works:

- CalHEERS will request documents to verify eligibility.
- Consumers must provide documents or update their application with accurate information.

Important:

- If documents aren't provided, coverage will be terminated, or financial assistance will be removed.
- Some verification categories <u>require</u> manual processing, meaning documents <u>must be submitted</u> annually.



ROP – Enroller Best Practices

- Read the **Daily Summary Email** for NOD03 alerts
- Filter the Book of Business for Conditionally Eligible consumers
- Never re-enroll the consumer after they were terminated for ROP
- Note, if the consumer is Conditionally Eligible for Covered California" their verification has not been passed yet
- For additional guidance, read: <u>Understanding ROP and Auto-</u>
 <u>Discontinuance Guide</u>



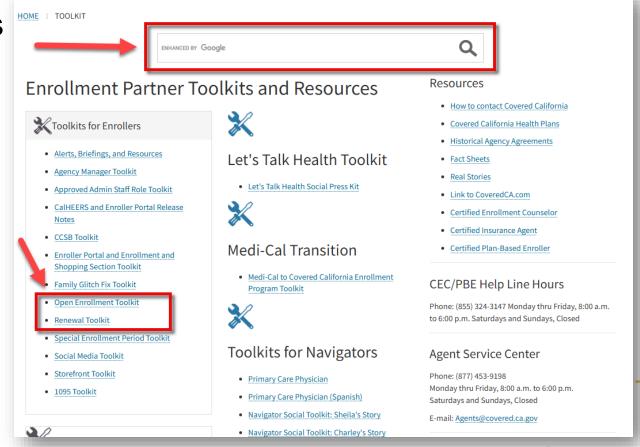
Be Ready for Renewals & Open Enrollment: Utilize the Toolkits!

New Feature: Search the Toolkits for quick access to information!

Toolkits are your one-stop shop for job aids, guides, and release notes.



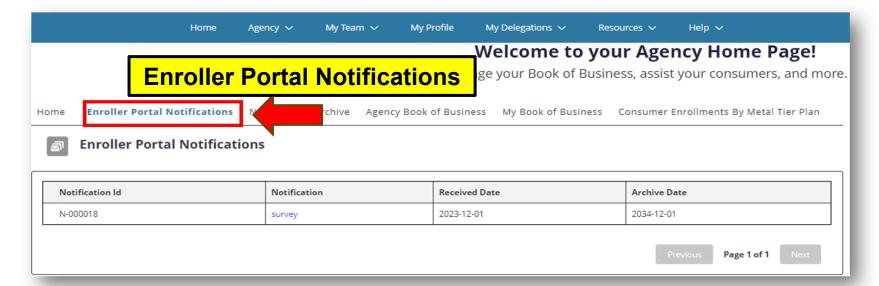
OE and Renewal Toolkit Updates





Enroller Portal Notifications

Clicking the **Enroller Portal Notification** tab displays the Agency and Entity users' active notifications sent by Outreach and Sales. The most recent notification displays at the top of the list.



Check here daily for quick updates and reminders from Covered California Such as:

- Outage reminders
- Urgent updates
- New release notes
- Event notifications



Read your Enroller Alerts & Briefs

 Enroller Alerts and Messages provide important information and content; keeps you informed and updated to help you best support Covered California consumers.

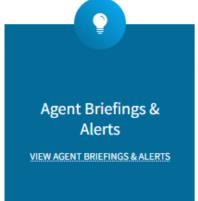
Best practice:

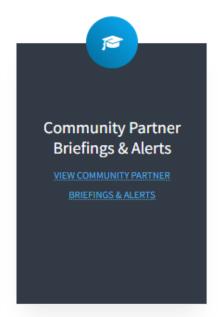
- ✓ Create new folder and save all Enroller Alert Emails there – search by key word/term for the specific topic you are seeking.
- ✓ Bookmark the Enrollment Partner Toolkit page to your browser favorites bar. It provides links to important toolkits and documents.

Alerts, Briefings, and Resources for Certified Enrollment Representatives



Webinars
view webinars







Agent/CEC Service Center Hours



Voice:

Monday – Friday 8:00AM to 6:00PM





Chat:

Monday – Friday 8:00AM to 6:00PM

Holiday's Closed		
11/11/2025	Veterans Day	
11/27/2025	Thanksgiving Day	
11/28/2025	Day After Thanksgiving	
12/25/2025	Christmas Day	
01/01/2026	New Years Day	
1/19/2026	Martin Luther King Day	



Extended Hours for Open Enrollment

Deadline	for 1/1	/2026

Date	Hours
12/30/2025	8:00AM - 8:00PM
12/31/2025	8:00AM - 8:00PM



Deadline for 2/1/2026		
1/29/2026	8:00AM - 8:00PM	
1/30/2026	8:00AM - 8:00PM	
1/31/2026	8:00AM - 10:00PM	

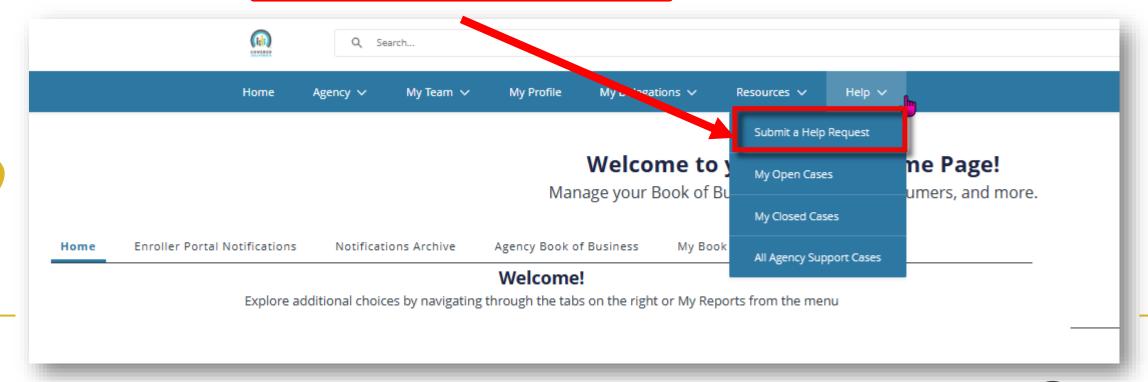






Use your Help Request Feature

Enrollers can submit a Help Request in their portal any time!





Best Practices for Submitting a Help Request

Choose the appropriate **category** to ensure cases will be **routed** to the correct team for processing.



Agent Service Center

Consumer Case/Application Issue

Agency/Entity or Enroller Profile Issue Agent
Contracts
or
Certification
Services



Describe Your Issue

For best results – provide detailed information

Case Number Issue you're experiencing



Additional details

Intended Outcome



August 19, 2025

Dear Storefront Owner.

To prepare for the upcoming renewals and open enrollment period, it is <u>mandatory</u> to submit a new Storefront application for each of your Storefront locations in the Covered California Find an Enroller Portal by October 31, 2025. This applies to all storefront owners, whether or not there are changes to your storefront information.

Act Now!

- Accuracy in Your Storefront Listing: Consumers searching for enrollment help will see your correct location details, including hours of operation, languages served, and contact information.
- Avoid Delays: Early submission ensures your storefront is loaded without errors or disruptions during the Open Enrollment period.

Who Can Submit the Application?

Only users with the following roles in the Covered California Enroller Portal can complete the storefront application:

Agency Roles:

- Agency Manager
- Authorized Contact
- · Approved Admin Staff

Certified Enrollment Entity Roles:

- · Primary Contact
- Authorized Contact

How to Locate and Submit the Application Visit the Storefront Toolkit for step-by-step inst and submitting the application through the Enr Storefront locations.

Storefront owners who operate multiple locatio rate application for each individual location.



Make Sure Your Storefront is Ready for Open Enrollment

ATTENTION!

- Covered California Storefront Owners who applied before May 2025:
 - A NEW Storefront Application must be submitted by October 31, 2025 to keep your storefront active and visible in the Find a Local Enroller tool.
 - Check your email for instructions. For more information, visit the Storefront Toolkit here: https://hbex.coveredca.com/toolkit/downloads/StorefrontToolkit.pdf



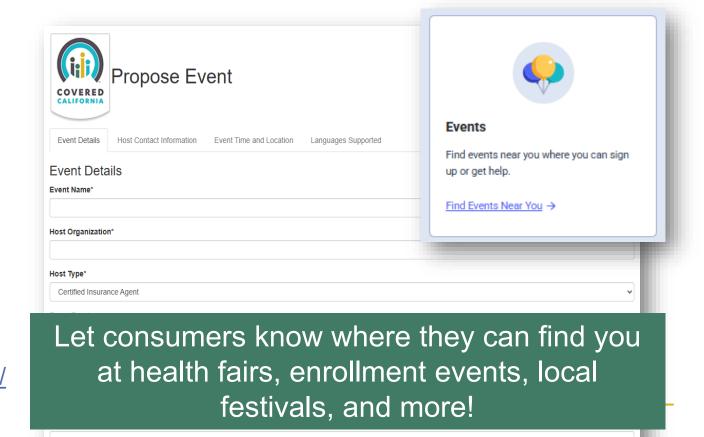
Advertise Your Community Events on CoveredCA.com!*

Why It Matters

- **Increase Visibility:** Show your presence in the community.
- **Build Trust:** Connect with consumers face-to-face.
- Drive Enrollment: Help more people access coverage.

How to Post Your Event

- Submit your event information for review and posting here: https://events.coveredca.com/add-events/
- Share event details on social media.
- · Bring flyers and materials to events.



Navigating CalHEERS & Your Enroller Portal



New updates you need to know...

CalHERS Application Changes for 2026



Updates to Identity Proofing

Covered California implemented a **new method** of verifying consumer identity.

- Updated Remote Identity Proofing removed credit-based questions.
- Updated Identity Proofing added document validation.

These processes help ensure we are thoroughly verifying the identity of the Primary Contact during the application flow.

Release 25.6



Primary Contact Identity Proofing Methods

Remote Identity Proofing (RIDP)

The act of identity proofing

without a document.

Compares <u>Identity Databases</u>

with Primary Contact information:

- Legal Name
- DOB
- SSN
- Address

Identity Proofing (IDP)

The act of identity proofing

with an identity document.

Compares document information

with Primary Contact information:

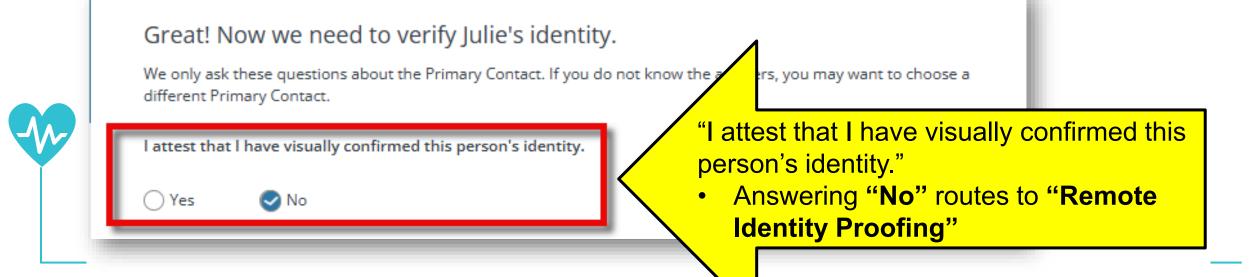
- Legal Name
- DOB
- Address





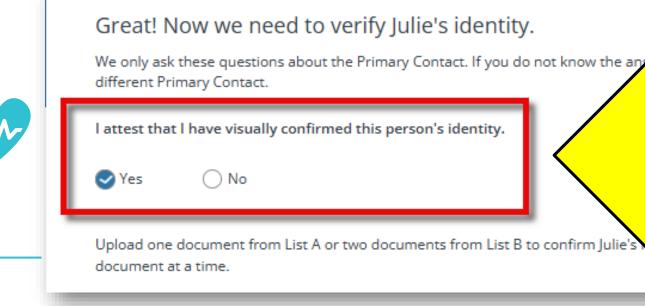
Remote Identity Proofing (RIDP)

Can automatically verify identity with databases without further actions.



Identity Proofing (IDP)

User is attesting they have visually verified identification of the person in front of them and uploads the identity document provided.



nay want to choose a

"I attest that I have visually confirmed this person's identity."

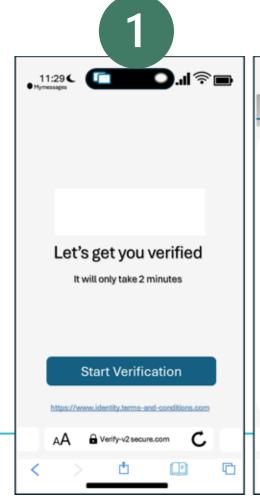
 Answering "Yes" routes to "Identity Proofing" process for document upload.

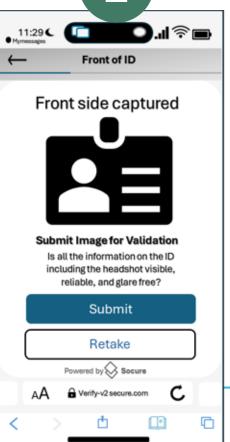
can only upload one

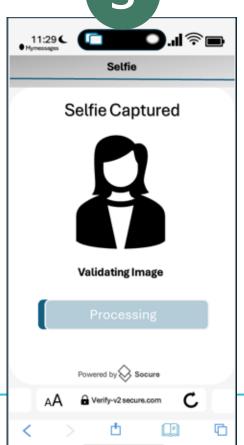


Consumer Self Serve

Consumers
that do not
pass identity
or remote
identity
proofing
automatically
can self serve









CalHERS Application Updates



Release 25.9 Changes

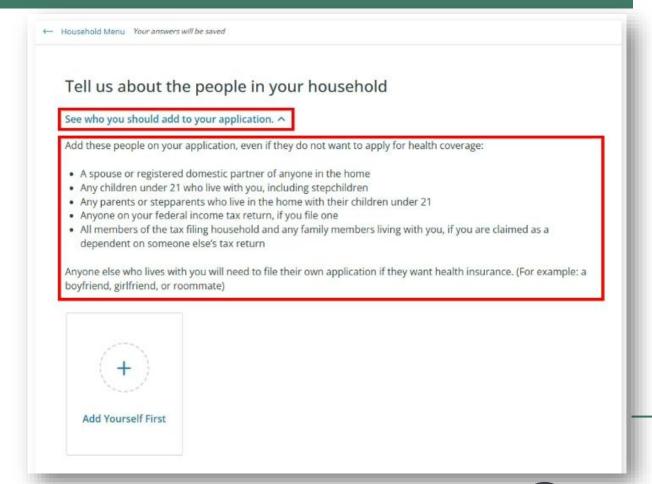


Updated Guidance: Household Section

Additional Guidance has been added to the

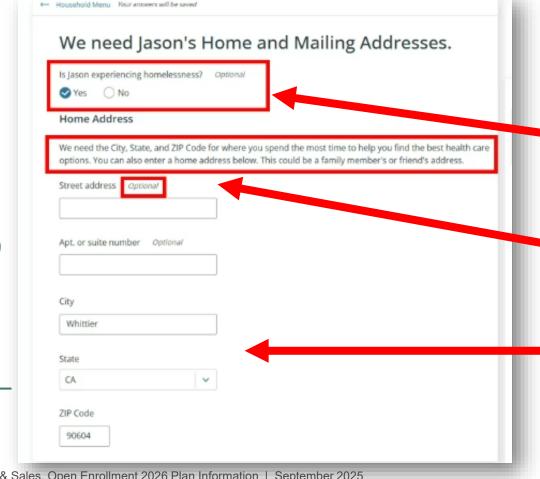
"Household Section"

to provide clearer context on who should be included in the application.





Home Address Guidance for **Unhoused Consumers**



New question added in the home address section:

"Is (consumer name) experiencing homelessness?"

For consumers answering "yes" the street address fields are now optional.

Consumers are asked to provide the City, State, and ZIP Code where they spend the most time.

Mailing Address Guidance for Unhoused Consumers

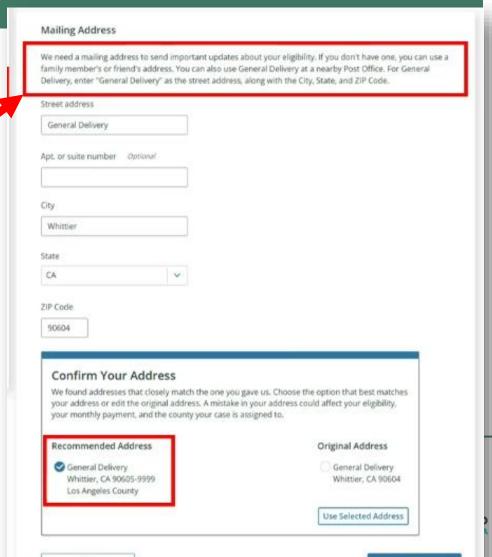
Users will be prompted to provide a mailing address with instructions for using **General Delivery**

Enter Mailing Address as:

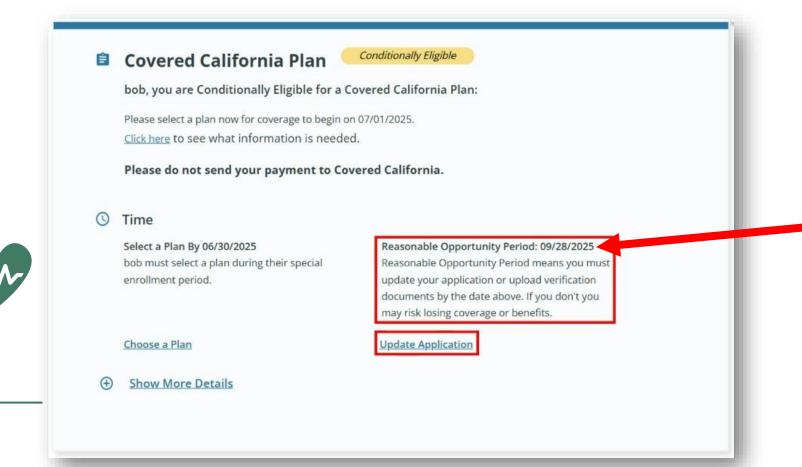
- General Delivery
- City
- State
- ZIP Code



Enrollers must <u>never</u> use an Agent/Entity business address in place of a consumer's mailing address.



Enhanced Eligibility Results Display: New ROP Information



Eligibility Results now prominently display:

- Reasonable
 Opportunity
 Period Messaging.
- ROP Expiration
 Date



Enhanced Eligibility Results Display: New SSN Messaging

Specific messaging for consumers who did not provide a Social Security Number on their application.

Covered California Plan

Conditionally Eligible

Veronica, you are Conditionally Eligible for a Covered California Plan:

Please select a plan now for coverage to begin on 09/01/2025. Click here to see what information is needed.

Please do not send your payment to Covered California.

(Time

Select a Plan By 08/31/2025

Veronica must select a plan during their special enrollment period.

Reasonable Opportunity Period: 10/19/2025 Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you

may risk losing coverage or benefits.

Choose a Plan

Update Application

Show Less Details

- You did not give us your Social Security number (SSN). If you think this is a mistake or have more information to give us, please contact your local county office or Covered California.
- Your household qualifies to shop for a plan.
- Your household has a qualifying life event. This qualifies your household to apply for health insurance during the Special Enrollment period.
- We could not verify your citizenship.
- · You met all other requirements



 You did not give us your Social Security number (SSN). If you think this is a mistake or have more information to give us, please contact your local county office or Covered California.



More 25.9 CalHEERS Specific to Application Updates

Application Changes



Citizenship and Lawful Presence section

Income Section

Household Menu AI/AN Questions

Primary Contact Info



Additional CalHEERS Updates for Case Management

Updated Enrollment Dashboard

New Banner Messaging

Enrollment Management Changes

Eligibility Results Updates

Application changes



And More!





For the love of Californians





Join us for a virtual

CalHEERS and Enroller Portal Webinar

October 1st 9:00 AM PDT - 12:00 PM PDT

Be prepared for renewals and Open Enrollment with an In depth walkthrough of system updates and changes

Scan to Register now!



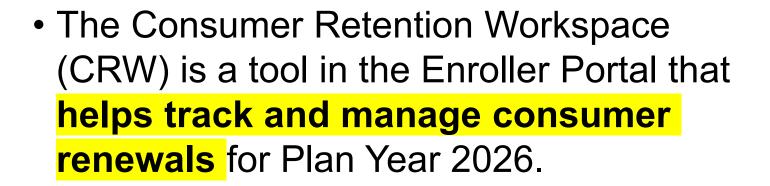
Consumer Retention Workspace



Managing Renewals in Your Enroller Portal

Consumer Retention Workspace

Enroller Portal – A New Tool



• It identifies consumers up for renewal, ranks them by risk of not renewing, and provides a space for enrollers to monitor and manage renewal activities.



How Enrollers Could Help With Customer Retention

Consumer Cases

 Covered California will create cases for currently enrolled consumers that need to renew.

Renewal Risk Categories

 Cases will have a risk score for each case of their likelihood of renewing for 2026 plan year.



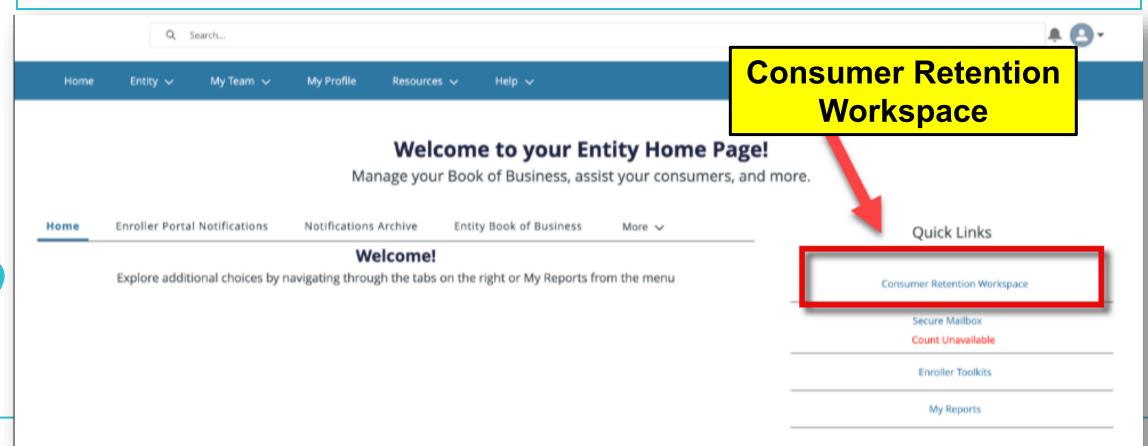
Enroller Portal CRW Tool

Enrollers could access the Consumer Retention
 Workspace to track and monitor renewal activities.

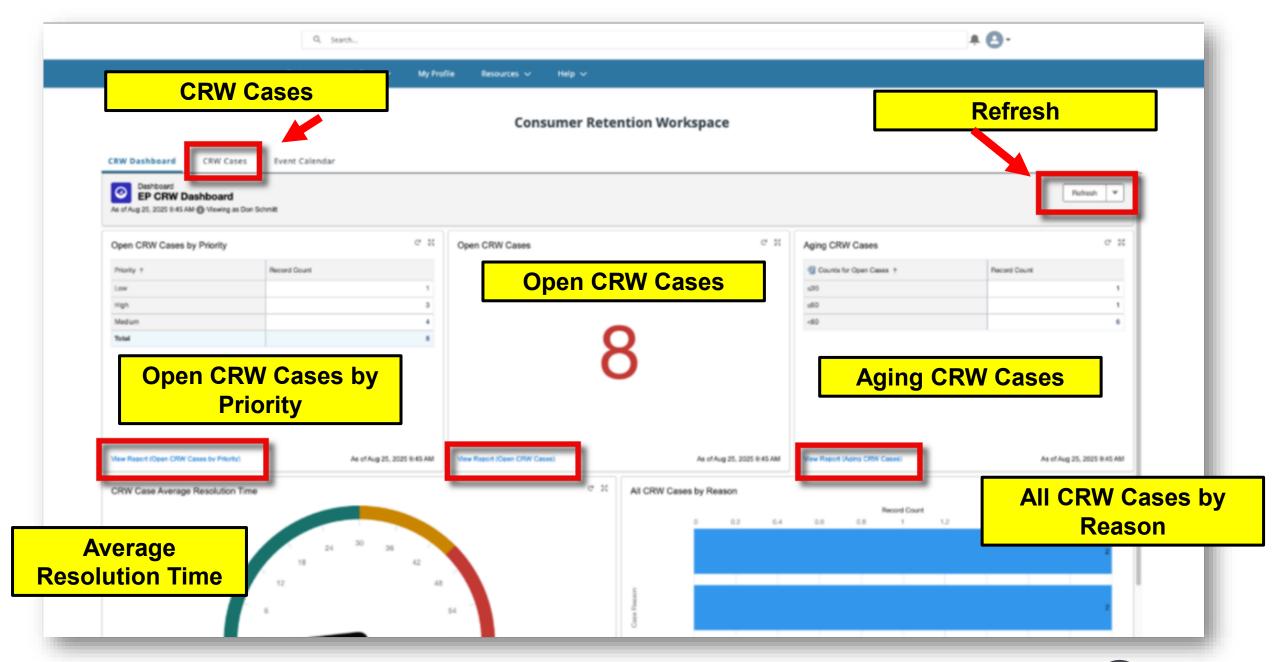
Reports for Agencies/Entities

 Agency Managers and Entity Primary Contacts have access to reports of all their enrollers CRW activities

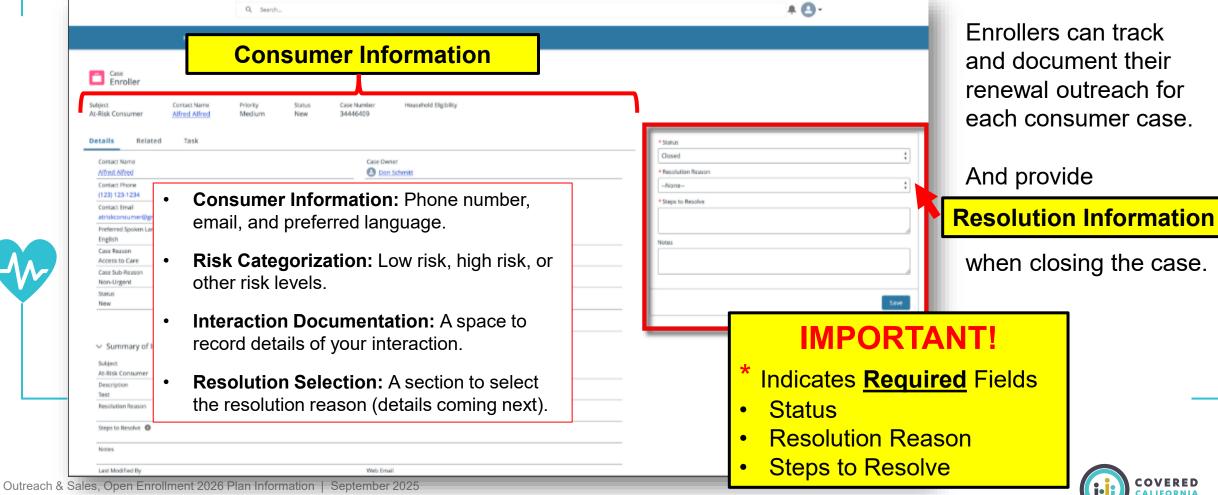
Enroller Portal: Consumer Retention Workspace





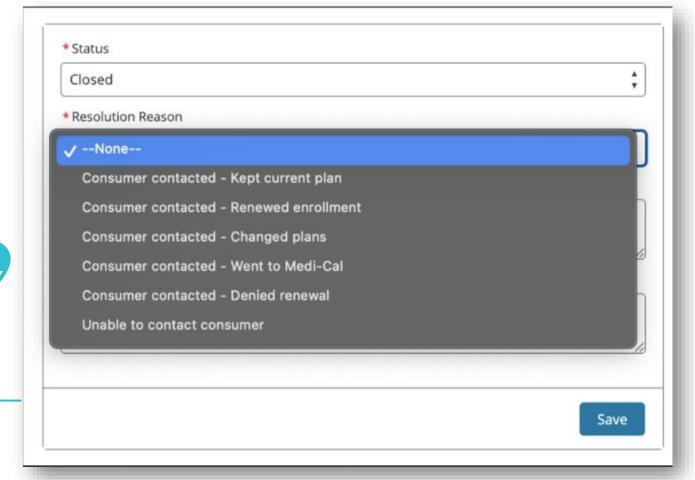


Understanding Your Assigned Consumer Cases





Closing Your Assigned Consumer Cases



Selecting a Resolution Reason

Enrollers must select the resolution reason that best fits the outcome of their outreach efforts.



Consumer Retention Efforts



Updates and Information from other Covered California Divisions

Marketing Update



Fiscal Year 2025-2026

Marketing's acquisition campaigns drive over 2 billion impressions, 217K plan selections, and a class-leading 2:1 return on advertising sales (ROAS)



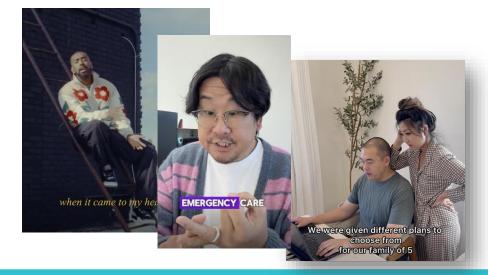
Contributing to Covered California's overall record-high enrollment of 1,979,504 consumers



FY 24-25 Highlights and New Programs Recap: New OE 2025

Influencers

Launched Influencer across various campaigns leveraging talent from the Latinx, Korean, Black and LGBTQ+ communities.



14 MM Impressions + 1.8MM Post Engagements

Content Partnerships

Worked with trusted priority population owned publications to launch our Open Enrollment campaign for the Black, Hispanic, and LGBTQ+ Community.



4 MM Impressions Delivered



FY 24-25 Highlights and New Programs Recap: New June 2025

Cultural Observances

Launched Juneteenth and Pride Month campaigns in the Black and LGBTQ+ community with goal of member retention, consumer engagement, and brand building.



3 MM Impressions Delivered

Utilization Campaign

Launched a dedicated campaign centered around Preventive Care and healthcare plan utilization for the Asian, Black, and Hispanic Communities leveraging ethnic owned media outlets.



5 MM Impressions Delivered



Agents and Navigators: Key Partners in Outreach Efforts

Estimated 1,000 social media posts in the last year!



Jul 15, 2024 at 4:50 PM 9 1 5 0

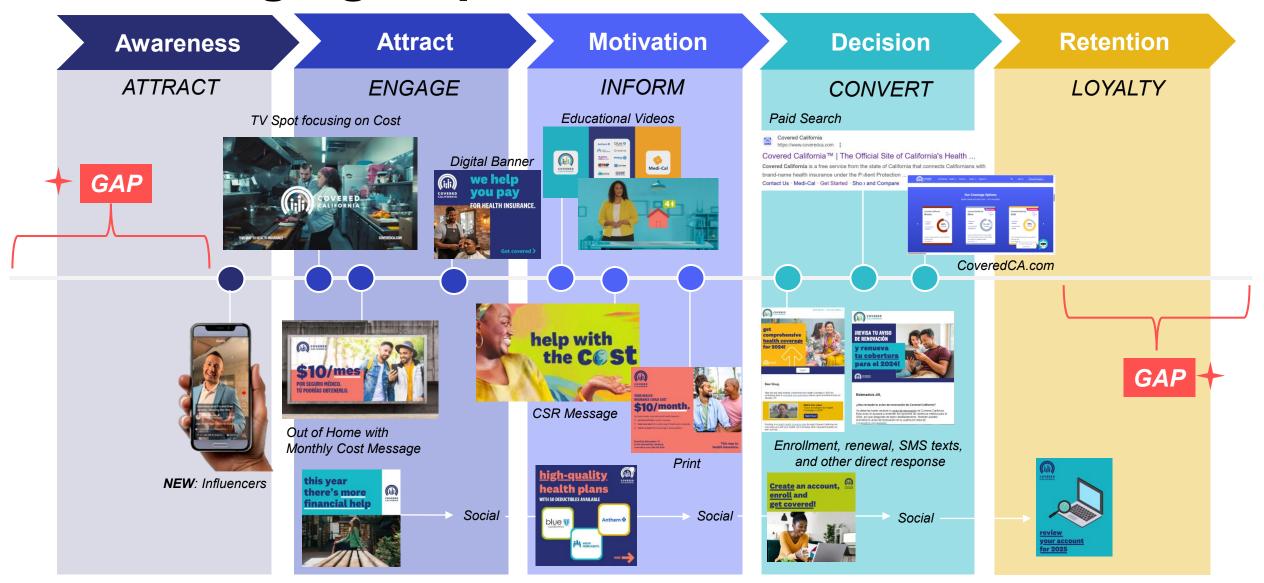




Brand Strategy



Messaging Gaps



8 MONTH SNAPSHOT

Always-On Marketing: Meeting the Moment, 24/7/365

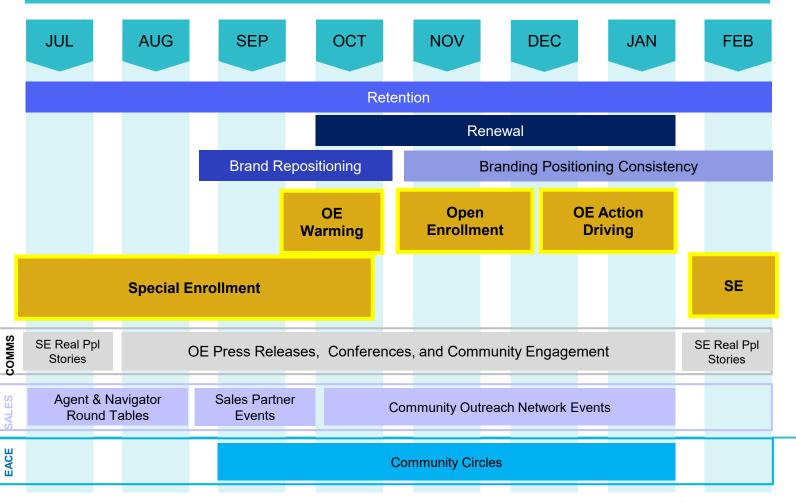


Open Enrollment Opportunities

→ Opportunities Year-Round

Acquisition → Brand Retention

& Engagement Mindset



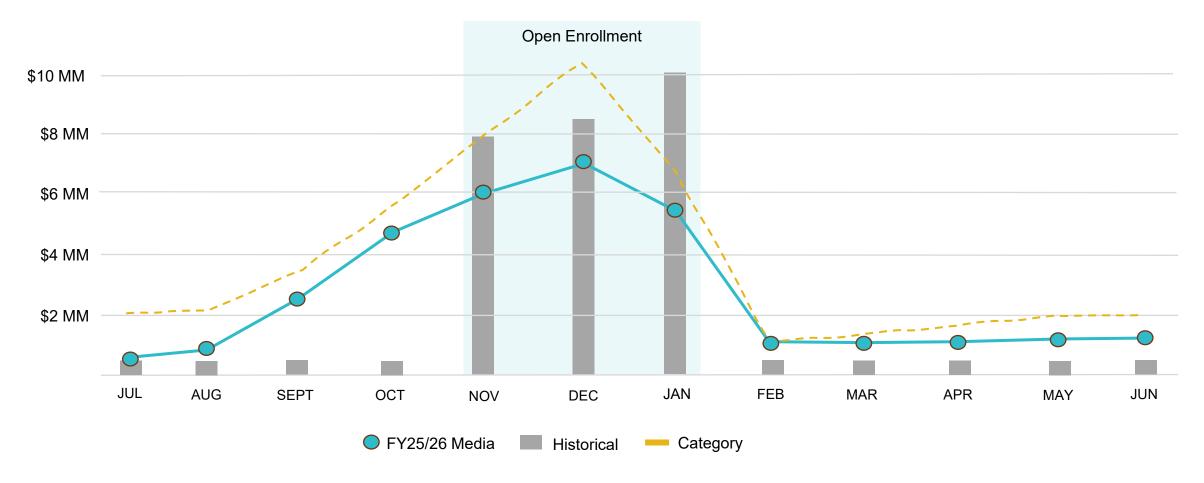




Media Strategy



FY 25-26 Media is a Big Shift in Spend vs. Historical



Category Spend from Pathmatics/VIVVIX. Includes Medical & Health Insurance Sub-Category which includes comprehensive insurers such as, Blue Cross, Centene, Cigna, AIG, state health plans, etc.



Channel Mix Overview by Language & Future Exploration for FY 25-26

1101

In addition to exploring more channels and languages, Marketing is taking a more targeted approach to media placement and outreach. Conducting a geo-analysis that considers areas of uninsured, health disparities, agent and navigator saturation, and more.

		· ((@))	NEWS		[@] @- ()		
	TV/CTV	Radio/ Audio	Print	Out-of- Home	Social/ Influencers	 Digital	Search
General Market – English				NEW			
Black/ African American							
LGBTQ+							
Spanish							
Chinese					NEW		NEW
Korean							
Vietnamese					NEW		
Tagalog	NEW	NEW	NEW		NEW		
Hindi	NEW	NEW	NEW		NEW		
Hmong		NEW					

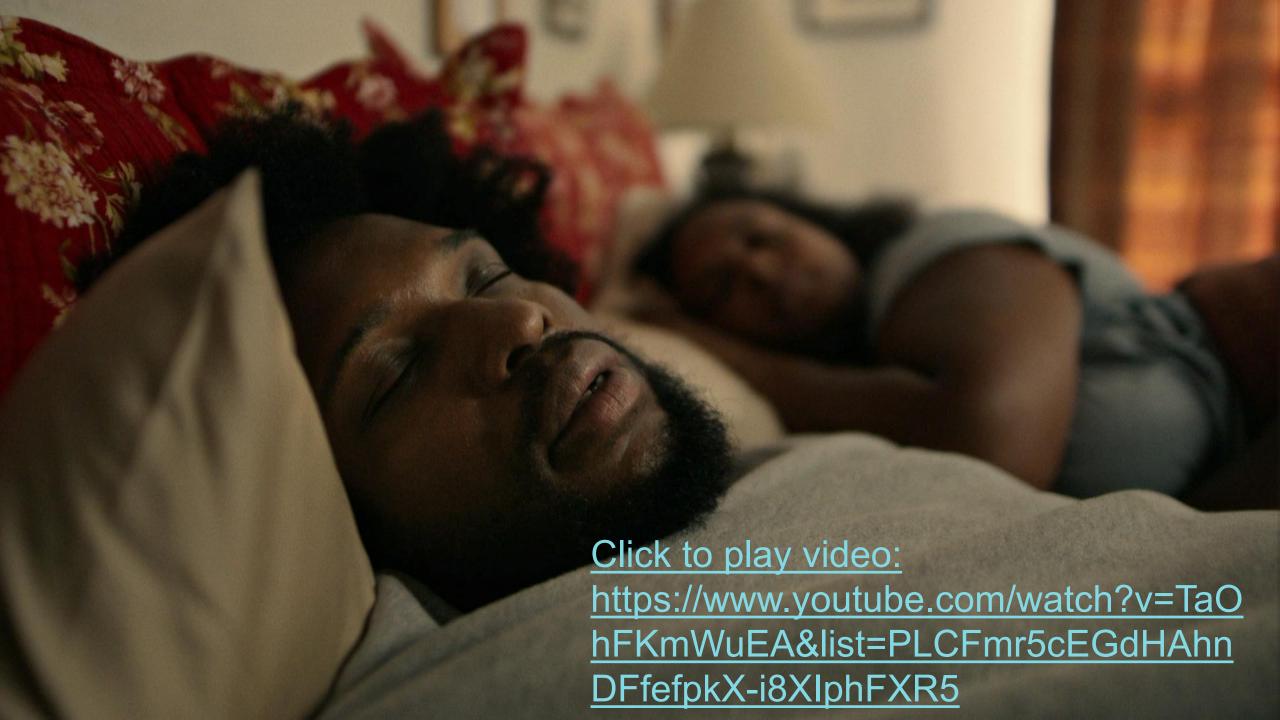
6-6





Creative Preview





Tagline feedback we received directly from consumers it invokes pride & community



For the love of Californians

It benefits everyone who lives in CA, it's for our wellbeing and for our health.

For the love of Californians **means community**.

For the love of Californians, it benefits everyone who lives in CA, it's for our wellbeing and for our health.









"BACKYARD"

Covered California celebrates the love, respect and care exhibited within the Black community as valuable traits worth emulating when it comes to providing health care solutions.

SPOT CONSISTS OF VIDEO CLIPS SHOWING ACTS OF AA CARE AND COMPASSION.

DAD DOING DAUGHTER'S HAIR WHILE COMBING SHE FLINCHES A BIT, AS IF HE CAUGHT A TANGLED HAIR AND SHE REDIRECTS HIM HOW TO SPRAY DETANGLER OR HOW TO HOLD BRUSH. VO: It's a father's gentle hands, learning love in every stroke.

OLDER WOMAN KINDLY HANDS HER ADULT DAUGHTER A PLATE OF HER FAVORITE FOOD.

VO: It's comfort served warm—legacy passed from hand to hand, heart to heart.

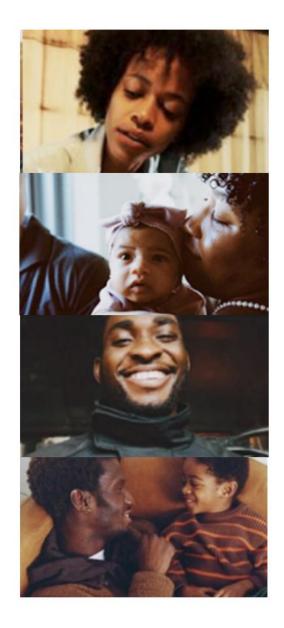
CHILD RUSHING OUT THE DOOR, CAUGHT BY MOM TO PUT ON LOTION.

VO: It's protection without pause-soft palms, fierce love.

VO: We are Covered California. And the inspiration for our compassionate approach to health care... was found in our own backyard.

SUPER: For the love of Californians.

LOGO AND QR CODE: CCA



Creative Update: Social Media







that works for you. Visit us online to sign up

for open enrollment updates.



Please note: End card design is work in progress. Images are not retouched.







Social Media Toolkit

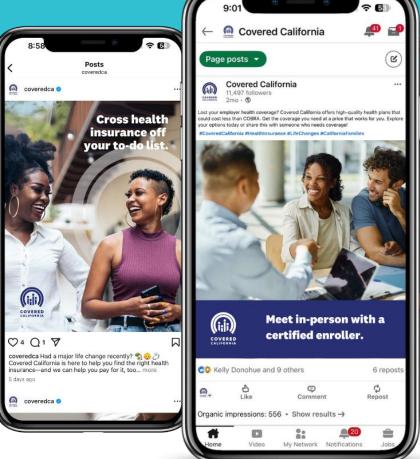


Social Media Marketing

 Social Media Toolkits will continue to be provided quarterly.

More user-friendly content sharing tool.

 Happy to connect at Social@covered.ca.gov









Collateral & Storefront Materials



Collateral & Storefront Materials

Open Enrollment 2026

- Collateral updated with policy and rate changes
- New 'Guide to Enrollment Help Fact Sheet'

Brand Refresh 🎉

- Collateral and storefront materials will be revamped with the new brand design
- New materials expected to be available for order by April 2026 or sooner

¿calificas para recibir ayuda económica?

¡Lo mas probable es que si! Aproximadamente el 90% de las personas que se inscribieron en Covered California obtuvieron ayuda económica para reducir el costo de su prima mensual. La cantidad de ayuda económica que recibas dependerá del ingreso de tu hogar, el tamaño

COVERED

guide to enrollment help

WHAT YOU NEED TO KNOW.

Covered California helps you get health, dental, and vision insurance. But choosing the right plan can feel overwhelming. That's why Licensed Insurance Agents and Certified Enrollment Counselors are here—to walk you through the process, answer your questions, and help you find the plan that's right for you, for free.

WHAT LICENSED INSURANCE AGENTS AND CERTIFIED ENROLLMENT COUNSELORS DO

- Answer Questions about health insurance, Covered California plans, and how to get financial help.
- Explain health insurance in a way that is easy to understand.
- . Help you fill out and submit your application.
- Support you whenever you need help with any issues or concerns.
- · Provide FREE help and support at no cost to you.

HOW THEY'RE DIFFERENT

Licensed Insurance Agents are licensed by the California Department of Insurance (CD). They can recommend the health insurance plan and help you submit your first monthly payment. They are paid by the insurance companies but their help is always free to you, and it will not change the price you any for coverage. They cannot charge you anything to help with applying for coverage or their assistance with choosing a plan through Covered California.

Certified Enrollment Counselore explain your options and help you sign up for a plan. Some receive grants from Covered California, others do not get funding or are volunteers. They can answer your questions but cannot recommend specific plans or help you submit your premium payments.

HOW TO ENROLL

To find free, expert enrollment help near you, visit CoveredCA.com/support/contact-us. You can pick your own Licensed Insurance Agent or Certified Enrollment Counselor.

lo que necesitas para inscribirte.

Esto es lo que necesita cada miembro de tu hogar o dependiente que esté solicitando cobertura:

- Código postal de la casa
- Fecha de nacimiento
- Prueba actual de ingresos del hogar*
- Identificación o licencia de manejo de California
 Número de seguro social o número de
- identificación para el pago de impuestos si lo tienes
- Comprobante de ciudadanía o presencia legal (por ejemplo, pasaporte, certificado de ciudadanía o documento de naturalización, tarjeta de residencia ("green card") o una visa válida)**

PARA MÁS INFORMACIÓN Y AYUDA GRATUITA EN PERSONA, CONTÁCTANOS EN:

CoveredCA.com/español | 800.300.0213

1	
@	
S	
# CA	License/Cert No.

"Comprobante de ingresos de todos los miembros del hogar, por ejemplo, una declaración de impuestos crientis. Ve o talido de ago, El lingreso de dependiente solo debe incluires si su nivel de lingresos requiere que presen una declaración de impuestos. Un hogar se define como la persona que declara impuestos como el contribuyente principal y todos los dependient incluidos en la declaración de impuestos de sea persona. Incluso si tro declaras impuestos, podrias calificar para recibir un seguro gratuito o de balo contra tarvela de Medic Cali.

bajo costo a través de Medi-Cal.

** Puedes solicitar cobertura para tu hijo o cónyuge que

tu seguro medico empieza aquí.

CUÁNDO, DÓNDE Y CÓMO INSCRIBIRTE









Member Retention Outreach



Marketing: Member Communications Policy Updates

July

August

The amount of financial help you receive in 2026 may be reduced if proposed federal legislation

passes and Enhanced Premium Tax Credit ends on 12.31.25

September

Renewal start date.

For help, visit the website

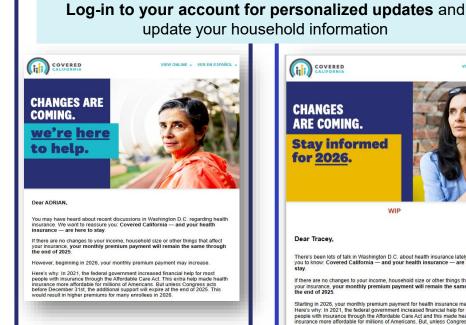
or contact a certified

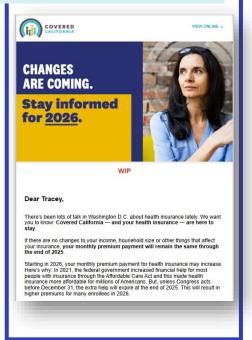
October

Primary Message

CTA:

WIP Member Outreach





enroller, and update your household information to prepare for fall renewal. COVERED CALIFORNIA **Things** you must know! We appreciate you choosing a quality health insurance plan through Covered California. We know that the world of health insurance and understanding the financial help available to reduce your costs, can feel complex and confusing. In 2021, the federal government approved additional financial help to lower healt

insurance costs. That extra help is set to expire at the end of 2025

It's time to renew.

New for the 2026 plan year: Renewal and open enrollment ends on 1.31.26. Act now: shop and compare and pick a plan.

Help is available, renew now.





August & September 2025

- English
- Spanish
- Chinese (Traditional)
- Korean
- Vietnamese

Open Enrollment, expand to include:

- Tagalog
- Hmong
- Punjabi
- Hindi

Email & Direct Mail



SE VIENEN CAMBIOS.

Mantente informado para el 2026.



Hola Christopher,

Se ha hablado mucho últimamente sobre el seguro de salud en Washington D.C. Queremos que sepas que: Covered California – y tu seguro de salud – están aquí para quedarse.

Si no hay cambios en tus ingresos, el tamaño de tu hogar u otros factores que afectan tu seguro, tu pago mensual de la prima seguirá igual hasta finales del 2025.

A partir del 2026, tu prima mensual para seguro de salud podría aumentar. Aquí te explicamos por qué: en el 2021, el gobierno federal aumentó la ayuda financiera para la mayoría de las personas con seguro de salud mediante el Affordable Care Act. Esta ayuda adicional hizo que el seguro de salud fuora más asoquiblo para millonos do amoricanos. Sin embargo, a



September 16, 2025

Prepare for renewal! Learn what's changing for 2026.

Dear Amari,

We reached out in July and August to share information on changes that are likely to affect your health insurance cost for the 2026 plan year. Here's why: In 2021, the federal government increased financial help for most people with insurance through the Affordable Care Act and this made health insurance more affordable for millions of Americans. But unless Congress acts before December 31, the extra help will expire at the end of 2025. This will result in higher premiums for many enrolles in 2026.

While the news about the changes may be concerning, we're here to support you through it. Rest assured, Covered California remains committed to helping Californians access high-quality health insurance plans.

If there are no changes to your income, household size or other details that affect your insurance, your monthly premium payment will remain the same through the end of 2025. Your exact financial help for 2026 will be determined at renewal, which begins on October 15.

Here is the financial help you received in August 2025.

The financial help through Enhanced Premium Tax Credit is temporary and <u>set to end</u> <u>December 31, 2025.</u>*

Pending a change in federal legislation.



AVINGS r Month: 2025 2026 2026 \$251 \$251 \$574 \$0

TOTAL SAVINGS

7-2-

**Your exact financial help for 2026 will be determined at renewal, which happens this fall.

CCMKT0916







September 16, 2025



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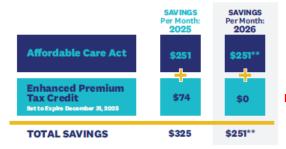
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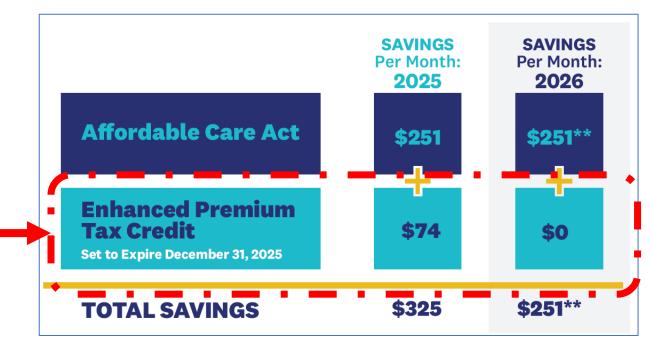




**Your exact financial help for 2026 will be determined at renewal, which happens this fall.

CCMKT091625

- **Primary Message:** The amount of financial help you receive in 2026 may be reduced if Enhanced Premium Tax Credit ends on 12.31.25.
- Call to Action: Log in to your online account to view details specific to you. Provide your mobile number for text alerts, visit the new landing page on the website, contact a certified enroller for help, update household information now in preparation for renewal.





Matching Envelopes for Each Language



Spanish





Korean

Chinese

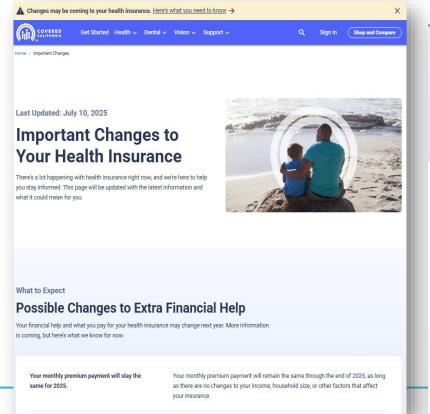


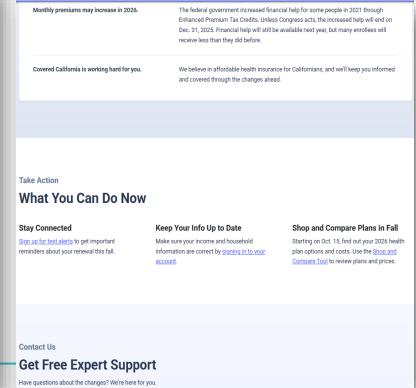


CoveredCA.com Highlights

- Information on Enhanced Premium Tax Credits and how this will affect consumers
- Navigation: Linked via alert banner across CoveredCA.com
- **Details:** We will keep updating as more details become available

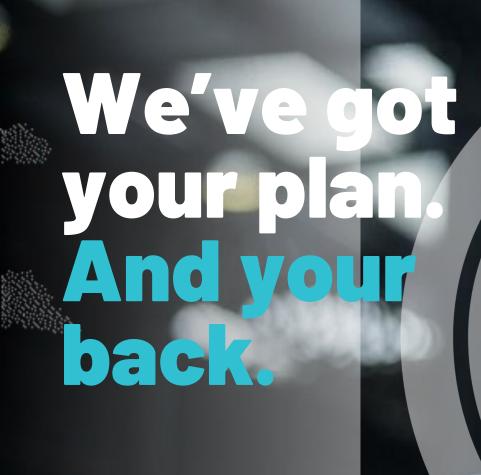












For the love of Californians.



Communications Plan



Open Enrollment 2026





Connectors to Coverage

For over a decade, Covered California's network has grown through the power of human connection.

One conversation.

One referral.

One connection at a time.

Connectors to Coverage repositions Covered California from a marketplace that can feel transactional and impersonal, to a network of connectors who help Californians find their path to coverage.

Enrollers, navigators, doctors, community leaders – we ARE the network who are fighting for you.

We're real people, helping real people connect to coverage.

For the Love of Californians.



Connectors

Covered California
Real People
CBOs
Navigators
Communities
Past Enrollees
Me, You!





Why It Works



- Redefines "marketplace" as real people connectors guiding Californians to coverage
- Extends OE messaging by turning healthcare confusion into clarity through trusted voices
- Celebrates connectors as everyday heroes bringing hope and resilience in a tough year
- Expands "Let's Talk Health" into ongoing, relatable content "Connection" resonates widely across age, language, culture, and community
- Elevates a people-powered model of Californians caring for each other, not top-down
- Carries forward the heart of "For the Love of Californians" by spotlighting the people behind the mission

Cultural Resonance











Campaign Phases

CCA Primes the Marketplace

CCA Connects CA to Coverage

CCA Creates the Community Movement

CCA Drives Urgency to Enroll

Pre-Enrollment: Jul - Oct. '25

Kickoff: Nov. '25

Sustain: Dec. '25

Deadline: Jan. '26

PRE-ENROLLMENT

- Communicate federal changes to consumers.
- Develop our connectors, spokespeople and real people stories.

KICK OFF EVENTS

 Host media events across the state in key markets including LA, SF, SD, Fresno and Sacramento.

SUSTAIN PERIOD

- Deploy community events and teach-ins in community spaces
- Help consumers understand the value of their coverage
- Launch real people stories

DEADLINE EVENTS

- Countdown content and press pitching
- Media tour with multicultural media



How Can You Support?

PUBLIC RELATIONS KITS FOR AGENTS, ENROLLERS, AND CBO's

- Use in-language printed and digital co-branded content to support and educate consumers
- Share curated content on your own platforms

BE A CONNECTOR

- Co-develop content for Connector spotlights and the life changing power of health coverage
- Connect our team to real people stories
- Act as a community voice for media opportunities

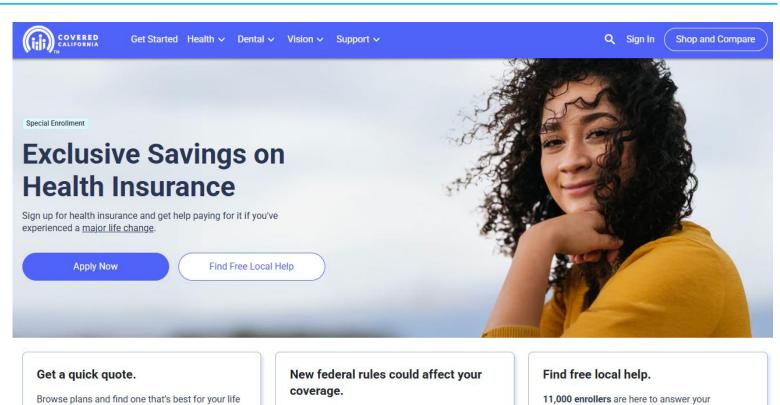
CONNECT WITH COMMUNITY

- Attend Open Enrollment kick off and deadline events
- Amplify and support community-driven outreach and events
- Show up at pre-existing community events



The Next Chapter for CoveredCA.Com





Browse plans and find one that's best for your life and budget.

Shop and Compare Plans →

More details are coming, but here's what we know.

See What May Change →

11,000 enrollers are here to answer you questions and help you apply.

Find an Enroller →

https://www.coveredca.com/



Community Engagement and Partnerships Program



Removing Barriers to Health Care Coverage

Expanding Reach into Communities

 Covered California has built success through strong community engagement and partnerships, focusing on outreach, education, and enrollment.



• In 2023 and 2024, "Community Conversations" brought together <u>diverse leaders</u> statewide to share perspectives on coverage and care, fostering two-way dialogue to listen, learn, and strengthen outreach efforts.



Community Engagement and Partnerships Program

Covered California's Strategic Plan
(July 2024) established the
Community Engagement and
Partnerships Program, managed by
the External Affairs and Community
Engagement Division.





Program Objectives

Build Trusted Relationships

 Focus on historically marginalized and underrepresented California communities.

Facilitate Community Dialogue

 Engage in meaningful, ongoing discussions to inform Covered California's work and better serve Californians.



Break Down Barriers

Establish partnerships to improve access to health coverage and care.

Promote Awareness

 Increase understanding of Covered California's mission and services across the state.

Community Learnings to Improve our Work

 Covered California's engagement program gathers community insights to better understand health coverage and care needs.



 Feedback loops foster trust and meaningful communication, ensuring community input informs our efforts and enhances service for Californians. Gather Community Feedback

Follow up with community through regular communications

Analyze and share feedback internally

Act on feedback



PopHI Beyond Covered Programs



"Latest Updates"

2025 Beyond Covered Membership

GROCERY SUPPORT PROGRAM

- 76,681 households invited
- 6,975 households enrolled
- 13,090 household members impacted

CHILD SAVINGS ACCOUNT PROGRAM

- 4,037 households invited
- 269 households enrolled
- 274 children impacted



Grocery Support Utilization

\$11.5 Million
will have been
provided
to enrollees
by March 2026

\$1,646 Average amount awarded per household

\$2 Million
already spent
by members
between
March and July 2025

3,489 members to receive single lump sum in March 2026

3,486
members
currently
receiving
monthly
deposits



Child Savings Account Program Utilization



609
program
Steps Completed
through
July 2025

\$72,100
deposited
in member
CalKIDS accounts
through
July 2025

46.15% of program enrollees newly claimed their CalKIDS account



Support for Unused Benefits

Assuring members that the Grocery Support and Child Savings Account programs are legitimate is crucial to their continued success; an important component of the outreach is conducted by FORWARD, Covered California's Beyond Covered administrator.

CHILD SAVINGS ACCOUNT PROGRAM

- Funds are still available for the 2025 enrollment year
- A new wave of invitations to enroll began August 13, 2025, and included:
 - ✓ Newly identified eligible members
 - ✓ Previously invited members who were not yet enrolled



All children born in California on or after July 1, 2022 have a CalKIDS Scholarship waiting for them.

- \$25 for children born between July 2022 and June 2023
- \$100 for children born on or after July 1, 2023
- \$25 bonus when you claim your CalKIDS Scholarship Account
- \$50 bonus when you link your CalKIDS account with a ScholarShare 529 account https://calkids.org/





Beyond Covered Programs 2026

Beyond Covered Grocery
Support Program & Beyond
Covered Child Savings Account
Program will both be offered
again during Plan Year 2026

Updated program guidelines are still currently being determined

Once finalized, program details will be available at https://www.covered/



Important Reminders



Key Takeaways for Open Enrollment Readiness

Annual Training Requirements

	Release Date:	Complete By:	Termination / Suspension Warning Letters:	Final Decertification/ Termination Notice Letters:
2025-2026 Community Enrollment Partners Recertification Training Tentative Timeline	10/3/2025	11/3/2025 (30 days after enrollment)	11/3/2025 – Termination Warning	1/6/2026 - Final Decertification Notice
2025-2026 Agent Annual Training Tentative Timeline	10/3/2025	11/3/2025 (30 days after enrollment)	11/3/2025 – Suspension Warning	1/6/2026 - Final Termination Notice





Open Enrollment Takeaways

2026 Plan Year

- Shop & Compare Tool with 2026 Plan Rates without ePTC amount: Live October 15, 2025
- Active Renewal Period: October 15, 2025 through October 31, 2025
- Passive Renewal Period: November 1, 2025 through December 31, 2025
- Open Enrollment Period: November 1, 2025 through January 31, 2026

Reminders

- Read and stay updated with the new federal rules.
- Work with your consumers to update their expired Consent for Verification
- Check out your Consumer Retention
 Workspace section in the Enroller
 Portal
- Review your Renewal and Open Enrollment Toolkit!





For the love of Californians





Join us for a virtual

CalHEERS and Enroller Portal Webinar

October 1st 9:00 AM PST - 12:00 PM PST

Be prepared for renewals and Open Enrollment with an In depth walkthrough of system updates and changes

Scan to Register now!



CCSB - CONTACT US



CCSB Sales

(844) 332-8384

SmallBusiness@Covered.CA.gov

Agent Service Center

(855) 777-6782 - Agents@Covered.CA.gov

(Option 1 for English or 2 for Spanish > then 1 for Agents > then 2 for the Call Center)

Case Submission & Eligibility

CCSBeligibility@Covered.CA.gov

Quotes

CCSBquotes@Covered.CA.gov



TAKE OUR SURVEY!













Thank you for joining us!

