COVERED CALIFORNIA™

Health Insurance Companies and Plan Rates for 2016

Keeping the Individual Market in California Affordable

(preliminary rates)

July 27, 2015

About Covered California™

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature. For more information about Covered California, please visit www.**CoveredCA**.com.

This booklet is a brief summary of information about individual health insurance plans for Covered California. Detailed information can be obtained by visiting our website: **www.CoveredCA.com**. The rate information in this book is preliminary as it is still subject to public regulatory review.

This booklet does not include offerings for Covered California for Small Business.

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Health Reform in California

Since its enactment in March 2010, the federal Patient Protection and Affordable Care Act has improved health insurance quality and affordability in tangible ways for millions of people in California.

For those on Medicare, benefits such as free preventive services, cancer screenings and an annual wellness visit have expanded under the health care law. In addition, seniors can also save money on brand-name prescription drugs.

A number of market reforms contained in the Affordable Care Act also are improving care for Californians, including:

- **Insurers are prohibited from setting lifetime limits on essential health benefits, such as hospital stays, beginning with new policies issued. Approximately 12 million people in California are no longer subject to these limits as a result of the act, according to federal estimates.**
- **Insurers are no longer allowed to re-examine a customer's initial application to cancel, or "rescind," their coverage due to unintentional mistakes or minor omissions.**
- **Dependent children up to age 26 must be offered coverage under a parent's insurance plan. Federal data indicates that more than 435,000 young adults in California have gained coverage as a result of this provision of the act.**
- **Insurers may not exclude anyone from coverage due to a pre-existing medical condition.**
- **Insurers are now required to spend the vast majority (up to 85 percent) of premium dollars on medical care and quality improvement activities, and a smaller, limited amount on overhead expenses such as marketing, profits, salaries, administrative costs and agent commissions.**

Covered California and the expansion of Medi-Cal to a new coverage group, which includes low-income adults and parent/caretaker relatives, means insurance is more affordable for those not covered by Medicare, employer-based health insurance, or other types of health insurance. Covered California has also made shopping for insurance far easier, with a one-stop application for coverage.

The Affordable Care Act Has Changed Health Care in California

Because of the Patient Protection and Affordable Care Act, major changes have occurred to the health care system in California and across the nation. In California, Covered California is one of the vehicles working to make the promise of affordable and quality care real for millions of people. Covered California is building on the protections and subsidies offered by the Affordable Care Act, using the tools provided by state and federal law, to ensure that consumers have health care options that continue to be affordable, that are easy to understand and that offer meaningful tools so consumers can make informed decisions about health care for themselves and their families. Most importantly, we require the health insurance companies we selectively contract with to go beyond just insuring members and actively participate in improving the delivery of care for Californians by promoting wellness, reducing health disparities and increasing the number of consumers that are enrolled in integrated and coordinated care delivery models.

The Active Purchaser Role: How Covered California Seeks to Represent Consumers

In 2012, the California Legislature gave Covered California the ability to be an active purchaser on behalf of consumers in selecting the health insurance companies that would participate in California's health benefit exchange. The decision allowed Covered California to choose health insurance companies that provide the best value for consumers. Rather than just offering the essential health benefits outlined by the Affordable Care Act, Covered California health insurance companies must also meet high standards of quality, affordability and accountability as they compete in the marketplace.

California is one of the few states that is actively using all the tools available to shape the market to benefit consumers. The requirements to be contracted with Covered California include making commitments to improve care delivery and to offer stability in premiums consistently, year after year. Unlike most states and the federal marketplace, Covered California does not "take all comers" and instead creates competition that benefits consumers by allowing them to compare plans with standard benefit designs that are structured to encourage consumers to get care when they need it.

Covered California actively negotiates and selects the health insurance companies that will be offered to consumers through the exchange. Because all the health insurance companies are required to have standard benefit designs for each metal tier, they must compete with one another based on premium, network, quality, and consumer tools and service. The result of this work has created a strong foundation of sound rates and stability in the ever-changing health insurance market. The average increase for 2016 rates in California is 4 percent. For the second year in a row, Covered California health insurance plans have an average increase that is less than the increases experienced by individual consumers prior to the Affordable Care Act. As important as the average overall increase — which assumes that consumers all stay with their existing benefit design and insurance company — is the increase of the lowest-priced Bronze and Silver plans. These two tiers have more than 99.5 percent of Covered California's enrollment, and their respective average rate increases are 3.3 percent and 1.5 percent. These lower increases indicate that consumers who want to shop and change health insurance companies can experience an even smaller increase in their costs.

Rate Change	2014-2015	2015-2016
Weighted average (like last year)	4.2%	4.0%
Lowest-price Bronze plan (unweighted)	4.4%	3.3%
Lowest-price Silver plan (unweighted)	4.8%	1.5%
Second-lowest-price Silver plan (unweighted)	2.6%	1.8%
Decrease in premium cost if a consumer shops for the lowest-cost plan (weighted)	—	- 4.5%

The active purchaser role, critical to selecting the best plans for Covered California customers and for the individual market at large, has the following advantages:

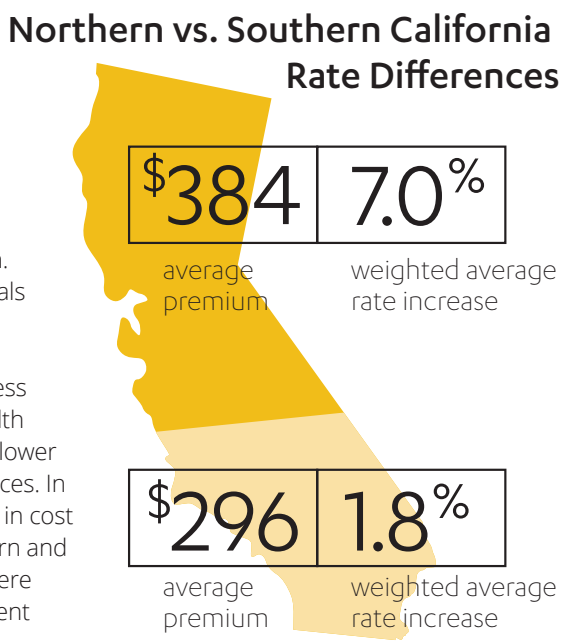
- **It allows Covered California to develop standard benefit designs to improve the quality of plans inside and outside the exchange, making it easier for consumers to compare plans across health insurance companies.**
- **A robust bidding and negotiation process fosters competition in the marketplace. This process results in Covered California choosing health insurance companies with robust networks, reasonable premiums, long-term stability and a commitment to improving the delivery of care to consumers.**
- **Consumers are guaranteed a competitive choice of health insurance companies and products that offer doctor and hospital networks designed to ensure they meet the needs of members in every region of the state.**
- **Entering into long-term contracts with health insurance companies allows Covered California to develop a multiyear vision, improves care by tracking quality indicators, and supports continuity of care for consumers who can stay with the company they selected.**

For more information about how Covered California's active purchasing model has contributed to keeping rates low, download our fact sheet titled **"Covered California's Story for 2016: Good Rates and How We Got There"** www.coveredca.com/news/PDFs/coveredca-7-27-good-rates.pdf

- **It allows Covered California to hold health insurance companies contractually obligated and accountable for providing high-quality care for all enrollees. Specifically, each health insurance company must:**
  1. **Have sufficient clinicians — doctors, hospitals and other providers — to meet the needs of the consumers who enroll.**
  2. **Ensure that each enrollee has had a preventive health and wellness visit during the first year of enrollment.**
  3. **Identify and proactively manage all "at-risk" enrollees.**
  4. **Determine enrollees' health status and proactively develop a plan to manage their individual health care needs.**
  5. **Promote the use of best-practice models for continuity of care and care coordination that are proven to improve quality of care.**
  6. **Be transparent about plan performance at the point of enrollment, specifically regarding standard measures of prevention, access and clinical effectiveness.**
  7. **Be accredited by the National Committee for Quality Assurance or URAC (formerly known as the Utilization Review Accreditation Commission) to meet quality standards.**

Regional Variation in Premiums and 2016 Rate Increases

Provider competition (or area provider monopolies) is a primary driver of the difference in premiums between northern and southern California. Close to 70 percent of the 25 largest general acute care hospitals are in the southern region of the state compared to the north. When a region has fewer hospitals and is dominated by a few large integrated hospital systems and medical groups, there is much less negotiating leverage for the health insurance companies to secure lower contracted rates for health services. In California, this regional variation in cost is apparent between the northern and southern California counties where premiums can be up to 30 percent higher, for example, comparing the San Francisco region to the Los Angeles region. This regional variance is not unique to Covered California and is also evident with other large purchasers of health care, such as CalPERS.



How Standard Benefit Designs Help Consumers Choose Plans and Get Access to Care When They Need It

In California, standard benefit designs allow apples-to-apples comparisons across health insurance companies and seek to encourage utilization of the right care at the right time, with many services not being subject to the deductible. Without standard benefit designs, there are often too many product options that are confusing for consumers to understand. This can lead to them making poor choices, either by picking a plan that is too expensive or picking one that has more out-of-pocket cost-sharing than expected.

For 2016, several important benefit design changes are being made that will provide more transparency and foster getting the right care at the right time. The most notable changes include increasing the types of services a consumer can receive in the Bronze plan that are not subject to the deductible, and placing a maximum monthly out-of-pocket cost on specialty drugs.

- **In the Bronze plan, the first cumulative three visits will not be subject to a deductible and can include a specialist visit in addition to primary care, mental health and urgent care visits. In addition, laboratory work is not subject to the deductible.**
- **All metal-tier plans will now have a maximum monthly out-of-pocket cost on specialty drugs (once the pharmacy deductible is met), so consumers' out-of-pocket cost can be more affordable and reliable.**

2016 STANDARD BENEFIT DESIGNS BY METAL TIER

MEDICAL COST SHARES				
Coverage Category	Bronze	Silver	Gold	Platinum
	Covers **60%** average annual cost	Covers **70%** average annual cost	Covers **80%** average annual cost	Covers **90%** average annual cost
Annual Wellness Exam	$0	$0	$0	$0
Primary Care Visit	$70*	$45	$35	$20
Specialty Care Visit	$90*	$70	$55	$40
Urgent Care Visit	$120*	$90	$60	$40
Emergency Room Facility	Full cost until out-of-pocket maximum is met	$250 once medical deductible is met	$250	$150
Laboratory Tests	$40	$35	$35	$20
X-Ray and Diagnostics	Full cost until out-of-pocket maximum is met	$65	$50	$40
Deductible	Individual: $6,000 medical $500 drug Family: $12,000 medical $1,000 drug	Individual: $2,250 medical $250 drug Family: $4,500 medical $500 drug	N/A	N/A
Annual Out-of-Pocket Maximum	$6,500 individual and $13,000 family	$6,250 individual and $12,500 family	$6,200 individual and $12,400 family	$4,000 individual and $8,000 family

Benefits shown in blue are not subject to a deductible.

**Copay is for any combination of the first three visits. After three visits, they will be at full cost until the out-pocket-maximum is met.*

DRUG COST SHARES — 30 DAY SUPPLY				
Generic Drugs (Tier 1)	up to $500, after deductible is met	$15 or less	$15 or less	$5 or less
Preferred Drugs (Tier 2)	up to $500, after deductible is met	$50 after drug deductible	$50 or less	$15 or less
Non-preferred Drugs (Tier 3)	up to $500, after deductible is met	$70 after drug deductible	$70 or less	$25 or less
Specialty Drugs (Tier 4)	up to $500, after deductible is met	20% up to $250 after drug deductible	20% up to $250	10% up to $250

2016 STANDARD BENEFIT DESIGNS BY INCOME

MEDICAL COST SHARES			
Coverage Category	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73
Eligibility Based on Income and Premium Assistance	Covers **94%** average annual cost	Covers **87%** average annual cost	Covers **73%** average annual cost
Single Income Ranges	up to $17,655 (≤150% FPL)	$17,656 to $23,450 (>150% to ≤200% FPL)	$23,451 to $29,425 (>200% to ≤250% FPL)
Annual Wellness Exam	$0	$0	$0
Primary Care Vist	$5	$15	$40
Specialist Visit	$8	$25	$55
Urgent Care Visit	$6	$30	$80
Laboratory Tests	$8	$15	$35
X-Rays and Diagnostics	$8	$25	$50
Imaging	$50	$100	$250
Deductible	Individual: $75 medical Family: $150 medical	Individual: $550 medical $50 drug Family: $1,100 medical $100 drug	Ind.: $1,900 medical $250 drug Family: $3,800 medical $500 drug
Annual Out-of-Pocket Maximum	$2,250 individual and $4,500 family	$2,250 individual and $4,500 family	$5,450 individual and $10,900 family
DRUG COST SHARES — 30 DAY SUPPLY			
Generic Drugs (Tier 1)	$3 or less	$5 or less	$15 or less
Preferred Drugs (Tier 2)	$10 or less	$20 after drug deductible	$45 after drug deductible
Non-preferred Drugs (Tier 3)	$15 or less	$35 after drug deductible	$70 after drug deductible
Specialty Drugs (Tier 4)	10% up to $150	15% up to $150 after drug deductible	20% up to $250 after drug deductible

Benefits shown in blue are not subject to any deductible.

Factors Considered During the Selection Process

Principles adopted to guide the selection and oversight of health insurance companies included:

- **Promoting affordability for consumers, both in terms of premium cost and at the point of receiving care.**
- **Ensuring access to quality care for consumers presenting with a range of health statuses and conditions.**
- **Facilitating consumers' informed choice of health insurance plans, doctors and hospitals.**
- **Promoting wellness and prevention.**
- **Reducing health disparities and fostering health equity.**
- **Working to reform the health care delivery system while being mindful of Covered California's impact on, and role in, the broader health care delivery system.**
- **Operating with speed and agility and using resources efficiently in the most focused possible way.**

The Plans and Coverage Offered Meet the Needs of Californians

In its selection of health insurance companies, Covered California takes into consideration provider networks to ensure high-quality care, as well as companies' plans to ensure that consumers get the care they need when they need it. A Henry J. Kaiser Family Foundation independent survey of consumers that was released in May 2015 reported that 91 percent of Covered California enrollees said it was "very" easy or "somewhat easy" to travel to their usual source of care.

Covered California has worked hard with health insurance companies and regulators to offer consumers access to quality care and will continue to diligently monitor all companies on a regular basis to ensure adequate networks are in place.

If a consumer experiences challenges accessing providers in their plan's network, Covered California will help consumers navigate the process with their plan and with state agencies to resolve their individual cases. Covered California, along with health insurance companies and regulators, works to resolve any challenges consumers experience in accessing provider networks.

Additionally, Covered California will continue to refer consumers to the Health Consumer Alliance, an independent legal assistance organization that is supported by Covered California to assist enrollees and help monitor patterns of problems.

California Consumers Have Good Options for Enrollment

During Covered California's first renewal period, to renew consumers to 2015 coverage, 944,000 members eligible to renew their coverage chose to stay with the plan they had selected in 2014. All renewing consumers are encouraged to look at their coverage options to ensure that the plan they are currently enrolled in continues to be the plan that has the most value for them. Consumers who are enrolling for the first time in Covered California can either shop for and compare plans on their own or seek the free assistance of a certified enroller. To locate the nearest enrollment assistance, visit the CoveredCA.com website and click on the "Get Help" button.

Additionally, consumers can enroll directly with the health insurance company of their choosing in the individual market. The products offered inside Covered California are available outside the exchange with the exact same benefit design and at the same price without premium assistance. If consumers are eligible for premium assistance, they can only receive the premium assistance if they purchase through Covered California. The open-enrollment period is the same for Covered California and the individual market at large.

Calculating Premium Assistance

Covered California's mission to expand coverage by making health care more affordable is based on Californians getting the health insurance they need at an affordable price. Just like as many people get health insurance through their job but could not afford it if they needed to pay the full premium themselves, many households can only afford their premium because of the financial assistance that is available from the federal government. This assistance reduces the amount an individual pays for health insurance depending on the individual's or family's income. Almost 90 percent of those who enrolled through Covered California for coverage in 2015 received premium assistance to make their health insurance more affordable. Premium assistance is calculated based on where the person falls in the federal poverty level scale.

The following table depicts incomes and federal poverty level percentages. Those making 138 percent of the federal poverty level or less may qualify for Medi-Cal, the low-cost or no-cost health insurance program in California.

FEDERAL POVERTY LEVELS						
Size of Household	138%	150%	200%	250%	300%	400%
1	$16,242	$17,655	$23,450	$29,425	$35,310	$47,080
2	$21,983	$23,985	$31,860	$39,825	$47,790	$63,720
3	$27,724	$30,135	$40,180	$50,225	$60,270	$80,360
4	$33,465	$36,375	$48,500	$60,625	$72,750	$97,000
5	$39,205	$42,615	$56,820	$71,025	$85,230	$113,640

The amount of premium assistance a person can receive depends on their income and age and where the person lives. The Affordable Care Act sets a monthly maximum that people will pay for health care, based on their income in relation to federal poverty levels. In general, the lower the household income, the more the federal government will help with premium payments.

About Covered California Health Insurance Companies for the 2016 Plan Year

Covered California has tentatively selected 12 health insurance companies to be available for enrollment starting Nov. 1, 2015, for coverage that begins on Jan. 1, 2016. All 10 health insurance companies offered for coverage in 2015 will continue to be offered for 2016. Two new health insurance companies, Oscar and UnitedHealthcare, will be offered in select areas of the state for 2016. Both UnitedHealthcare and Oscar were added for 2016 not only to increase consumer choice in key areas of the state, but also because of their collaboration with providers to offer consumers integrated care models of delivery.

These health insurance companies will offer quality health care to millions of Californians in the individual market while providing consumers meaningful choices of affordable plans in every region of the state. Beginning in 2016, in every ZIP code in California, consumers will have the option of two health insurance companies. And in greater than 99 percent of ZIP codes, they will have the option of three health insurance companies. Some regions of the state will have up to seven health insurance companies to choose from.

Health Insurance Companies Selected for 2016

In alphabetical order, the companies selected are:

1. Anthem Blue Cross of California.
2. Blue Shield of California.
3. Chinese Community Health Plan.
4. Health Net.
5. Kaiser Permanente.
6. L.A. Care Health Plan.
7. Molina Healthcare.
8. Oscar Health Plan of California (new for 2016).
9. Sharp Health Plan.
10. UnitedHealthcare Benefits Plan of California (new for 2016).
11. Valley Health Plan.
12. Western Health Advantage.

These health insurance companies represent a mix of major insurers and smaller companies, regional and statewide doctor and hospital networks, and for-profit and nonprofit plans. They deliver exceptional value and choice with affordable premiums, a wide choice of benefit levels and good access to doctors and hospitals in all areas of the state.

2016 Health Insurance Offerings — Going Beyond Price

In California and across the nation, health insurers are changing the way they do business to promote good health in a variety of ways, from stepped-up wellness and preventive health promotion — including multicultural outreach and care — to changes aimed at improving convenience and access for their members.

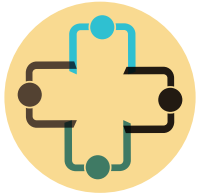
Covered California is a catalyst for this change, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness, and reducing health disparities.

During rate negotiations for 2016, Covered California championed those efforts. Covered California's contracts with health insurance companies for 2016 include provisions requiring them to focus on these types of improvements, with financial penalties and incentives tied to the success they demonstrate. Some of the highlights in this section are contained in health insurance company's contracts with Covered California; others are innovative efforts consumers can consider as they shop for coverage and look for the best plan for them.

The 12 health insurance companies offering health insurance through Covered California for 2016 are leading the nation in their efforts to reach and serve the rich diversity of California's population. Three of Covered California's 12 insurer partners — Health Net, Kaiser and L.A. Care — are among only nine nationwide to receive top scores and recognition from the National Committee for Quality Assurance based on their commitment to the collection of race/ethnicity and language data, provisions of language assistance, cultural responsiveness, quality improvement of culturally and linguistically appropriate services, and reduction of health care disparities.

Three of Covered California's health insurance companies — Kaiser, Sharp and Western Health Advantage — offer integrated delivery systems, and a new entrant — Oscar — will also work to integrate delivery of care in partnership with Providence Health & Services.

Many of Covered California's insurers are using telehealth and digital platforms to expand and improve consumer access to the right provider at the right time, as well as Web-based tools and mobile applications aimed at helping consumers find providers, track their own health records and manage their costs.



The innovations under way in California are driving improvements in our nation's health care system that can help all consumers, whether they are enrolled through exchanges, in the individual market, through public insurance programs like Medi-Cal or in employer-based insurance.

In the years ahead, Covered California will continue to raise the bar for health plans to be sure they are improving the delivery of care to Covered California enrollees by analyzing utilization data to make sure consumers are getting the right care at the right time. In this way, Covered California will help make even greater strides toward the triple aim of health reform: better health, better quality and lower costs.

For more information about how Covered California's efforts to promote health and wellness, download our fact sheet titled **"Covered California's Story for 2016: Beyond the Rates — Promoting Quality Care"** at www.coveredca.com/news/PDFs/coveredca-7-27-beyond-the-rates.pdf

Information About Covered California's Health Insurance Companies

The following pages include detailed information about the benefits and specific care models of each of the 12 participating health insurance companies.

Anthem Blue Cross of California | www.anthem.com/ca
(877) 702-3074

A subsidiary of Anthem Inc., Anthem Blue Cross of California is one of the largest managed health care companies in California. It is an independent licensee of the Blue Cross Blue Shield Association based in Thousand Oaks, Calif. Anthem serves 28 percent of Covered California enrollees in regions statewide.

Networks

Anthem has strengthened partnerships with many physicians, including hundreds in rural areas such as Monterey County and areas of Covered California pricing region 1, such as Amador, Humboldt, Shasta, Butte and Sutter counties. Overall, Anthem has added provider groups that encompass more than 11,000 physicians.

Nursing teams

Anthem has teams of nurses to assist with specialized health care needs, including chronic conditions like diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and asthma, as well as complex conditions such as end-stage kidney disease and multiple sclerosis.

Future Moms program

Anthem's Future Moms program helps members have the healthiest pregnancy possible and provides a 24-hour telephone access to obstetric nurses for questions. Members who participated in the Future Moms program visited the emergency room 30 percent less than non-participants, and babies born to Future Moms participants spent 25 percent less time in the neonatal intensive care unit (NICU), resulting in a 50 percent reduction in NICU costs.

Access to clinicians through telehealth

Anthem's LiveHealth Online telehealth program gives members access to real-time, face-to-face visits with a choice of doctors across a range of specialties via computer, tablet or mobile phone 24 hours a day.

Promotion of integrated care

Anthem is working with doctors and hospitals that share responsibility for increasing access to appointments, improving the member experience and providing a more coordinated treatment plan to patients. Anthem's Enhanced Personal Health Care Program has been established to direct quality and cost improvements among preferred provider organization (PPO) membership. More than 20 medical groups serving more than 600,000 Anthem members are already participating in this program. Leveraging the medical group's care capabilities and Anthem staff, the program is driving improvements in quality and reduced costs. Cost savings are then used to further improve care management programs.

blue of california

Blue Shield of California | www.blueshieldca.com
(855) 836-9705

Blue Shield of California is a not-for-profit health plan provider founded in 1939 and based in San Francisco, Calif. Blue Shield serves 25 percent of Covered California members in regions statewide.

Expanded network coverage
Blue Shield is now one of only two preferred provider organizations (PPOs) available in all counties and ZIP codes throughout California, with expansions in 2016 to provide coverage in all of Yuba, Sutter, Alpine and Monterey counties. Also in 2016, Blue Shield will replace its exclusive provider organization (EPO) offering with a PPO in the Northern, North Bay, Alameda and Central Coast regions (regions 1, 2, 6 and 9).

Accountable care organization
Blue Shield is collaborating with Dignity Health on an accountable care organization (ACO) program in six regions to deliver comprehensive health care services using a coordinated care model to improve the quality and affordability of care. As an example, each ACO location uses a coordinated care management model to help members with chronic conditions manage their health. A team of registered nurse care coordinators, social workers, pharmacists and health coaches work closely with the physicians to provide high-touch team-based care for patients with complex care needs.

Treatment Cost Estimator
Blue Shield's online tools help its PPO members learn about more than 400 treatments, 1,600 procedures and 160 episodes of care. In consultation with their physician, these tools equip members with accurate information that can help them make the right health decisions for themselves and their families.*

Telehealth
Blue Shield offers members who live in remote and urban areas a convenient way to see specialists throughout California, which can save time, expenses and the hassle of traveling far from home. Telehealth is a special collaboration between Blue Shield and Adventist Health that uses state-of-the-art technology to provide access to network specialist care and services for certain conditions. Local Telehealth offices throughout California offer a specialized telemedicine cart that includes a high-definition camera, diagnostic scopes and a vital-signs monitor to send accurate images and sound readings for a timely and accurate diagnosis. The connection is secure and encrypted to ensure privacy. (For additional information, visit www.blueshieldca.com/telehealth.)

* Please note that service and treatment information from the Treatment Cost Estimator is for reference. Actual out-of-pocket costs may vary. Members should consult their physician, as this information is not a substitute for a doctor's care. For more information, visit http://bit.ly/1LGeQUo.

華人保健計劃 CCHP Health Plan

Chinese Community Health Plan | www.cchphealthplan.com
(888) 775-7888

Chinese Community Health Plan (CCHP) is a San Francisco-based nonprofit health plan that was founded nearly 30 years ago to provide care for the Chinese-American community and today serves all consumers. CCHP serves Covered California enrollees in pricing regions 4 (San Francisco County) and 8 (San Mateo County).

In-language services
More than 45 percent of CCHP's Covered California enrollees identify themselves as Chinese, and more than 40 percent of them prefer Cantonese, Mandarin or traditional Chinese as their primary language. CCHP assists members in their language and seeks to reach prospective enrollees with informational seminars and outreach at community fairs and events held in English, English-Chinese (Cantonese and Mandarin), and English-Spanish.

Health risk assessments, with follow-up
CCHP offers members the Preventive Care Passport tool, recommending preventive health services, screenings and tests consistent with recommendations from the U.S. Department of Health and Human Services' Preventive Services Task Force. The health risk assessment helps identify members for care coordination to promote health, prevent disease and enhance quality of life. More than 30 percent of new CCHP enrollees through Covered California completed the health risk assessment in 2014.

Health Net

Health Net | www.healthnet.com
(877) 288-9082

Based in Woodland Hills, Calif., Health Net is a managed health care company that was founded in 1985. Health Net serves 18 percent of Covered California enrollees in all pricing regions except 6, 12 and 13.

Expanded networks

In 2016, Health Net will increase coverage choices in three pricing regions: region 1 (northern counties), region 3 (the greater Sacramento area) and region 11 (Fresno, Kings and Madera counties). Health Net's PureCare product will now be available in Sacramento, Kings, Madera and Yolo counties, as well as select ZIP codes in El Dorado, Fresno, Nevada, Placer and Santa Clara counties. Health Net is also making plan options available in pricing region 14 (Kern County).

Culturally appropriate care and outreach

Health Net efforts to improve culturally and linguistically appropriate services and reduce health care disparities have earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance. Health Net's health equity projects aim to identify and rectify member disparity in accessing health care services. Here's a great example: Health Net's Transitional Care Management team noted that its Hmong members in Sacramento County and the Central Valley were challenged with discharge instructions such as follow-up appointments and timelines for returning to work. The team worked with the Hmong Women's Heritage Association and community members, including interpreters, shamans, community leaders and elders. This group discussed the U.S. health care system and finding ways to competently deliver care that is consistent with Hmong culture and values. Health Net then took this information to conduct further cultural competency training on how to work with Hmong members.

Member education

Members may attend a one-hour workshop and receive an easy-to-understand booklet on the basics of managed health care, health care cost terms and coverage plan options. The program is available in English, Spanish and Chinese.

Promoting teen health

In partnership with the University of California, Los Angeles, Fielding School of Public Health and with the support of a National Institutes of Health grant, Health Net developed a health literacy intervention for its teen members. The result was T2X, a social networking site and mobile app that provides access to a wealth of health information and support designed specifically for teens.

Kaiser Permanente

Kaiser Permanente | www.kp.org
(800) 464-4000

Kaiser Permanente is a nonprofit, group-practice health plan with headquarters in Oakland, Calif. Kaiser Permanente is composed of Kaiser Foundation Health Plans (nonprofit, public-benefit corporations), Kaiser Foundation Hospitals (a nonprofit, public-benefit corporation), and the Permanente Medical Groups (for-profit professional organizations). Kaiser Permanente serves 24 percent of Covered California enrollees and has offerings in all pricing regions except region 9.

Culturally appropriate care

Kaiser's efforts to improve culturally and linguistically appropriate services and reduce health care disparities has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance. Nearly one in four Kaiser Permanente physicians — over 3,000 — is bilingual, fully fluent in Spanish, Armenian, Cantonese, Mandarin or Russian. Kaiser Permanente surveys all members for language preference and automatically communicates to members in their preferred language. Member satisfaction surveys indicate that new Spanish-speaking Kaiser members are as satisfied as English-speaking members.

Disease management

Kaiser Permanente has long worked to improve disease management. An example of this is cardiovascular disease, which includes both heart disease and strokes. While the evidence and means for modifying cardiovascular disease were well known, they had not historically been reliable and systematically implemented. Kaiser was earlier ahead of the nation in systematically implementing risk factor modification (control of hypertension and diabetes, reductions in smoking, lipid management, etc.) across its membership. Kaiser reported that by 2008 the death rate from cardiovascular disease for its Northern California membership had dropped to below that of cancer. That will be true for the United States as a whole soon. Cardiovascular disease has been the leading cause of death in the United States since the early 20th century.

Tools to manage health

Kaiser Permanente's online tools provide support to members as well as to providers. Members can email their doctors directly, make appointments, view their laboratory results and order prescription refills online. The online Personal Action Plan provides members with a tool to learn more about their health care and be sure they are receiving recommended health screenings. These online tools support Kaiser Permanente's success in engaging members in health and wellness activities, including smoking cessation and weight management programs.

L.A. Care Health Plan | www.www.lacare.org
(888) 452-2273

Established in 1997, L.A. Care Health Plan is an independent local public agency created by the state of California to provide health coverage to low-income Los Angeles County residents. Based in Los Angeles, L.A. Care serves Covered California enrollees in pricing regions 15 and 16.

Innovations in customer service

Barriers to care can come in many forms. For those not using banking services, it is a real benefit to be able to make premium payments in cash. L.A. Care members can pay their monthly insurance premiums using cash at any 7-Eleven, ACE Cash Express, or Family Dollar store, with nearly 700 locations in Los Angeles County and approximately 2,000 sites throughout California.

Culturally appropriate care and outreach

More than 73 percent of L.A. Care's Covered California enrollment belongs to a racial/ethnic group other than Caucasian/white, and 36 percent of its members prefer a language other than English. L.A. Care's efforts to serve its members in culturally and linguistically appropriate ways has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance.

Primary care, specialty collaboration

Working with the Los Angeles Department of Public Health, L.A. Care funded and supported implementation of an eConsult system that allows primary care and specialty physicians to consult on behalf of patients, eliminating unnecessary referrals and dramatically reducing wait times for specialist visits.

Expanded networks to increase access to care

L.A. Care continues to expand the number of doctors, hospitals and medical groups in its provider network. Since 2013, L.A. Care has more than doubled the number of medical groups, nearly doubled the number of hospitals and tripled the number of primary care physicians and specialists in its network. L.A. Care's 2016 Covered California network will include access to 42 hospitals, 19 medical groups, 2,801 primary care physicians and 2,559 specialists throughout the greater Los Angeles area.

Molina Healthcare | www.molinahealthcare.com
(888) 562-5442

Founded in 1980 by Dr. C. David Molina as a provider organization serving low-income families in Southern California, Molina Healthcare is a multistate health care company serving individuals who receive their care through Medicaid, Medicare and other government programs in 15 states. Based in Long Beach, Molina serves Covered California enrollees in pricing regions 13, 15, 16, 17 and 19.

Expanding networks

For 2016, Molina is expanding its Covered California service area in Riverside County to include the Coachella Valley and is adding Imperial County. Over the past few years, Molina has more than doubled its network of physicians and mental health providers and has increased its hospital network by 60 percent. In 2016, Molina will offer Covered California members access to more than 20,000 health providers.

Consumer tools

Through the MyMolina member portal, members will have the opportunity to complete a health appraisal in English or Spanish and receive access to personalized health education information, including a medical library, an exercise library, a cookbook and other activities. Molina's Procedure Cost Estimator is a search tool in the MyMolina member portal that works to help members estimate their financial responsibility for a specific service or treatment from a provider or institution. With the launch of its first iteration on July 1, 2015, the tool allows a member to enter a procedure code to obtain the in-network and out-of-network cost range the member may have to pay for that procedure. The in-network cost range provides the lowest possible copay and the highest possible coinsurance for that benefit for any plan level based on Molina provider contracted rates.

Multicultural approach to health and wellness

Through direct outreach in Mandarin, Cantonese, Korean, Spanish and Vietnamese to members who identify as active smokers, Molina has doubled the number of members it refers to the California Smokers' Hotline. Members can enroll themselves in the program online or be referred by their provider to Molina's Health Education Department, which then transfers the member to a counselor or group classes within 24 hours. Molina also conducts health promotion outreach to young adults through activities held in local trade schools and by connecting to families who speak languages other than English through interaction with English as a Second Language (ESL) parent groups in local school districts.

Oscar Health Plan of California | www.hioscar.com

(855) OSCAR-88

Oscar Insurance Corp. is a New York-based health insurance company founded in 2013 that specializes in offering its members intuitive technology tools aimed at guiding them to better care. Oscar has offerings in the health insurance marketplace in New York. New to Covered California this year, Oscar Health Plan of California will have offerings in pricing regions 16 and 18 in 2016.

Consumer tools

Oscar offers innovative technology tools for members to make it easier for them to find health facilities and medication and estimate costs. In other states where Oscar operates, 45 percent of Web users have downloaded the mobile app. Via the Web or the mobile app, consumers can use:

- Search tools offering natural language processing that does not require users to know the exact spelling or condition in order to be directed to the right place.
- Provider directories that can be filtered based on distance, language, years of experience, common conditions treated and hospital admitting privileges, among other things.
- A care routing menu that can help the member find the most appropriate type of provider or location for a particular health condition, including cost estimates.
- Cost estimates that are personalized based on the type of plan a member has and health care costs incurred to date (i.e., deductible and out-of-pocket maximum information).

Health risk assessments

Members can complete a health risk assessment online and receive a customized preventive care checklist. In other states where Oscar operates, 68 percent of new members have completed a health risk assessment.

Access to personal health records

Oscar offers members a personal timeline that aggregates all of their information, such as past physician visits and prescriptions, in a searchable format available to them online.

Doctor On Call

Among Oscar's members insured in other states, 15 percent have used telemedicine services.

Integrated care through an integrated network partnership

Providence Health & Services of Southern California and Oscar are working to create a new health care experience for patients. Providence is leading the development of an integrated network of care, partnering with other quality-focused physicians, hospitals and health systems in Southern California to offer superior access and choice while delivering better care coordination through the sharing of clinical data and aligned incentives for value.

Sharp Health Plan | www.sharphealthplan.org

(800) 359-2002

Sharp Health Plan is a not-for-profit organization operating in San Diego and southern Riverside counties since 1992. It is a subsidiary of Sharp HealthCare, the largest provider of comprehensive health care services in San Diego. Sharp serves Covered California enrollees in pricing region 19.

Innovative locations

Sharp is expanding its network of providers and access points through MinuteClinics. Currently available at four locations in the city of San Diego and in several locations in neighboring cities, MinuteClinics operate within CVS/pharmacy stores and offer access to routine services (vaccinations, school sports physicals, strep throat checks, care for bladder infections, ear/nose/throat infections, etc.). Open seven days a week, 24 hours a day, with no appointment necessary, MinuteClinics provide health care by nurse practitioners and physician assistants who can send summaries of a patient's visit to their primary care doctor.

Wellness promotion

Sharp offers members an integrated wellness program, Best Health, that offers one-on-one health coaching, online workshops, fitness tracking tools, a health library (with news articles and videos). Sharp is the only health plan in the state and only one of 12 health plans nationwide to be accredited by the National Committee for Quality Assurance's "Wellness & Health Promotion" accreditation.

Consumer tools

Sharp Rees-Stealy Medical Group and Sharp Community Medical Group offers members a FollowMyHealth mobile application and Web portal that empowers patients to take a more active role in managing their care by accessing their health information online. This includes viewing test results, sending and receiving messages from their doctor's office and getting health information from doctor or hospital visits.

Telehealth

Sharp offers quality care with select physicians of Sharp Rees-Stealy Medical Group via telephone for certain medical conditions and follow-up appointments when required by patients or when recommended by a physician for follow-up appointments.

Free health insurance educational events and enrollment labs

Sharp offers free open-enrollment educational events and enrollment labs in support of the community insurance benefit provided by Covered California. These educational events help community members learn about health insurance, Covered California, their plan options and whether they qualify for a subsidy, and also help them enroll.

UnitedHealthcare Benefits Plan of California | www.uhc.com

(844) joinUHC

New to Covered California this year, UnitedHealthcare is the largest single health carrier in the United States. Its parent company, UnitedHealth Group Inc. is a managed health care company headquartered in Minnetonka, Minn. UnitedHealthcare Benefits Plan of California will offer coverage in pricing regions 1, 9, 11, 12 and 13 in 2016.

Consumer tools

UnitedHealthcare offers members the Health4Me mobile app to help them manage different aspects of their health, such as allowing them to search for providers and get health care cost estimates for specific treatments and procedures. Members can:

- Access real-time statuses account balances, deductibles and out-of pocket spending.
- Access the myClaims Manager to manage health care claims and pay providers.
- Search pharmacies, claims, drug pricing and mail orders directly from the app.

Cost calculator

UnitedHealthcare's myHealthcare Cost Estimator helps members estimate costs before getting care — based on actual contracted rates of network providers for their specific plan.

UnitedHealth Premium designation

UnitedHealth Premium designation helps consumers make more informed and personally appropriate choices for their medical care. In place since 2005, it uses clinical information from health care claims spanning 42 states and more than 350,000 physicians to help consumers make more informed and personally appropriate choices for their medical care.

Consumer health management program

UnitedHealthcare's eSync platform identifies and segments populations to execute clinically based and highly personalized health management programs. Nurses with specialized training assess members for the appropriate level of intervention, make outbound and responsive inbound calls, and oversee weight and symptom monitoring for members when necessary and alert physicians if needed.

Virtual visits

UnitedHealthcare offers more access to primary care physicians through online virtual visits. Virtual visits are video-based, virtual, secure, online access to a physician via a mobile phone, tablet or computer available 24 hours a day.

Valley Health Plan | www.valleyhealthplan.org

(888) 421-8444

Valley Health Plan is a health maintenance organization owned and operated by the County of Santa Clara. It has been serving the community for more than 30 years and is the only locally based commercial health plan in Santa Clara County. Valley Health Plan serves Covered California enrollees in pricing region 7.

Consumer tools

Partnership with Consumer Reports Choosing Wisely, an initiative of the American Board of Internal Medicine Foundation, provides tools and resources to help members prepare for discussions with their doctor. Patients sometimes ask for tests and treatments that are not necessarily in their best interest. Choosing Wisely helps members speak with their doctor about their choices.

Wellness program

Valley Health Plan offers a wide range of health education wellness offerings to members, free of charge. Fitness classes include yoga, Pilates and Zumba at locations across the county. The chronic disease prevention and management program includes offerings such as a pediatric asthma camp and a 16-week diabetes prevention and management program. Members can also enroll in the Complex Case Management Program or Disease Management Program and get one-on-one support and advice from a nurse to help them manage their health conditions.

Pharmacy tools

The Navitus pharmacy member portal allows members to access pharmacy benefit information online. The tools and resources available help members make decisions and take control of their health care. The portal offers general pharmacy benefit information, including:

- Formulary information.
- A pharmacy search.
- "What's My Copay?"
- Medication history.
- Drug search.
- Mail order support.
- The ability to initiate a request for non-formulary drugs.

Western Health Advantage

Western Health Advantage | www.westernhealth.com
(888) 563-2250

Founded in 1996, Western Health Advantage is a not-for-profit health insurance company that was founded by a group of Sacramento and Solano doctors and health care providers. Based in Sacramento, Western Health Advantage serves Covered California enrollees in pricing regions 2 and 3.

Cost estimator
Western Health Advantage wants to help members get the most out of their deductible health plan. It has created online tools and resources to help members better understand how a deductible plan works and to assist them in taking advantage of helpful tools like their MyWHA account, the Service Cost Estimator and Accumulator.

- The MyWHA account offers members personalized online resources to make it easier to manage their health plan with the convenience of anytime access.
- The Service Cost Estimator gives members an upfront idea of the cost of a specific service they intend to receive.
- The Accumulator stores all of a member's medical expense claim data. It adds the amounts so members can see how much has been applied toward their deductible and out-of-pocket expenses.

Integrated model
As a provider owned organization, Western Health Advantage excels at providing integrated, coordinated and quality care to members within their contracted network of medical groups and hospitals. Western Health Advantage members have access to providers in these contracted medical groups:

- Hill Physicians
- Mercy Medical Group
- Meritage Medical Network
- Northbay Healthcare
- UC Davis Medical Group
- Woodland Healthcare/Dignity Health

Covered California Regional Offerings for 2016

Pricing Regions

California is comprised of 19 pricing regions. Each region has different pricing and health insurance options. The 12 companies represent a mix of large multi-state companies and smaller region specific companies. Nearly all Covered California consumers have at least three health insurance companies to choose from in their region, and in some regions as many as seven.

Covered California Regional Offerings for 2016

Broad Choice, Local Options and Good Trend

Consumer options vary depending on where they live. Below are the insurance companies available to Covered California consumers in the 19 pricing regions.

PRICING REGION	ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER PERMANENTE	L.A. CARE HEALTH PLAN	MOLINA HEALTHCARE	OSCAR	SHARP HEALTH PLAN	UNITEDHEALTHCARE	VALLEY HEALTH PLAN	WESTERN HEALTH ADVANTAGE
1 Northern counties	●	●		◓	◓					●		
2 North Bay Area	●	●		●	◓							◓
3 Greater Sacramento	●	●		◓	◓							◓
4 San Francisco County	●	●	●	●	●							
5 Contra Costa County	●	●		●	●							
6 Alameda County	●	●			●							
7 Santa Clara County	●	●		◓	◓						●	
8 San Mateo County	●	●	◓	●	●							
9 Santa Cruz, San Benito, Monterey	●	●		◓						●		
10 Central Valley	●	●		◓	◓							
11 Fresno, Kings, Madera counties	●	●		◓	◓					●		
12 Central Coast	●	●			◓					●		
13 Eastern counties	●	●			◓		◓			●		
14 Kern County	●	●		◓	◓							
15 Los Angeles County, partial	●	●		●	◓	◓	◓					
16 Los Angeles County , partial	●	●		●	●	●	◓	◓				
17 Inland Empire	●	●		◓	◓		◓					
18 Orange County	●	●		●	●			●				
19 San Diego County	●	●		●	◓		●		●			

● Full Region

◓ Partial Region

2016 Statewide Rate Change Summary

The number below reflects the statewide weighted average increase across health insurance companies and plans.

+4.0%
WEIGHTED AVERAGE

2015 STATEWIDE AVERAGE +4.2%

+3.3%
LOWEST-PRICE BRONZE PLAN
unweighted average

+1.5%
LOWEST-PRICE SILVER PLAN
unweighted average

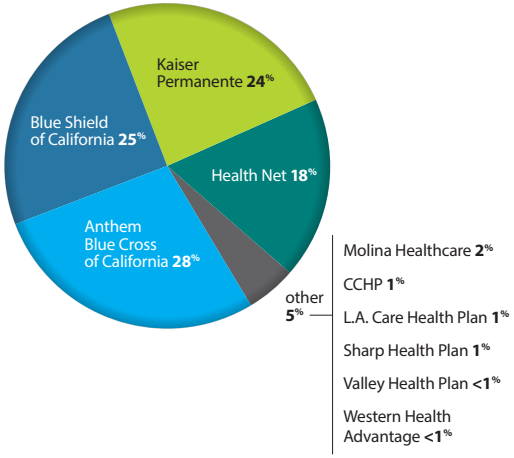
Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-4.5%**

Statewide Observations

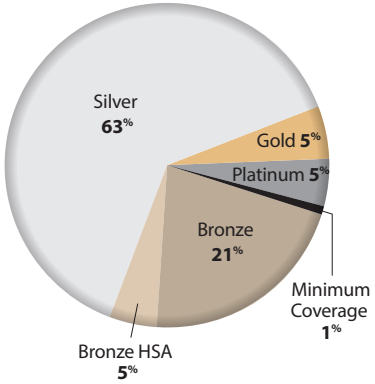
- **Statewide weighted average of 4 percent.**
- **Regions 1 to 14 (northern counties) encompass 45 percent of Covered California's enrollment and have a weighted average increase of 7 percent.**
- **Regions 15 to 19 (southern counties) encompass 55 percent of Covered California enrollment and have a weighted average increase of 1.8 percent.**
- **With the addition of two new health insurance companies (Oscar and UnitedHealthcare) and additional offerings in certain service areas by current companies, more than 99.6 percent of the state will have three or more companies to choose from for health insurance coverage (up from 90.1 percent in 2015). All enrollees in every ZIP code will have at least two companies from which to choose.**

2015 Statewide Enrollment (subsidized and non-subsidized)

Enrollment by Carrier

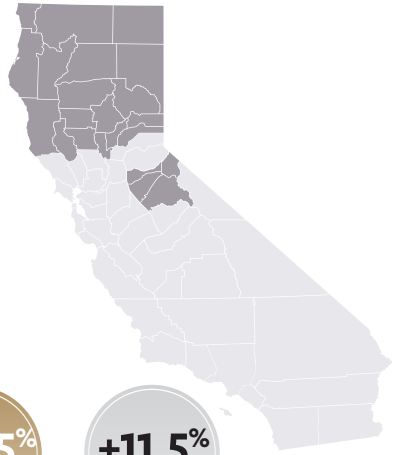


Enrollment by Metal Tier



Pricing Region 1
Northern counties

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



2016 Rate Change Summary

+10.6%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+10.5%
LOWEST-PRICE BRONZE PLAN
unweighted average

+11.5%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+9.9%**

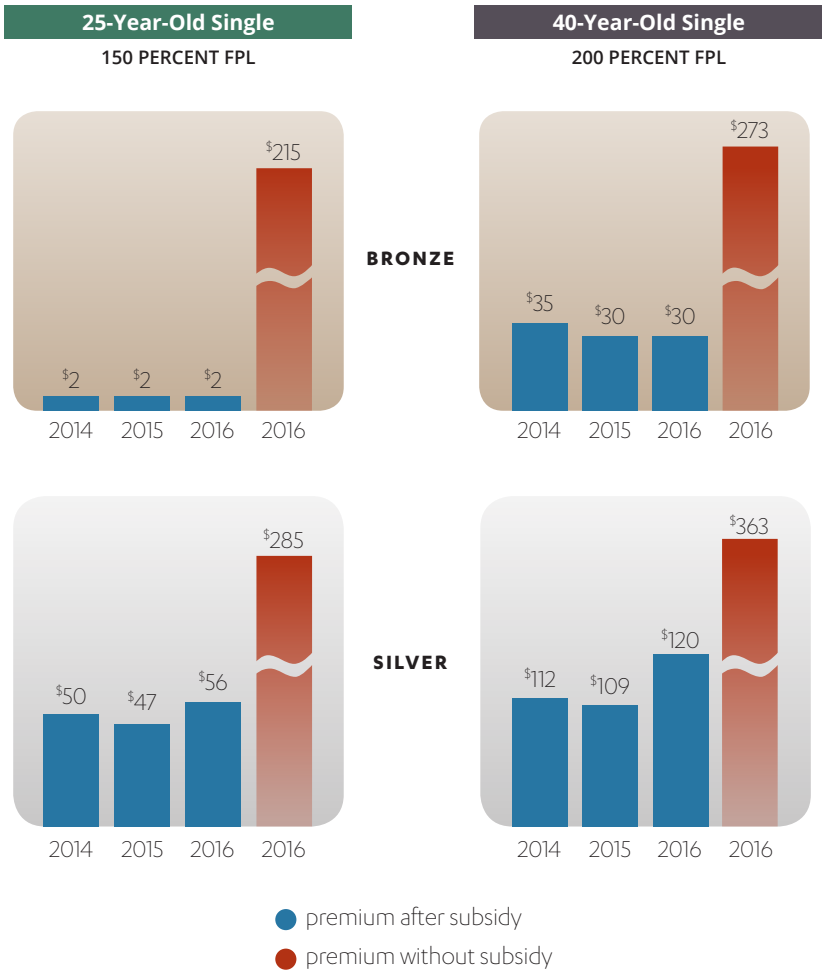
Regional Observations

- **56,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 91 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will increase in 2016.**
- **All consumers in this region will have a choice of three insurance companies to choose from, and some will have as many as five.**
- **UnitedHealthcare is a new insurance company selling in this region.**
- **Health Net is now offering coverage in some ZIP codes within the region and Blue Shield has expanded to cover all ZIP codes.**
- **Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.**

Pricing Region 1

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

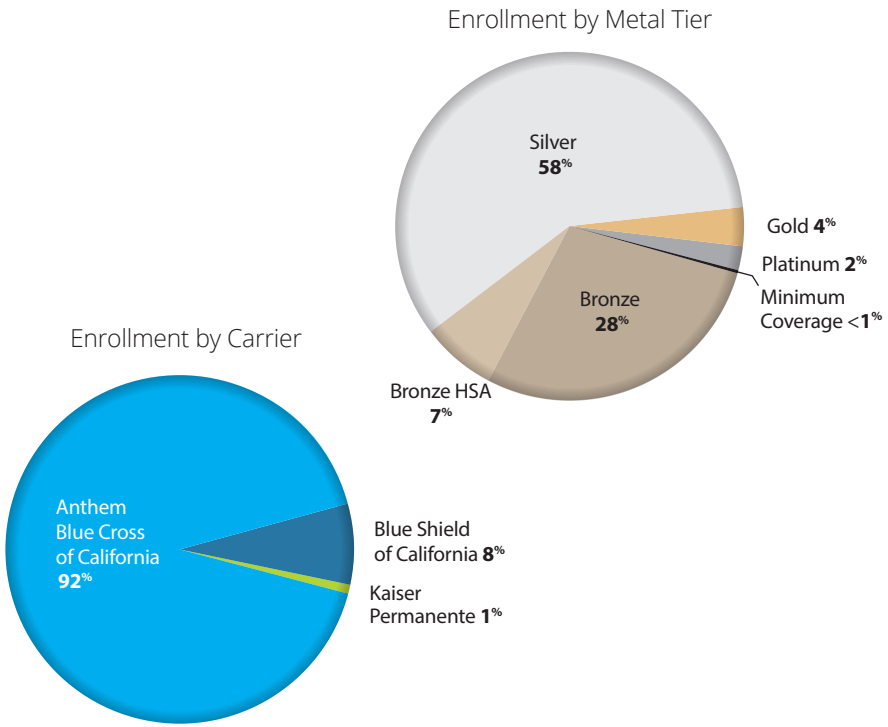
Pricing Region 1

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	91.7%	10.7%	2% to 15%
Blue Shield PPO	7.6%	10.4%	8% to 29%
Kaiser Permanente HMO	0.7%	5.5%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 1

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$308	$243	$169	$0	*federal government pays this*
Anthem PPO	$55	$119	$193	$362	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$59	$124	$197	$367	
Health Net HMO	$115	$179	$253	$422	
Kaiser Permanente HMO	$66	$131	$205	$374	
United Healthcare PPO	$138	$203	$276	$446	

Figures rounded to the nearest dollar.

Pricing Region 1

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 1. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

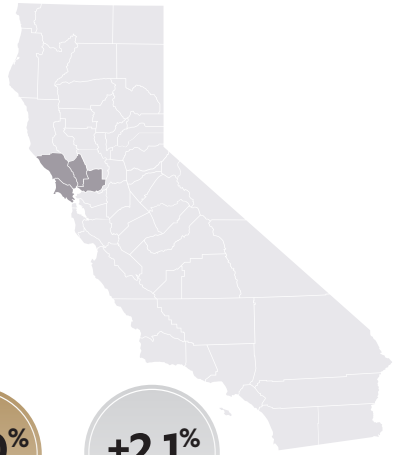
25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$177**	**$199**	**$213**	**$285**	$359	$420
Blue Shield PPO	$229	$249	$247	$288*	$365	$465
Health Net HMO	$200	—	$254	$332	$417	$490
Kaiser Permanente HMO	$199	$218	$224	$294	**$350**	**$378**
United Healthcare EPO	$235	—	—	—	—	—
United Healthcare PPO	—	$291	$274	$350	$410	$518

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$253**	**$271**	**$362**	$457	$534
Blue Shield PPO	$317	$314	$367*	$464	$592
Health Net HMO	—	$323	$422	$530	$623
Kaiser Permanente HMO	$277	$285	$374	**$445**	**$482**
United Healthcare PPO	$371	$349	$446	$521	$659

Figures rounded to the nearest dollar.

Pricing Region 2

Marin, Napa, Solano and Sonoma counties



2016 Rate Change Summary

+6.6%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+6.0%
LOWEST-PRICE BRONZE PLAN
unweighted average

+2.1%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-0.7%**

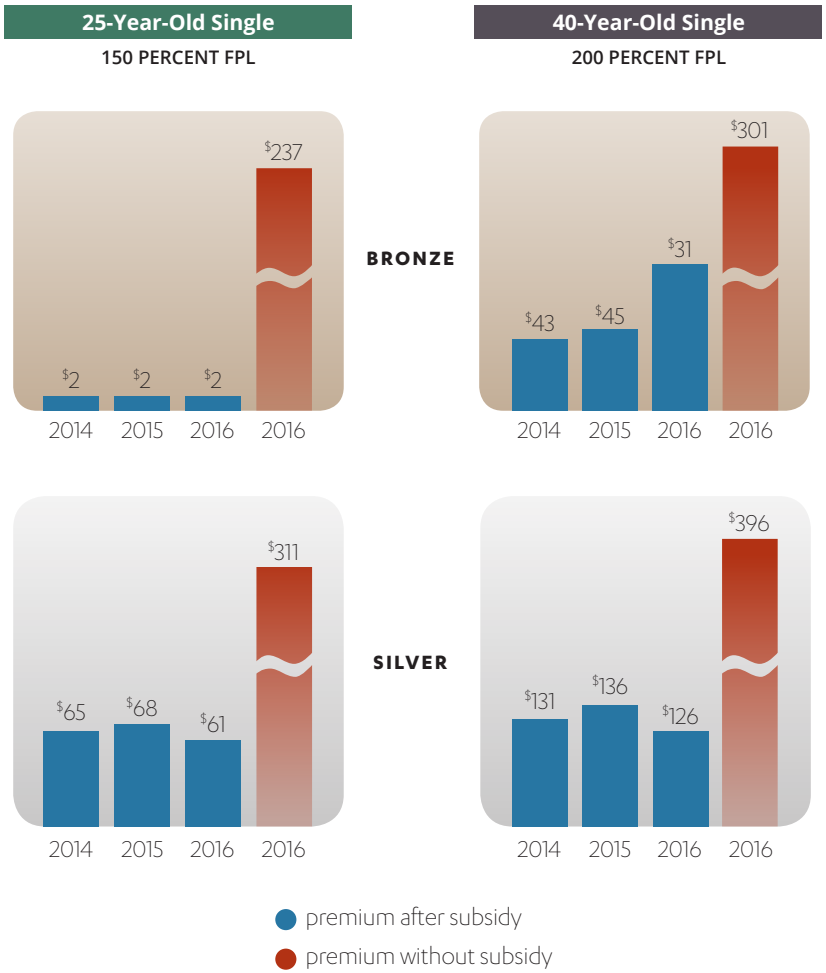
Regional Observations

- 56,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 90 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as five.
- Blue Shield has expanded to cover all ZIP codes in this region.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 2

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

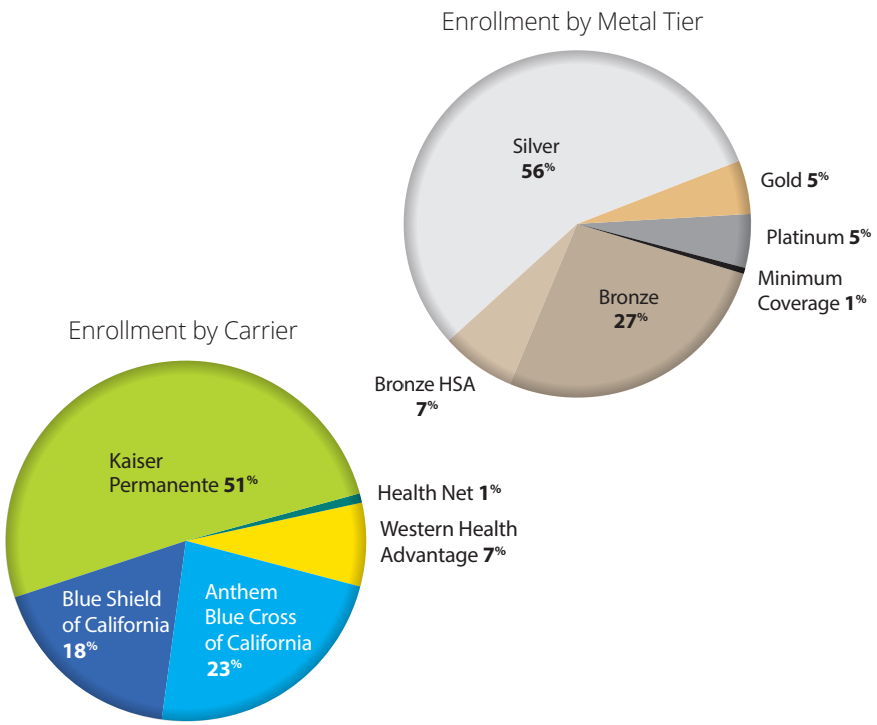
Pricing Region 2

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	23.1%	6.3%	-2% to 10%
Blue Shield PPO	17.9%	11.6%	10% to 31%
Health Net EPO	0.8%	-2.2%	-6% to 4%
Kaiser Permanente HMO	50.8%	5.5%	2% to 6%
Western Health Advantage HMO	7.4%	4.5%	2% to 6%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 2

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$335	$270	$196	$0	*federal government pays this*
Anthem PPO	$70	$135	$209	$405	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$62	$127	$200	$396	
Health Net EPO	$72	$136	$210	$406	
Kaiser Permanente HMO	$59	$124	$197	$393	
Western Health Advantage HMO	$35	$99	$173	$369	

Figures rounded to the nearest dollar.

Pricing Region 2

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 2. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$198	**$222**	$238	$318	$401	$469
Blue Shield PPO	$248	$269	$267	$311	$394	$503
Health Net EPO	$193	—	$244	$319	$401	$471
Kaiser Permanente HMO	$210	$229	$235	$309*	$368	$398
Western Health Advantage HMO	**$181**	$228	**$222**	**$290**	**$348**	**$377**

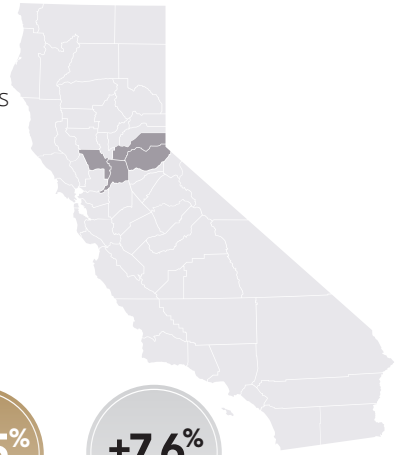
40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$283**	$303	$405	$510	$597
Blue Shield PPO	$343	$340	$396	$502	$640
Health Net EPO	—	$311	$406	$510	$600
Kaiser Permanente HMO	$292	$300	$393*	$468	$507
Western Health Advantage HMO	$290	**$283**	**$369**	**$443**	**$480**

Figures rounded to the nearest dollar.

Pricing Region 3

Greater Sacramento

Sacramento, Placer, El Dorado and Yolo counties



2016 Rate Change Summary

+8.2%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+8.5%
LOWEST-PRICE BRONZE PLAN
unweighted average

+7.6%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+5.2%**

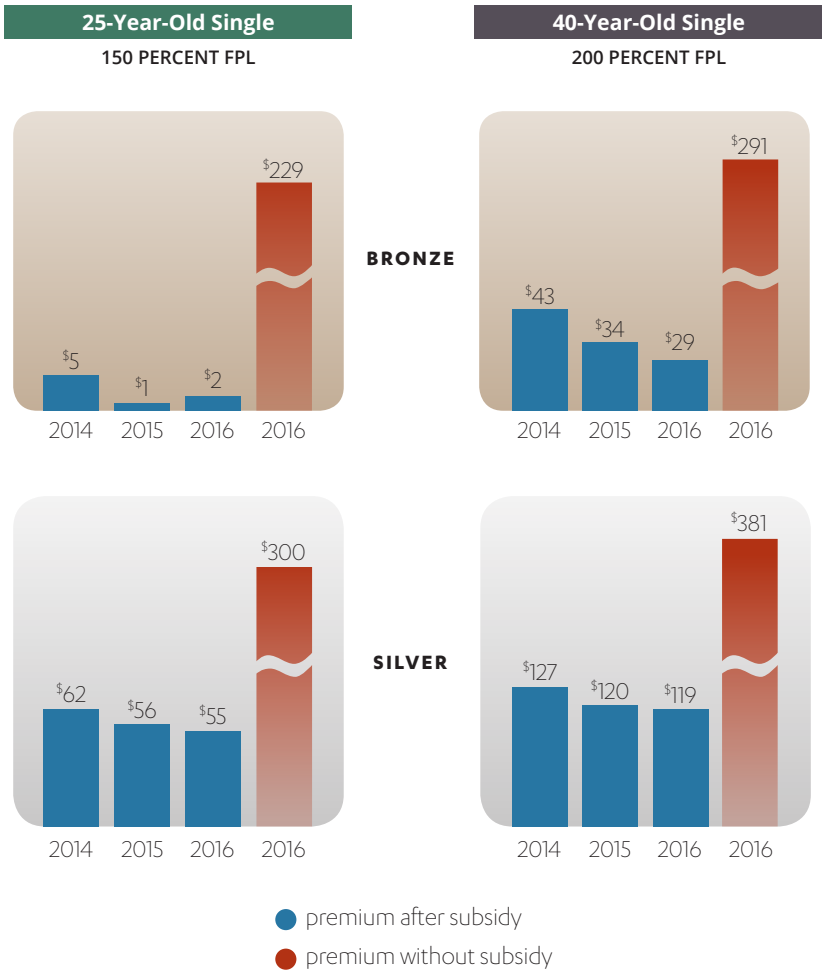
Regional Observations

- **78,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. More than 90 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will increase in 2016.**
- **All consumers in this region will have a choice of two insurance companies to choose from and some will have as many as five.**
- **Health Net is now offering coverage in all ZIP codes within this region.**
- **Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.**

Pricing Region 3

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

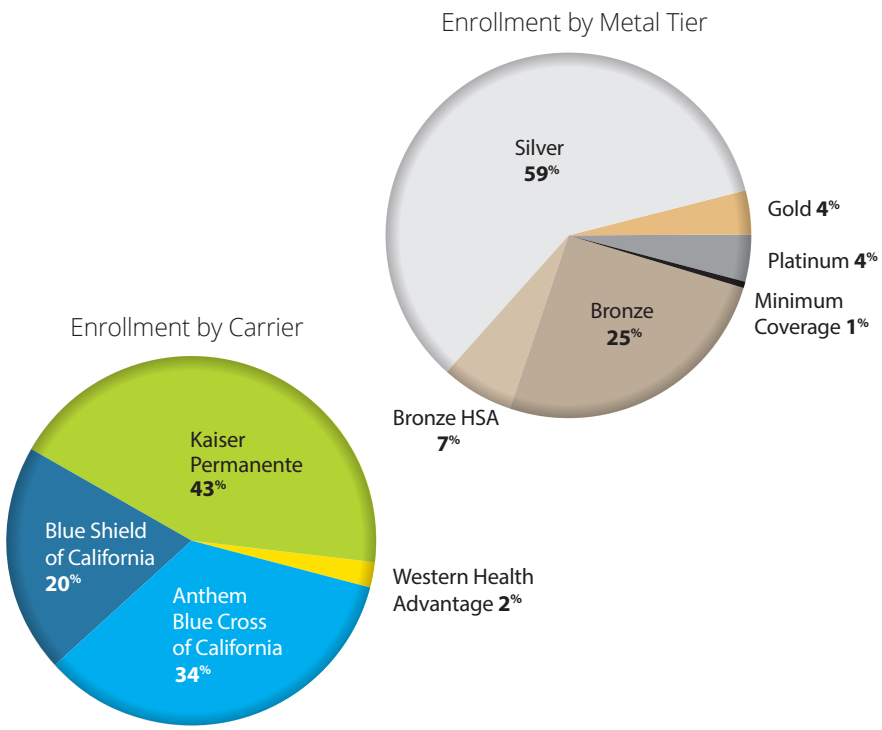
Pricing Region 3

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	34.3%	10.3%	2% to 14%
Anthem HMO	0.0%	9.5%	9% to 10%
Blue Shield PPO	20.1%	11.1%	9% to 30%
Kaiser Permanente HMO	43.4%	5.5%	2% to 7%
Western Health Advantage HMO	2.2%	3.8%	3% to 4%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 3

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$327	$262	$189	$0	*federal government pays this*
Anthem PPO	$59	$124	$197	$386	*individual pays balance of the premium after federal contribution*
Anthem HMO	$282	$347	$420	$609	
Blue Shield PPO	$60	$125	$199	$388	
Health Net HMO	$80	$145	$219	$408	
Kaiser Permanente HMO	$47	$111	$185	$374	
Western Health Advantage HMO	$67	$132	$206	$395	

Figures rounded to the nearest dollar.

Pricing Region 3

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 3. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

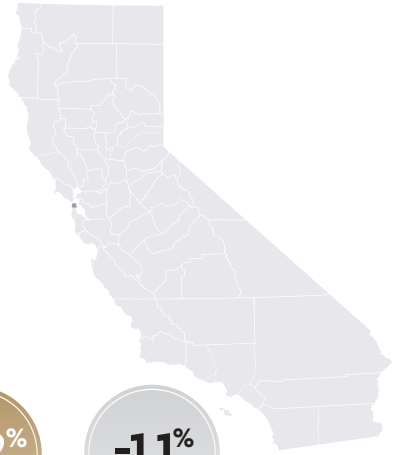
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$189**	**$212**	$227	$303*	$382	$447
Anthem HMO	—	—	—	$479	$605	$702
Blue Shield PPO	$242	$263	$261	$304	$385	$491
Health Net HMO	$193	—	$245	$320	$402	$473
Kaiser Permanente HMO	$199	$218	**$224**	**$294**	**$350**	**$378**
Western Health Advantage HMO	$195	$248	$240	$310	$366	$402

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$269**	$289	$386*	$487	$569
Anthem HMO	—	—	$609	$770	$894
Blue Shield PPO	$335	$332	$388	$490	$625
Health Net HMO	—	$312	$408	$512	$602
Kaiser Permanente HMO	$277	**$285**	**$374**	**$445**	**$482**
Western Health Advantage HMO	$315	$305	$395	$466	$511

Figures rounded to the nearest dollar.

Pricing Region 4
San Francisco County



2016 Rate Change Summary

+3.4%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+3.2%
LOWEST-PRICE BRONZE PLAN
unweighted average

-1.1%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-7.7%**

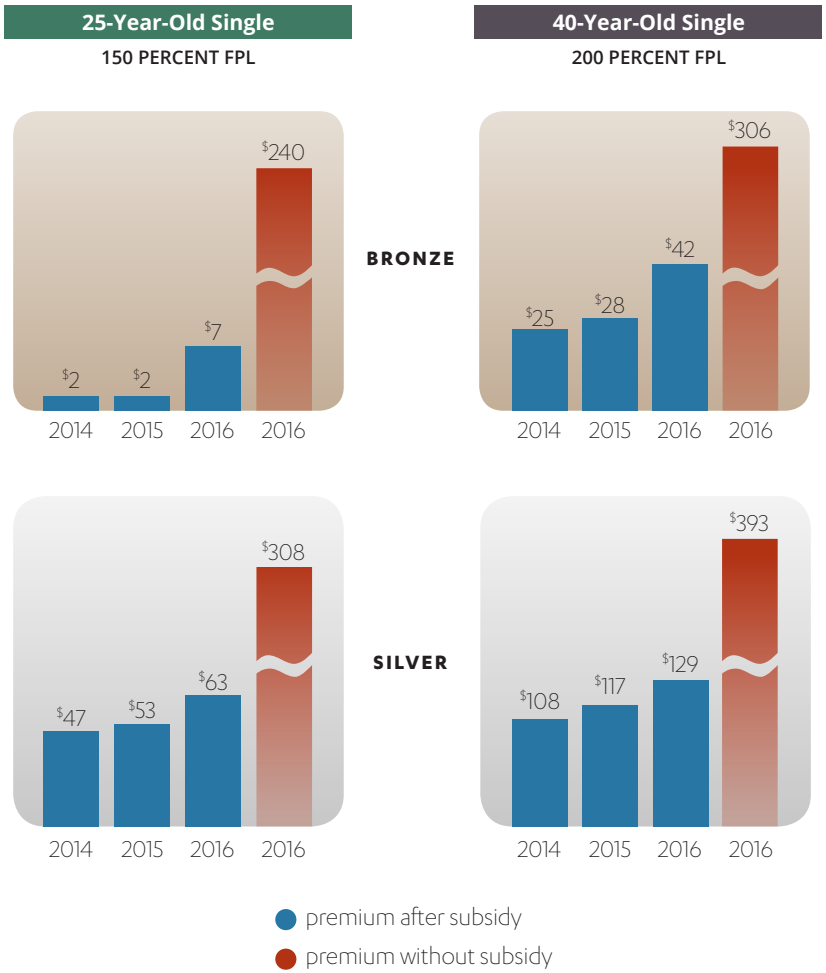
Regional Observations

- 41,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 82 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.
- All consumers in this region will have a choice of five insurance companies to choose from in all ZIP codes.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 4

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

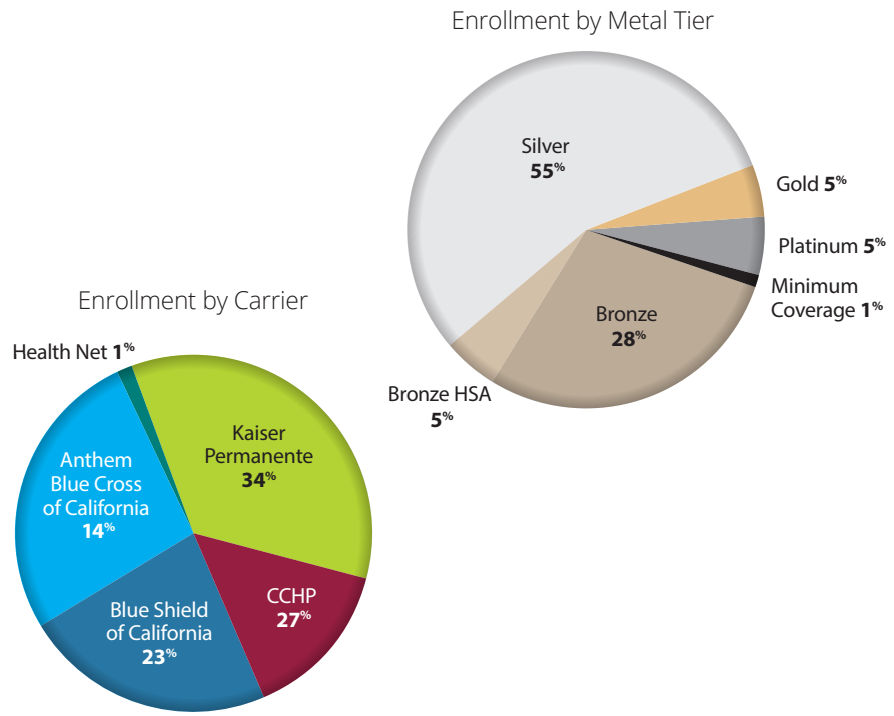
Pricing Region 4

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	14.5%	9.2%	1% to 13%
Blue Shield PPO	22.7%	-0.2%	-3% to 16%
CCHP HMO	26.8%	0.4%	-3% to 3%
Health Net EPO	1.5%	4.2%	-2% to 8%
Kaiser Permanente HMO	34.5%	5.6%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 4

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$329	$264	$190	$0	*federal government pays this*
Anthem PPO	$127	$191	$265	$455	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$59	$124	$197	$388	
CCHP HMO	$23	$88	$162	$352	
Health Net EPO	$110	$174	$248	$438	
Kaiser Permanente HMO	$84	$149	$223	$413	

Figures rounded to the nearest dollar.

Pricing Region 4

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 4. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

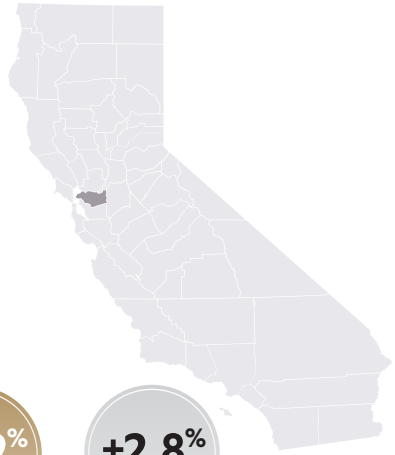
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$223	$250	$268	$358	$451	$527
Blue Shield PPO	$243	$263	$261	$304*	$385	$491
CCHP HMO	$216	—	**$208**	**$276**	**$363**	**$400**
Health Net EPO	**$208**	—	$264	$344	$432	$508
Kaiser Permanente HMO	$220	**$241**	$247	$325	$386	$418

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$318	$341	$455	$574	$671
Blue Shield PPO	$335	$332	$388*	$491	$625
CCHP HMO	—	**$265**	**$352**	**$462**	**$510**
Health Net EPO	—	$336	$438	$550	$647
Kaiser Permanente HMO	**$306**	$315	$413	$492	$532

Figures rounded to the nearest dollar.

Pricing Region 5
Contra Costa County



2016 Rate Change Summary

+5.4%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+6.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

+2.8%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+2.3%**

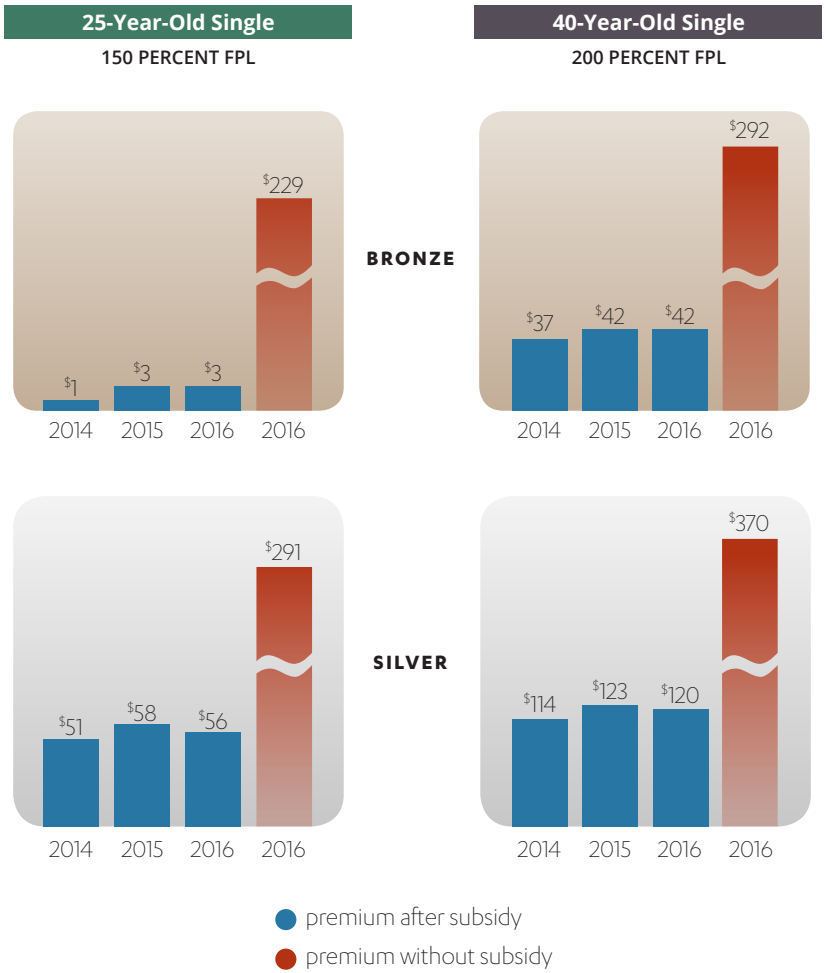
Regional Observations

- 42,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 86 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- All consumers in this region will have a choice of four insurance companies to choose from in all ZIP codes.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 5

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

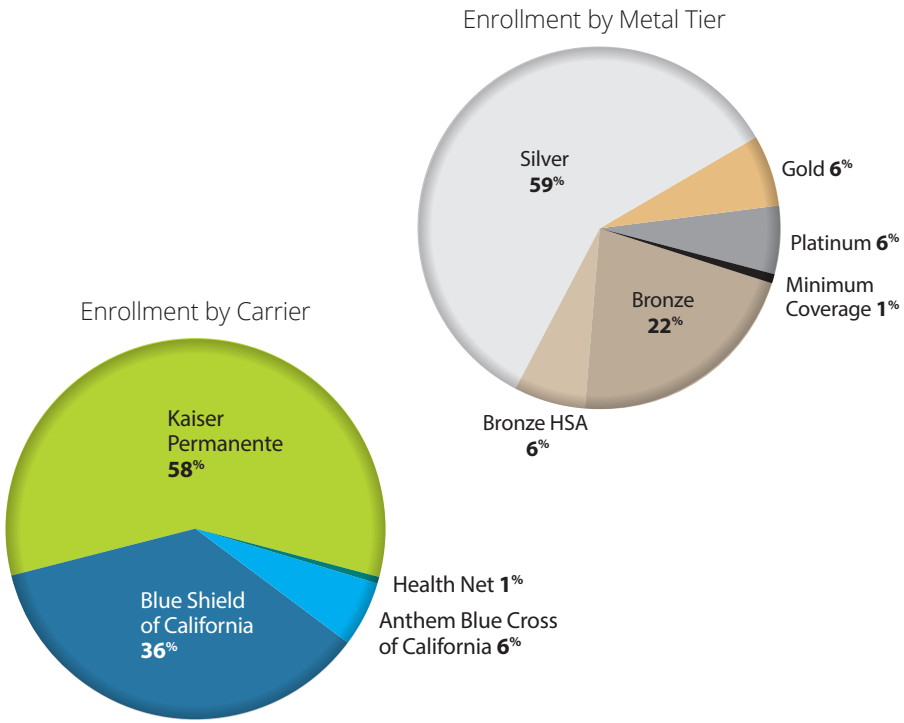
Pricing Region 5

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	5.6%	7.0%	-1% to 10%
Blue Shield PPO	35.7%	5.3%	3% to 23%
Health Net EPO	0.7%	-1.2%	-7% to 3%
Kaiser Permanente HMO	58.0%	5.5%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 5

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$315	$250	$176	$0	*federal government pays this*
Anthem PPO	**$106**	**$171**	**$244**	**$421**	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	**$46**	**$110**	**$184**	**$361**	
Health Net EPO	**$80**	**$145**	**$218**	**$395**	
Kaiser Permanente HMO	**$59**	**$124**	**$197**	**$374**	

Figures rounded to the nearest dollar.

Pricing Region 5

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 5. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

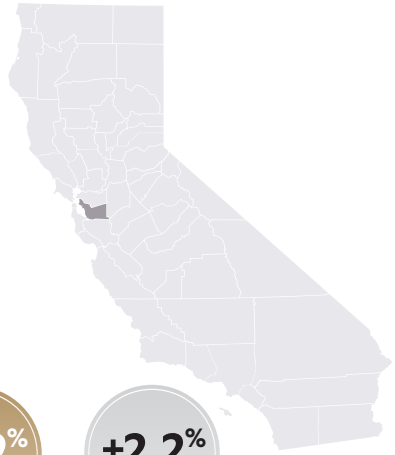
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$205	$231	$247	$331	$417	$487
Blue Shield PPO	$226	$245	$243	**$283**	$358	$457
Health Net EPO	**$187**	—	$238	$310	$390	$458
Kaiser Permanente HMO	$199	**$218**	**$224**	$294*	**$350**	**$378**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$294	$315	$421	$530	$620
Blue Shield PPO	$312	$309	**$361**	$456	$582
Health Net EPO	—	$302	$395	$496	$583
Kaiser Permanente HMO	**$277**	**$285**	$374*	**$445**	**$482**

Figures rounded to the nearest dollar.

Pricing Region 6
Alameda County



2016 Rate Change Summary

+6.3%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+6.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

+2.2%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-0.6%**

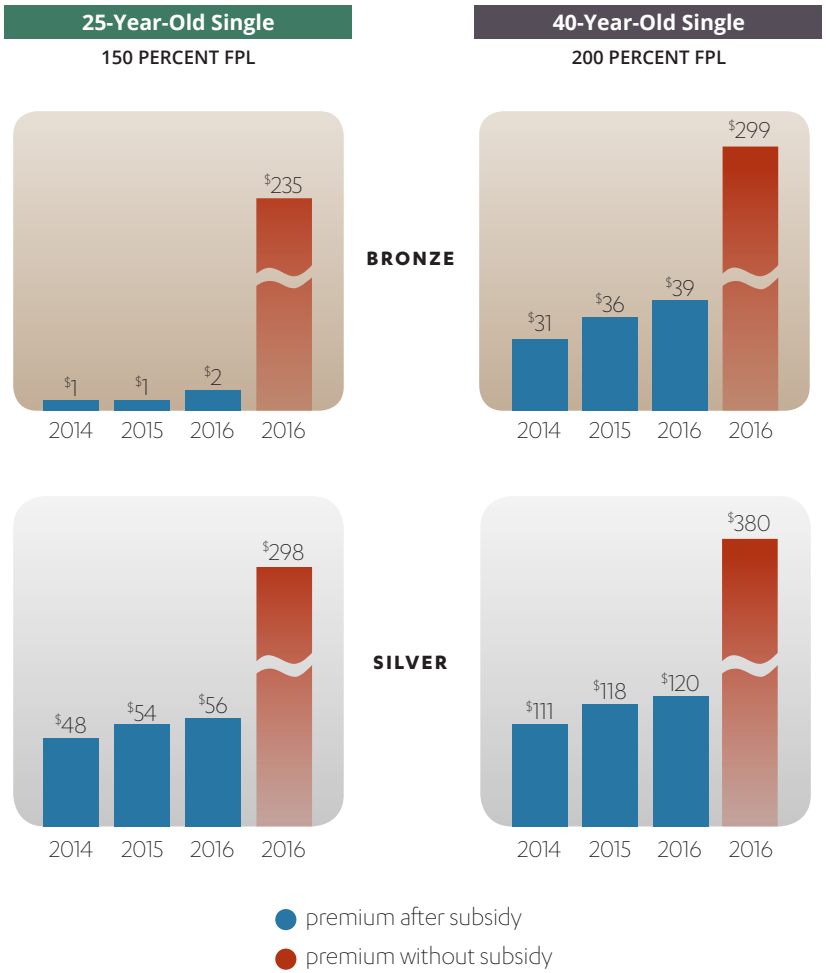
Regional Observations

- 69,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 86 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- Blue Shield has expanded to cover all ZIP codes in this region.
- All consumers in this region will have a choice of three insurance companies to choose from in all ZIP codes.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 6

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

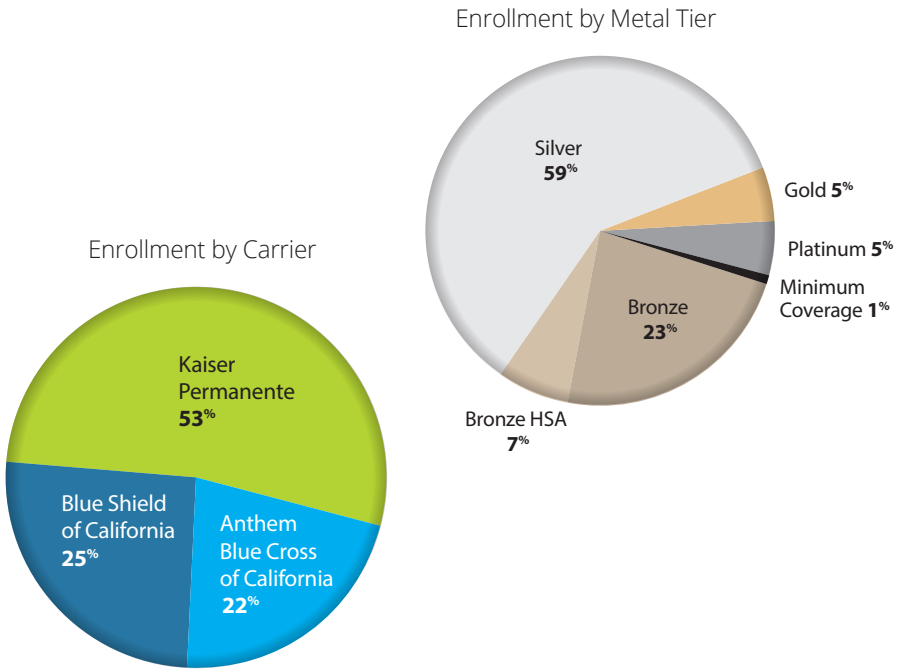
Pricing Region 6

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	21.9%	10.8%	2% to 15%
Blue Shield PPO	25.4%	4.3%	2% to 22%
Kaiser Permanente HMO	52.7%	5.5%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 6

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$325	$260	$186	$0	*federal government pays this*
Anthem PPO	**$95**	**$159**	**$233**	**$419**	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	**$23**	**$124**	**$161**	**$347**	
Kaiser Permanente HMO	**$59**	**$87**	**$197**	**$384**	

Figures rounded to the nearest dollar.

Pricing Region 6

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 6. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

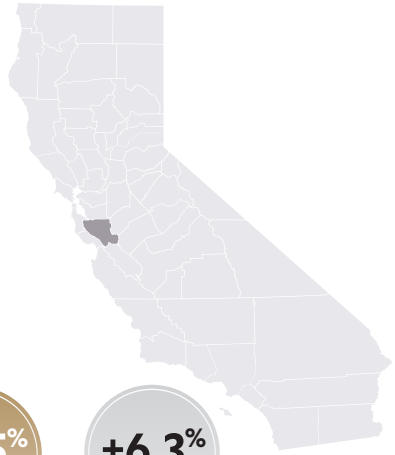
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$205	$230	$247	$330	$415	$486
Blue Shield PPO	$217	$236	$234	**$273**	**$345**	$440
Kaiser Permanente HMO	**$204**	**$224**	**$229**	$301*	$359	**$388**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$293	$314	$419	$529	$618
Blue Shield PPO	$300	$298	**$347**	**$440**	$560
Kaiser Permanente HMO	**$285**	**$292**	$384*	$457	**$494**

Figures rounded to the nearest dollar.

Pricing Region 7
Santa Clara County



2016 Rate Change Summary

+7.0%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+6.5%
LOWEST-PRICE BRONZE PLAN
unweighted average

+6.3%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+1.1%**

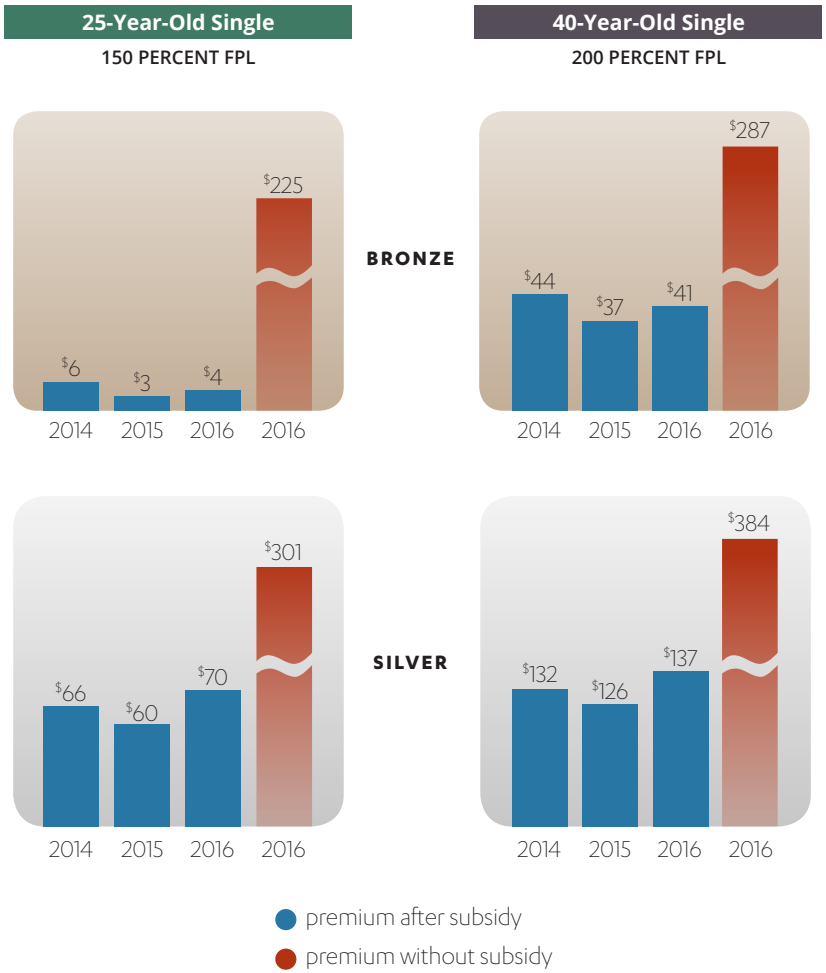
Regional Observations

- 68,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 85 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- Health Net is changing its product from an EPO to an HMO in this region for 2016.
- All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as five.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 7

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

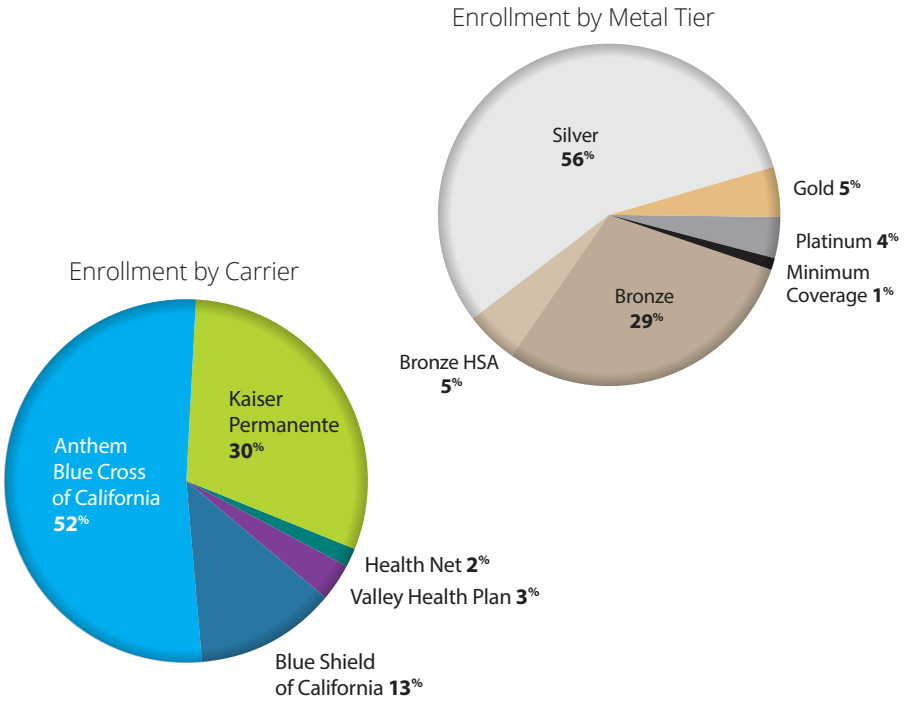
Pricing Region 7

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	49.2%	7.1%	-1% to 11%
Anthem HMO	3.0%	14.5%	14.0%
Blue Shield PPO	12.6%	11.9%	8% to 29%
Health Net HMO	1.5%	0.8%	-4% to 6%
Kaiser Permanente HMO	30.4%	5.5%	2% to 7%
Valley Health HMO	3.3%	3.0%	0% to 4%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 7

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$311	$246	$172	$0	*federal government pays this*
Anthem PPO	$59	$124	$197	$370	*individual pays balance of the premium after federal contribution*
Anthem HMO	$107	$172	$246	$418	
Blue Shield PPO	$113	$177	$251	$424	
Health Net HMO	$80	$144	$218	$390	
Kaiser Permanente HMO	$73	$137	$211	$384	
Valley Health HMO	$54	$119	$192	$365	

Figures rounded to the nearest dollar.

Pricing Region 7

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 7. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

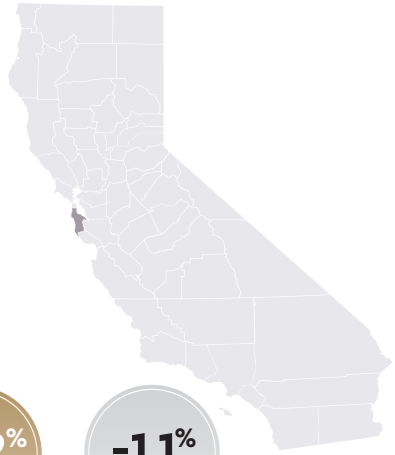
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$181	**$203**	**$217**	$290*	$366	$428
Anthem HMO	—	—	—	$328	$415	$482
Blue Shield PPO	$265	$288	$285	$333	$421	$537
Health Net HMO	$185	—	$235	$307	$385	$453
Kaiser Permanente HMO	$204	$224	$229	$301	$359	$388
Valley Health HMO	**$175**	—	**$217**	**$287**	**$333**	**$375**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$258**	$277	$370*	$466	$545
Anthem HMO	—	—	$418	$528	$613
Blue Shield PPO	$366	$363	$424	$536	$683
Health Net HMO	—	$299	$390	$490	$576
Kaiser Permanente HMO	$285	$292	$384	$457	$494
Valley Health HMO	—	**$276**	**$365**	**$424**	**$477**

Figures rounded to the nearest dollar.

Pricing Region 8
San Mateo County



2016 Rate Change Summary

+6.6%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+3.2%
LOWEST-PRICE BRONZE PLAN
unweighted average

-1.1%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-4.0%**

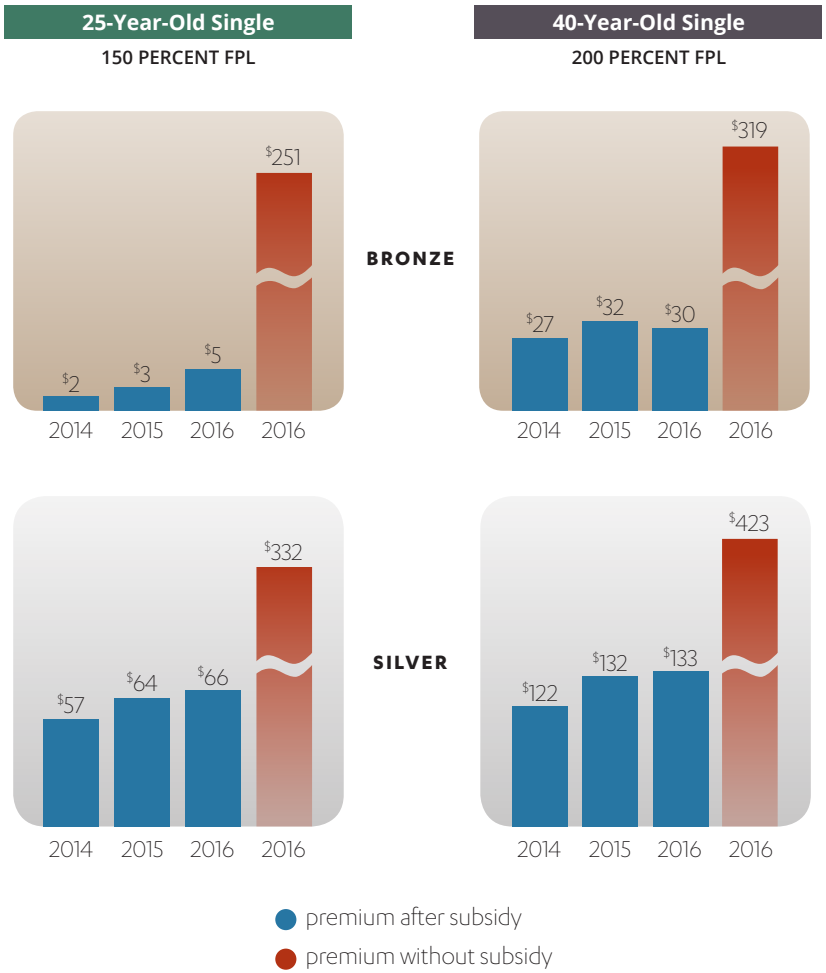
Regional Observations

- 29,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 84 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- All consumers in this region will have a choice of four insurance companies to choose from and some will have as many as five.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 8

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

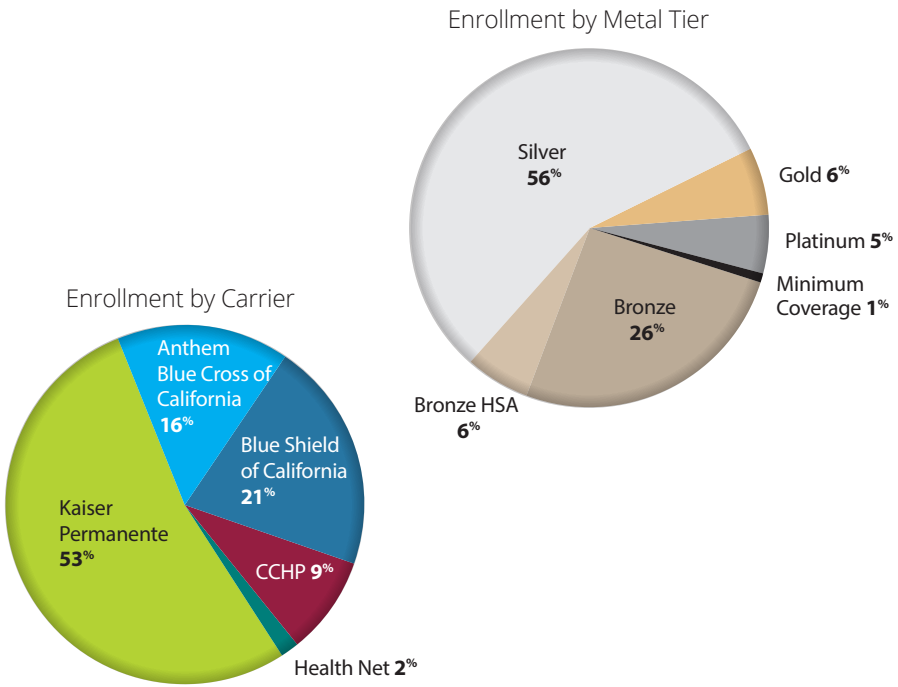
Pricing Region 8

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	15.8%	3.8%	-4% to 8%
Blue Shield PPO	20.9%	14.3%	10% to 32%
CCHP HMO	8.7%	0.6%	-3% to 3%
Health Net EPO	1.6%	7.7%	2% to 13%
Kaiser Permanente HMO	53.0%	5.4%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 8

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$354	$290	$216	$0	*federal government pays this*
Anthem PPO	$65	$130	$204	$419	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$108	$173	$247	$463	
CCHP HMO	$26	$91	$164	$380	
Health Net EPO	$117	$182	$256	$471	
Kaiser Permanente HMO	$59	$124	$197	$413	

Figures rounded to the nearest dollar.

Pricing Region 8

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 8. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

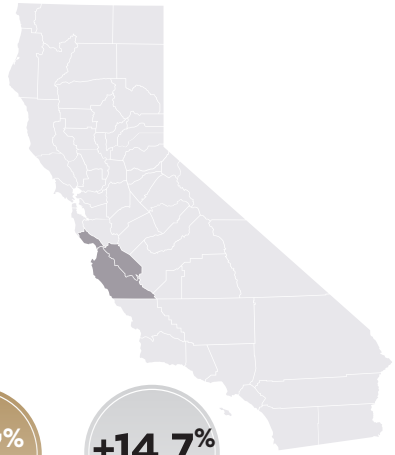
25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$205**	**$230**	$246	$329	$415	$486
Blue Shield PPO	$290	$314	$311	$363	$460	$586
CCHP HMO	$233	—	**$225**	**$299**	$392	$432
Health Net EPO	$223	—	$284	$370	$465	$547
Kaiser Permanente HMO	$220	$241	$247	$325*	**$386**	**$418**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$293**	$314	$419	$528	$618
Blue Shield PPO	$400	$396	$463	$586	$747
CCHP HMO	—	**$286**	**$380**	$499	$550
Health Net EPO	—	$361	$471	$592	$696
Kaiser Permanente HMO	$306	$315	$413*	**$492**	**$532**

Figures rounded to the nearest dollar.

Pricing Region

Monterey, San Benito and Santa Cruz counties



2016 Rate Change Summary

+12.8%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+7.7%
LOWEST-PRICE BRONZE PLAN
unweighted average

+14.7%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+8.7%**

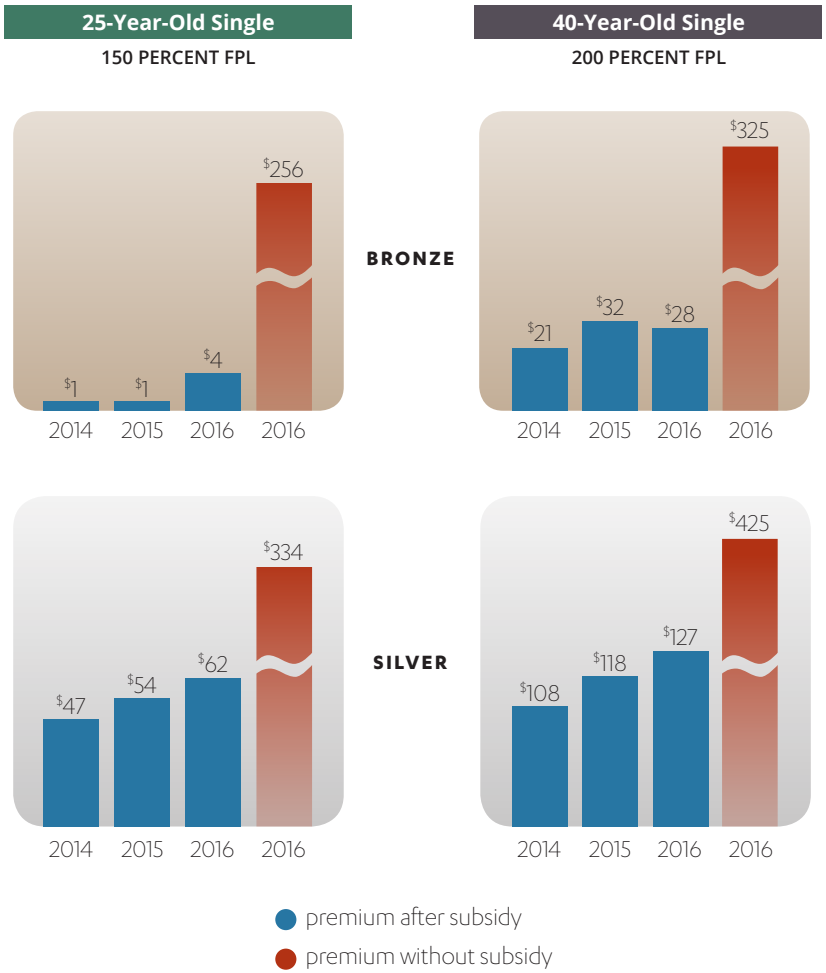
Regional Observations

- 33,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which that ended earlier this year. 91 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- UnitedHealthcare is a new insurance company selling in this region.
- Blue Shield has expanded to cover all ZIP codes in this region.
- All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as four.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.

Pricing Region 9

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

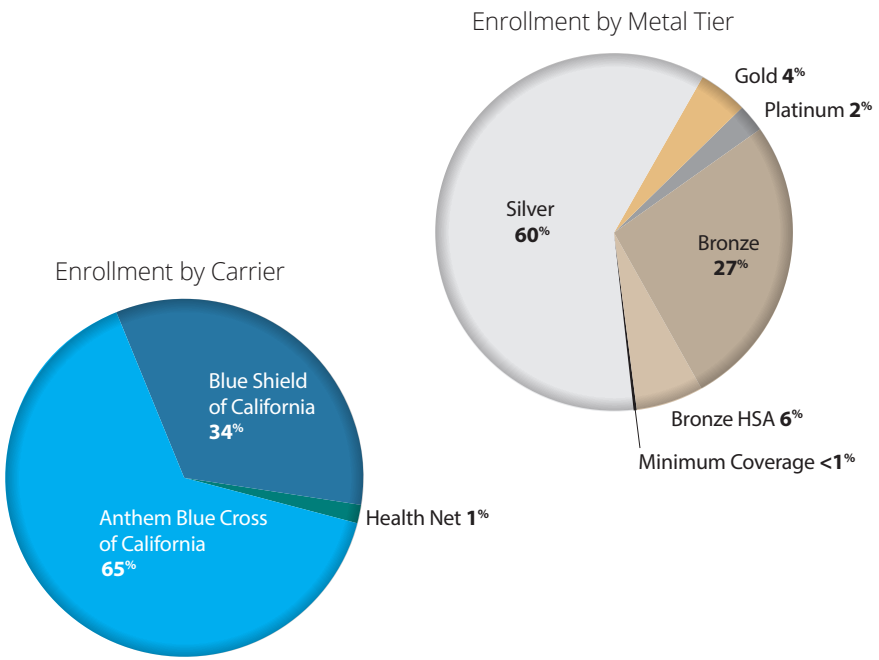
Pricing Region 9

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	65.0%	7.9%	0% to 12%
Blue Shield PPO	33.6%	22.9%	20% to 44%
Health Net EPO	1.4%	-3.9%	-8% to 2%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 9

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$362	$297	$224	$0	*federal government pays this*
Anthem PPO	$59	$124	$197	$421	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$69	$134	$207	$431	
Health Net EPO	$49	$114	$188	$411	
United Healthcare PPO	$73	$138	$212	$435	

Figures rounded to the nearest dollar.

Pricing Region 9

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 9. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

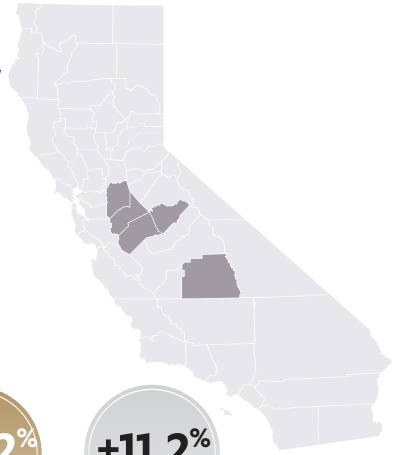
25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$206	**$231**	$248	$331*	$417	$488
Blue Shield PPO	$270	$293	$290	$339	$429	$546
Health Net EPO	**$195**	—	**$247**	**$323**	$406	**$477**
United Healthcare EPO	$230	—	—	—	—	—
United Healthcare PPO	—	$285	$268	$342	**$400**	$506

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$294**	**$315**	$421*	$531	$621
Blue Shield PPO	$372	$369	$431	$546	$695
Health Net EPO	—	**$315**	**$411**	$517	**$607**
United Healthcare PPO	$362	$341	$435	**$509**	$644

Figures rounded to the nearest dollar.

Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties



2016 Rate Change Summary

+9.8%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+10.2%
LOWEST-PRICE BRONZE PLAN
unweighted average

+11.2%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **+6.5%**

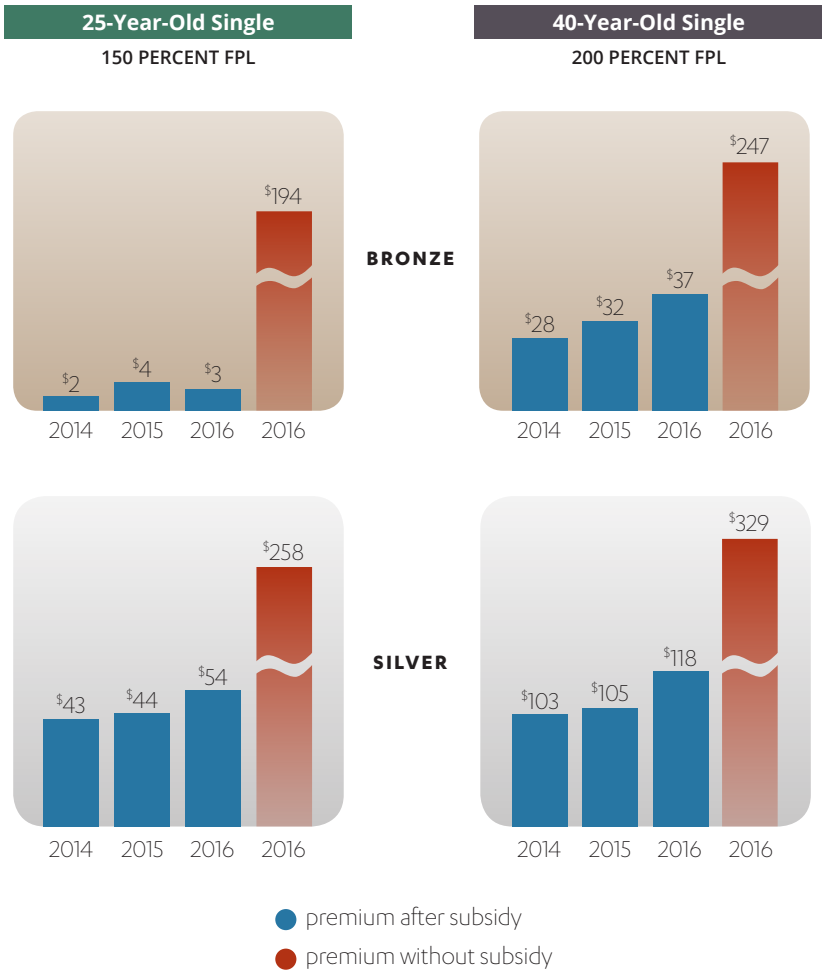
Regional Observations

- **68,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 93 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will increase in 2016.**
- **All consumers in this region will have a choice of two insurance companies to choose from and some will have as many as four.**
- **Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.**

Pricing Region 10

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

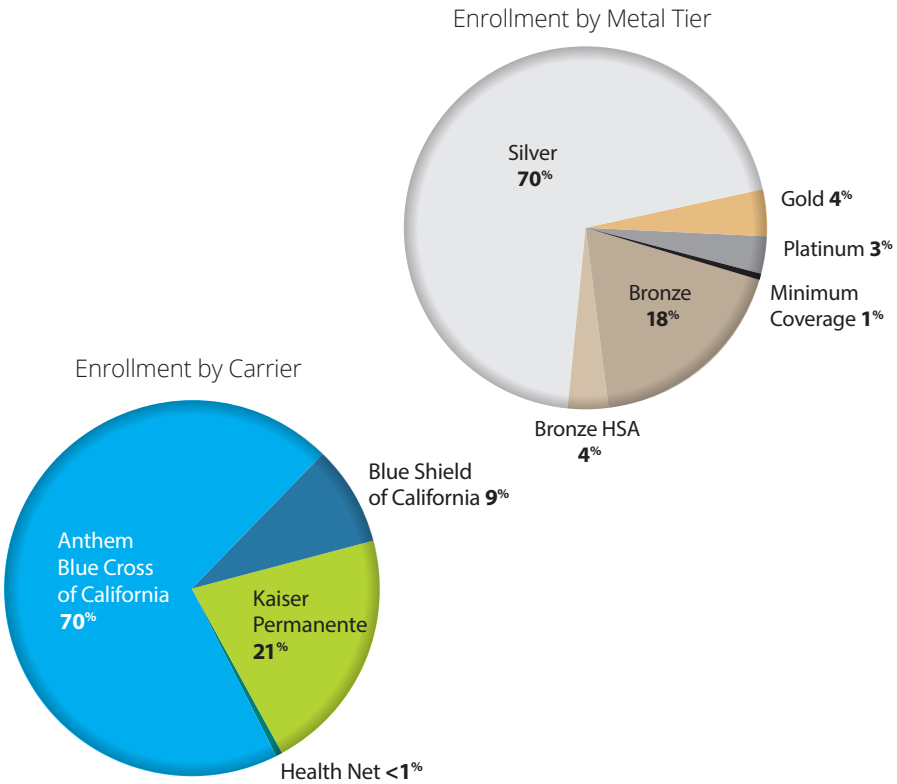
Pricing Region 10

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	69.9%	10.8%	2% to 14%
Blue Shield PPO	8.6%	12.9%	10% to 32%
Health Net EPO	0.4%	3.8%	0% to 11%
Kaiser Permanente HMO	21.1%	5.3%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 10

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$276	$211	$137	$0	*federal government pays this*
Anthem PPO	$45	$110	$183	$320	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$105	$170	$243	$380	
Health Net EPO	$127	$192	$265	$402	
Kaiser Permanente HMO	$59	$124	$197	$334	

Figures rounded to the nearest dollar.

Pricing Region 10

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 10. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

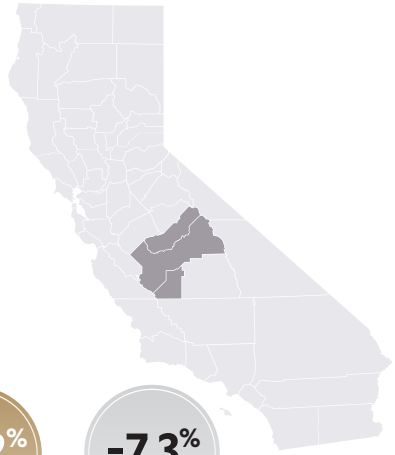
25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$156**	**$176**	**$188**	**$252**	$317	$371
Blue Shield PPO	$238	$258	$256	$299	$378	$482
Health Net EPO	$191	—	$242	$316	$397	$467
Kaiser Permanente HMO	$178	$195	$200	$263*	**$313**	**$339**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$224**	**$240**	**$320**	$404	$472
Blue Shield PPO	$329	$326	$380	$481	$614
Health Net EPO	—	$308	$402	$505	$594
Kaiser Permanente HMO	$248	$255	$334*	**$398**	**$431**

Figures rounded to the nearest dollar.

Pricing Region 11

Fresno, Kings and Madera counties



2016 Rate Change Summary

+3.3%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+5.2%
LOWEST-PRICE BRONZE PLAN
unweighted average

-7.3%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-4.9%**

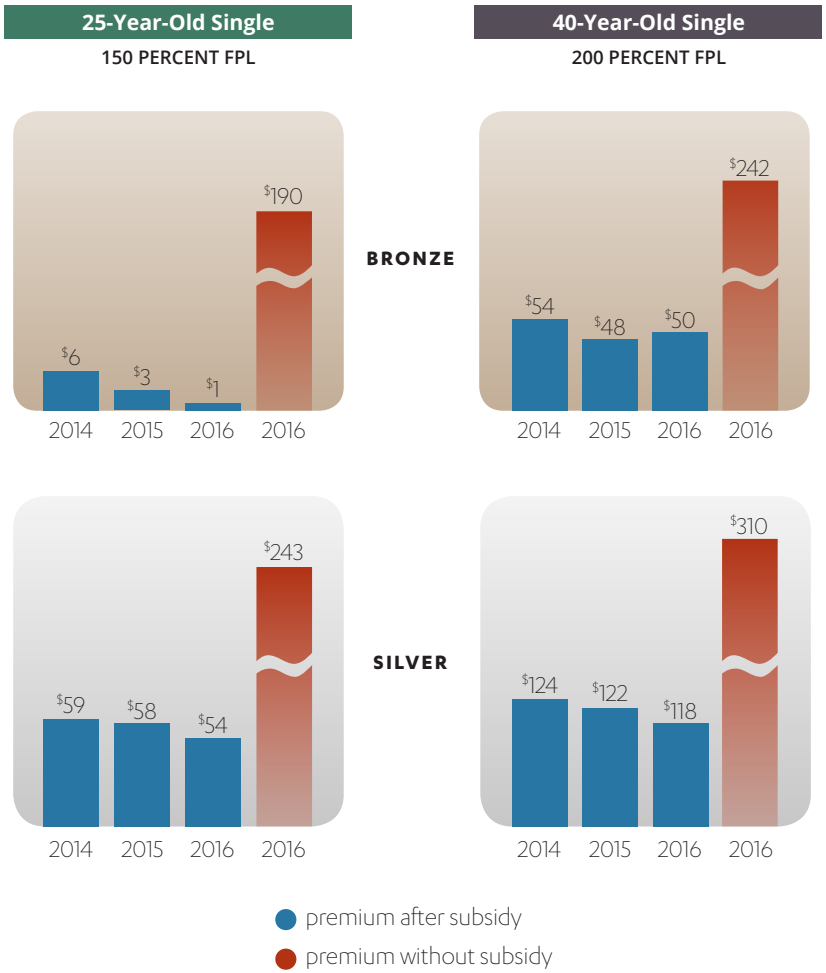
Regional Observations

- 31,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 93 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2016.
- UnitedHealthcare is a new insurance company selling in this region.
- Health Net is now offering coverage in some ZIP codes within the region.
- All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as five.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.

Pricing Region 11

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

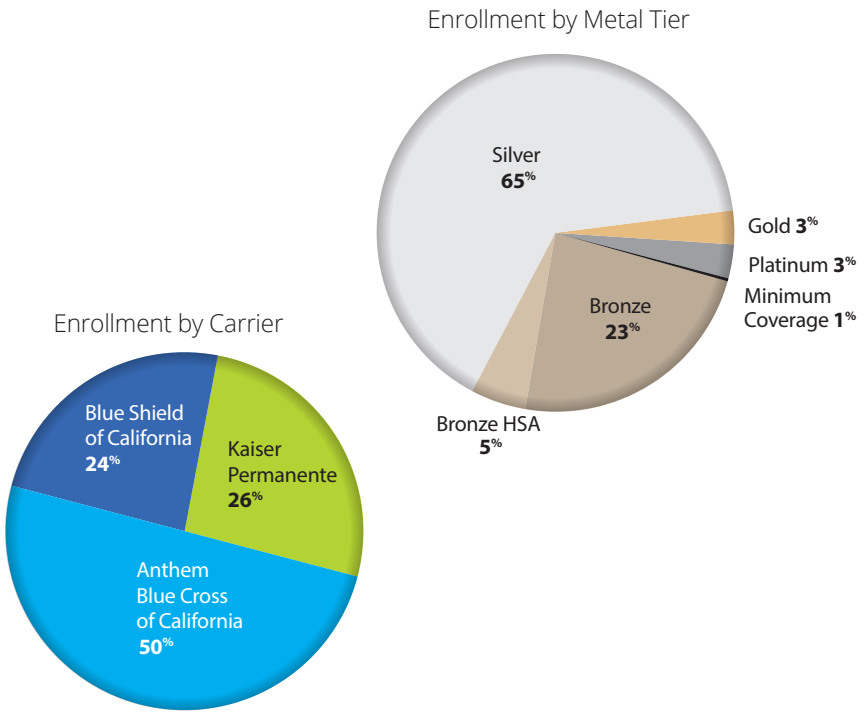
Pricing Region 11

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	49.0%	7.2%	-1% to 11%
Anthem HMO	1.0%	2.8%	-8% to 10%
Blue Shield PPO	23.9%	-7.0%	2% to 3%
Kaiser Permanente HMO	26.1%	5.4%	2% to 7%

2015 Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 11

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$257	$192	$118	$0	*federal government pays this*
Anthem PPO	$67	$132	$206	$324	*individual pays balance of the premium after federal contribution*
Anthem HMO	$111	$175	$249	$367	
Blue Shield PPO	$21	$86	$160	$278	
Health Net HMO	$106	$171	$245	$363	
Kaiser Permanente HMO	$62	$127	$200	$319	
United Healthcare PPO	$59	$124	$197	$316	

Figures rounded to the nearest dollar.

Pricing Region 11

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 11. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$158**	**$178**	$190	$254	$321	$375
Anthem HMO	—	—	—	$289	$365	$423
Blue Shield PPO	$174	$189	**$187**	**$219**	**$277**	$353
Health Net HMO	$172	.	$219	$285	$358	$421
Kaiser Permanente HMO	$170	$186	$191	$250	$298	**$323**
United Healthcare EPO	$167	—	—	—	—	—
United Healthcare PPO	—	$206	$194	$248*	$290	$367

Figures rounded to the nearest dollar.

Pricing Region 11

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 11. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

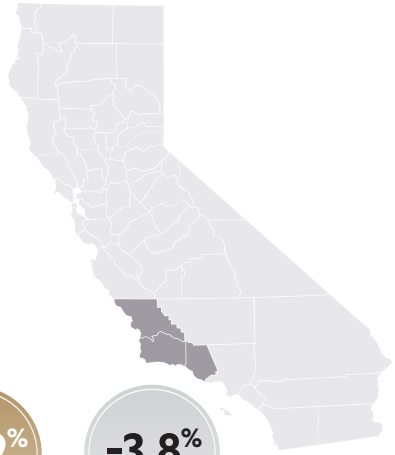
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$226**	$242	$324	$408	$477
Anthem HMO	—	—	$367	$464	$539
Blue Shield PPO	$240	**$238**	**$278**	**$352**	$449
Health Net HMO	—	$278	$363	$456	$536
Kaiser Permanente HMO	$236	$243	$319	$379	**$411**
United Healthcare PPO	$263	$247	$316*	$369	$467

Figures rounded to the nearest dollar.

Pricing Region 12

San Luis Obispo, Santa Barbara and Ventura counties



2016 Rate Change Summary

+4.4%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+6.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

-3.8%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-2.0%**

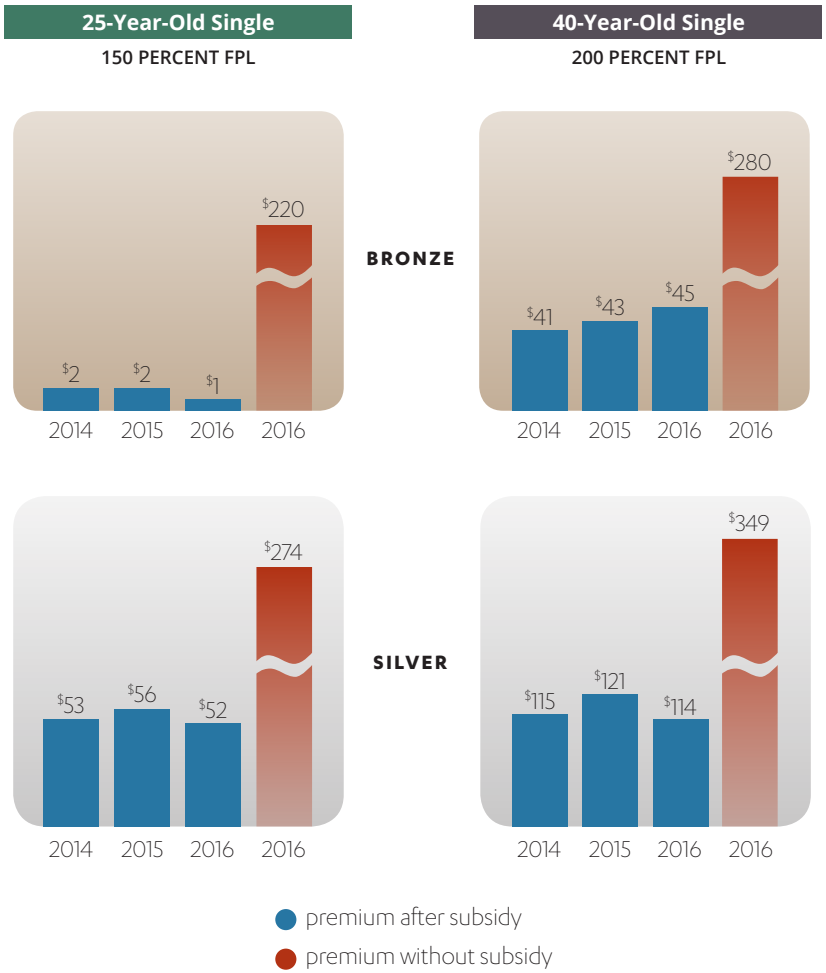
Regional Observations

- **67,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 90 percent are receiving financial assistance to pay their premiums.**
- **In general, the federal subsidy available to consumers in this region will increase in 2016.**
- **UnitedHealthcare is a new insurance company selling in the region.**
- **All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as four.**
- **Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.**

Pricing Region 12

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

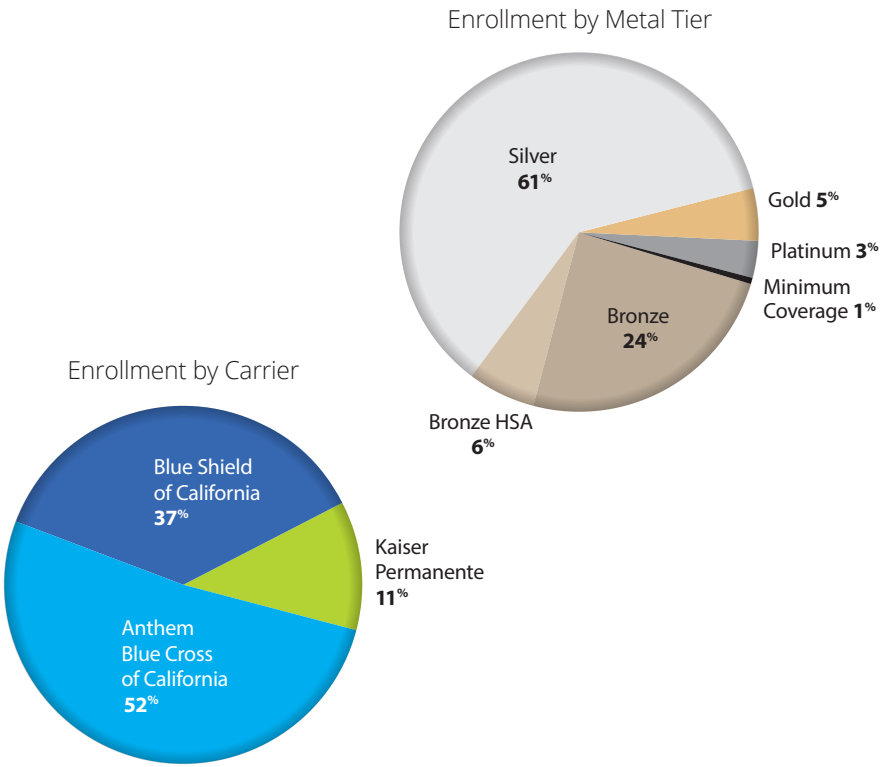
Pricing Region 12

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	51.7%	9.0%	1% to 13%
Blue Shield PPO	36.9%	-2.4%	-4% to 15%
Kaiser Permanente HMO	11.4%	5.5%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 12

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$300	$235	$161	$0	*federal government pays this*
Anthem PPO	$77	$142	$215	$377	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	$24	$89	$163	$324	
Kaiser Permanente HMO	$59	$124	$197	$358	
United Healthcare PPO	$77	$142	$216	$377	

Figures rounded to the nearest dollar.

Pricing Region 12

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 12. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

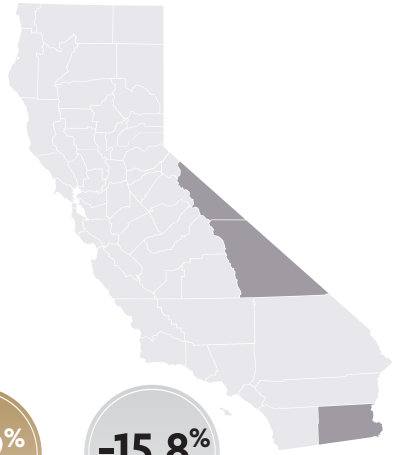
25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$184**	**$206**	$221	$296	$373	$436
Blue Shield PPO	$203	$220	$218	**$254**	**$322**	$410
Kaiser Permanente HMO	$191	$209	**$214**	$282*	$335	**$363**
United Healthcare EPO	$199	—	—	—	—	—
United Healthcare PPO	—	$246	$232	$296	$346	$438

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$263**	$282	$377	$475	$555
Blue Shield PPO	$280	$277	**$324**	**$410**	$522
Kaiser Permanente HMO	$266	**$273**	$358*	$427	**$462**
United Healthcare PPO	$314	$295	$377	$441	$557

Figures rounded to the nearest dollar.

Pricing Region 13

Mono, Inyo and Imperial counties



2016 Rate Change Summary

-0.5%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-8.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

-15.8%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-32.0%**

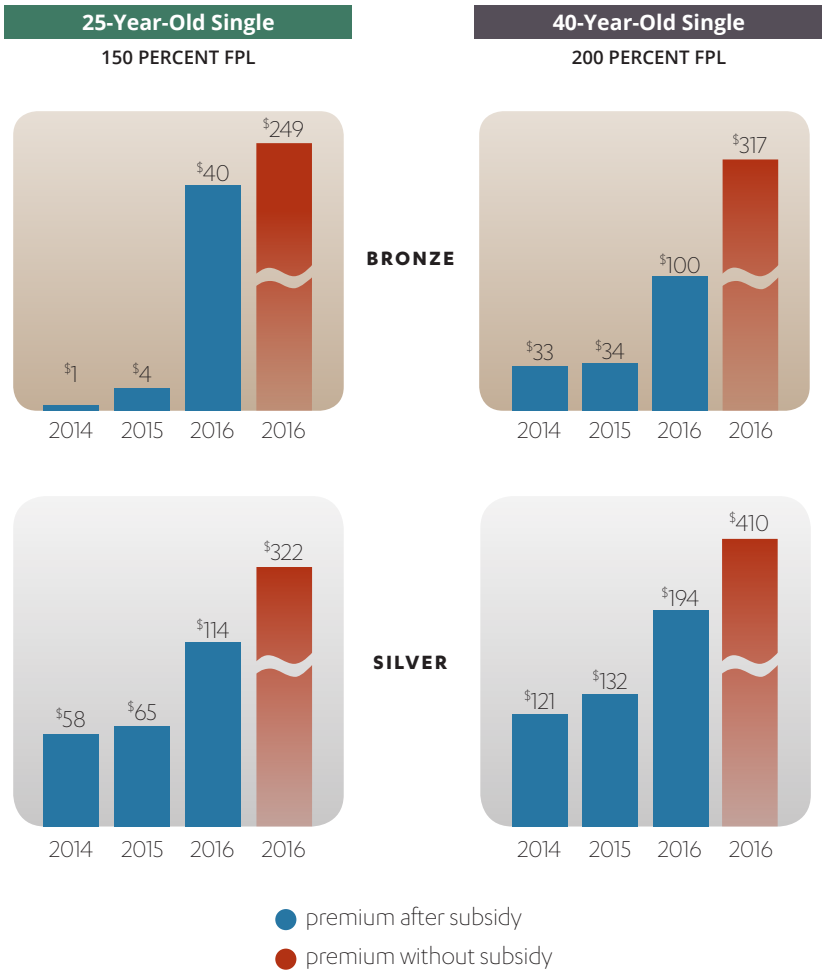
Regional Observations

- 8,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 97 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.
- UnitedHealthcare is a new insurance company offered in the region.
- Molina is now offering coverage in some ZIP codes within the region.
- All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as five.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.

Pricing Region 13

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

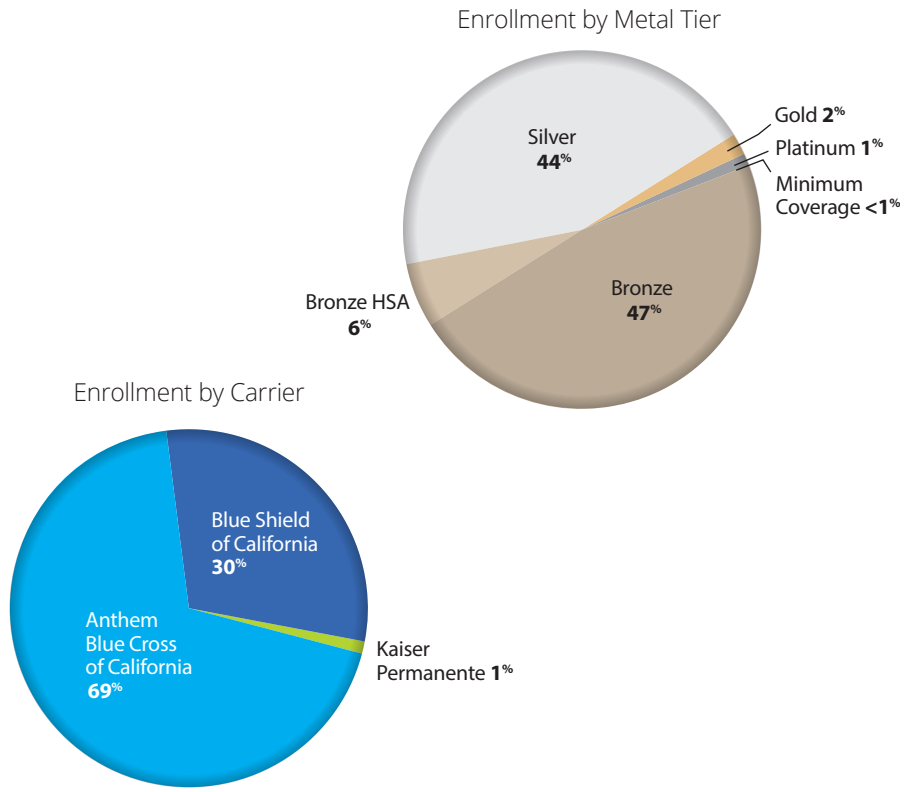
Pricing Region 13

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	69.0%	-0.3%	-8% to 4%
Blue Shield PPO	30.0%	-1.2	-3% to 16%
Kaiser Permanente HMO	1.0%	5.0%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 13

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$281	$217	$143	$0	*federal government pays this*
Anthem PPO	**$131**	**$196**	**$270**	**$413**	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	**$128**	**$193**	**$267**	**$410**	
Kaiser Permanente HMO	**$59**	**$124**	**$197**	**$340**	
Molina Healthcare HMO (Coinsurance)	**$1**	**$56**	**$130**	**$273**	
United Healthcare PPO	**$132**	**$197**	**$271**	**$414**	

Figures rounded to the nearest dollar.

Pricing Region 13

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 13. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

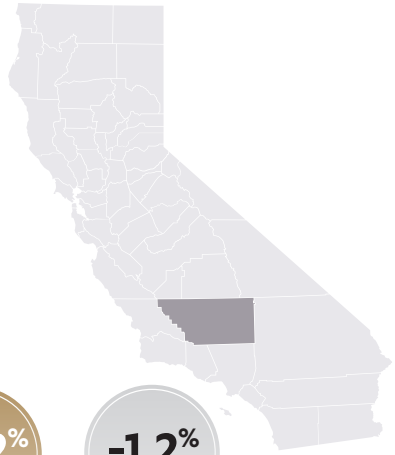
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$202	$226	$243	$324	$409	$478
Blue Shield PPO	$256	$278	$276	$322	$407	$519
Kaiser Permanente HMO	$181	**$198**	$204	$267*	$318	$344
Molina Healthcare HMO (Coinsurance)	**$170**	—	**$174**	**$215**	**$241**	**$290**
United Healthcare EPO	$218	—	—	—	—	—
United Healthcare PPO	—	$270	$254	$325	$380	$480

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$288	$309	$413	$520	$609
Blue Shield PPO	$354	$351	$410	$519	$661
Kaiser Permanente HMO	**$252**	$259	$340*	$405	$439
Molina Healthcare HMO (Coinsurance)	—	**$221**	**$273**	**$307**	**$369**
United Healthcare PPO	$344	$324	$414	$484	$612

Figures rounded to the nearest dollar.

Pricing Region 14
Kern County



2016 Rate Change Summary

+4.3%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

+8.2%
LOWEST-PRICE BRONZE PLAN
unweighted average

-1.2%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-2.2%**

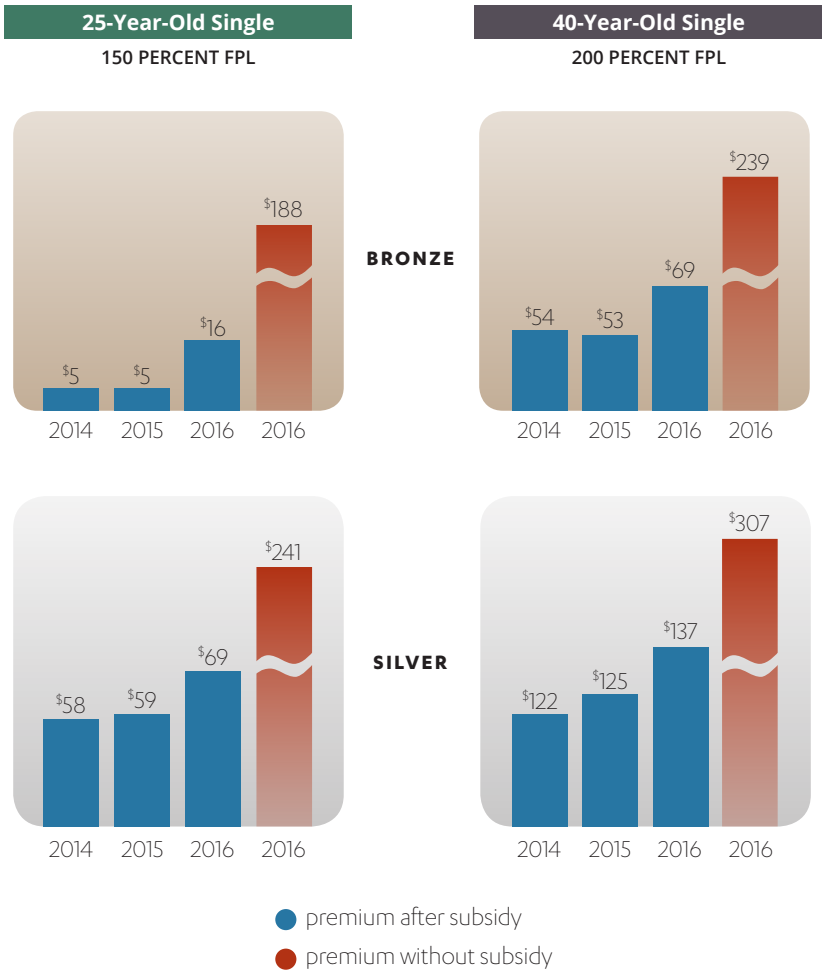
Regional Observations

- 20,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 92 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will remain about the same or decrease slightly in 2016.
- All consumers in this region will have a choice of two insurance companies to choose from and some will have as many as four.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 14

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

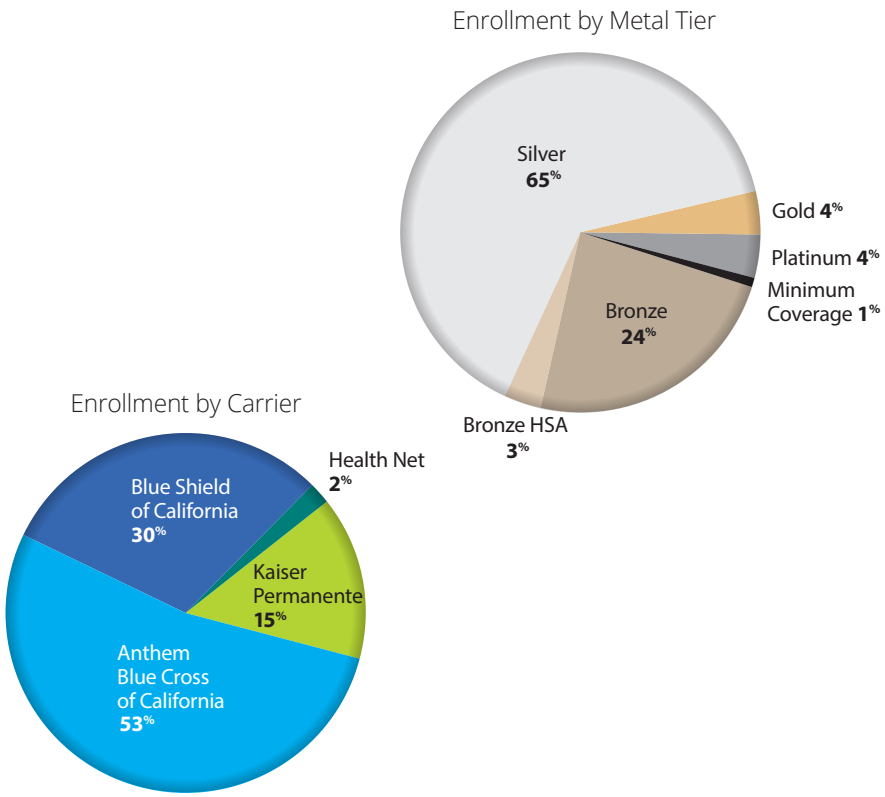
Pricing Region 14

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	53.2%	8.5%	0% to 12%
Blue Shield PPO	30.3%	-1.3%	-3% to 16%
Health Net HMO	1.9%	0.4%	-21% to 6%
Kaiser Permanente HMO	14.6%	0.8%	-2% to 2%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 14

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$235	$170	$96	$0	*federal government pays this*
Anthem PPO	**$82**	**$147**	**$221**	**$317**	*individual pays balance of the premium after federal contribution*
Blue Shield PPO	**$52**	**$117**	**$191**	**$287**	
Health Net HMO	**$59**	**$124**	**$197**	**$294**	
Kaiser Permanente HMO	**$91**	**$156**	**$229**	**$326**	

Figures rounded to the nearest dollar.

Pricing Region 14

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 14. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$155	**$174**	**$186**	$249	$314	$367
Blue Shield PPO	$179	$195	$193	**$225**	$285	$364
Health Net HMO	**$150**	—	$190	$231*	**$265**	**$293**
Kaiser Permanente HMO	$174	$190	$195	$256	$305	$330

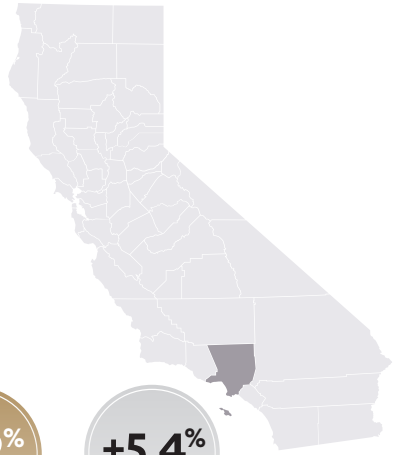
40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$221**	**$237**	$317	$399	$467
Blue Shield PPO	$248	$246	**$287**	$363	$463
Health Net HMO	—	$242	$294*	**$338**	**$373**
Kaiser Permanente HMO	$242	$248	$326	$388	$420

Figures rounded to the nearest dollar.

Pricing Region 15

Los Angeles County (northeast)

The county of Los Angeles is made up of two pricing regions by ZIP code (Regions 15 and 16). To find out which region you reside in, visit CoveredCA.com and use our Shop and Compare Tool.



2016 Rate Change Summary

−0.2%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-2.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

+5.4%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-4.9%**

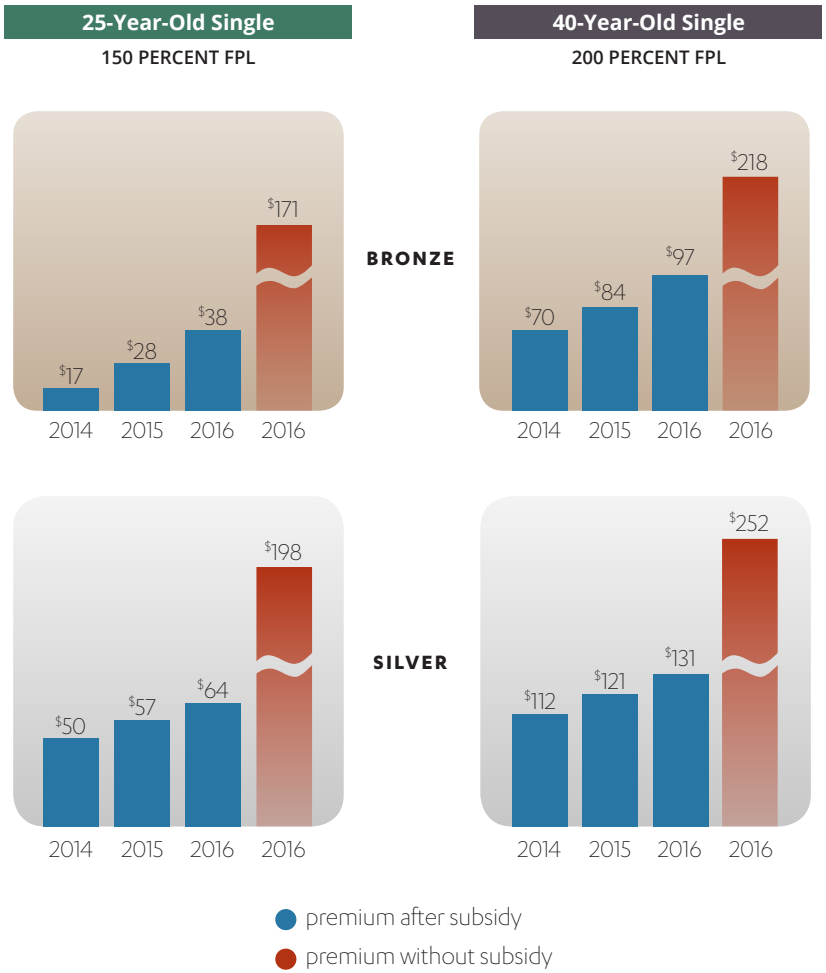
Regional Observations

- **182,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 88 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.**
- **All consumers in this region will have a choice of three insurance companies to choose from and some will have as many as six.**
- **Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.**

Pricing Region 15

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

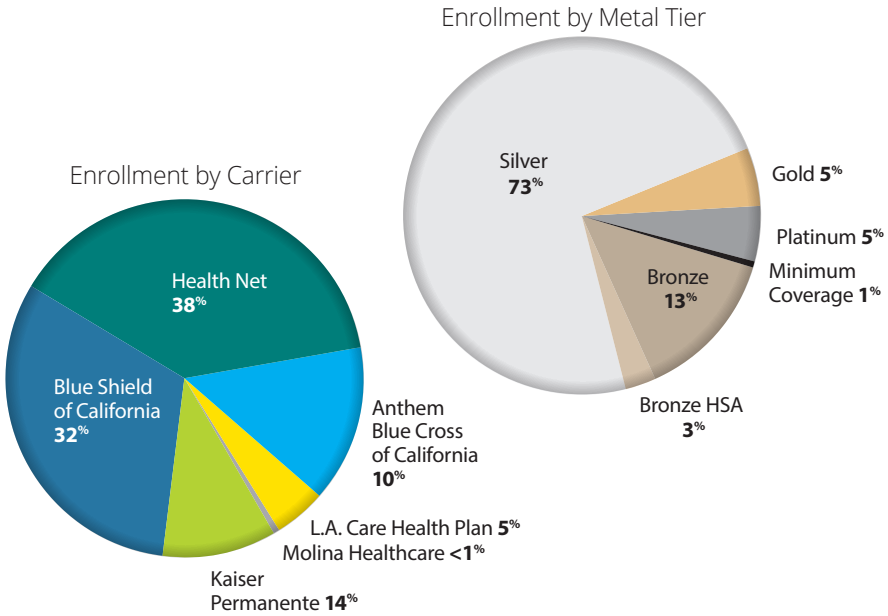
Pricing Region 15

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	6.0%	-6.2%	-13% to -3%
Anthem HMO	4.5%	6.4%	6.0%
Blue Shield PPO	31.7%	-7.7%	-9% to 8%
Health Net HMO	38.5%	5.5%	-5% to 8%
Kaiser Permanente HMO	14.1%	4.5%	1% to 6%
L.A. Care** HMO	4.8%	2.1%	-6% to 5%
Molina Healthcare HMO (Coinsurance)	0.4%	-2.9%	-3% to -1%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

**Corrected figures due to Covered California error.

Pricing Region 15

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$186	$121	$47	$0	*federal government pays this*
Anthem PPO	**$94**	**$158**	**$232**	**$279**	*individual pays balance of the premium after federal contribution*
Anthem HMO	**$88**	**$153**	**$227**	**$274**	
Blue Shield PPO	**$59**	**$124**	**$197**	**$245**	
Health Net HMO	**$57**	**$122**	**$196**	**$243**	
Kaiser Permanente HMO	**$112**	**$177**	**$251**	**$298**	
L.A. Care* HMO	**$65**	**$129**	**$203**	**$250**	
Molina Healthcare HMO (Coinsurance)	**$67**	**$132**	**$206**	**$253**	

Figures rounded to the nearest dollar.

*Corrected figures due to Covered California error.

Pricing Region 15

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 15. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$137**	**$153**	$165	$219	$276	$324
Anthem HMO	—	—	—	$215	$272	$315
Blue Shield PPO	$153	$166	$165	$192*	$243	$310
Health Net HMO	**$137**	—	$174	**$191**	**$219**	**$243**
Kaiser Permanente HMO	$159	$174	$178	$234	$279	$302
L.A. Care** HMO	$162	—	$174	$197	$234	$271
Molina Healthcare HMO (Coinsurance)	$157	—	**$161**	$199	$223	$269

Figures rounded to the nearest dollar.

**Corrected figures due to Covered California error.

Pricing Region 15

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 15. In the table below, the lowest-priced non-HSA plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$195**	$209	$279	$352	$412
Anthem HMO	—	—	$274	$346	$401
Blue Shield PPO	$211	$209	$245*	$309	$395
Health Net HMO	—	$221	**$243**	**$279**	**$309**
Kaiser Permanente HMO	$221	$227	$298	$355	$384
L.A. Care** HMO	—	$221	$250	$298	$345
Molina Healthcare HMO (Coinsurance)	—	**$205**	$253	$284	$342

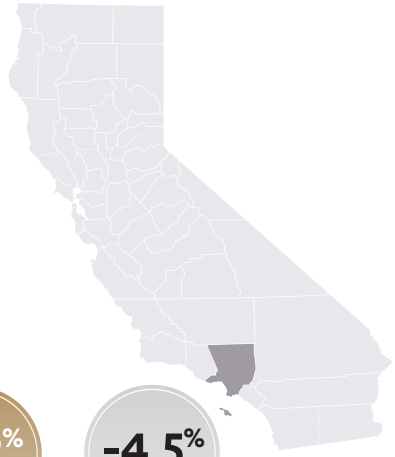
Figures rounded to the nearest dollar.

**Corrected figures due to Covered California error.

Pricing Region 16

Los Angeles County (southwest)

The county of Los Angeles is made up of two pricing regions by ZIP code (Regions 15 and 16). To find out which region you reside in, visit CoveredCA.com and use our Shop and Compare Tool.



2016 Rate Change Summary

+2.5%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-9.9%
LOWEST-PRICE BRONZE PLAN
unweighted average

-4.5%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-15.5%**

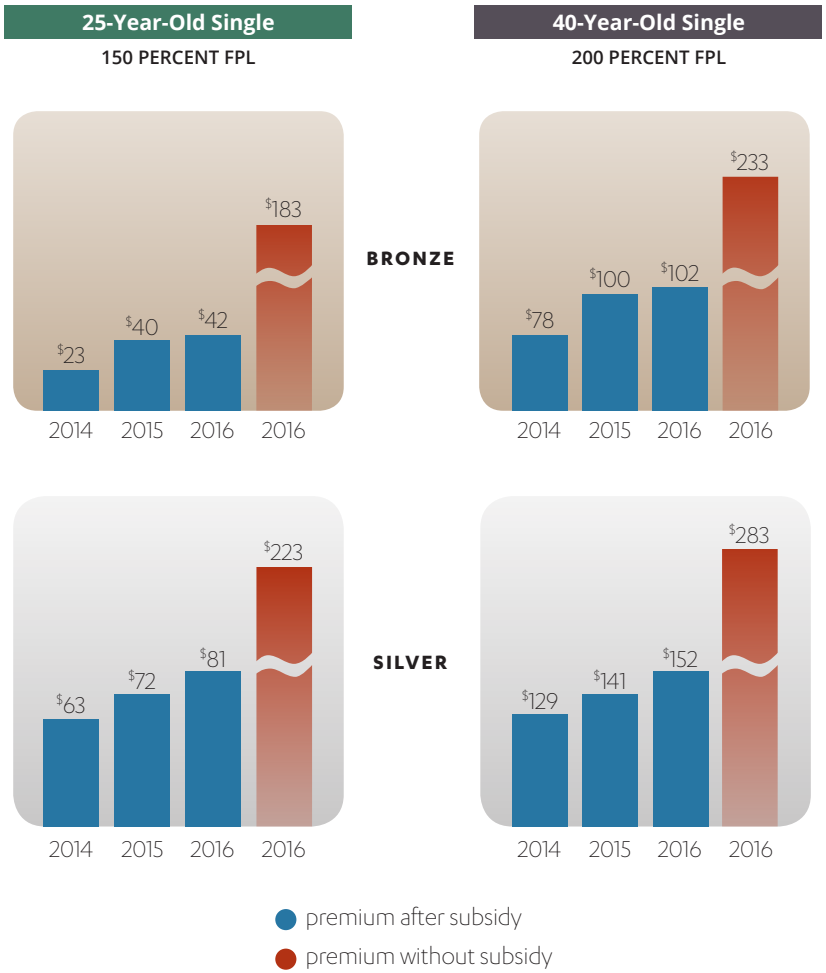
Regional Observations

- **231,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 83 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.**
- **Oscar is a new insurance company offered in the region.**
- **All consumers in this region will have a choice of five insurance companies to choose from and some will have as many as seven.**
- **Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.**

Pricing Region 16

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

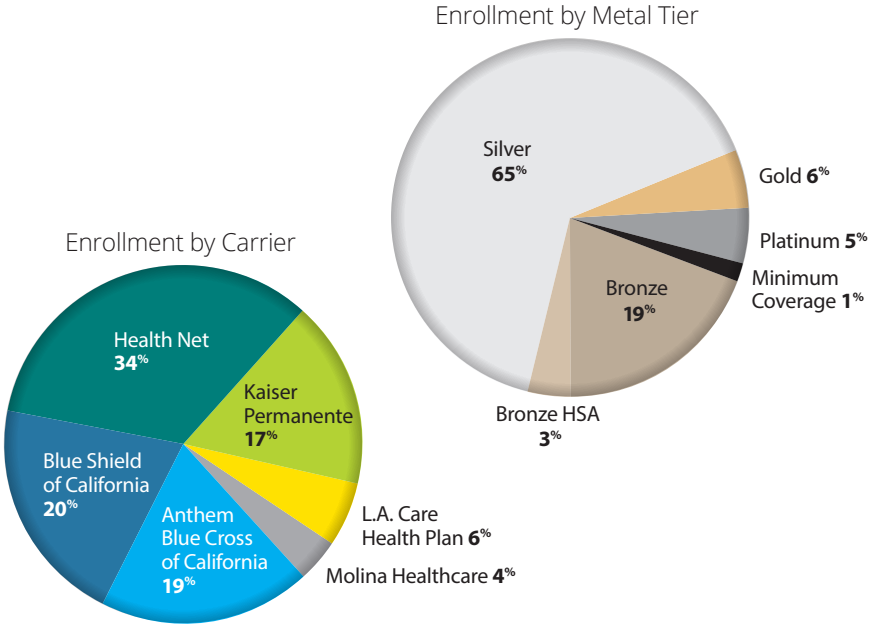
Pricing Region 16

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	11.0%	-3.0%	-11% to 0%
Anthem HMO	8.3%	3.0%	2% to 3%
Blue Shield PPO	20.5%	6.5%	3% to 23%
Health Net HMO	33.6%	3.5%	-4% to 6%
Kaiser Permanente HMO	16.9%	4.5%	1% to 6%
L.A. Care** HMO	5.8%	2.5%	-6% to 5%
Molina Healthcare HMO (Coinsurance)	3.9%	-9.8%	-10% to -8%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

**Corrected figures due to Covered California error.

Pricing Region 16

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$196	$131	$57	$0	*federal government pays this*
Anthem PPO	$131	$196	$270	$327	*individual pays balance of the premium after federal contribution*
Anthem HMO	$82	$147	$221	$278	
Blue Shield PPO	$122	$186	$260	$318	
Health Net HMO	$59	$124	$197	$255	
Kaiser Permanente HMO	$116	$181	$255	$312	
L.A. Care* HMO	$66	$131	$205	$262	
Molina Healthcare HMO (Coinsurance)	$40	$104	$178	$236	
Oscar EPO	$102	$167	$241	$298	

Figures rounded to the nearest dollar.

*Corrected figures due to Covered California error.

Pricing Region 16

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 16. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the exact amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$160	**$180**	$193	$257	$324	$379
Anthem HMO	—	—	—	$219	$276	$321
Blue Shield PPO	$199	$216	$214	$249	$316	$403
Health Net HMO	$159	—	$201	$200*	$230	$255
Kaiser Permanente HMO	$166	$182	$187	$245	$292	$316
L.A. Care** HMO	$169	—	$182	$207	$245	$284
Molina Healthcare HMO (Coinsurance)	**$146**	—	**$150**	**$185**	**$208**	**$250**
Oscar EPO	$166	—	$179	$234	$262	$293

Figures rounded to the nearest dollar.

**Corrected figures due to Covered California error.

Pricing Region 16

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 16. In the table below, the lowest-priced non-HSA plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

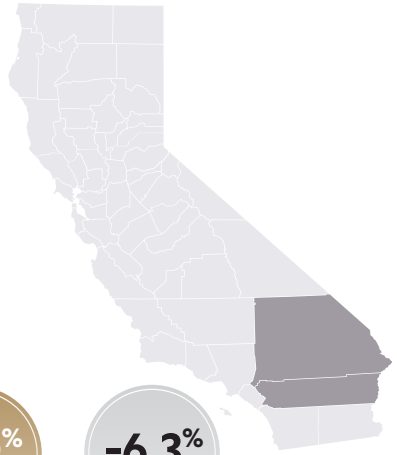
40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$229**	$245	$327	$412	$482
Anthem HMO	—	—	$278	$352	$408
Blue Shield PPO	$274	$272	$318	$402	$512
Health Net HMO	—	$256	$255*	$293	$324
Kaiser Permanente HMO	$232	$238	$312	$372	$402
L.A. Care** HMO	—	$232	$262	$312	$361
Molina Healthcare HMO (Coinsurance)	—	**$191**	**$236**	**$265**	**$319**
Oscar EPO (Copay)	—	$227	$298	$334	$374

Figures rounded to the nearest dollar.

*Corrected figures due to Covered California error.

Pricing Region 17

San Bernardino and Riverside counties



2016 Rate Change Summary

+1.0%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-7.0%
LOWEST-PRICE BRONZE PLAN
unweighted average

-6.3%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-12.3%**

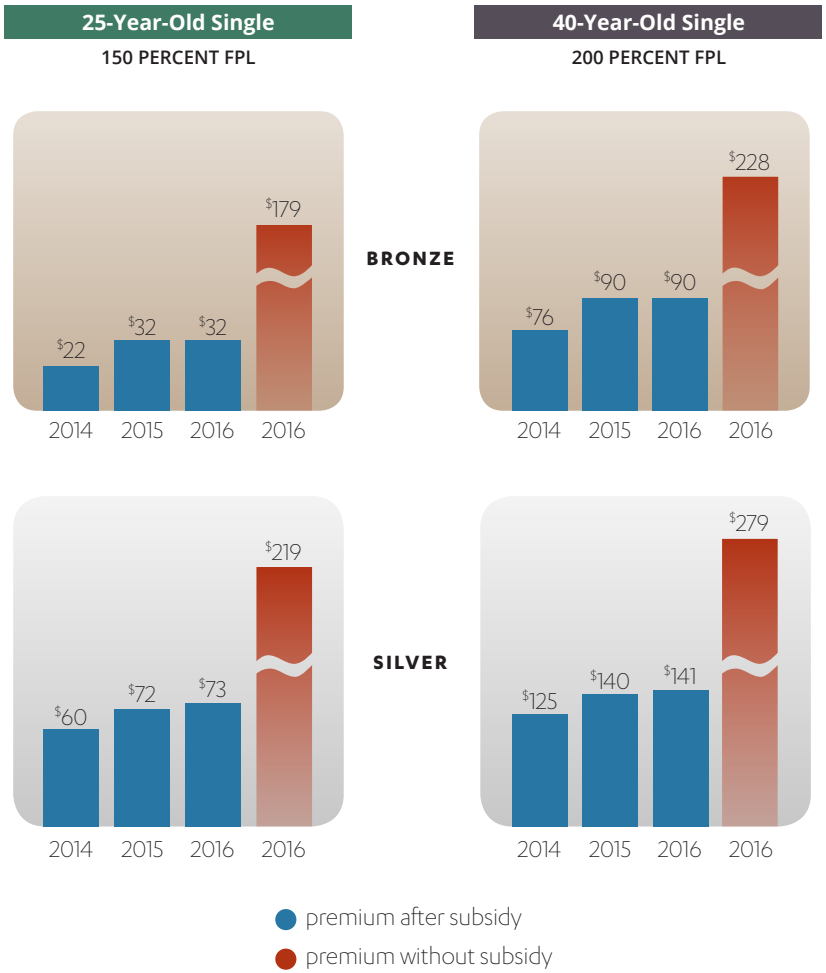
Regional Observations

- **136,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 89 percent are receiving financial assistance to pay their premiums.**
- **Generally, the amount of financial assistance available to consumers in this region will remain about the same or decrease slightly in 2016.**
- **All consumers in this region will have a choice of two insurance companies to choose from and some will have as many as five.**
- **Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.**

Pricing Region 17

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

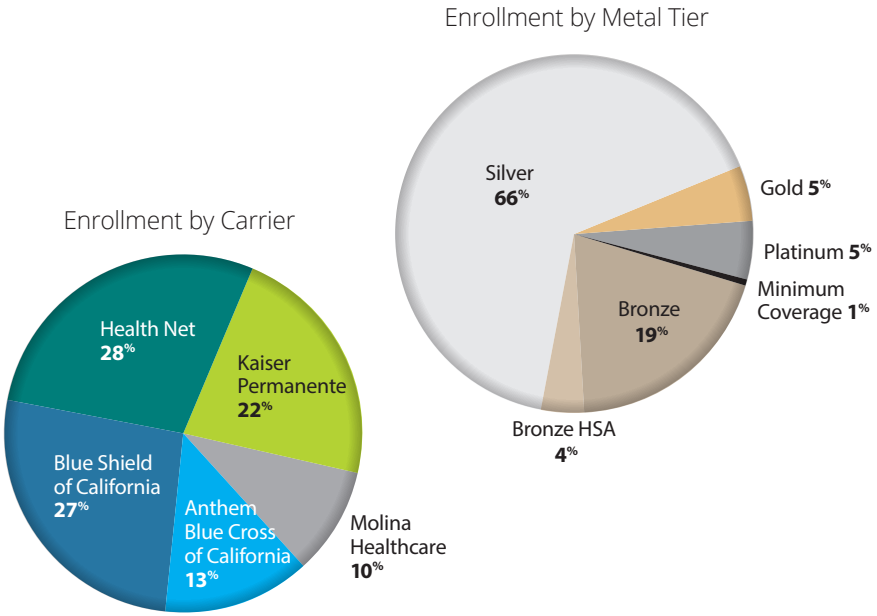
Pricing Region 17

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	10.3%	4.0%	-4% to 8%
Anthem HMO	3.0%	3.2%	3.0%
Blue Shield PPO	26.5%	-0.9%	-3% to 16%
Health Net HMO	28.3%	0.4%	0% to 3%
Kaiser Permanente HMO	22.4%	5.6%	2% to 7%
Molina Healthcare HMO (Coinsurance)	9.5%	-6.7%	-7% to -5%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 17

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$202	$138	$64	$0	*federal government pays this*
Anthem PPO	$125	$190	$264	$328	*individual pays balance of the premium after federal contribution*
Anthem HMO	$88	$153	$226	$290	
Blue Shield PPO	$72	$137	$211	$274	
Health Net HMO	$59	$124	$197	$261	
Kaiser Permanente HMO	$113	$178	$251	$315	
Molina Healthcare HMO (Coinsurance)	$41	$105	$179	$243	

Figures rounded to the nearest dollar.

Pricing Region 17

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 17. In the table below, the lowest-priced for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

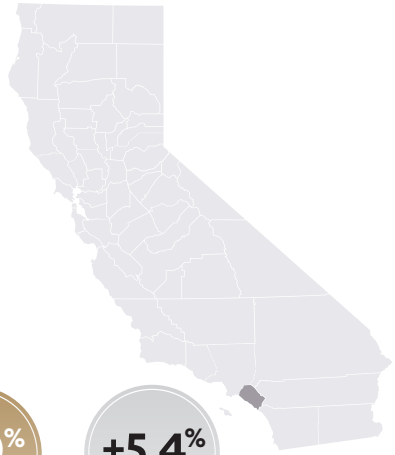
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$160	**$180**	$193	$257	$324	$379
Anthem HMO	—	—	—	$228	$288	$334
Blue Shield PPO	$172	$186	$185	$216	$273	$348
Health Net HMO	$155	—	$197	$205*	$236	$261
Kaiser Permanente HMO	$168	$184	$189	$248	$295	$319
Molina Healthcare HMO (Coinsurance)	**$151**	—	**$154**	**$191**	**$214**	**$258**

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$229**	$245	$328	$413	$483
Anthem HMO	—	—	$290	$367	$426
Blue Shield PPO	$237	$235	$274	$347	$443
Health Net HMO	—	$251	$261*	$301	$332
Kaiser Permanente HMO	$234	$240	$315	$375	$406
Molina Healthcare HMO (Coinsurance)	—	**$197**	**$243**	**$273**	**$329**

Figures rounded to the nearest dollar.

Pricing Region 18
Orange County



2016 Rate Change Summary

+1.8%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-3.0%
LOWEST-PRICE BRONZE PLAN
unweighted average

+5.4%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-3.6%**

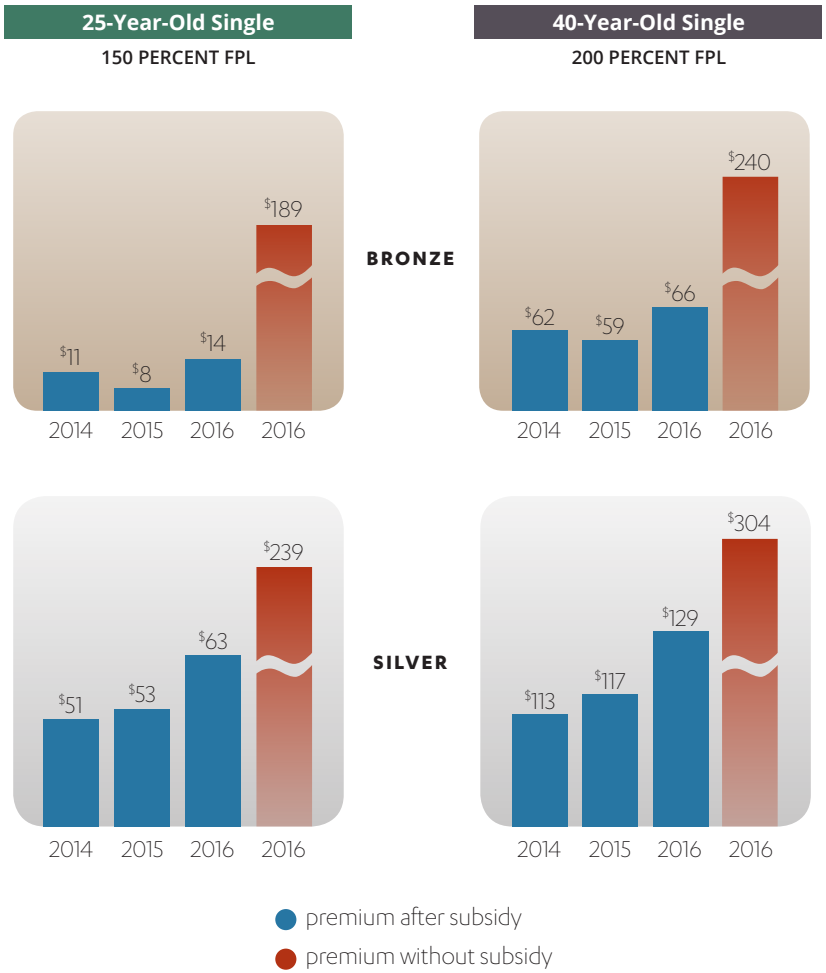
Regional Observations

- 143,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 89 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.
- Oscar is a new insurance company offered in the region.
- All consumers in this region will have a choice of four insurance companies to choose from.
- Consumers are encouraged to shop around for the plan that best fits their budget and health care needs, especially with the addition of new insurance company options to choose from.

Pricing Region 18

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

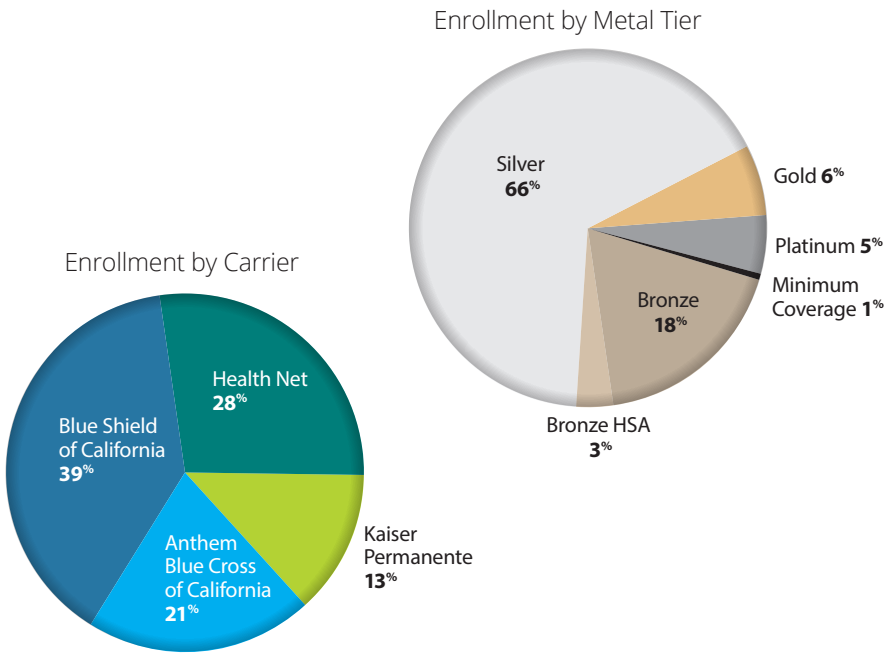
Pricing Region 18

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	18.7%	-3.1%	-10% to 1%
Anthem HMO	2.0%	5.1%	4% to 5%
Blue Shield PPO	38.8%	0.6%	-2% to 17%
Health Net HMO	27.7%	5.4%	-7% to 8%
Kaiser Permanente HMO	12.8%	5.5%	2% to 7%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 18

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$239	$175	$101	$0	*federal government pays this*
Anthem PPO	$59	$124	$197	$298	*individual pays balance of the premium after federal contribution*
Anthem HMO	$83	$148	$222	$323	
Blue Shield PPO	$65	$130	$204	$305	
Health Net HMO	$54	$119	$193	$294	
Kaiser Permanente HMO	$101	$166	$239	$340	
Oscar EPO	$95	$160	$234	$335	

Figures rounded to the nearest dollar.

Pricing Region 18

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 18. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

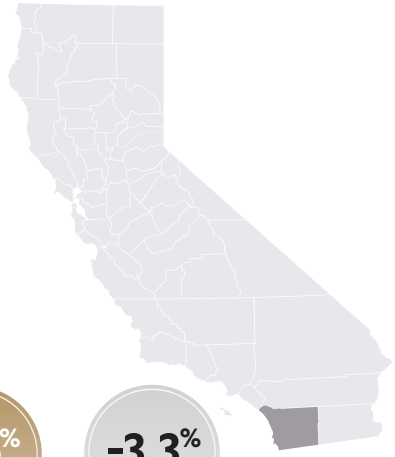
Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$146**	**$164**	**$176**	$234	$295	$346
Anthem HMO	—	—	—	$254	$321	$372
Blue Shield PPO	$191	$207	$205	$240*	$303	$387
Health Net HMO	$148	—	$188	**$231**	**$265**	**$293**
Kaiser Permanente HMO	$181	$198	$204	$267	$318	$344
Oscar EPO	$187	—	$200	$263	$294	$329

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	**$209**	**$224**	$298*	$376	$440
Anthem HMO	—	—	$323	$408	$474
Blue Shield PPO	$263	$261	$305	$386	$492
Health Net HMO	—	$239	**$294**	**$338**	**$373**
Kaiser Permanente HMO	$252	$259	$340	$405	$439
Oscar EPO	—	$255	$335	$374	$419

Figures rounded to the nearest dollar.

Pricing Region 19
San Diego County



2016 Rate Change Summary

+2.8%
WEIGHTED AVERAGE

STATEWIDE AVERAGE +4.0%

-1.6%
LOWEST-PRICE BRONZE PLAN
unweighted average

-3.3%
LOWEST-PRICE SILVER PLAN
unweighted average

Weighted rate change if consumers switch to lowest-price plan in the same metal tier: **-10.0%**

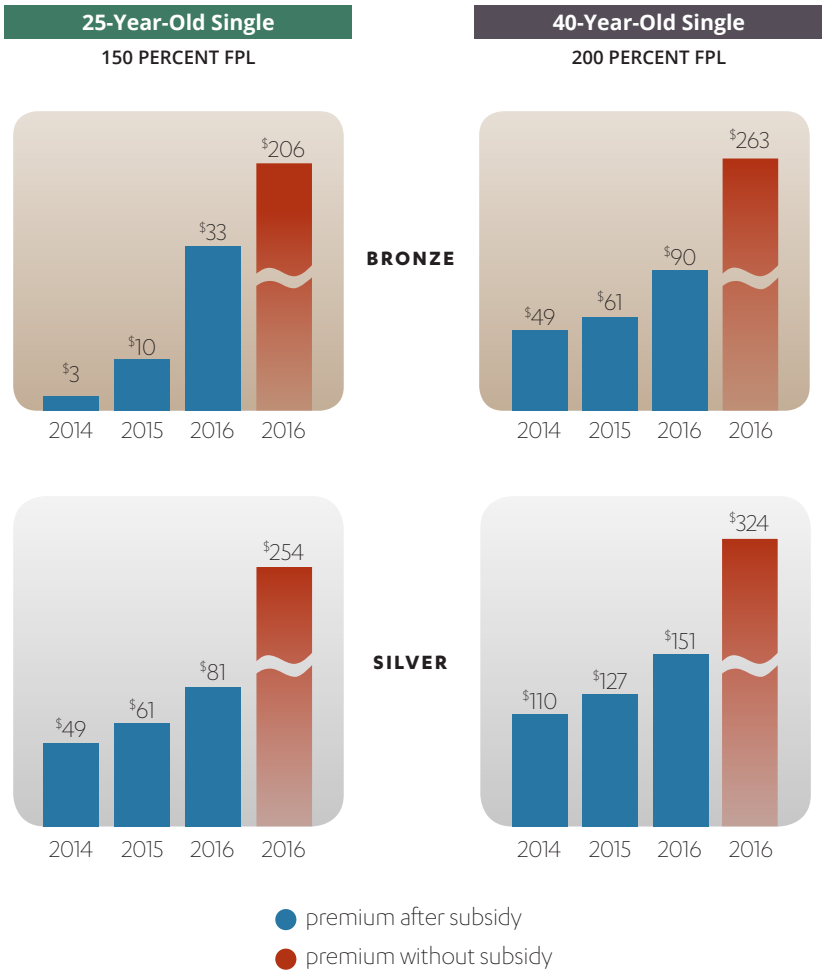
Regional Observations

- 139,000 individuals renewed their coverage or signed up for coverage during the second open-enrollment period, which ended earlier this year. 87 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will decrease in 2016.
- All consumers in this region will have a choice of five insurance companies to choose from and some will have as many as six.
- Consumers in this region may benefit from shopping around for lower-cost insurance company options that offer a lower premium in the same metal tier.

Pricing Region 19

Average Consumer Monthly Premium After Subsidy

This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. Examples are shown for the Bronze and Silver plans. The bars indicate the average subsidized premiums in 2014, 2015, 2016 and the average unsubsidized premium in 2016 in this region.



*Numbers are weighted averages within each metal tier and may not exactly match quoted rates. Actual rates for an individual may be higher or lower where appropriate, depending on age, income and other factors.

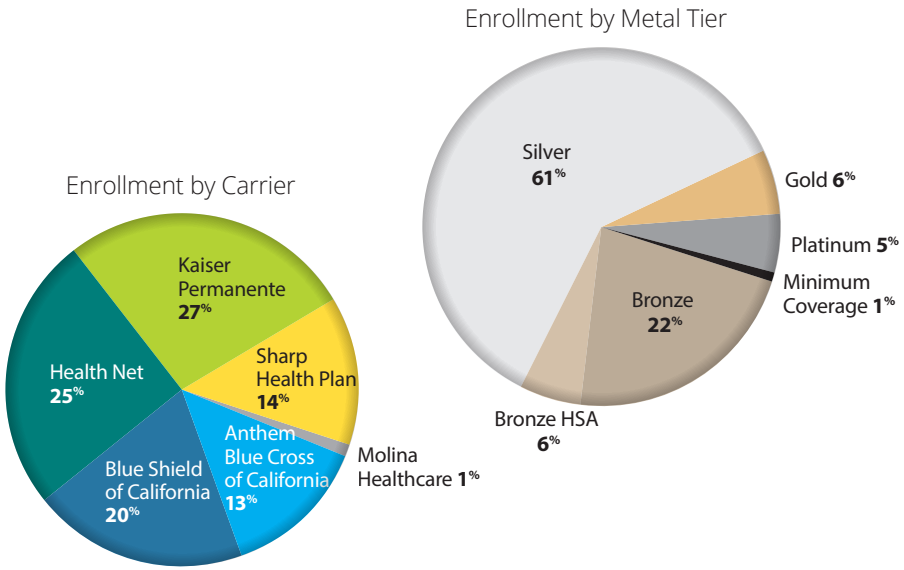
Pricing Region 19

Rate Change for Consumers Who Stay with Current Plan

The "Weighted Average Increase" is for all enrollees with the carrier, and the "Range of % Change from 2015" reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2015
Anthem PPO	13.4%	7.9%	0% to 12%
Anthem HMO	0.0%	7.4%	7% to 8%
Blue Shield PPO	19.7%	2.6%	0% to 19%
Health Net HMO	25.4%	0.1%	-7% to 2%
Kaiser Permanente HMO	26.8%	5.1%	2% to 7%
Molina Healthcare HMO (Coinsurance)	1.0%	-9.3%	-10% to -8%
Sharp Health Plan HMO Network 2 (Coinsurance)	6.9%	-1.2%	-3% to 1%
Sharp Health Plan HMO Network 1 (Copay)	6.8%	-0.2%	-1% to 1%

2015 Regional Enrollment (subsidized and non-subsidized)



*Enrollment represents individuals who selected a plan as of April 1, 2015. Enrollment percentages may not total to 100 percent due to rounding.

Pricing Region 19

2016 Sample Rates and Premium Assistance (tentative)

The table below is an example of the rates a 40-year-old single individual might pay in this Pricing Region for a Silver plan. The "share" of the federal government is the premium assistance amount shown in **blue**. Depending on your income, your "share" of the monthly premium is in the rows listed in each plan.

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

RATES BY INCOME LEVEL — 40-YEAR-OLD					
Silver Plan	$17,655 150% FPL	$23,450 200% FPL	$29,425 250% FPL	$47,080 400% FPL	SHARE
Premium Assistance	$237	$172	$99	$0	*federal government pays this*
Anthem PPO	$124	$189	$263	$361	*individual pays balance of the premium after federal contribution*
Anthem HMO	$152	$217	$291	$389	
Blue Shield PPO	$105	$170	$243	$342	
Health Net HMO	$59	$124	$197	$296	
Kaiser Permanente HMO	$92	$157	$231	$329	
Molina Healthcare HMO (Coinsurance)	$49	$113	$187	$286	
Sharp Health Plan HMO Network 2 (Coinsurance)	$107	$172	$246	$344	
Sharp Health Plan HMO Network 1 (Copay)	$91	$156	$230	$328	

Figures rounded to the nearest dollar.

Pricing Region 19

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 19. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

25-YEAR-OLD						
Plan	Minimum	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$177	$198	$213	$284	$358	$419
Anthem HMO	—	—	—	$306	$386	$448
Blue Shield PPO	$214	$232	$230	$269	$340	$434
Health Net HMO	**$149**	—	$190	$232*	$268	**$296**
Kaiser Permanente HMO	$176	**$192**	$197	$259	$308	$333
Molina Healthcare HMO (Conisurance)	$177	—	**$182**	**$224**	**$252**	$303
Sharp Health Plan HMO Network 2 (Coinsurance)	$161	—	$191	$270	$305	$337
Sharp Health Plan HMO Network 1 (Copay)	—	**$192**	—	$258	$297	$325

Figures rounded to the nearest dollar.

Pricing Region 19

2016 Rates Without Subsidies (tentative)

The table below is an example of the rates in Region 19. In the table below, the lowest-priced plan for each metal tier is shown in **bold**. The second-lowest Silver plan is shown with an asterisk (*).

Individuals and families will be able to determine the amount they would pay based on family size, age and income for 2016 by visiting CoveredCA.com and using our Shop and Compare Tool.

40-YEAR-OLD					
Plan	Bronze HSA	Bronze	Silver	Gold	Platinum
Anthem PPO	$253	$271	$361	$455	$533
Anthem HMO	—	—	$389	$492	$571
Blue Shield PPO	$295	$293	$342	$433	$552
Health Net HMO	—	$241	$296*	$341	**$376**
Kaiser Permanente HMO	**$244**	$251	$329	$392	$424
Molina Healthcare HMO (Conisurance)	—	**$231**	**$286**	**$321**	$386
Sharp Health Plan HMO Network 2 (Coinsurance)	—	$244	$344	$388	$429
Sharp Health Plan HMO Network 1 (Copay)	$245	—	$328	$378	$414

Figures rounded to the nearest dollar.

Glossary

Accountable Care Organization (ACO)

A group of health care providers who give coordinated care and chronic disease management and thereby improve the quality of care patients get. The organization's payment is tied to achieving health care quality goals and outcomes that result in cost savings.

Actuarial Value

A health insurance plan's actuarial value is the percentage of total average costs for benefits that a plan covers. All Covered California health insurance plans have an actuarial value assigned to them: Bronze, Silver, Gold or Platinum. As the metal category increases in value, so does the percent of medical expenses that a health plan covers. This means the Platinum plans cover the highest percentage of health care expenses. These expenses are usually incurred at the time of health care services — when you visit the doctor or the emergency room, for example. The health insurance plans that cover the greatest percentage of health care expenses also usually have higher premium payments.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service. You pay coinsurance plus any deductible you owe. For example, if the health insurance plan's allowed amount for an office visit is $100, and you have met your deductible for the year, your coinsurance payment of 20 percent would be $20. The health plan pays the rest of the allowed amount.

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost-sharing

The share of costs that you pay out of your own pocket. This term generally includes deductibles, coinsurance and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Essential Health Benefits

Health care service categories that must be covered by all plans as of 2014. These service categories include ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitation and habilitation services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including dental and vision care. Insurance policies must cover these benefits in order to be certified and offered in the marketplace, and all Medi-Cal plans must cover these services as well.

Exclusive Provider Organization (EPO)

An exclusive provider organization (EPO) is a type of health care doctor and hospital network that offers a full array of covered benefits from a single network. Covered benefits are not paid for services rendered by a doctor or hospital that is not part of the network, except in the case of emergency or plan-approved care outside the network.

Federal Poverty Level

A measure of income level issued annually by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. In California, for example, Medi-Cal is available to those making up to 138 percent of the federal poverty level, which is $16,242 annually or $33,465 for a family of four in 2015. For more information, visit **www.CoveredCA.com/shopandcompare/#incomeGuidelines.**

To see a chart with more information on federal poverty levels, please visit the U.S. Department of Health and Human Services' website at **http://aspe.hhs.gov/poverty/15poverty.cfm.**

Health Disparities

Preventable differences in health status among different groups of people. These groups may be based on race, ethnicity, immigrant status, disability, sex or gender, sexual orientation, geography and income. Because the health status of a population is influenced by social factors such as geography, income and race/ethnicity, these factors affect the prevalence of disease and life expectancy.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Health Maintenance Organization (HMO)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the health maintenance organization (HMO). It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Health Risk Assessment

Sometimes called health assessment or health risk appraisal, health risk assessment is a tool, usually a questionnaire, used by a member to provide information about their health status and risk factors for disease. Members' medical providers can use their completed health risk assessment to provide personalized feedback, including ways to reduce a member's risk of disease.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance plan doesn't cover. Some health insurance plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.

Preferred Provider Organization (PPO)

A type of health insurance plan that contracts with participating doctors and hospitals to create a network. You pay less if you use doctors and hospitals that belong to the plan's network. You can use doctors, hospitals and others outside the network for an additional cost.

Premium

The amount that must be paid for your health insurance or plan. You or your employer, or both, usually pay it monthly, quarterly or yearly.

Premium Assistance

Also known as the Advanced Premium Tax Credit, this is financial assistance eligible consumers may receive when enrolling in a Covered California health insurance plan, to assist them in paying their monthly premium costs. The amount of premium assistance an individual may receive is determined based on his or her income as a percentage of the federal poverty level. Tax credits are also available to small businesses with fewer than 25 full-time-equivalent employees to help offset the cost of providing coverage.

Subsidy

Cost-sharing subsidies and premium assistance reduce the cost of premiums and out-of-pocket expenses for health coverage that qualifying individuals and families purchase through Covered California.

Team Care

Also called team-based care, team care is based on a philosophy of professional and nonprofessional personnel who work together toward a common goal of providing quality, comprehensive care. The team members may include nurses, physician assistants, pharmacists, nutritionists, social workers, and care coordinators.

Telehealth

Also called telemedicine, telehealth is the use of telecommunication and information technology that allows medical providers to evaluate, diagnose and treat patients in real time, at a distance. Telehealth includes applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications.

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