



# Covered California's Health Insurance Companies and Plan Rates for 2017

(preliminary rates)

July 19, 2016

*Updated Sept. 28, 2016*

## 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](http://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](http://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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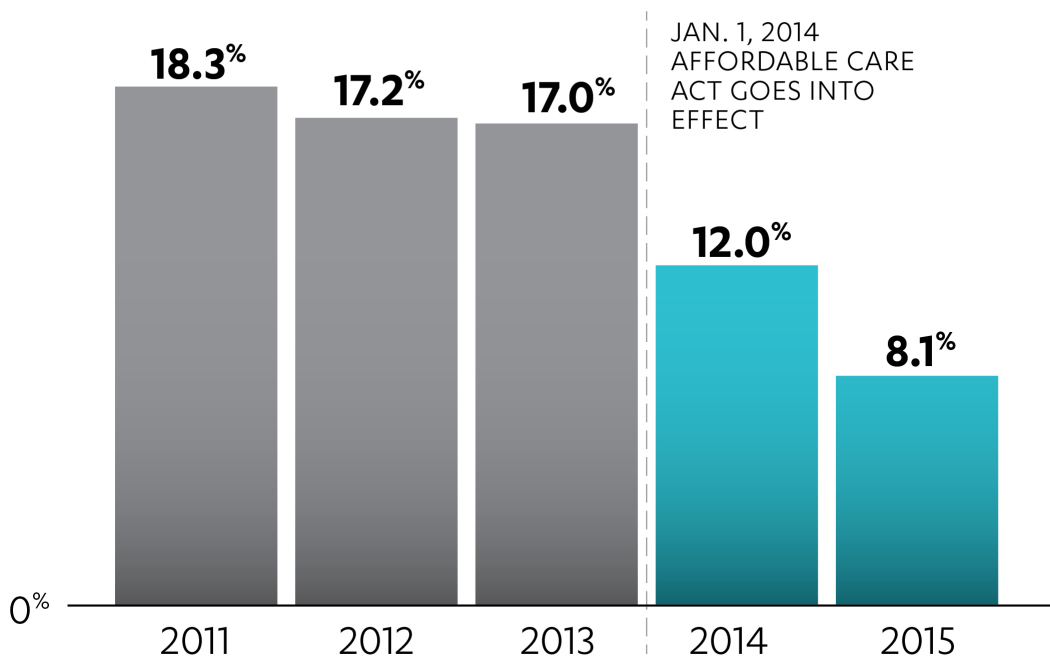
## The Affordable Care Act is Working in California

The Patient Protection and Affordable Care Act created a new era of health care across the nation and Covered California has established itself as a leader during this historic and dynamic time. Since opening its doors in 2014, Covered California has served more than 2.5 million consumers, introducing a new generation to health care and providing a critical safety net for those who are in-between jobs or need financial help paying for their coverage.

Covered California is the largest state-based exchange in the nation and one of the few exchanges that actively uses all of the Affordable Care Act tools available to shape the market to benefit consumers. From actively selecting the health insurance companies that will participate on the exchange, designing the benefits that will be offered to consumers and negotiating the rates, Covered California works to provide the best value to its enrollees.

The results have been unprecedented. The latest data from the Centers for Disease Control and Prevention shows that since Covered California began offering health care coverage in 2014, the uninsured rate in the state has been cut by more than half, from 17 percent at the end of 2013 to 8.1 percent by the end of 2015, and now stands at the lowest level on record.

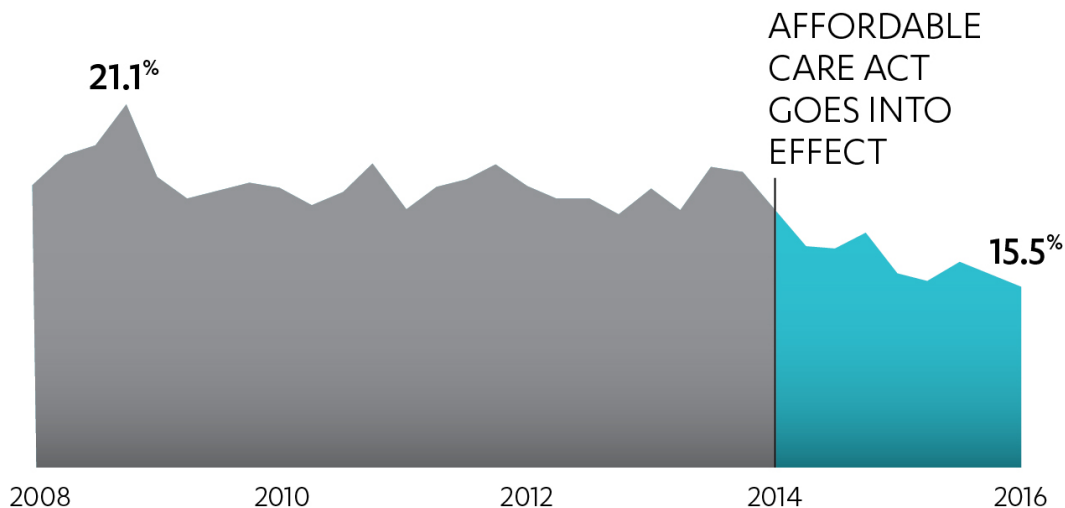
### California's Uninsured Rate for Health Care



Source: CDC/National Health Interview Survey

In addition, a recent Gallup poll shows the number of Americans who have had trouble paying for health care and/or medications for themselves or their families have also dropped to the lowest level on record.

## Percentage of consumers who did not have enough money to meet their medical needs



Source: Gallup-Healthways Well-Being Index

### 2017 is A Transitional Year for Rates

In many ways 2017 will be a transitional year for premium rates in California and across the nation, primarily due to the end of the Affordable Care Act's reinsurance, a program that subsidized health care plans that enrolled higher-cost individuals. Reinsurance was designed to help keep rates down during the first three years of the exchanges to stabilize the market and attract more consumers to build a healthy risk mix. Covered California estimates that this one-time adjustment added between four and six percentage points to this year's rate change.

The weighted average change for 2017 rates in California is 13.2 percent. While this change is higher than what Covered California saw during its first two years, when the rate changes were 4.2 percent and 4.0 percent, when looked at over the past three years it still represents an improvement to the rate increases many consumers saw in the individual market prior to the Affordable Care Act. For example, the California Healthcare Foundation examined premium rates in California's individual market from 2011 to 2014 and found that the median increase was 9.8 percent per year. The compounded average change for Covered California over the past three years has been 7 percent.

While any rate change can be difficult for consumers, it is important to note that as premiums rise, so does the federal government’s subsidy, which helps many consumers purchase their health care coverage. Approximately 90 percent of Covered California members receive some measure of financial help, which pays for approximately 77 percent of their monthly premium.

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 90 percent of Covered California’s enrollment, and their respective average rate increases are 3.9 percent and 8.1 percent. These lower increases indicate that consumers who are willing to shop and change health insurance companies can experience an even smaller increase in their costs.

Rate Change	2014-2015	2015-2016	2016-2017	3-Year Compounded Average
Weighted average increase	4.2%	4%	13.2%	7%
Lowest-price Bronze plan (unweighted)	4.4%	3.3%	3.9%	3.9%
Lowest-price Silver plan (unweighted)	4.8%	1.5%	8.1%	4.8%
Second -lowest-price Silver plan (unweighted)	2.6%	1.8%	8.1%	4.1%
If a consumer shops and switches to the lowest-cost plan available in the same metal tier	—	-4.5%	-1.2%	—

In addition to the end of the reinsurance program, there are several other driving factors that health plans must take into account when building 2017 rates:

- Continued increases in cost, utilization, and proportion of overall health spending for specialty drugs. Trends indicate that between 2012 and 2020, nationwide health system payments toward specialty drugs will quadruple (\$87 billion in 2012 to \$400 billion in 2020), and the percent of overall health care spending attributed to specialty drugs will almost triple (3.1 percent in 2012 to 9.1 percent in 2020).
- Rate increases are partly based on 2015 utilization, which reflects more health care services used as newly insured become more familiar with navigating the health care system.

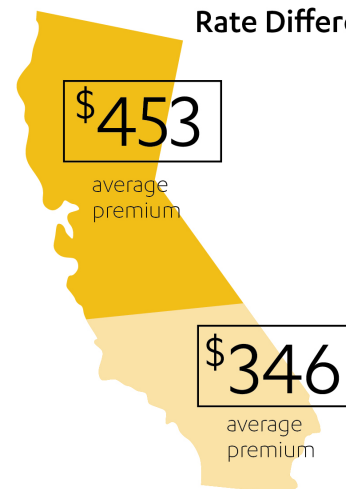
- In some cases, special enrollment rules that may have allowed some consumers to wait and buy health insurance only at the moment they needed it rather than paying premiums year round as intended by the Affordable Care Act.

Covered California is working to address these issues on multiple fronts, through aggressive marketing, implementation of new federal regulations and state processes aimed at ensuring special enrollment is available only to those who meet qualifying circumstances, requiring more documentation and sampling the special enrollment population to better understand how to make any improvements needed.

### Regional Variation in Premiums

Provider concentration is one of the drivers 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.

Northern vs. Southern California Rate Differences



### Improving the Quality of Care and Going Beyond Price

Covered California’s work extends beyond just increasing the number of insured Californians. The broader mission is to improve health quality and access to care, promote better health, lower costs, and reduce health disparities through an innovative and competitive marketplace that empowers consumers to choose the health plan and providers that offer the best value.

In that vein, Covered California is building a competitive marketplace to promote health care quality through ongoing negotiations with health insurers offering coverage through the exchange.

Covered California adopted significant new changes to contracts with its qualified health plans for 2017 that will advance ongoing efforts to improve the quality of care delivered to enrollees.

The new contract provisions seek to address the challenges in our current health care system and provide concrete prescriptions for the future that will address both quality and costs, such as strengthening value-based, patient-centered benefit designs to



improve access to primary care. In addition, Covered California uses core levers to promote better quality and lower costs, such as:

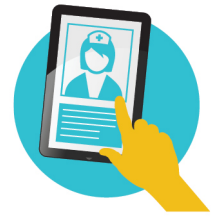
- Requiring providers to meet quality standards to provide safe care for all, including various racial and ethnic groups.
- Adopting payment strategies that support quality performance.
- Adopting proven models of primary care and integrated delivery models to enhance communication, efficiency and team work for better care delivery.

Specifically, the new contract includes the following initiatives:

- Covered California health plans will ensure all consumers either select or are provisionally assigned a primary care physician within 60 days of effectuation into their plan, so they have an established source of care who can help them navigate the health care system. Though common for HMOs, this will be new for enrollees in PPO plans. The primary care physician role as an advocate to promote organized, coordinated care for their patients is documented to improve health outcomes. Covered California PPO members will still have the freedom to choose which doctors to see and when.
- Covered California health plans will work with providers to incorporate advanced models of primary care into their networks, including patient-centered medical homes and new models of care coordination across specialties including integrated health care models or accountable care organizations.
- Plans will work with hospitals and physicians to exchange patient information so that physicians can be notified if their patients are hospitalized, so they can track trends and improve performance on chronic conditions, such as hypertension or diabetes.
- Plans will be required to track health disparities among all their patients receiving care, by racial/ethnic group and by gender, identify trends in those disparities and reduce the disparities, beginning with four major conditions: diabetes, hypertension, asthma and depression.
- Plans will develop programs to proactively identify and manage at-risk enrollees, with requirements to improve in targeted areas.
- Plans will provide tools enabling consumers to view provider-specific cost shares (based on contracted rates) and quality information for inpatient, outpatient, ambulatory services and prescription drugs. In addition, these tools will allow members to see plan-specific accumulations toward deductibles and out-of-pocket maximums.

The quality efforts are being developed in collaboration with a wide range of partners including health insurers, providers and advocates.

In addition, Covered California’s contracts with health insurance companies 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.



Covered California’s health insurance companies are leading the nation in their efforts to reach and serve the rich diversity of California’s population. Four of Covered California’s 11 insurers — Health Net, Kaiser Permanente, L.A. Care Health Plan and Molina Healthcare — have achieved top scores and recognition from the National Committee for Quality Assurance based on their commitment to the collection of race/ethnicity and language data, provision of language assistance, cultural responsiveness, quality improvement of culturally and linguistically appropriate services, and reduction of health care disparities.



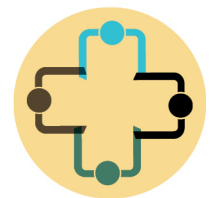
Three of Covered California’s health insurance companies — Kaiser, Sharp Health Plan and Western Health Advantage — offer integrated delivery systems. Many of Covered California’s insurers are using telehealth and digital platforms to expand and improve consumer access to the right provider at the right 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.



## Patient-Centered Benefit Design Improvements

Covered California is also continuing to improve on its patient-centered benefit designs and increasing a consumer's access to care by reducing the number of services that are subject to a consumer's deductible. Starting in 2017, consumers in Silver 70 plans will save as much as \$55 on an urgent care visit and \$10 on a primary care visit. In addition, consumers in Platinum, Gold and Silver plans will pay a flat copay for Emergency Room (ER) visits, with no additional physician fee. Consumers in Silver 70 plans will no longer be required to satisfy a deductible before the plan begins to pay for ER services.

These improvements follow those already in place, where every outpatient service in our Silver, Gold and Platinum plans can be accessed without being subject to the consumer's deductible. This includes primary care visits, specialist visits, lab tests, X-rays and imaging. In addition, some Enhanced Silver plans have little or no deductible and very low co-pays, such as a \$5 office visit. Even our most affordable plans in the Bronze tier allow consumers to see their doctor or a specialist three times before being subject to the deductible.

With some critics focused on the "high deductibles" of some plans it is important to look at which services are covered without being subject to a deductible. Covered California's benefit design puts the consumer first, makes health care more affordable and helps consumers access the care they need and deserve. These improvements provide valuable peace of mind and ensure that a Covered California plan is more than just an insurance card.

**2017 PATIENT-CENTERED BENEFIT DESIGNS BY METAL TIER**

<b>MEDICAL COST SHARES</b>				
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	\$75	\$35	\$30	\$15
Specialty Care Visit	\$105	\$70	\$55	\$40
Urgent Care Visit	\$75	\$35	\$30	\$15
Emergency Room Facility	Full cost until out-of-pocket maximum is met	\$350	\$325	\$150
Laboratory Tests	\$40	\$35	\$35	\$20
X-Ray and Diagnostics	Full cost until out-of-pocket maximum is met	\$70	\$55	\$40
Deductible	Individual: \$6,300 medical \$500 drug  Family: \$12,600 medical \$1,000 drug	Individual: \$2,500 medical \$250 drug  Family: \$5,000 medical \$500 drug	N/A	N/A
Annual Out-of-Pocket Maximum	\$6,800 individual and \$13,600 family	\$6,800 individual and \$13,600 family	\$6,750 individual and \$13,500 family	\$4,000 individual and \$8,000 family

*Benefits shown in blue are not subject to any deductible. White corner = subject to a deductible after first three visits. Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, they will be at full cost until the medical deductible is met.*

<b>DRUG COST SHARES — 30 DAY SUPPLY</b>				
Generic Drugs (Tier 1)	full cost up to \$500, after deductible is met	\$15 or less	\$15 or less	\$5 or less
Preferred Drugs (Tier 2)	full cost up to \$500, after deductible is met	\$55 after drug deductible	\$55 or less	\$15 or less
Non-preferred Drugs (Tier 3)	full cost up to \$500, after deductible is met	\$80 after drug deductible	\$75 or less	\$25 or less
Specialty Drugs (Tier 4)	full cost up to \$500, after deductible is met	20% up to \$250 after drug deductible	20% up to \$250	10% up to \$250

## 2017 PATIENT-CENTERED 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 <b>94%</b> average annual cost	Covers <b>87%</b> average annual cost	Covers <b>73%</b> 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 Visit	\$5	\$10	\$30
Specialty Care Visit	\$8	\$25	\$55
Urgent Care Visit	\$5	\$10	\$30
Laboratory Tests	\$8	\$15	\$35
X-Ray and Diagnostics	\$8	\$25	\$65
Imaging	\$50	\$100	\$300
Deductible	Individual: \$75 medical Family: \$150 medical	Individual: \$650 medical \$50 drug Family: \$1,300 medical \$100 drug	Ind.: \$2,200 medical \$250 drug Family: \$4,400 medical \$500 drug
Annual Out-of-Pocket Maximum	\$2,350 individual and \$4,700 family	\$2,350 individual and \$4,700 family	\$5,700 individual and \$11,400 family

*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.
- Performing responsively and using resources efficiently in the most focused possible way.

## Covered California Plans 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.

Starting in 2017, Covered California will establish an ombudsman program to help consumers who experience challenges with their coverage. Covered California will help consumers navigate the process with their plan and with state agencies to resolve their individual cases. Covered California will also work with its health insurance companies and regulators 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

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 website and click on the “Find Local Help to Enroll” 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.

## How to Calculate Gross Monthly Premium (before subsidy) for a Specific Age

Covered California's shopping tool is undergoing improvements and will not be available until shopping begins this fall. In the meantime, step-by-step instructions to calculate an individual consumer's gross monthly premium [are available here](#). These calculations do not include any potential subsidy amounts.

## 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. Approximately 90 percent of those who enrolled through Covered California for coverage in 2016 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 FOR 2017 BENEFIT YEAR						
Size of Household	138%	150%	200%	250%	300%	400%
1	\$16,394	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$22,107	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$27,820	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$33,534	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$39,247	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760



## About Covered California Health Insurance Companies for the 2017 Plan Year

Covered California has tentatively selected 11 health insurance companies to be available for enrollment starting Nov. 1, 2016, for coverage that begins on Jan. 1, 2017. 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.

Several of Covered California's current carriers will be expanding their coverage areas in 2017. Oscar will be entering the market in San Francisco; Molina will expand into Orange County; and Kaiser will be available in the county of Santa Cruz.

With the expansion of its current carriers, all consumers will have at least two carriers to choose from and 93 percent of consumers will be able to choose from three or more carriers. Covered California also announced that quality providers such as Hill Physicians, Monarch HealthCare, UCSF Health and others are available in more plans for 2017.

### Health Insurance Companies Selected for 2017

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
9. Sharp Health Plan
10. Valley Health Plan
11. 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.

The following pages include detailed information about the benefits and specific care models of each of the 11 participating health insurance companies.



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

Anthem Blue Cross 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, California. Anthem and its affiliates serve over 8 million Californians, including over 350,000 Covered California enrollees statewide.

### **Anthem has you covered**

With a long history of providing health plans to Californians, Anthem's strength and stability in the marketplace offers a broad network in the state. And with our PPO and EPO plans, members get access to a wide network of doctors and hospitals when traveling across the U.S. and other parts of the world through the BlueCard program.

### **Innovative programs**

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 leverages medical groups care capabilities and Anthem staff to drive improvements in quality.

Anthem Whole Health Connection is transforming the face of health care by connecting claims and clinical data from all Anthem coverage lines, including dental, vision, pharmacy and medical, so members get complete care with administrative ease. Benefits include one quote, one bill, single sign-on and more.

### **24/7 access with 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.

### **Mobile and online tools**

Anthem's newly redesigned, easy-to-use mobile app enables on-the-go members to manage their care from anywhere. Features include a benefit balance dashboard where members can track deductibles and out-of-pocket-limits, as well the ability to view their electronic ID card, find a doctor or urgent care and estimate their cost of care. The redesigned Anthem website is launching later this year, [anthem.com/ca](http://anthem.com/ca), built with easy access and personalization in mind. Members can find all the same features as the mobile app and much more.



Blue Shield of California | [www.blueshieldca.com](http://www.blueshieldca.com)  
(855) 836-9705

Blue Shield of California is a nonprofit health plan founded in 1939 by the California Medical Association. Blue Shield is based in San Francisco, California and serves 29 percent of Covered California members in regions statewide.

### **Trio Accountable Care Organization HMO**

Blue Shield's "Trio" Accountable Care Organization product is new to Covered California for 2017, with goals of improved patient access, higher quality outcomes and increased cost efficiency. Trio uses an integrated network delivery model across specialties, plus hospitals, that provides coordinated care and leverages relationships with select providers in specific regions. Trio is smaller than Blue Shield's Exclusive PPO network. Blue Shield's provider directory can be used to find a provider in Trio.

### **Exclusive PPO Network Expansion**

Blue Shield has more than doubled the size of its Exclusive PPO network since 2013. Blue Shield's Exclusive PPO network now includes more than 300 acute hospitals and more than 46,000 total physicians (as of July 2016).

### **Consumer Transparency Tools**

Blue Shield's online tools help its PPO members manage their healthcare, by including information on more than 400 treatments, 1,600 procedures and 160 episodes of care.\* In addition, tools show accumulations toward deductibles and out-of-pocket-maximums, and enrollee ratings as quality information.

### **Wellness Services**

Blue Shield's Wellvolution<sup>SM</sup> program uses online and mobile technologies to encourage and reward healthy lifestyle choices. Wellvolution's programs assess physical and emotional health and also include daily reminders and challenges designed to improve well-being. Members can take advantage of lower prices on a variety of helpful programs, services, and products. For details, visit [blueshieldca.com/wellnessdiscounts](http://blueshieldca.com/wellnessdiscounts).

### **Getting Care Anywhere**

In 2017, PPO members will have access to 24/7 phone or video consultations for primary care through a telehealth service called Teladoc. Copays are \$5 per consultation for most plans. Teladoc provides access to board certified physicians who can resolve many non-emergent medical issues outside of an emergency room, urgent care center or provider's office. In addition to Teladoc, NurseHelp 24/7, BlueCard and clinic services are also available to PPO members, including routine check-ups to emergencies and everything in between.

\*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 <https://www.blueshieldca.com/bsca/popups/treatment-cost-estimator-disclaimer.sp>.



Chinese Community Health Plan | [www.cchphealthplan.com](http://www.cchphealthplan.com)  
(888) 775-7888

Chinese Community Health Plan (CCHP) covers about one percent of Covered California enrollees and has offerings in pricing regions 4 (San Francisco) and 8 (San Mateo). CCHP is based in San Francisco and has been in operation for nearly 30 years.

CCHP has deep roots in the local community. The mission of CCHP is to improve the health of the community by delivering high-quality, affordable health care through culturally competent and linguistically appropriate services.

### **Network Expansion**

CCHP's 2017 network expansions include Hill Physicians Medical Group, the addition of a new super clinic and patient tower at Chinese Hospital, and an expansion of Chinese Hospital Outpatient Center.

### **In-language services**

Over 45 percent of CCHP's Covered California enrollees identify themselves as Chinese and over 40 percent prefer Cantonese or Mandarin 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.

### **Case Management**

CCHP offers case management with an interdisciplinary team for multiple conditions including newly-diagnosed cancer, pregnancy monitoring, childhood asthma, heart failure, chronic obstructive pulmonary disease, diabetes mellitus and end-stage renal failure. In addition, case managers at hospitals notify a member's primary care provider of their admission to enable continuation of care through follow-up upon discharge.

### **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 2015.



Health Net | [www.healthnet.com](http://www.healthnet.com)  
(877) 288-9082

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

### **Culturally appropriate care and outreach**

Health Net has earned the Multicultural Health Care Distinction from the National Committee for Quality Assurance for its health equity projects aimed at mitigating member disparities. One example is community engagement to improve discharge processes and clarity for Hmong members.

### **Member Education**

Health Net offers one-hour community workshops to members in English, Spanish and Chinese on the basics of managed care, how to use your health plan and understanding benefits and costs.

### **Online Tools**

Health Net offers a variety of online tools to help members understand their coverage and the costs involved. These tools include:

- Health Net's Treatment Cost Advisor allows members to search hundreds of medical procedures to learn cost share and compare to alternative treatments. Also included is a drug tool that allows for search and compare.
- Health Net Mobile is an app for smart phone or other Web-enabled devices that gives members personalized health resources such as a virtual ID card.
- MyStrength is a behavioral health tool devoted to managing depression, anxiety and substance abuse issues.

### **Health and Wellness**

Message and email campaigns help educate members on key areas such as importance of flu shots, colorectal cancer screening and reduction of early elective deliveries. In addition, one-on-one phone wellness coaching is offered for smoking cessation, meeting fitness goals and other health topics.

### **Health Assessments**

Members can earn a \$50 gift certificate, valid with popular retailers, for taking a Health Risk Questionnaire (HRQ), and reporting results to their primary care provider.

Health Net HMO and HSP health plans are offered by Health Net of California, Inc. Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. Health Net is a registered service mark of Health Net, Inc. All rights reserved.



Kaiser Permanente | [www.kp.org](http://www.kp.org)  
(800) 464-4000

Kaiser Permanente is a nonprofit, group-practice health plan with headquarters in Oakland, California. 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 in 2017.

### **Network Expansion**

Kaiser's expansion into Region 9 (Santa Cruz) in 2017 involves collaboration with Watsonville Community Hospital for inpatient and ambulatory specialty care. Phased expansion plans include the opening of three medical offices in January of 2017 and a specialty hub for members to be added by 2020.

### **Culturally appropriate care**

Efforts to improve culturally and linguistically appropriate services and reduce health care disparities have earned Kaiser 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. For new members, guidebooks are available in 12 languages, and language preference surveys are given to enable automatic communication in the member's language of choice. Member satisfaction surveys indicate that new Spanish-speaking Kaiser members are as satisfied as English-speaking members.

### **Disease Management**

Kaiser 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 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.

### **Health Management Tools**

Kaiser's online tools provide support to members as well as to providers. Members can email their doctors directly, make appointments, view their laboratory results, order prescription refills online, understand costs for common procedures and check accumulations toward out of pocket maximums and deductibles. 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.



**L.A. Care**  
HEALTH PLAN

L.A. Care Health Plan | [www.lacare.org](http://www.lacare.org)  
(888) 452-2273

Established in 1997 by the state of California, L.A. Care Health Plan provides health coverage to the culturally diverse residents of Los Angeles County through Medi-Cal, Medicare and Covered California. Based in Los Angeles, L.A. Care serves Covered California enrollees in pricing regions 15 and 16.

### **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. Enhancements in 2017 include a new Family Resource Center in Palmdale, California.

### **Wellness programs designed to keep you healthy**

L.A. Care offers in-person wellness workshops, one-on-one telephone counseling, and online health and wellness tools. Registered Dietitians and health coaches are available to members to create an action plan to promote healthy living. L.A. Care also makes available health and wellness incentives for completing a health appraisal and wellness activities. Plans also include access to a Nurse Advice Line, 24/7. In addition to offerings for members only, members may also access many free programs offered at conveniently located Family Resource Centers.

### **Innovations in Customer Service**

L.A. Care has added features so members can easily manage their plan. Members can access their plan information on their mobile device by downloading the L.A. Care *Connect*<sup>™</sup> app, and they can also pay their monthly premium online or in cash through the PayNearMe service available at convenience stores like 7-Eleven, Family Dollar or ACE Cash Express.

### **Culturally diverse care and outreach**

L.A. Care understands the needs of the increasingly diverse population and cultures in Los Angeles County. Efforts to serve its members in culturally and linguistically appropriate ways has earned L.A. Care the Multicultural Health Care Distinction from the National Committee for Quality Assurance for the past four years. Quality health care needs good communication between the doctor and the patient. L.A. Care offers language assistance to many people to help them get the care they need. The plan provides translated health plan information, interpreters at doctor's appointments and has trained staff on cultural competency.



Molina Healthcare | [www.molinahealthcare.com](http://www.molinahealthcare.com)  
(888) 562-5442

Since 1985, Molina Healthcare of California has been providing care for low-income individuals. Our mission is to bring high-quality and cost-effective health care to kids, adults, seniors, families and people with disabilities. The company serves approximately 676,000 members through Medi-Cal, Medicare, Medicare-Medicaid (Duals) and Covered California. Molina's service areas are Sacramento, Los Angeles, San Bernardino, Riverside, San Diego and Imperial counties.

### **Network Expansion**

For 2017, Molina is expanding its Covered California service area into Orange County, and is partnering with Monarch Health Plan, Inc. and Heritage Provider Network, which provides over 2,000 physicians and 29 hospitals. Molina is also in discussions with Inland Faculty Medical Group in the Inland Empire to add their network of providers.

### **Practical Health Management Tools**

With the MyMolina portal, members have 24/7 online access to find or change doctors, view their plan or benefits, check the drug formulary, see their balance or medical history, print a temporary ID card and much more.

Molina also offers a Procedure Cost Estimator search tool in the MyMolina portal that enables members to understand the estimated in-network and out-of-network costs of common services by entering a procedure code. In addition, Molina provides decision support tools to members, providers, and care teams that include access to member diagnoses, care plans, medications, assessments and needed services.

### **Community Connectors Program**

This program links members with liaisons who help coordinate care and avoid extra costs such as unnecessary procedures and excessive use of emergency medicine, while addressing social determinants of health. Geared toward those with complex medical, behavioral and social issues, the program educates members so they can better manage their own conditions, connect to community resources, and advocate for themselves. The program has resulted in improved outcomes among the plan's most vulnerable members.

### **Multicultural approach to health and wellness**

Molina promotes health to young adults through activities in neighboring trade schools, and to families through English as a Second Language (ESL) parent groups in local school districts. These are just a few of the many efforts that earned Molina the Multicultural Health Care Distinction from the National Committee for Quality Assurance.





Oscar Health Plan of California | [www.hioscar.com](http://www.hioscar.com)  
(855) OSCAR-88

Oscar Health Plan of California was founded in 2013 and offers simple, intuitive tools that guide members to better care. Oscar offers coverage in pricing regions 16 and 18, and is expanding to region 4 in 2017.

### **Consumer tools**

Oscar's website and mobile app make it easier to find providers and estimate costs. Some of Oscar's many features include:

- **Care Router:** an intuitive way to search for the best provider or location for a particular health condition, including cost estimates to help members manage their out of pocket spending.
- **Provider Directory:** a modern tool to find providers based on distance, language, cost or one of many other traits that may be important to a member.
- **Timeline:** an easily accessible summary of all of a member's health information on file with Oscar, such as past physician visits and prescriptions.
- **Doctor on Call:** 24/7, free, and unlimited access to on-call physicians that can address common ailments and conditions, frequently within ten minutes.
- **Rewards:** up to \$100 in rewards each year for staying healthy, active and engaged.

### **Access to high quality providers**

Oscar offers a curated network of high quality providers in each of its service areas.

Oscar's Southern California network in regions 16 and 18 includes systems such as Providence Health & Services, UCLA Health and St. Joseph Hoag Health. This integrated network coordinates members' health care to lead to better value and health outcomes.

Oscar's network expansion into Region 4 in Northern California will bring the following health systems and medical groups to new Oscar members: UCSF Health and Hill Physicians.

### **Customer service**

Above all, Oscar believes healthcare should be human and transparent, and that an Oscar representative should and can be available to members whenever needed. Over 90 percent of calls to Oscar are answered by a live representative within 30 seconds. Members can access help at any time by calling (855) OSCAR-88 or emailing Oscar at [help@hioscar.com](mailto:help@hioscar.com).



Sharp Health Plan | [www.sharphealthplan.com](http://www.sharphealthplan.com)  
(800) 359-2002

Sharp Health Plan is a nonprofit 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 Health Plan serves Covered California enrollees in pricing region 19.

### **Quality Care and Convenience**

Members receive access to an expansive network of high-quality physicians from Sharp Rees-Stealy and Sharp Community Medical Groups and other medical groups. Additional convenience is available through MinuteClinic, the walk-in medical clinic located inside select CVS/pharmacy stores. The clinics are staffed by nurse practitioners who treat common illnesses, minor injuries, skin conditions and more.

### **Telehealth**

Sharp makes care more convenient by offering visits by telephone from select physicians of Sharp Rees-Stealy Medical Group. Telehealth visits are ideal for certain medical conditions and for a variety of follow-up appointments, as recommended.

### **Consumer Health Management Tools**

FollowMyHealth, Sharp's mobile app and web portal, allows members with participating doctors to schedule appointments, send messages, view test results and get health related information. The health plan's online drug list allows members to view their estimated drug costs and alternate drug options.

### **Wellness Promotion**

Best Health, Sharp's integrated wellness program, provides free one-on-one health coaching, online workshops, fitness tracking tools, meal planners and an extensive health library. Sharp is the only Covered California plan to hold accreditation from the National Committee for Quality Assurance (NCQA) for "Wellness & Health Promotion."

### **Member Satisfaction**

Sharp is the highest rated health plan in California, as measured by NCQA's 2015 Quality Compass including the Consumer Assessment of Healthcare Providers and Systems survey. And, Sharp Health Plan earned 4 out of 4 stars in Covered California's Quality Rating System survey.

### **Free health insurance educational events and enrollment labs**

Sharp offers free educational events and enrollment labs. These events help community members learn about health insurance options and premium subsidy eligibility, and also help them enroll.



Valley Health Plan®

Valley Health Plan | [www.valleyhealthplan.org](http://www.valleyhealthplan.org)  
(888) 421-8444

Valley Health Plan (VHP) has been serving the Santa Clara County community for more than 30 years. VHP is a Knox-Keene licensed, nonprofit, National Committee for Quality Assurance Accredited HMO.

### **Advanced Primary Care: Patient-Centered Medical Homes (PCMH)**

Approximately 80 percent of VHP's Covered California membership receives care through a Patient-Centered Medical Home (PCMH). PCMH centers advance primary care through interdisciplinary teams who provide evidence-based comprehensive care.

### **Health Education**

Members may enroll in the Complex Case Management Program or Disease Management Program to get one-on-one support and advice from a nurse to help manage their health conditions. Every VHP member is encouraged to take an online Personal Health Assessment (PHA) to learn more about their current health status and gain access to helpful online tools including chatting with certified personal trainers and registered dietitians, watching exercise video clips and online health workshops, tracking food and water intake, and referencing healthy recipes and meal plan options.

VHP offers Wellness Programs to help members achieve and maintain a healthier lifestyle through prevention, education, nutrition, and fitness. With over 20 different types of fitness classes to choose from, it's easy to find a class that fits every fitness level and interest.

### **Provider Network Expansion**

VHP continues to add culturally and linguistically appropriate providers and medical groups to our already extensive list of Essential Community Providers.

### **Pharmacy Tools**

Navitus is VHP's pharmacy partner who provides an online pharmacy portal that helps members become better informed about their health care choices. The pharmacy portal offers general information, including formulary information, pharmacy search, drug search, medication history and the ability to initiate a request for non-formulary drugs



Western Health Advantage | [www.westernhealth.com](http://www.westernhealth.com)  
(888) 563-2250

Western Health Advantage (WHA) is a nonprofit health insurance company that was founded in 1996 by a trusted 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.

### **Integrated model**

As a provider-owned organization, WHA excels at providing integrated, coordinated and quality care. WHA 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

### **Advantage Referral Program**

WHA's Advantage Referral program gives members access to any participating specialist in WHA's network, not just to those within a member's particular medical group. Members can ask their primary care physician to refer them to any of the specialists that participate in Advantage Referral.

### **Medical Cost Service Estimator**

WHA 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 estimated costs for common services (average and high end of range) based on contractual provider agreements within the last year.
- 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.

### **Provider Intelligence: data management system to improve quality of care**

The WHA population management data system, called Provider Intelligence, allows providers to access and identify high-risk individuals, evaluate medications and visits, and enhance the quality of their care overall.



## Covered California Regional Offerings for 2017

### Pricing Regions

California is comprised of 19 pricing regions. Each region has different pricing and health insurance options. The 11 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 2017

Broad Choice, Local Options and Good Trend

PRICING REGION	ANTHEM			BLUE SHIELD		CCHP	HEALTH NET		KAISER PERMANENTE	L.A. CARE	MOLINA HEALTHCARE	OSCAR	SHARP HEALTH PLAN		VALLEY HEALTH PLAN	WESTERN HEALTH ADV.
	EPO	PPO	HMO	PPO	HMO		EPO	HMO					HMO-1 Copay	HMO-2 Coninsurance		
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





## 2017 Statewide Rate Change Summary

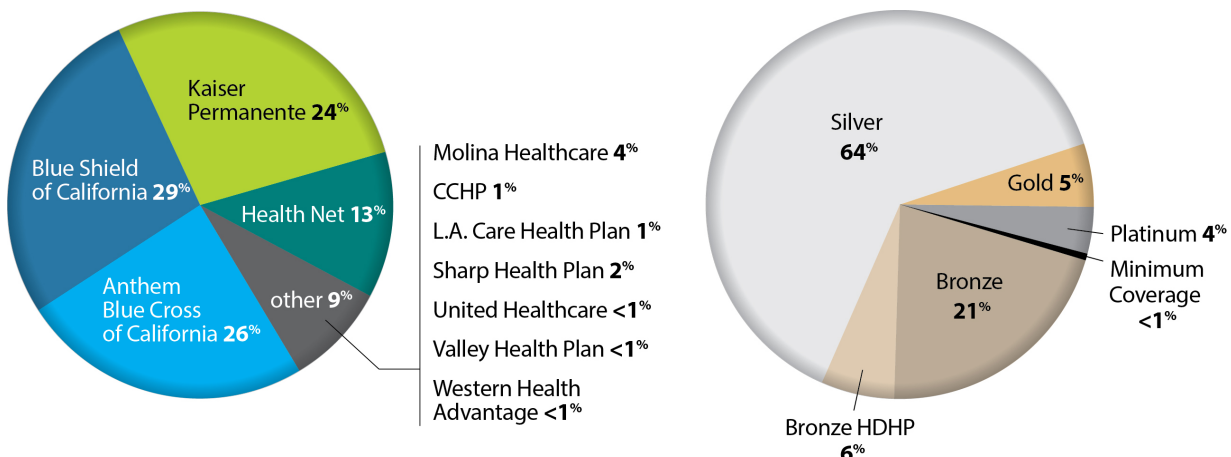
The number below reflects the statewide weighted average increase across health insurance companies and plans.

<b>2017 Statewide Rate Change</b> (weighted average)	<b>+13.2%</b>
2016 Statewide Rate Change (weighted average)	+4.0%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+3.9%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+8.1%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-1.2%

### Statewide Observations

- Statewide weighted average of 13.2 percent.
- If consumers change to the lowest-priced plan at the same metal tier, the weighted average change would be a decrease of 1.2 percent.
- Regions 1 to 14 (northern counties) encompass 45 percent of Covered California's enrollment and have a weighted average increase of 13 percent.
- Regions 15 to 19 (southern counties) encompass 55 percent of Covered California enrollment and have a weighted average increase of 13.3 percent.
- Almost 80 percent of consumers will either be able to pay less or see their rate go up by no more than 5 percent if they switch plans.

### 2017 Statewide Enrollment (subsidized and non-subsidized)





## 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

<b>Rate Change</b> (weighted average)	<b>+12.1%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+5.9%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+10.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+10.2%

### Regional Observations

- 56,420 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 92 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 3.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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.

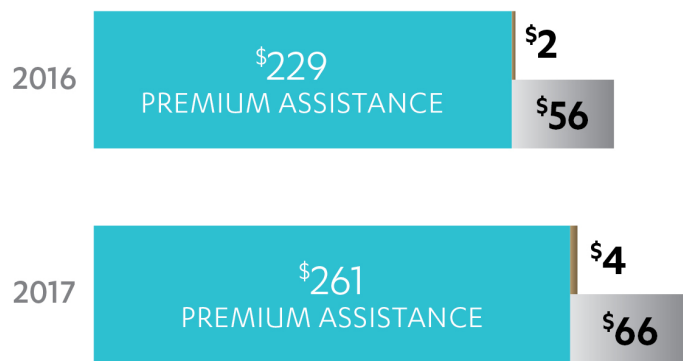
## Pricing Region 1

### Average Consumer Monthly Premium After Subsidy

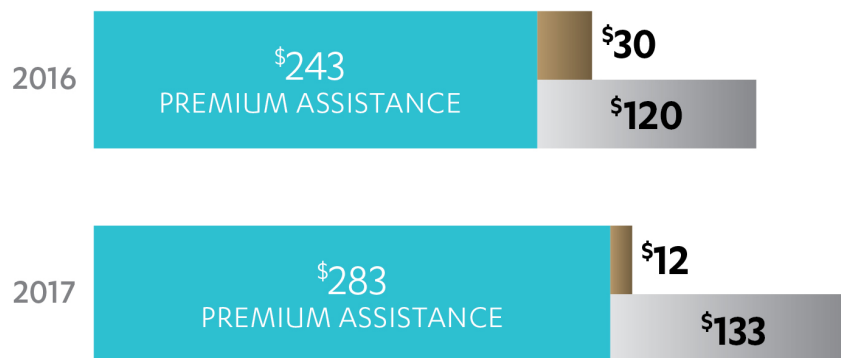
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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

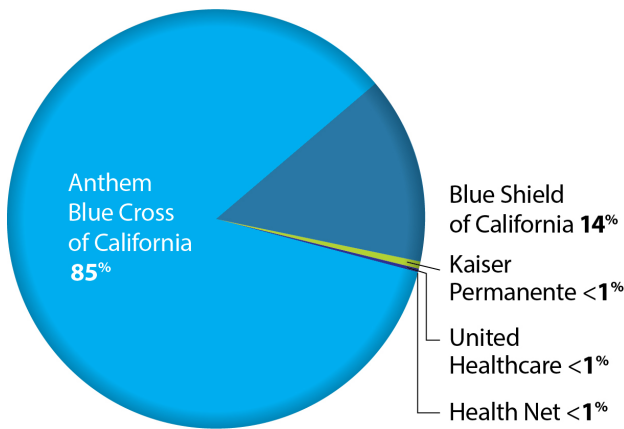
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

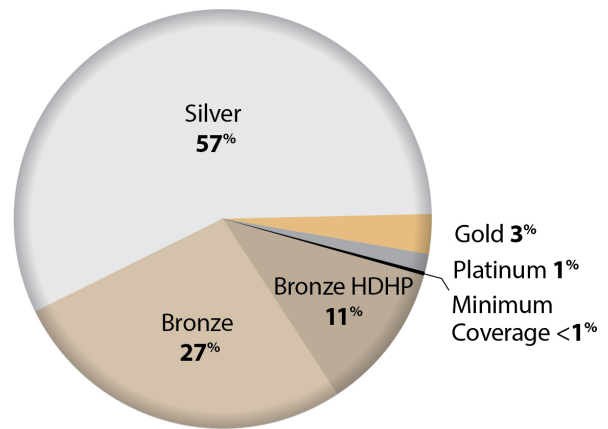
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	85%	10.5%	5.9% to 14.8%
<b>Blue Shield PPO</b>	14%	22.3%	17.1% to 22.8%
<b>Health Net HMO</b>	0.01%	21.7%	21.0% to 23.0%
<b>Kaiser Permanente HMO</b>	1%	6.0%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 1

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$348	\$283	\$209	\$32	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$59	\$125	\$199	\$376	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$192	\$257	\$331	\$508	
<b>Blue Shield PPO</b>	\$102	\$167	\$242	\$419	
<b>Health Net HMO</b>	\$171	\$236	\$311	\$488	
<b>Kaiser Permanente HMO</b>	\$53	\$118	\$193	\$370	

## Pricing Region 1

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	<b>\$191</b>	<b>\$221</b>	<b>\$226</b>	\$320*	\$405	\$482
<b>Blue Shield HMO</b>	-	-	-	\$424	\$515	\$636
<b>Blue Shield PPO</b>	\$277	\$291	\$301	\$354	\$439	\$562
<b>Health Net HMO</b>	\$242	-	\$307	\$408	\$509	\$601
<b>Kaiser Permanente HMO</b>	\$200	\$231	\$229	<b>\$316</b>	\$366	<b>\$404</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$349</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	<b>\$281</b>	<b>\$287</b>	\$408*	\$516	\$613
<b>Blue Shield HMO</b>	-	-	\$540	\$655	\$809
<b>Blue Shield PPO</b>	\$371	\$383	\$450	\$559	\$716
<b>Health Net HMO</b>	-	\$391	\$519	\$647	\$765
<b>Kaiser Permanente HMO</b>	\$294	\$291	<b>\$402</b>	\$465	<b>\$514</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$445</b>	-

Figures rounded to the nearest dollar.





## Pricing Region 2

Marin, Napa, Solano and Sonoma counties

<b>Rate Change</b> (weighted average)	<b>+12.5%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+7.0%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+7.0%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+0.2%

### Regional Observations

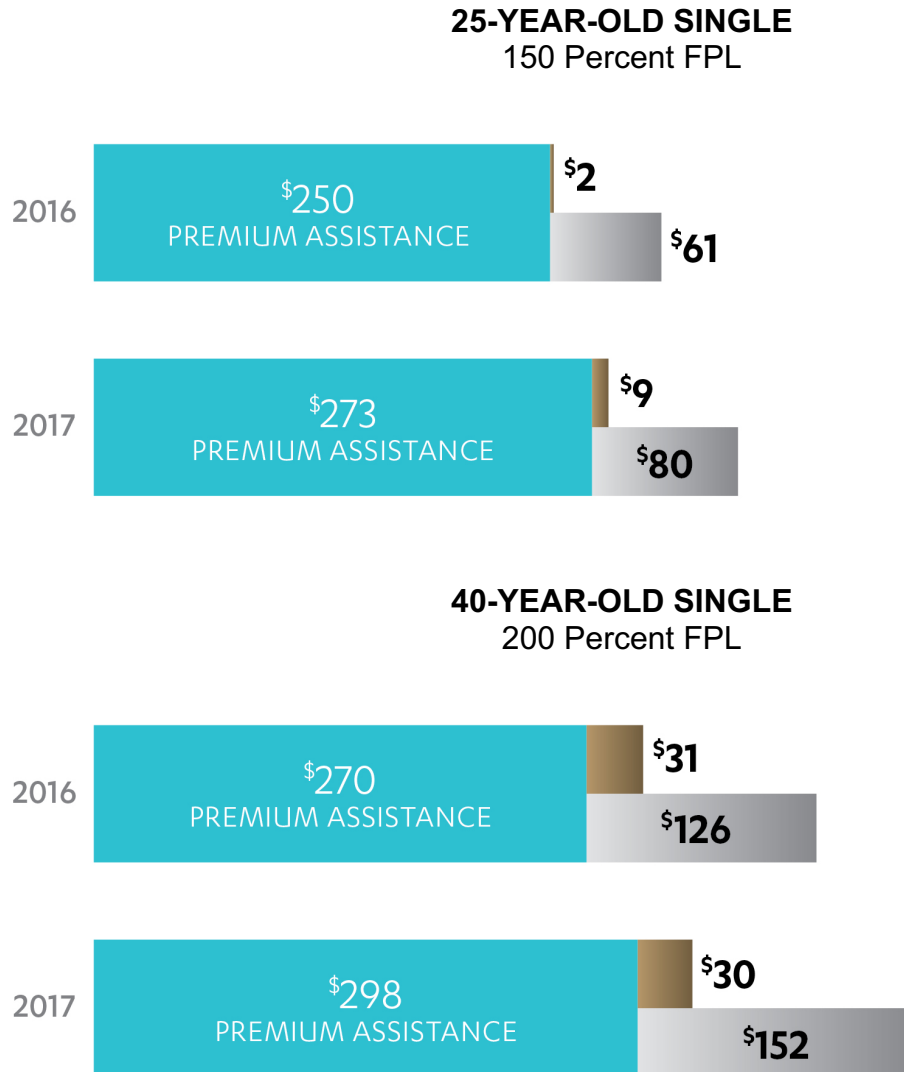
- 54,708 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 87 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 4 insurance companies to choose from, and some will have as many as 5.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

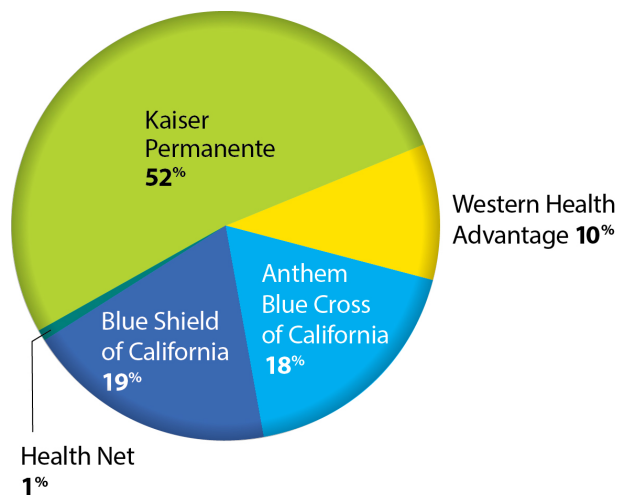
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

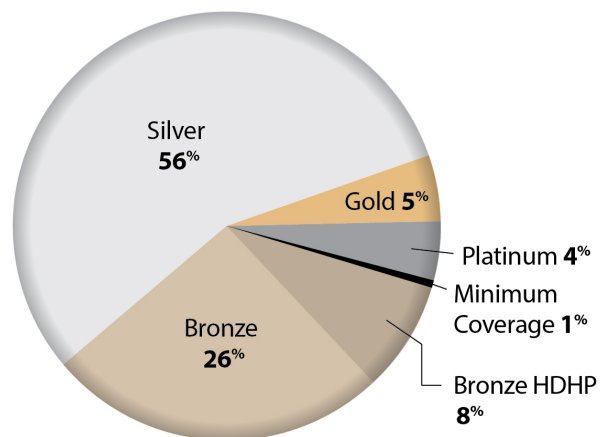
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	18%	27.9%	22.7% to 33%
<b>Blue Shield PPO</b>	19%	18.6%	13.5% to 19.1%
<b>Health Net EPO</b>	1%	23.1%	22% to 24%
<b>Kaiser Permanente HMO</b>	52%	5.8%	0.4% to 7.5%
<b>Western Health Advantage HMO</b>	10%	7%	6.95% to 7%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 2

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$363	\$298	\$224	\$47	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$165	\$230	\$305	\$482	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$173	\$238	\$313	\$490	
<b>Blue Shield PPO</b>	\$109	\$174	\$249	\$426	
<b>Health Net EPO</b>	\$140	\$206	\$280	\$457	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$376	
<b>Western Health Advantage HMO</b>	\$32	\$97	\$172	\$349	

## Pricing Region 2

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$247	\$286	\$292	\$415	\$524	\$624
<b>Blue Shield HMO</b>	-	-	-	\$421	\$511	\$632
<b>Blue Shield PPO</b>	\$290	\$305	\$315	\$371	\$460	\$589
<b>Health Net EPO</b>	\$235	-	\$298	\$396	\$493	\$583
<b>Kaiser Permanente HMO</b>	\$210	<b>\$243</b>	\$241	\$332*	\$385	\$425
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$368</b>	-
<b>Western Health Advantage HMO</b>	<b>\$194</b>	\$244	<b>\$238</b>	<b>\$310</b>	\$372	<b>\$404</b>

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$364	\$372	\$528	\$668	\$794
<b>Blue Shield HMO</b>	-	-	\$536	\$651	\$804
<b>Blue Shield PPO</b>	\$389	\$401	\$472	\$586	\$750
<b>Health Net EPO</b>	-	\$379	\$504	\$628	\$742
<b>Kaiser Permanente HMO</b>	<b>\$309</b>	\$307	\$423*	\$490	\$541
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$468</b>	-
<b>Western Health Advantage HMO</b>	\$310	<b>\$303</b>	<b>\$395</b>	\$474	<b>\$514</b>

Figures rounded to the nearest dollar.



## Pricing Region 3

Greater Sacramento

Sacramento, Placer, El Dorado and Yolo counties

<b>Rate Change</b> (weighted average)	<b>+13.4%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+7.5%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+4.4%

### Regional Observations

- 77,333 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 5.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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

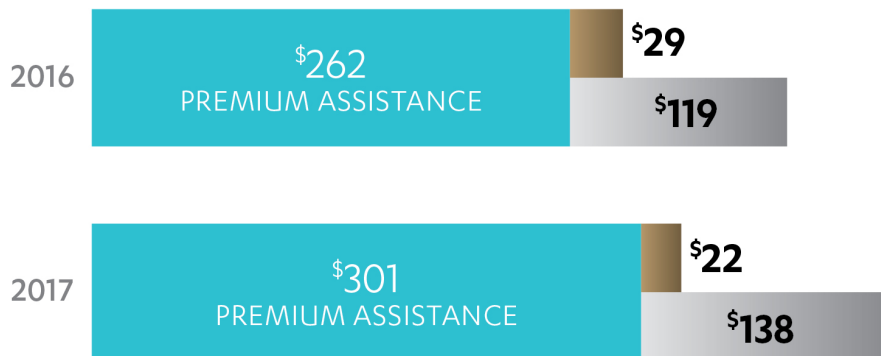
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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

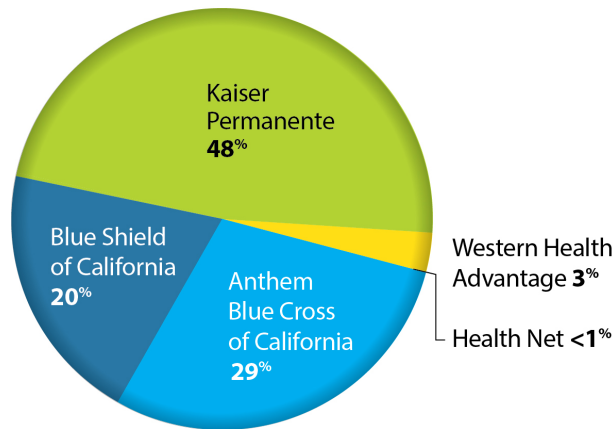
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

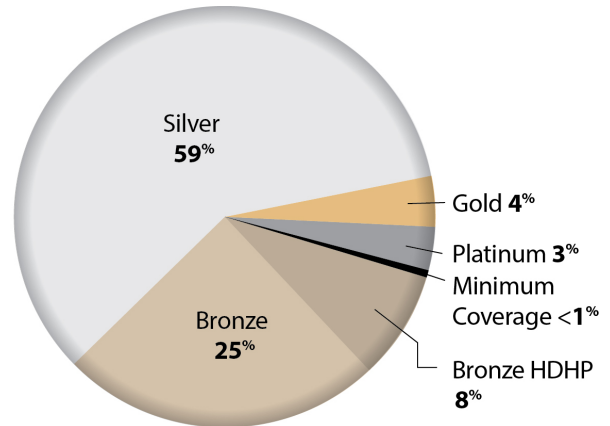
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	29%	19.5%	14.8% to 24.4%
<b>Anthem HMO</b>	0.01%	15.5%	12.1% to 16.4%
<b>Blue Shield PPO</b>	20%	23.1%	17.8% to 23.6%
<b>Health Net HMO</b>	0.2%	21.6%	21% to 23%
<b>Kaiser Permanente HMO</b>	48%	5.8%	0.4% to 7.5%
<b>Western Health Advantage HMO</b>	3%	8.8%	8% to 11%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

### Pricing Region 3

#### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$367	\$301	\$227	\$50	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$104	\$169	\$244	\$421	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$339	\$404	\$479	\$656	
<b>Blue Shield HMO</b>	\$145	\$211	\$285	\$462	
<b>Blue Shield PPO</b>	\$112	\$178	\$252	\$429	
<b>Health Net HMO</b>	\$135	\$200	\$274	\$451	
<b>Kaiser Permanente HMO</b>	\$35	\$100	\$175	\$352	
<b>Western Health Advantage HMO</b>	\$59	\$125	\$199	\$376	

## Pricing Region 3

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$220	\$255	\$261	\$370	\$468	\$556
<b>Anthem HMO</b>	-	-	-	\$554	\$678	\$817
<b>Blue Shield HMO</b>	-	-	-	\$402	\$488	\$603
<b>Blue Shield PPO</b>	\$294	\$310	\$320	\$376	\$467	\$598
<b>Health Net HMO</b>	\$234	-	\$297	\$394	\$491	\$580
<b>Kaiser Permanente HMO</b>	<b>\$200</b>	<b>\$231</b>	<b>\$229</b>	<b>\$316</b>	\$366	<b>\$404</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$349</b>	-
<b>Western Health Advantage HMO</b>	\$213	\$270	\$261	\$335*	\$402	\$446

## Pricing Region 3

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$325	\$332	\$471	\$595	\$708
Anthem HMO	-	-	\$706	\$864	\$1,040
<b>Blue Shield HMO</b>	-	-	\$512	\$621	\$767
<b>Blue Shield PPO</b>	\$394	\$407	\$479	\$595	\$761
<b>Health Net HMO</b>	-	\$378	\$501	\$625	\$738
<b>Kaiser Permanente HMO</b>	<b>\$294</b>	<b>\$291</b>	<b>\$402</b>	\$465	<b>\$514</b>
Kaiser Permanente HMO (Coinsurance)	-	-	-	<b>\$445</b>	-
<b>Western Health Advantage HMO</b>	\$344	\$333	\$426*	\$512	\$567

Figures rounded to the nearest dollar.

## Pricing Region 4

San Francisco County

<b>Rate Change</b> (weighted average)	<b>+14.8%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+18.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+15.6%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+3.1%

### Regional Observations

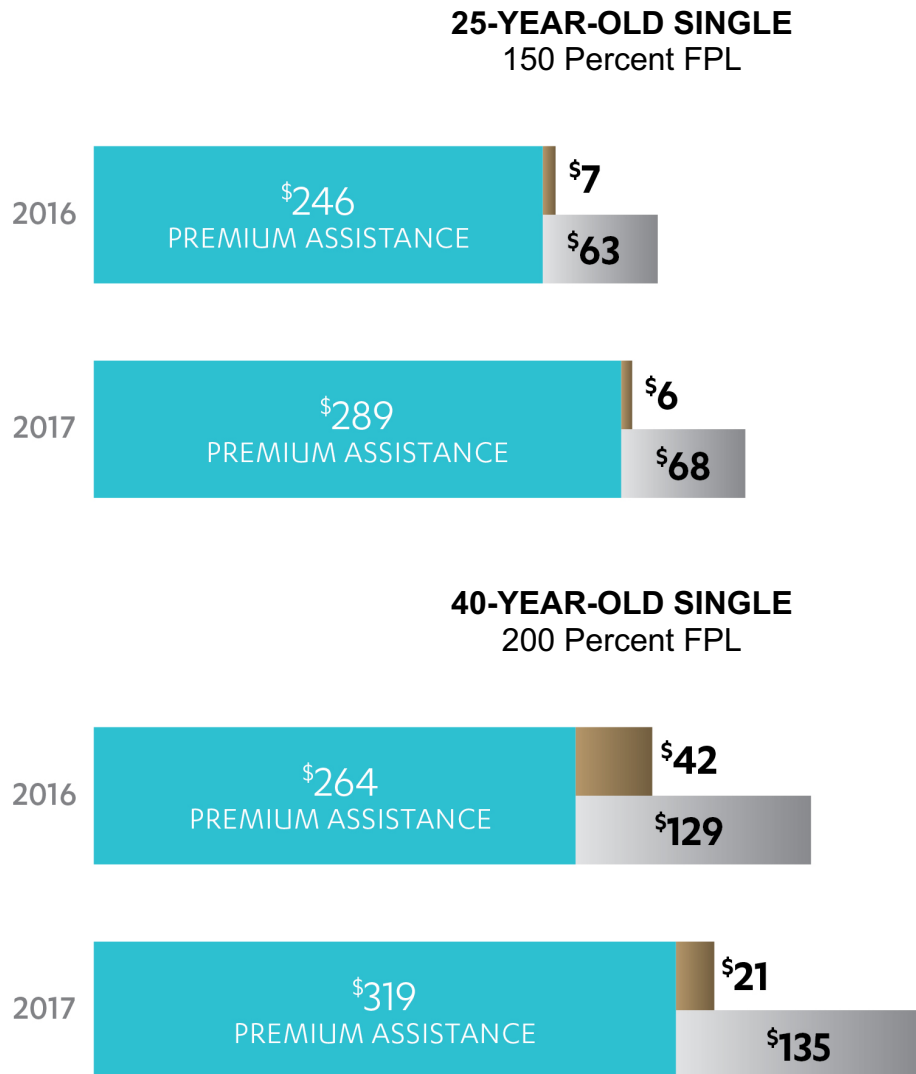
- 38,775 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 81 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 6 insurance companies.
- Oscar is now offering coverage in all ZIP codes in this region.
- Blue Shield is now offering a new HMO plan in all ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

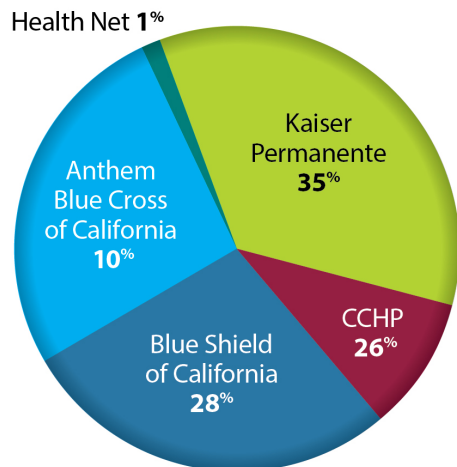
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

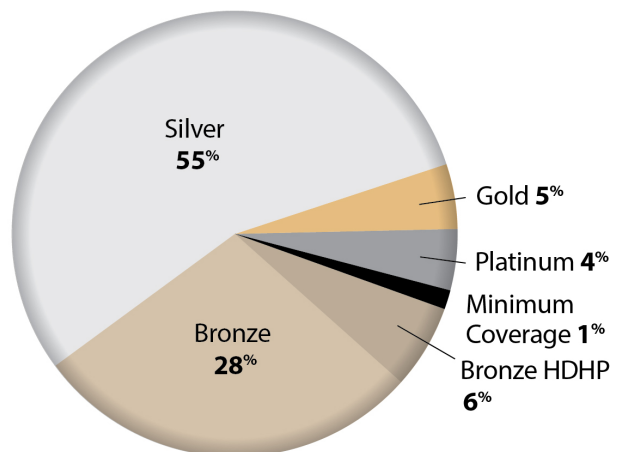
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	10%	16.7%	12% to 21.6%
<b>Blue Shield PPO</b>	28%	24.2%	18.9% to 24.8%
<b>CCHP HMO</b>	26%	16.5%	8.6% to 18.3%
<b>Health Net EPO</b>	1%	22.8%	22% to 24%
<b>Kaiser Permanente HMO</b>	35%	5.3%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 4

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$384	\$319	\$245	\$68	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$159	\$224	\$298	\$475	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$112	\$178	\$252	\$429	
<b>Blue Shield PPO</b>	\$99	\$165	\$239	\$416	
<b>CCHP HMO</b>	\$22	\$88	\$162	\$339	
<b>Health Net EPO</b>	\$159	\$224	\$299	\$476	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$376	
<b>Oscar EPO</b>	\$99	\$164	\$238	\$415	



## Pricing Region 4

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$254	\$294	\$300	\$427	\$539	\$641
<b>Blue Shield HMO</b>	-	-	-	\$390	\$473	\$585
<b>Blue Shield PPO</b>	\$297	\$313	\$323	\$380	\$472	\$604
<b>CCHP HMO</b>	\$244	-	<b>\$246</b>	<b>\$320</b>	\$394	<b>\$435</b>
<b>Health Net EPO</b>	\$253	-	\$322	\$427	\$532	\$628
<b>Kaiser Permanente HMO</b>	<b>\$221</b>	<b>\$255</b>	\$253	\$349*	\$404	\$446
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$386</b>	-
<b>Oscar EPO</b>	\$276	-	\$292	\$379	\$440	\$499

## Pricing Region 4

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$375	\$382	\$543	\$686	\$816
<b>Blue Shield HMO</b>	-	-	\$497	\$602	\$744
<b>Blue Shield PPO</b>	\$398	\$411	\$484	\$601	\$769
<b>CCHP HMO</b>	-	<b>\$314</b>	<b>\$407</b>	\$502	<b>\$553</b>
<b>Health Net EPO</b>	-	\$409	\$543	\$677	\$800
<b>Kaiser Permanente HMO</b>	<b>\$325</b>	\$322	\$444*	\$514	\$568
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$492</b>	-
<b>Oscar EPO</b>	-	\$372	\$483	\$560	\$636

Figures rounded to the nearest dollar.

## Pricing Region 5

Contra Costa County

<b>Rate Change</b> (weighted average)	<b>+13.6%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+11.4%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+5.4%

### Regional Observations

- 41,353 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 4 insurance companies.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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

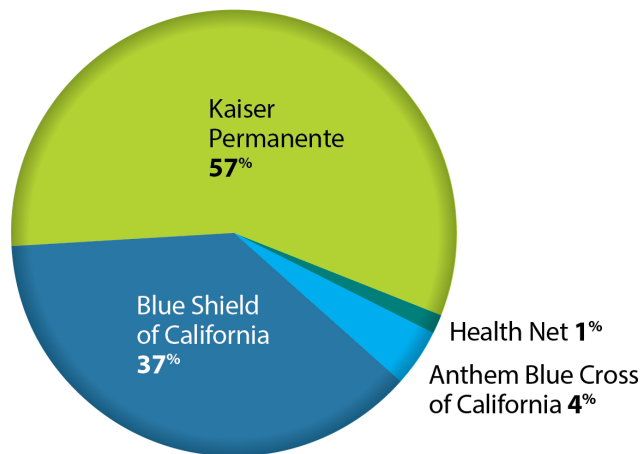
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

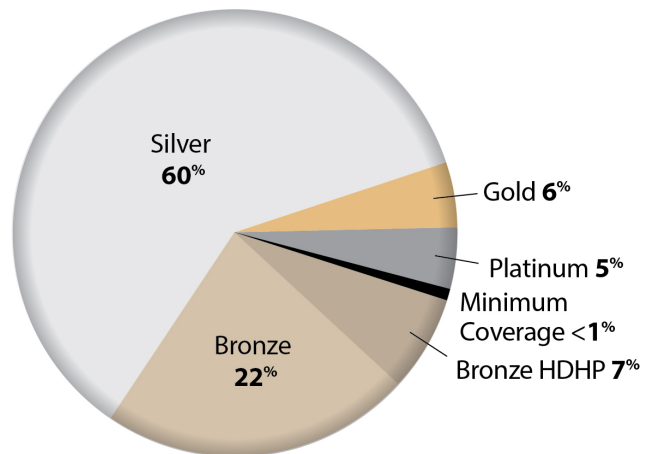
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	4%	22.6%	17.9% to 27.8%
<b>Blue Shield PPO</b>	37%	24.4%	19.0% to 24.9%
<b>Health Net EPO</b>	1%	22.9%	22.0% to 24%
<b>Kaiser Permanente HMO</b>	57%	5.6%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 5

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$391	\$326	\$251	\$74	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$136	\$202	\$276	\$453	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$132	\$198	\$272	\$449	
<b>Blue Shield PPO</b>	\$59	\$125	\$199	\$376	
<b>Health Net EPO</b>	\$98	\$164	\$238	\$415	
<b>Kaiser Permanente HMO</b>	\$11	\$76	\$150	\$327	

## Pricing Region 5

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$247	\$286	\$292	\$414	\$524	\$623
<b>Blue Shield HMO</b>	-	-	-	\$411	\$499	\$616
<b>Blue Shield PPO</b>	\$277	\$291	\$301	\$354*	\$439	\$562
<b>Health Net EPO</b>	\$228	-	\$290	\$385	\$479	\$566
<b>Kaiser Permanente HMO</b>	<b>\$200</b>	<b>\$231</b>	<b>\$229</b>	<b>\$316</b>	\$366	<b>\$404</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$349</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$364	\$371	\$527	\$667	\$793
<b>Blue Shield HMO</b>	-	-	\$523	\$635	\$784
<b>Blue Shield PPO</b>	\$371	\$383	\$450*	\$559	\$716
<b>Health Net EPO</b>	-	\$369	\$489	\$610	\$721
<b>Kaiser Permanente HMO</b>	<b>\$294</b>	<b>\$291</b>	<b>\$402</b>	\$465	<b>\$514</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$445</b>	-

Figures rounded to the nearest dollar.





## Pricing Region 6

Alameda County

<b>Rate Change</b> (weighted average)	<b>+12.3%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+18.7%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+7.3%

### Regional Observations

- 66,920 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 3 insurance companies.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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

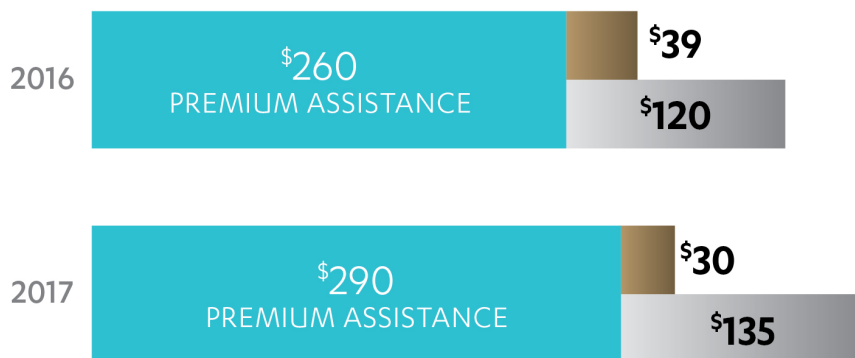
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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

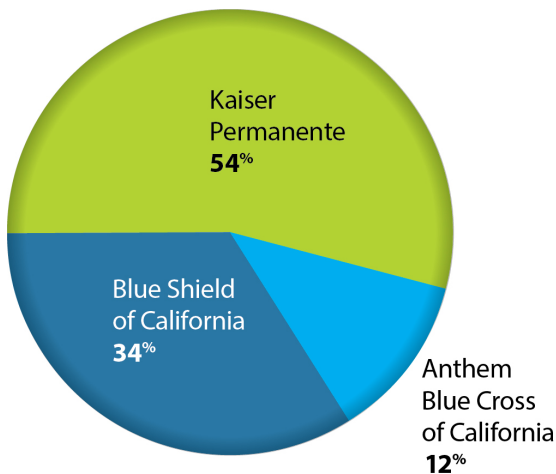
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

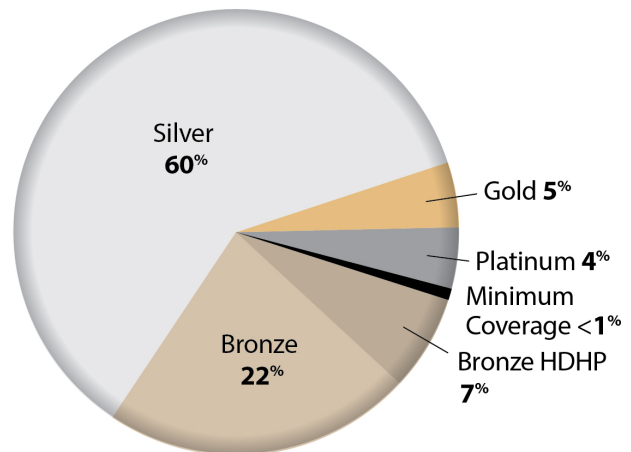
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	12%	23.7%	18.6% to 28.5%
<b>Blue Shield PPO</b>	34%	18.9%	13.8% to 19.4%
<b>Kaiser Permanente HMO</b>	54%	5.6%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 6

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$355	\$290	\$215	\$39	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$173	\$239	\$313	\$490	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$63	\$129	\$203	\$380	
<b>Blue Shield PPO</b>	\$59	\$125	\$199	\$376	
<b>Kaiser Permanente HMO</b>	\$57	\$122	\$197	\$374	

## Pricing Region 6

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$247	\$286	\$292	\$415	\$525	\$624
<b>Blue Shield HMO</b>	-	-	-	\$329	\$399	\$493
<b>Blue Shield PPO</b>	\$255	\$268	\$277	\$326*	\$404	\$518
<b>Kaiser Permanente HMO</b>	<b>\$205</b>	<b>\$237</b>	<b>\$235</b>	<b>\$324</b>	\$375	<b>\$414</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$359</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$365	\$372	\$529	\$668	\$795
<b>Blue Shield HMO</b>	-	-	\$419	\$508	\$627
<b>Blue Shield PPO</b>	\$341	\$353	\$415*	\$515	\$659
<b>Kaiser Permanente HMO</b>	<b>\$301</b>	<b>\$299</b>	<b>\$412</b>	\$478	<b>\$527</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$456</b>	-

Figures rounded to the nearest dollar.



## Pricing Region 7

Santa Clara County

<b>Rate Change</b> (weighted average)	<b>+9.2%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+0.7%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+0.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-4.4%

### Regional Observations

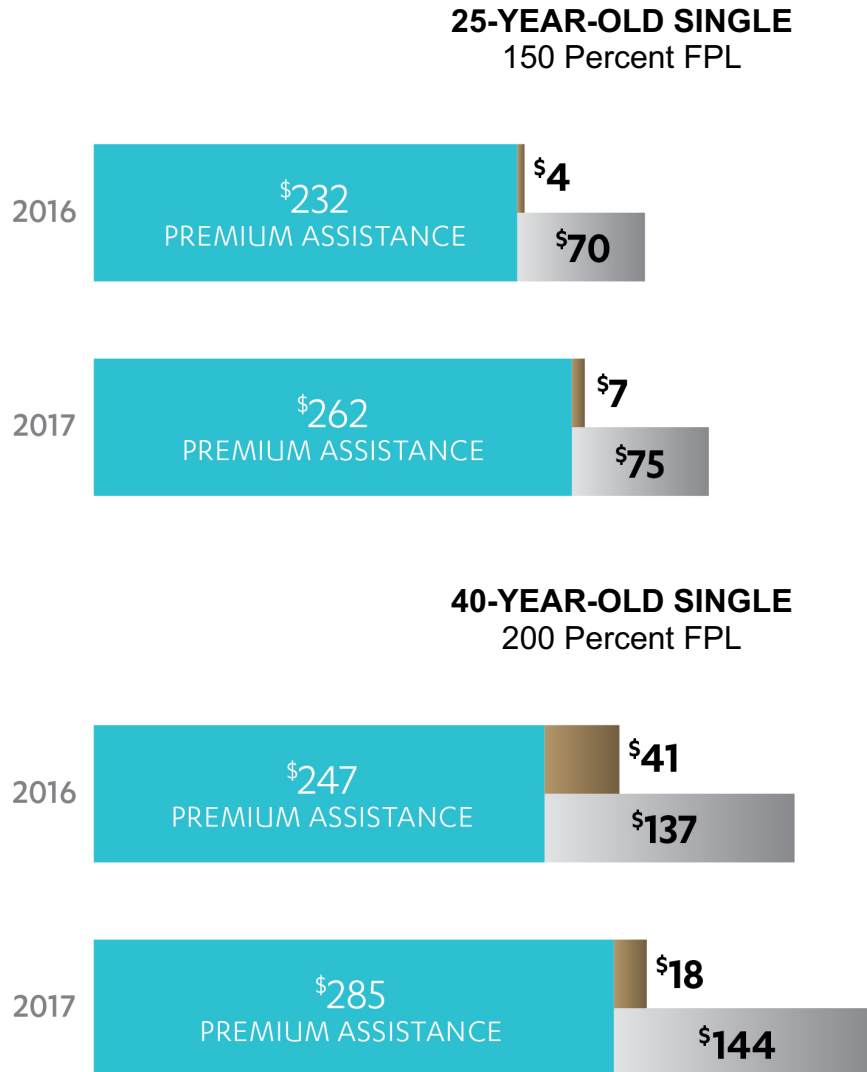
- 62,120 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 86 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 3 insurance companies to choose from, and some will have as many as 5.
- Blue Shield is now offering a new HMO plan in all zip codes in this region, at three levels of coverage: Silver, Gold and Platinum.
- 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

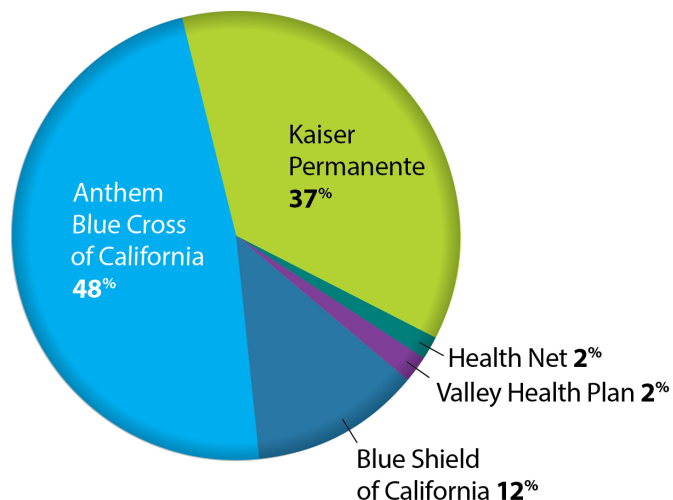
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

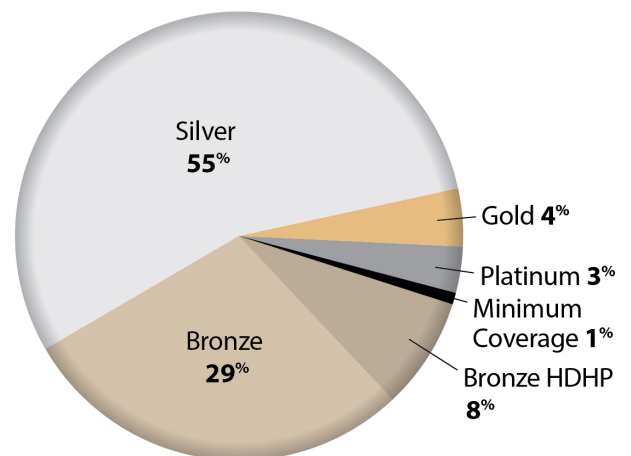
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	46%	8.4%	4.2% to 12.9%
<b>Anthem HMO</b>	2%	6.8%	3.5% to 7.4%
<b>Blue Shield PPO</b>	12%	22.3%	17.2% to 23%
<b>Health Net HMO</b>	2%	22.3%	21% to 23%
<b>Kaiser Permanente HMO</b>	37%	5.6%	0.4% to 7.5%
<b>Valley Health Plan HMO</b>	2%	0.7%	0.6% to 0.8%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 7

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$350	\$285	\$210	\$33	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$59	\$125	\$199	\$376	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$97	\$162	\$237	\$414	
<b>Blue Shield HMO</b>	\$98	\$163	\$238	\$415	
<b>Blue Shield PPO</b>	\$171	\$236	\$311	\$488	
<b>Health Net HMO</b>	\$130	\$196	\$270	\$447	
<b>Kaiser Permanente HMO</b>	\$62	\$128	\$202	\$379	
<b>Valley Health HMO</b>	\$18	\$83	\$157	\$334	

## Pricing Region 7

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$192	<b>\$222</b>	\$226	\$322*	\$407	\$484
<b>Anthem HMO</b>	-	-	-	\$351	\$430	\$517
<b>Blue Shield HMO</b>	-	-	-	\$352	\$427	\$528
<b>Blue Shield PPO</b>	\$320	\$337	\$348	\$409	\$508	\$650
<b>Health Net HMO</b>	\$224	-	\$284	\$377	\$470	\$556
<b>Kaiser Permanente HMO</b>	\$205	\$237	\$235	\$324	\$375	\$414
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$359	-
<b>Valley Health HMO</b>	<b>\$176</b>	-	<b>\$218</b>	<b>\$289</b>	<b>\$336</b>	<b>\$378</b>

Figures rounded to the nearest dollar.

## Pricing Region 7

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	<b>\$282</b>	\$288	\$409*	\$517	\$616
<b>Anthem HMO</b>	-	-	\$447	\$547	\$658
<b>Blue Shield HMO</b>	-	-	\$448	\$544	\$672
<b>Blue Shield PPO</b>	\$429	\$443	\$521	\$647	\$828
<b>Health Net HMO</b>	-	\$362	\$480	\$599	\$707
<b>Kaiser Permanente HMO</b>	\$301	\$299	\$412	\$478	\$527
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$456	-
<b>Valley Health HMO</b>	-	<b>\$278</b>	<b>\$368</b>	<b>\$428</b>	<b>\$481</b>

Figures rounded to the nearest dollar.

## Pricing Region 8

San Mateo County

<b>Rate Change</b> (weighted average)	<b>+11.7%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+12.4%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+16.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+2.6%

### Regional Observations

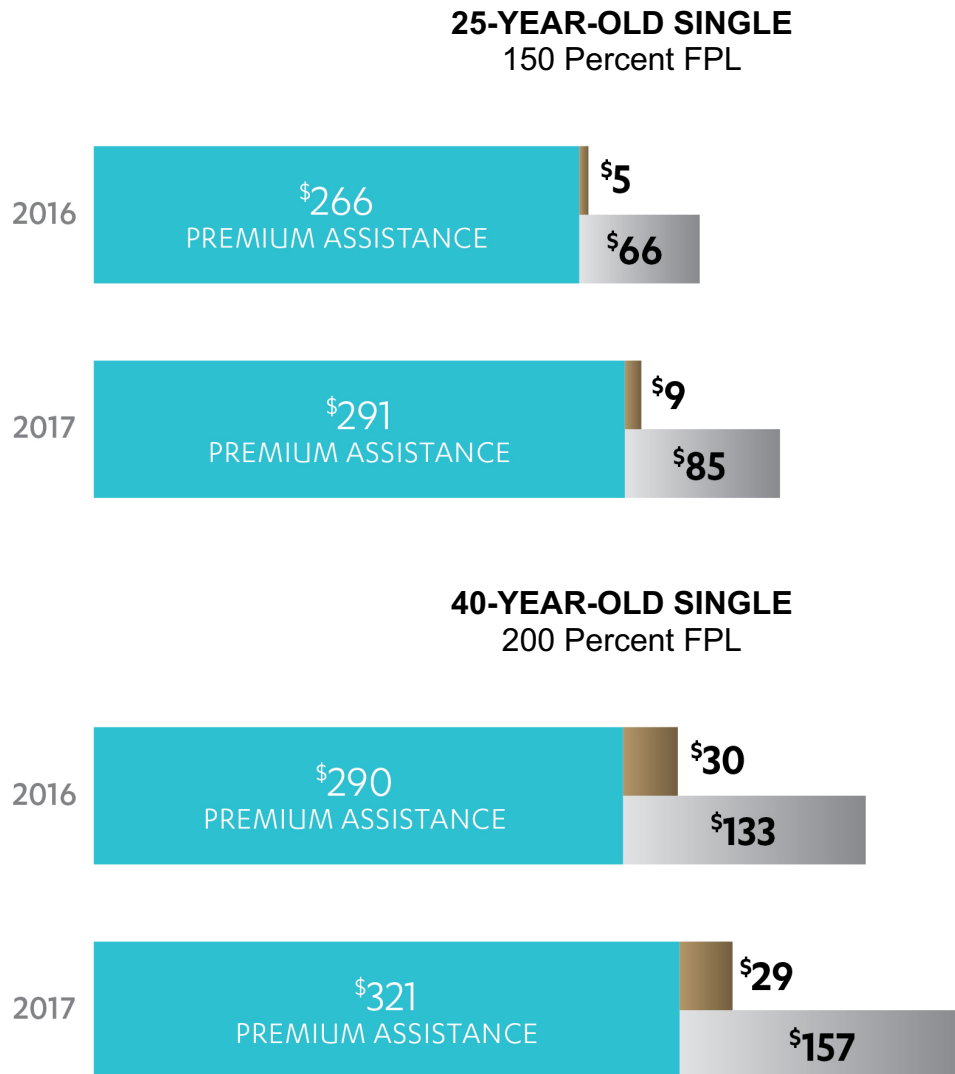
- 26,243 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 84 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 4 insurance companies, and some will have as many as 5.
- Blue Shield is now offering a new HMO plan in all zip codes in this region, at three levels of coverage: Silver, Gold and Platinum.
- 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

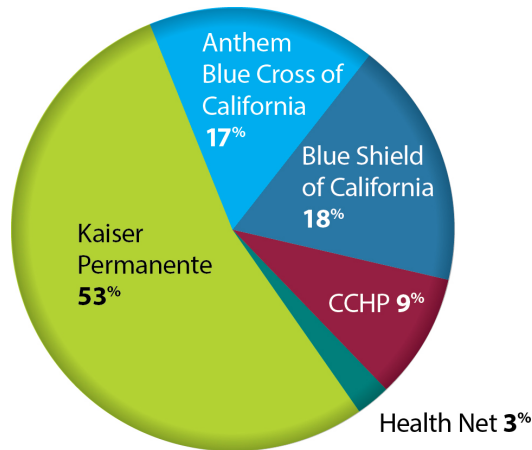
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

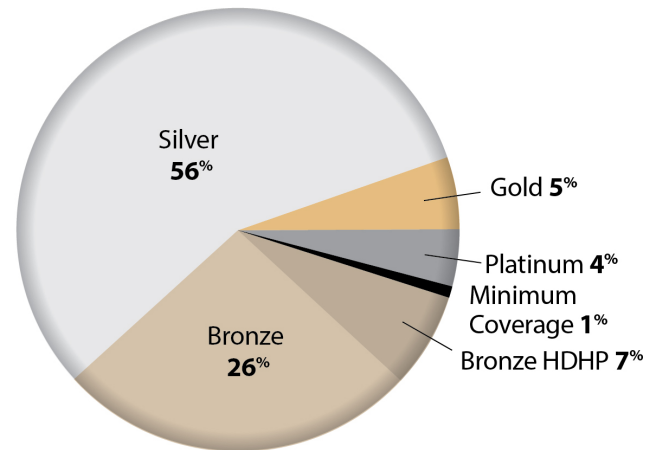
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem</b> EPO	17%	20%	15.3% to 24.9%
<b>Blue Shield</b> PPO	18%	16.8%	12% to 17.5%
<b>CCHP</b> HMO	9%	18.2%	10.1% to 19.9%
<b>Health Net</b> EPO	3%	23.1%	22% to 24%
<b>Kaiser Permanente</b> HMO	53%	5.7%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 8

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$386	\$321	\$246	\$69	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$128	\$193	\$267	\$444	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$178	\$244	\$318	\$495	
<b>Blue Shield PPO</b>	\$158	\$223	\$297	\$474	
<b>CCHP HMO</b>	\$59	\$125	\$199	\$376	
<b>Health Net EPO</b>	\$198	\$264	\$338	\$515	
<b>Kaiser Permanente HMO</b>	\$58	\$123	\$198	\$375	



## Pricing Region 8

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$240	\$278	\$284	\$404	\$510	\$607
<b>Blue Shield HMO</b>	-	-	-	\$443	\$538	\$665
<b>Blue Shield PPO</b>	\$334	\$352	\$363	\$427	\$530	\$679
<b>CCHP HMO</b>	\$267	-	\$270	\$350*	\$431	\$476
<b>Health Net EPO</b>	\$273	-	\$346	\$459	\$572	\$676
<b>Kaiser Permanente HMO</b>	<b>\$221</b>	<b>\$255</b>	<b>\$253</b>	<b>\$349</b>	\$404	<b>\$446</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$386</b>	-

Figures rounded to the nearest dollar.

## Pricing Region 8

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$354	\$362	\$514	\$649	\$772
<b>Blue Shield HMO</b>	-	-	\$564	\$685	\$846
<b>Blue Shield PPO</b>	\$448	\$462	\$544	\$675	\$864
<b>CCHP HMO</b>	-	\$343	\$446*	\$549	\$606
<b>Health Net EPO</b>	-	\$440	\$584	\$728	\$860
<b>Kaiser Permanente HMO</b>	<b>\$325</b>	<b>\$322</b>	<b>\$444</b>	\$514	<b>\$568</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$492</b>	-

Figures rounded to the nearest dollar.

## Pricing Region 9

Monterey, San Benito and Santa Cruz counties

<b>Rate Change</b> (weighted average)	<b>+28.6%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>-5.1%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+0.2%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+11.0%

### Regional Observations

- 32,382 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 89 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 4.
- Kaiser is now offering coverage in some ZIP codes within this region.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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.

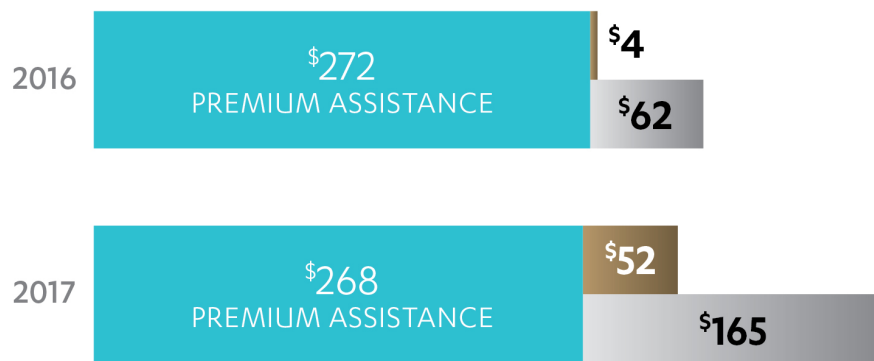
## Pricing Region 9

### Average Consumer Monthly Premium After Subsidy

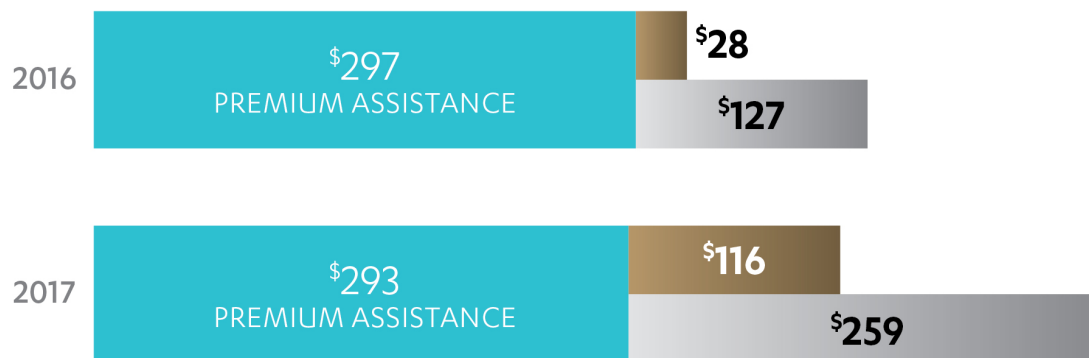
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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

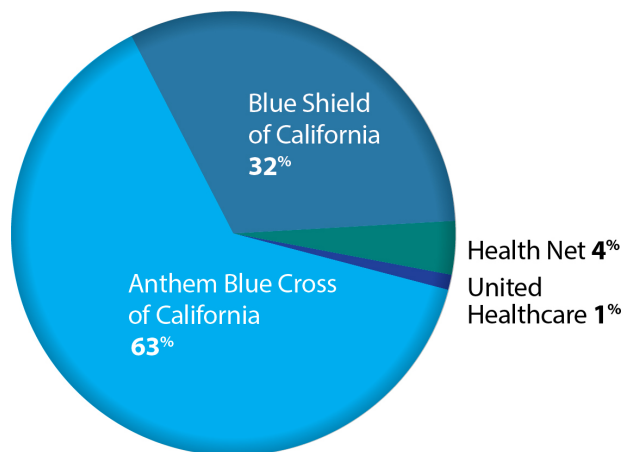
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

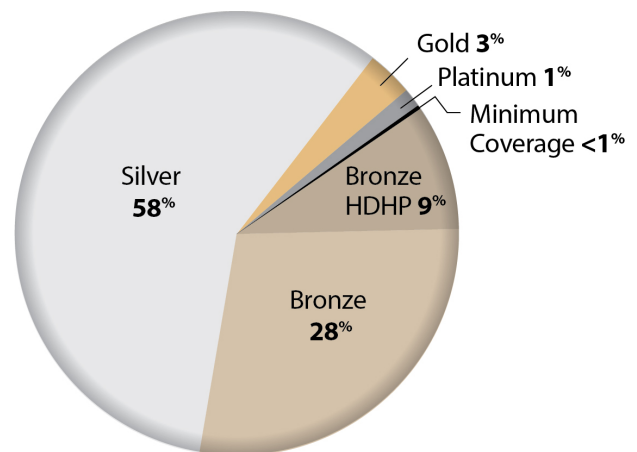
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem EPO</b>	64%	31%	25.9% to 36.4%
<b>Blue Shield PPO</b>	32%	24.3%	19% to 24.9%
<b>Health Net EPO</b>	4%	23.2%	22% to 24%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 9

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$358	\$293	\$218	\$41	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$205	\$271	\$345	\$522	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$59	\$125	\$199	\$376	
<b>Blue Shield PPO</b>	\$180	\$246	\$320	\$497	
<b>Health Net EPO</b>	\$152	\$217	\$292	\$469	
<b>Kaiser Permanente HMO</b>	\$54	\$120	\$194	\$371	

## Pricing Region 9

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$264	\$305	\$312	\$443	\$559	\$665
<b>Blue Shield HMO</b>	-	-	-	\$328*	\$398	\$491
<b>Blue Shield PPO</b>	\$331	\$348	\$359	\$423	\$525	\$672
<b>Health Net EPO</b>	\$238	-	\$302	\$400	\$499	\$590
<b>Kaiser Permanente HMO</b>	<b>\$205</b>	<b>\$237</b>	<b>\$235</b>	<b>\$324</b>	\$375	<b>\$414</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$359</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$389	\$397	\$563	\$712	\$847
<b>Blue Shield HMO</b>	-	-	\$417*	\$506	\$626
<b>Blue Shield PPO</b>	\$443	\$458	\$538	\$668	\$855
<b>Health Net EPO</b>	-	\$384	\$510	\$635	\$751
<b>Kaiser Permanente HMO</b>	<b>\$301</b>	<b>\$299</b>	<b>\$412</b>	\$478	<b>\$527</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$456</b>	-

Figures rounded to the nearest dollar.





## Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties

<b>Rate Change</b> (weighted average)	<b>+8.4%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.8%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+9.3%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+4.9%

### Regional Observations

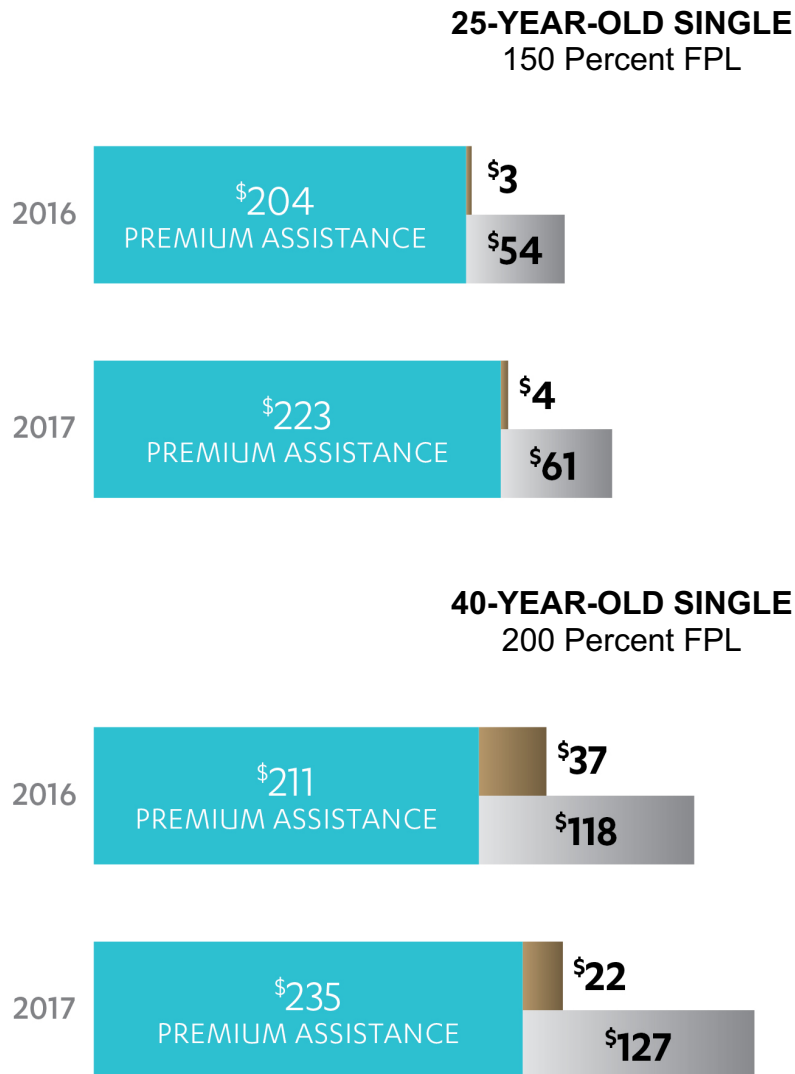
- 66,381 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 94 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 4.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

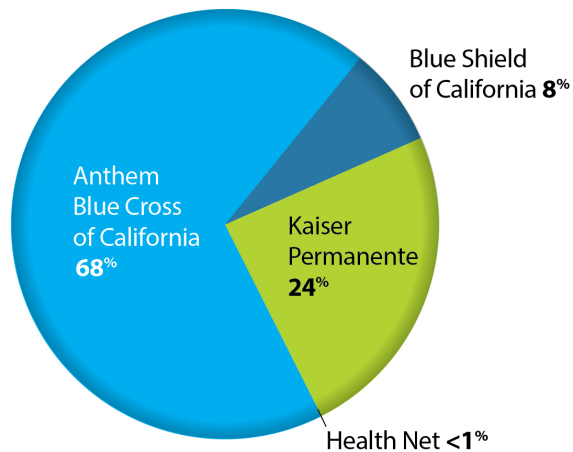
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

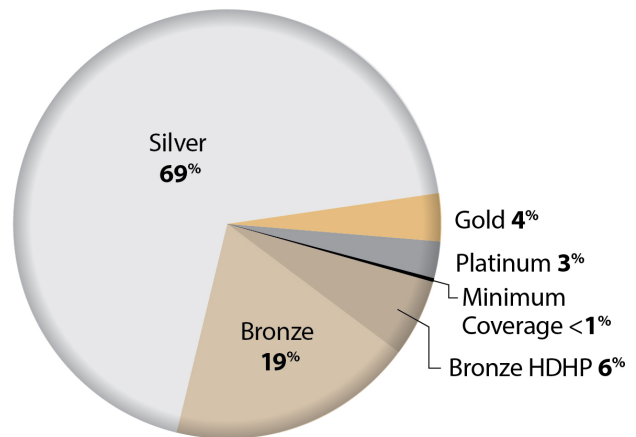
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem PPO</b>	68%	8%	2.8% to 11.4%
<b>Blue Shield PPO</b>	8%	18.5%	13.4% to 19%
<b>Health Net EPO</b>	0.5%	23%	22% to 24%
<b>Kaiser Permanente HMO</b>	24%	6%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 10

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$300	\$235	\$160	\$0	<i>federal government pays this amount</i>
<b>Anthem PPO</b>	\$50	\$116	\$190	\$350	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$169	\$234	\$308	\$469	
<b>Blue Shield PPO</b>	\$152	\$218	\$292	\$452	
<b>Health Net EPO</b>	\$199	\$264	\$339	\$499	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$359	

## Pricing Region 10

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem PPO</b>	<b>\$164</b>	<b>\$190</b>	<b>\$194</b>	<b>\$275</b>	\$348	\$414
<b>Blue Shield HMO</b>	-	-	-	\$368	\$446	\$552
<b>Blue Shield PPO</b>	\$278	\$293	\$302	\$355	\$441	\$565
<b>Health Net EPO</b>	\$233	-	\$295	\$392	\$488	\$577
<b>Kaiser Permanente HMO</b>	\$179	\$206	\$205	\$282*	\$327	<b>\$361</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	<b>\$313</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem PPO</b>	<b>\$242</b>	<b>\$247</b>	<b>\$350</b>	\$443	\$526
<b>Blue Shield HMO</b>	-	-	\$469	\$568	\$702
<b>Blue Shield PPO</b>	\$373	\$385	\$452	\$562	\$719
<b>Health Net EPO</b>	-	\$376	\$499	\$622	\$735
<b>Kaiser Permanente HMO</b>	\$263	\$261	\$359*	\$416	<b>\$460</b>
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	<b>\$398</b>	-

Figures rounded to the nearest dollar.



## Pricing Region 11

Fresno, Kings and Madera counties

<b>Rate Change</b> (weighted average)	<b>+10.8%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+4.2%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+16.6%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+6.4%

### Regional Observations

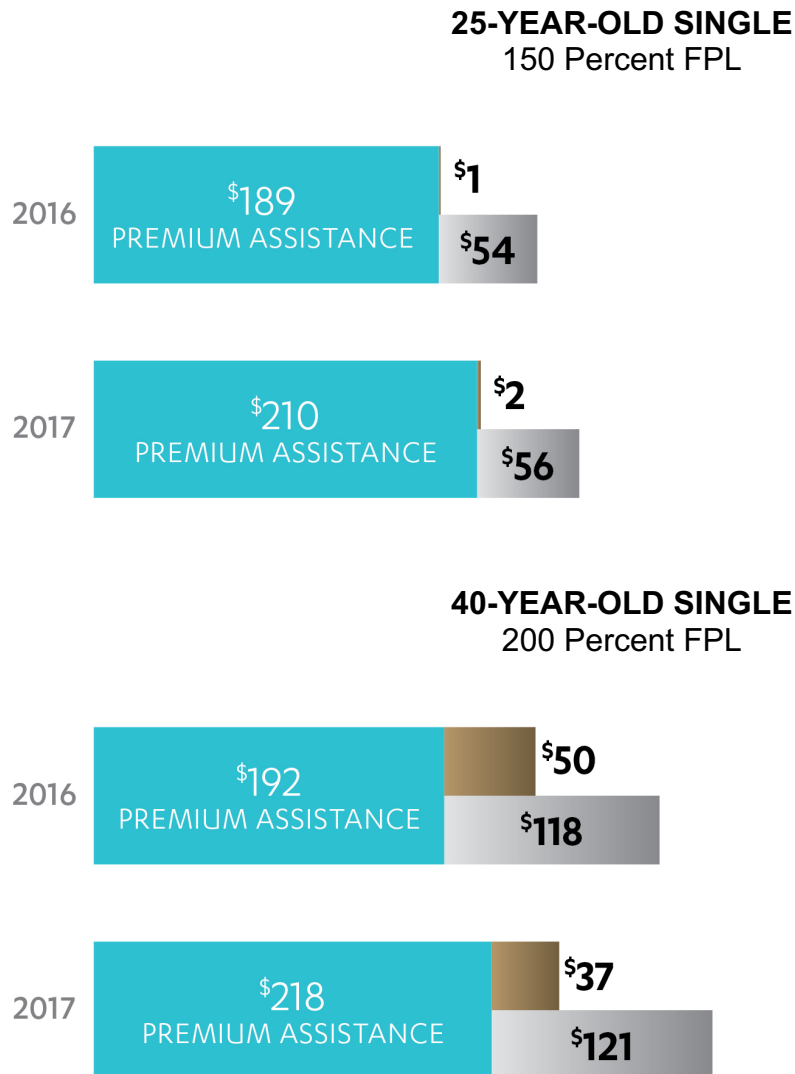
- 31,240 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 94 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 4.
- 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

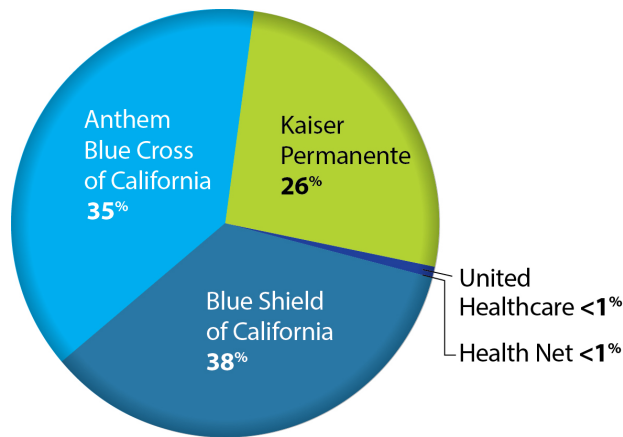
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

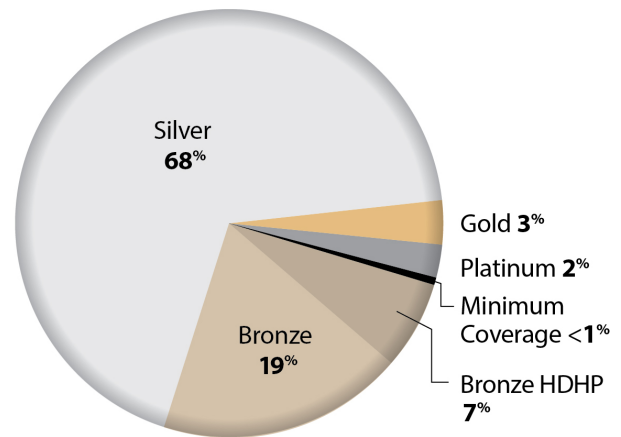
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem PPO</b>	35%	8.2%	3.7% to 12.3%
<b>Anthem HMO</b>	0.5%	12%	8.5% to 12.6%
<b>Blue Shield PPO</b>	38%	16.4%	11.1% to 16.6%
<b>Health Net HMO</b>	0.1%	22.6%	21.1% to 23%
<b>Kaiser Permanente HMO</b>	26%	6%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 11

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$283	\$218	\$143	\$0	<i>federal government pays this amount</i>
<b>Anthem HMO</b>	\$129	\$194	\$268	\$412	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem PPO</b>	\$74	\$139	\$214	\$357	
<b>Blue Shield PPO</b>	\$41	\$107	\$181	\$324	
<b>Health Net HMO</b>	\$164	\$229	\$304	\$447	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$342	

## Pricing Region 11

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem HMO	-	-	-	\$323	\$396	\$477
Anthem PPO	<b>\$167</b>	<b>\$193</b>	\$197	\$280	\$354	\$421
Blue Shield PPO	\$199	\$210	\$217	<b>\$255</b>	\$316	\$405
Health Net HMO	\$208	-	\$264	\$351	\$437	\$517
Kaiser Permanente HMO	\$170	\$197	<b>\$195</b>	\$269*	\$312	<b>\$344</b>
Kaiser Permanente HMO (Coinsurance)	-	-	-	-	<b>\$298</b>	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem HMO	-	-	\$412	\$504	\$607
Anthem PPO	<b>\$246</b>	\$251	\$357	\$451	\$536
Blue Shield PPO	\$267	\$276	<b>\$324</b>	\$403	\$515
Health Net HMO	-	\$337	\$447	\$557	\$658
Kaiser Permanente HMO	\$250	<b>\$248</b>	\$342*	\$397	<b>\$438</b>
Kaiser Permanente HMO (Coinsurance)	-	-	-	<b>\$379</b>	-

Figures rounded to the nearest dollar.



## Pricing Region 12

San Luis Obispo, Santa Barbara and Ventura counties

<b>Rate Change</b> (weighted average)	<b>+15.8%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+1.3%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+7.6%

### Regional Observations

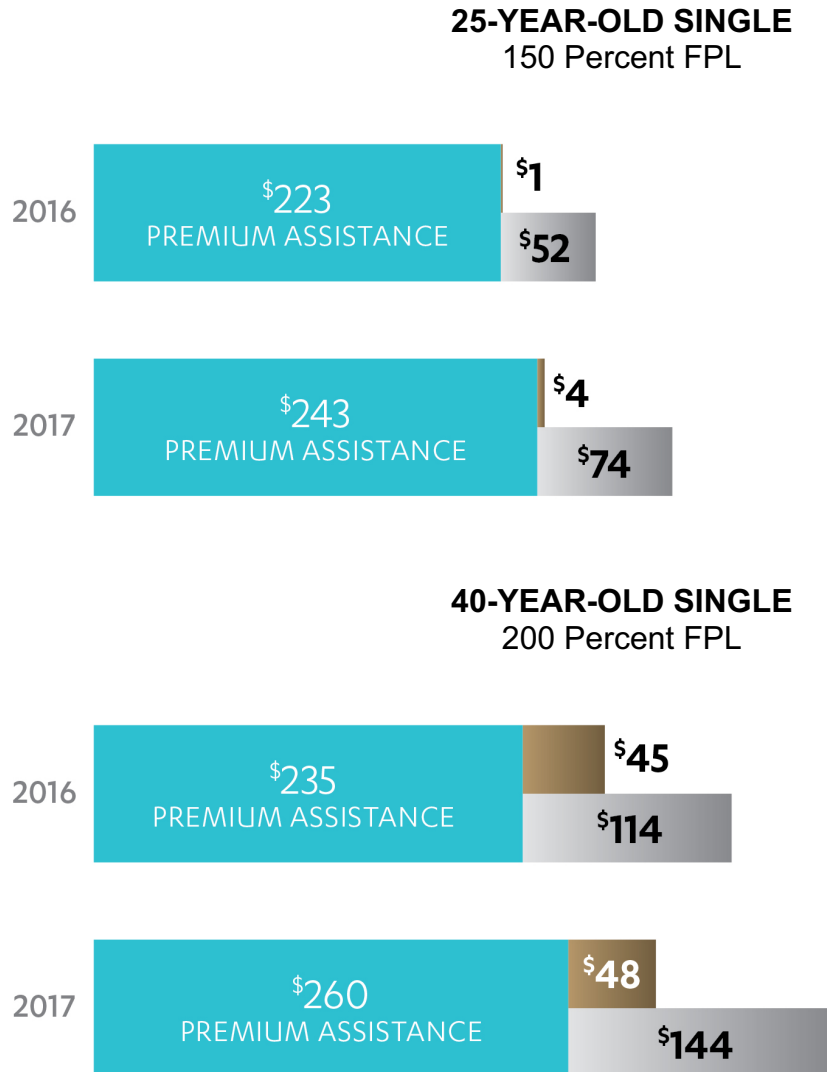
- 66,743 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 90 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 3.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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

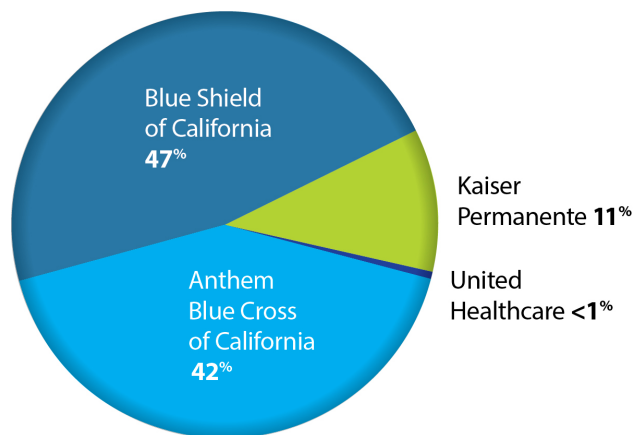
### Rate Change for Consumers Who Stay with Current Plan

The “Weighted Average Increase” is for all enrollees with the carrier, and the “Range of % Change from 2016” reflects changes that are specific to particular products or benefit design levels (e.g., Bronze and Silver).

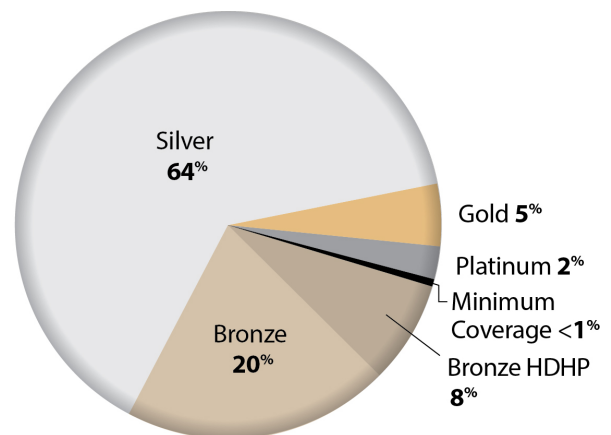
Carriers	% of Enrollment	Weighted Average Increase	Range of % Change from 2016
<b>Anthem PPO</b>	42%	13.8%	9.1% to 18.3%
<b>Blue Shield PPO</b>	47%	20%	14.7% to 20.4%
<b>Kaiser Permanente HMO</b>	11%	5.5%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)

Enrollment by Carrier



Enrollment by Metal Tier



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 12

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$326	\$260	\$186	\$9	<i>federal government pays this amount</i>
<b>Anthem PPO</b>	\$111	\$176	\$251	\$428	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$2	\$67	\$142	\$319	
<b>Blue Shield PPO</b>	\$64	\$129	\$204	\$381	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$376	



## Pricing Region 12

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem PPO	\$204	\$237	\$242	\$343	\$434	\$516
Blue Shield HMO	-	-	-	<b>\$258</b>	<b>\$312</b>	<b>\$386</b>
Blue Shield PPO	\$240	\$252	\$260	\$306	\$380	\$486
Kaiser Permanente HMO	<b>\$192</b>	<b>\$221</b>	<b>\$219</b>	\$303*	\$351	\$387
Kaiser Permanente HMO (Coinsurance)	-	-	-	-	\$335	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem PPO	\$301	\$308	\$437	\$552	\$657
Blue Shield HMO	-	-	<b>\$328</b>	<b>\$398</b>	<b>\$491</b>
Blue Shield PPO	\$321	\$331	\$390	\$484	\$619
Kaiser Permanente HMO	<b>\$282</b>	<b>\$279</b>	\$385*	\$446	\$493
Kaiser Permanente HMO (Coinsurance)	-	-	-	\$427	-

Figures rounded to the nearest dollar.



## Pricing Region 13

Mono, Inyo and Imperial counties

<b>Rate Change</b> (weighted average)	<b>+12.3%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+9.9%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+13.5%</b>
Weighted rate change if consumers switch to lowest-price plan in the same metal tier	-2.2%

### Regional Observations

- 9,552 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 96 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 4.
- 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 13

### Average Consumer Monthly Premium After Subsidy

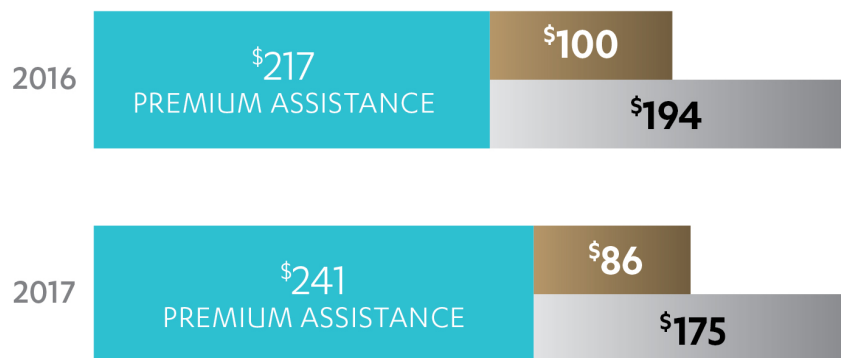
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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.

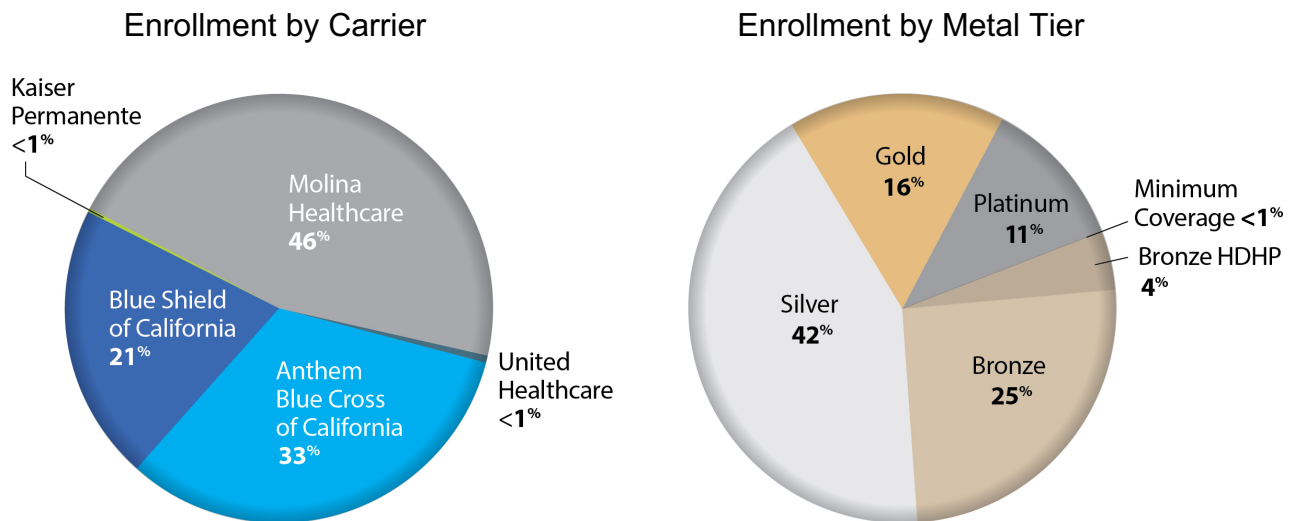
## Pricing Region 13

### 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 2016” 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 2016
<b>Anthem PPO</b>	33%	8.3%	5.2% to 14%
<b>Blue Shield PPO</b>	21%	19.2%	14.1% to 19.7%
<b>Kaiser Permanente HMO</b>	0.4%	5.2%	0.4% to 7.5%
<b>Molina Healthcare HMO (Coinsurance)</b>	46%	12%	8.7% to 13.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 13

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$306	\$241	\$166	\$0	<i>federal government pays this amount</i>
<b>Anthem PPO</b>	\$155	\$220	\$295	\$461	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield PPO</b>	\$184	\$250	\$324	\$490	
<b>Kaiser Permanente HMO</b>	\$59	\$125	\$199	\$366	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$4	\$69	\$144	\$310	

## Pricing Region 13

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem PPO	\$216	\$250	\$255	\$362	\$458	\$545
Blue Shield PPO	\$302	\$317	\$328	\$385	\$478	\$612
Kaiser Permanente HMO	<b>\$182</b>	<b>\$210</b>	\$208	\$287*	\$333	\$367
Kaiser Permanente HMO (Coinsurance)	-	-	-	-	\$318	-
Molina Healthcare HMO (Coinsurance)	\$185	-	<b>\$191</b>	<b>\$244</b>	<b>\$273</b>	<b>\$316</b>

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem PPO	\$318	\$325	\$461	\$583	\$693
Blue Shield PPO	\$404	\$417	\$490	\$609	\$779
Kaiser Permanente HMO	<b>\$267</b>	\$265	\$366*	\$424	\$468
Kaiser Permanente HMO (Coinsurance)	-	-	-	\$405	-
Molina Healthcare HMO (Coinsurance)	-	<b>\$243</b>	<b>\$310</b>	<b>\$348</b>	<b>\$402</b>

Figures rounded to the nearest dollar.





## Pricing Region 14

Kern County

<b>Rate Change</b> (weighted average)	<b>+12.2%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+3.4%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+4.0%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	+0.6%

### Regional Observations

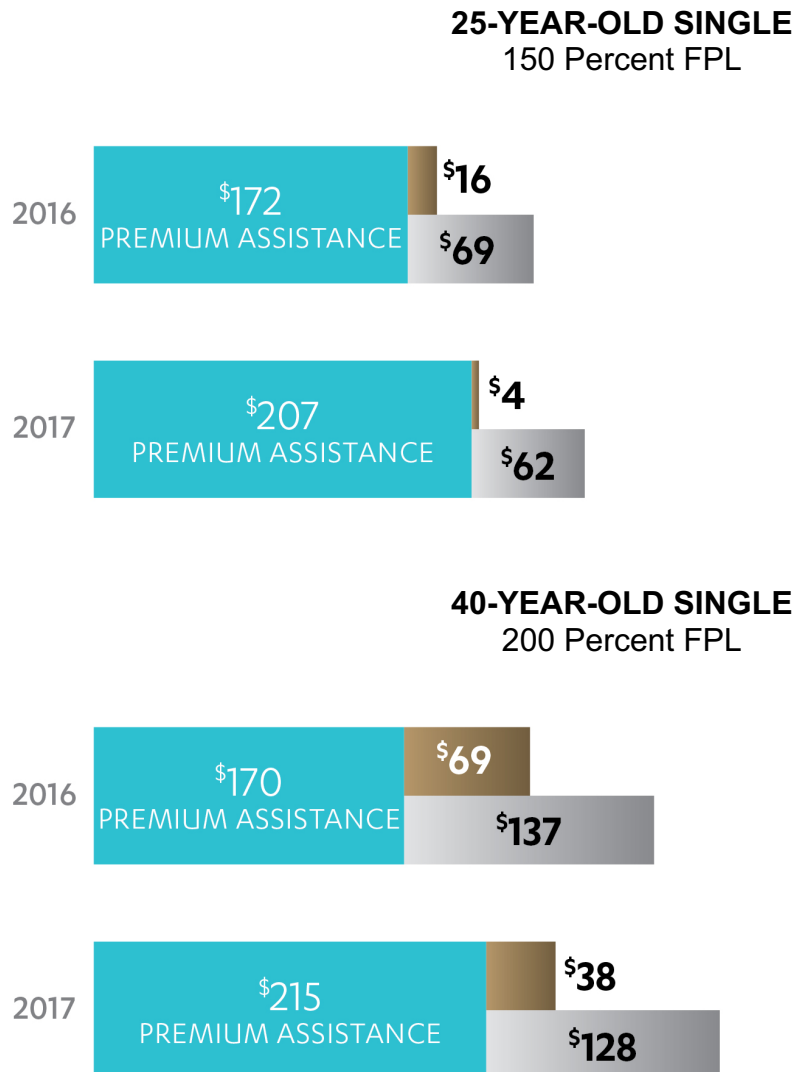
- 18,787 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 93 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 4.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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.

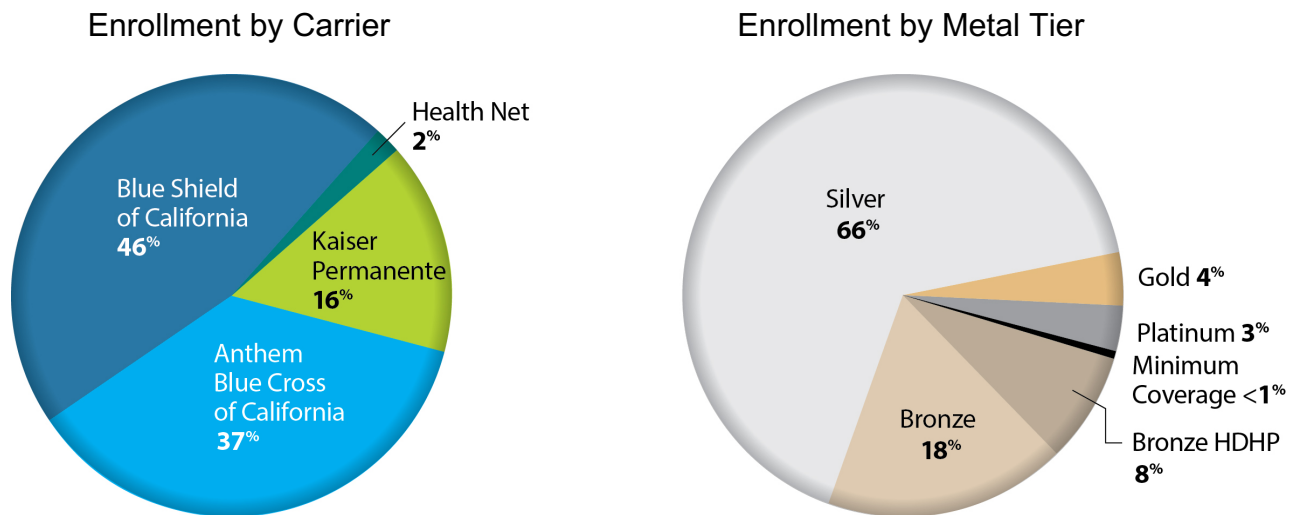
## Pricing Region 14

### 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 2016” 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
<b>Anthem PPO</b>	37%	7.6%	3.4% to 12%
<b>Blue Shield PPO</b>	46%	18.1%	12.8% to 18.3%
<b>Health Net HMO</b>	2%	11.3%	1.6% to 21.1%
<b>Kaiser Permanente HMO</b>	16%	6%	0.4% to 7.5%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 14

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$280	\$215	\$140	\$0	<i>federal government pays this amount</i>
<b>Anthem PPO</b>	\$68	\$133	\$208	\$348	<i>individual pays balance of the premium after federal contribution</i>
<b>Blue Shield HMO</b>	\$96	\$162	\$236	\$377	
<b>Blue Shield PPO</b>	\$59	\$125	\$199	\$339	
<b>Health Net HMO</b>	\$18	\$84	\$158	\$298	
<b>Kaiser Permanente HMO</b>	\$70	\$135	\$210	\$350	

## Pricing Region 14

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem PPO</b>	<b>\$163</b>	<b>\$189</b>	<b>\$192</b>	\$273	\$345	\$411
<b>Blue Shield HMO</b>	-	-	-	\$296	\$359	\$443
<b>Blue Shield PPO</b>	\$209	\$220	\$227	\$267*	\$331	\$424
<b>Health Net HMO</b>	\$181	-	\$230	<b>\$234</b>	<b>\$295</b>	<b>\$327</b>
<b>Kaiser Permanente HMO</b>	\$174	\$201	\$199	\$275	\$319	\$352
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$304	-

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem PPO</b>	<b>\$240</b>	<b>\$245</b>	\$348	\$440	\$523
<b>Blue Shield HMO</b>	-	-	\$377	\$457	\$564
<b>Blue Shield PPO</b>	\$280	\$289	\$339*	\$421	\$539
<b>Health Net HMO</b>	-	\$293	<b>\$298</b>	<b>\$376</b>	<b>\$417</b>
<b>Kaiser Permanente HMO</b>	\$256	\$254	\$350	\$406	\$448
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$388	-

Figures rounded to the nearest dollar.



## Pricing Region 15

Los Angeles County (northeast)

<b>Rate Change</b> (weighted average)	<b>+16.4%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>-4.1%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+3.3%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-1.3%

### Regional Observations

- 175,111 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 5 insurance companies to choose from, and some will have as many as 6.
- Blue Shield is now offering a new HMO plan in most ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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

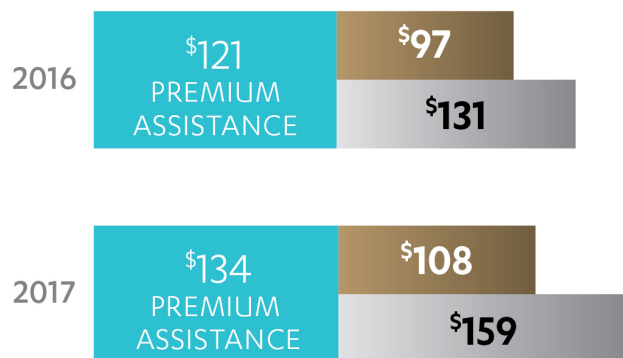
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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.



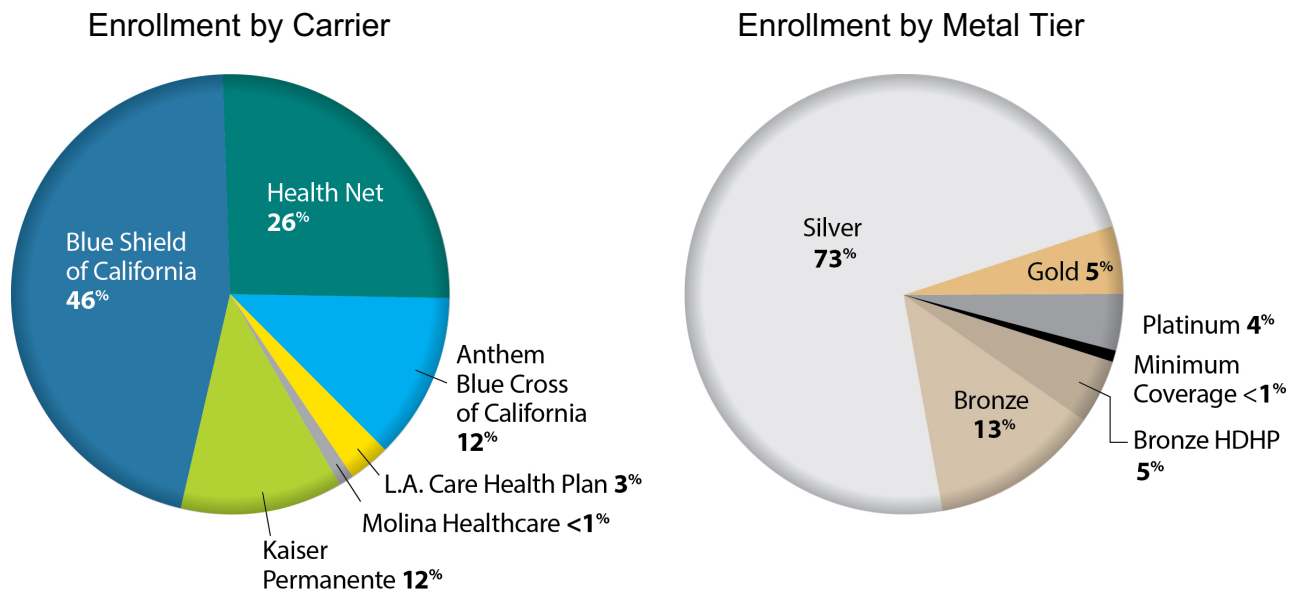
## Pricing Region 15

### 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 2016” 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 2016
<b>Anthem EPO</b>	10%	27%	21.9% to 32.3%
<b>Anthem HMO</b>	2%	4.6%	1.4% to 5.2%
<b>Blue Shield PPO</b>	46%	21.1%	15.8% to 21.5%
<b>Health Net HMO</b>	26%	12.1%	10.9% to 21.8%
<b>Kaiser Permanente HMO</b>	12%	5.7%	0.4% to 7.5%
<b>L.A. Care HMO</b>	3%	3.7%	2.1% to 6.5%
<b>Molina Healthcare HMO (Coinsurance)</b>	1%	-3.7%	-5.1% to -0.9%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 15

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$199	\$134	\$59	\$0	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$164	\$229	\$303	\$362	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$88	\$153	\$228	\$287	
<b>Blue Shield HMO</b>	\$85	\$150	\$225	\$284	
<b>Blue Shield PPO</b>	\$98	\$164	\$238	\$297	
<b>Health Net HMO</b>	\$70	\$136	\$210	\$269	
<b>Kaiser Permanente HMO</b>	\$121	\$187	\$261	\$320	
<b>L.A. Care HMO</b>	\$59	\$125	\$199	\$258	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$52	\$117	\$192	\$251	

## Pricing Region 15

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$170	\$196	\$201	\$285	\$360	\$428
<b>Anthem HMO</b>	-	-	-	\$225	\$275	\$332
<b>Blue Shield HMO</b>	-	-	-	\$223	\$271	\$334
<b>Blue Shield PPO</b>	\$183	\$192	\$198	\$233	\$290	\$371
<b>Health Net HMO</b>	\$166	-	\$210	\$211	\$266	\$295
<b>Kaiser Permanente HMO</b>	\$159	<b>\$184</b>	\$182	\$252	\$292	\$322
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$279	-
<b>L.A. Care HMO</b>	\$172	-	\$181	\$203*	\$239	\$278
<b>Molina Healthcare HMO (Coinsurance)</b>	<b>\$150</b>	-	<b>\$154</b>	<b>\$197</b>	<b>\$221</b>	<b>\$255</b>

Figures rounded to the nearest dollar.

## Pricing Region 15

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$250	\$255	\$362	\$458	\$545
<b>Anthem HMO</b>	-	-	\$287	\$351	\$422
<b>Blue Shield HMO</b>	-	-	\$284	\$344	\$426
<b>Blue Shield PPO</b>	\$245	\$253	\$297	\$369	\$472
<b>Health Net HMO</b>	-	\$268	\$269	\$339	\$376
<b>Kaiser Permanente HMO</b>	<b>\$234</b>	\$232	\$320	\$371	\$410
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$355	-
<b>L.A. Care HMO</b>	-	\$231	\$258*	\$304	\$354
<b>Molina Healthcare HMO (Coinsurance)</b>	-	<b>\$196</b>	<b>\$251</b>	<b>\$281</b>	<b>\$325</b>

Figures rounded to the nearest dollar.

## Pricing Region 16

Los Angeles County (southwest)

<b>Rate Change</b> (weighted average)	<b>+13.9%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+5.3%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+8.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-11.0%

### Regional Observations

- 217,907 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 6 insurance companies to choose from, and some will have as many as 7.
- Blue Shield is now offering a new HMO plan in most ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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.

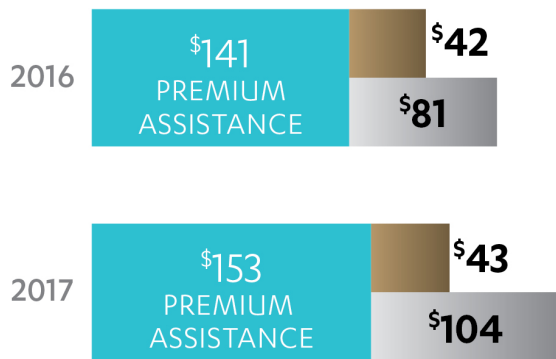
## Pricing Region 16

### Average Consumer Monthly Premium After Subsidy

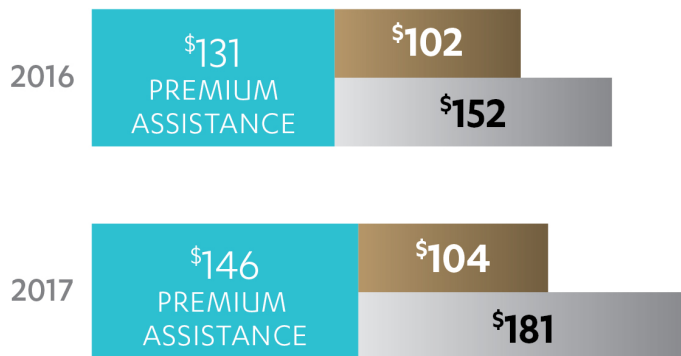
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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.

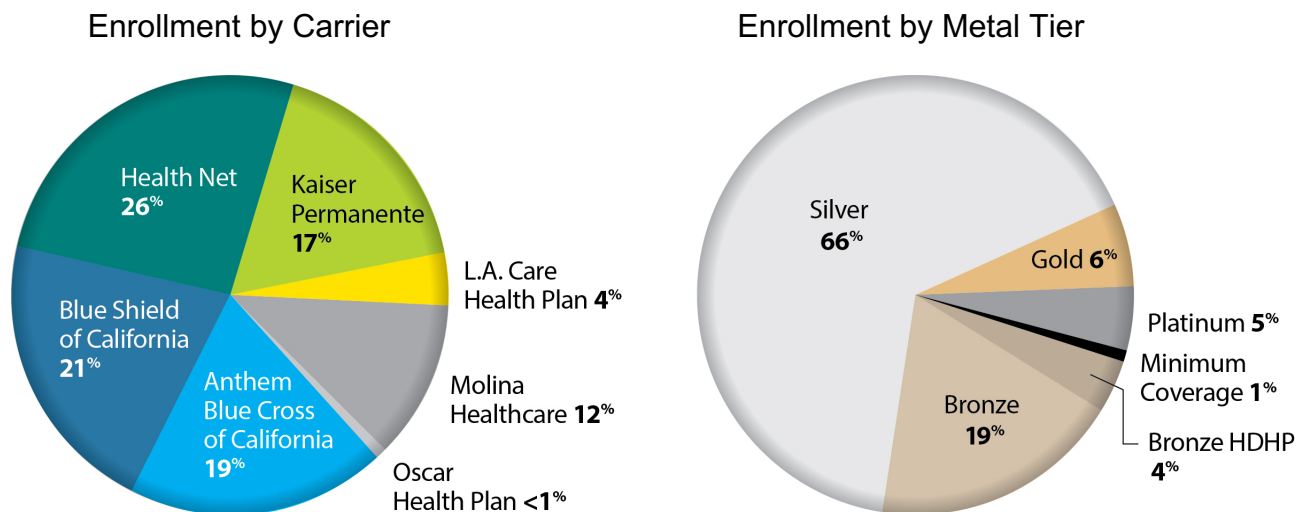
## Pricing Region 16

### 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 2016” 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 2016
<b>Anthem EPO</b>	13%	26.3%	20.7% to 31.1%
<b>Anthem HMO</b>	6%	8.4%	5.1% to 9.0%
<b>Blue Shield PPO</b>	21%	19.5%	14.4% to 20.1%
<b>Health Net HMO</b>	26%	14.6%	13.4% to 24.7%
<b>Kaiser Permanente HMO</b>	17%	5.4%	0.4% to 7.5%
<b>L.A. Care HMO (Coinsurance)</b>	4%	3.8%	2.1% to 6.5%
<b>Molina Healthcare HMO (Coinsurance)</b>	12%	7.1%	4.2% to 8.8%
<b>Oscar EPO</b>	1%	12.8%	11.4% to 17.1%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 16

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$211	\$146	\$71	\$0	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$210	\$275	\$349	\$421	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$91	\$156	\$231	\$302	
<b>Blue Shield HMO</b>	\$147	\$212	\$287	\$358	
<b>Blue Shield PPO</b>	\$170	\$235	\$310	\$381	
<b>Health Net HMO</b>	\$78	\$143	\$218	\$289	
<b>Kaiser Permanente HMO</b>	\$124	\$190	\$264	\$335	
<b>L.A. Care HMO</b>	\$59	\$125	\$199	\$270	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$45	\$110	\$185	\$256	
<b>Oscar EPO</b>	\$121	\$187	\$261	\$332	



## Pricing Region 16

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$197	\$228	\$233	\$330	\$418	\$497
<b>Anthem HMO</b>	-	-	-	\$237	\$290	\$350
<b>Blue Shield HMO</b>	-	-	-	\$281	\$341	\$422
<b>Blue Shield PPO</b>	\$234	\$247	\$255	\$299	\$372	\$476
<b>Health Net HMO</b>	\$192	-	\$244	\$227	\$286	\$317
<b>Kaiser Permanente HMO</b>	\$167	<b>\$193</b>	\$191	\$263	\$305	\$337
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$292	-
<b>L.A. Care HMO</b>	\$180	-	\$190	\$213*	\$250	\$291
<b>Molina Healthcare HMO (Coinsurance)</b>	<b>\$153</b>	-	<b>\$158</b>	<b>\$201</b>	<b>\$226</b>	<b>\$261</b>
<b>Oscar EPO</b>	\$190	-	\$201	\$261	\$303	\$344

Figures rounded to the nearest dollar.

## Pricing Region 16

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$290	\$296	\$421	\$532	\$632
<b>Anthem HMO</b>	-	-	\$302	\$370	\$445
<b>Blue Shield HMO</b>	-	-	\$358	\$434	\$537
<b>Blue Shield PPO</b>	\$314	\$324	\$381	\$473	\$606
<b>Health Net HMO</b>	-	\$310	\$289	\$364	\$404
<b>Kaiser Permanente HMO</b>	<b>\$245</b>	\$243	\$335	\$389	\$429
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$371	-
<b>L.A. Care HMO</b>	-	\$242	\$270*	\$319	\$370
<b>Molina Healthcare HMO (Coinsurance)</b>	-	<b>\$201</b>	<b>\$256</b>	<b>\$287</b>	<b>\$332</b>
<b>Oscar EPO</b>	-	\$256	\$332	\$385	\$438

Figures rounded to the nearest dollar.

## Pricing Region 17

San Bernardino and Riverside counties

<b>Rate Change</b> (weighted average)	<b>+10.1%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.0%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+5.4%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-7.2%

### Regional Observations

- 130,059 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 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 2017.
- All consumers in this region will have a choice of 2 insurance companies to choose from, and some will have as many as 5.
- Blue Shield is now offering a new HMO plan in some ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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

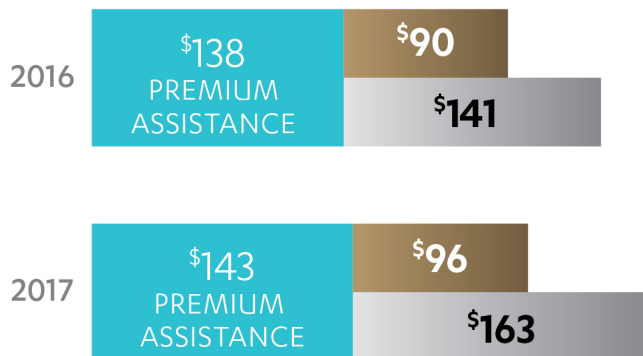
This figure shows consumers of two different ages who are in two income categories that are subsidy-eligible. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan

##### 25-YEAR-OLD SINGLE 150 Percent FPL



##### 40-YEAR-OLD SINGLE 200 Percent FPL



\*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.

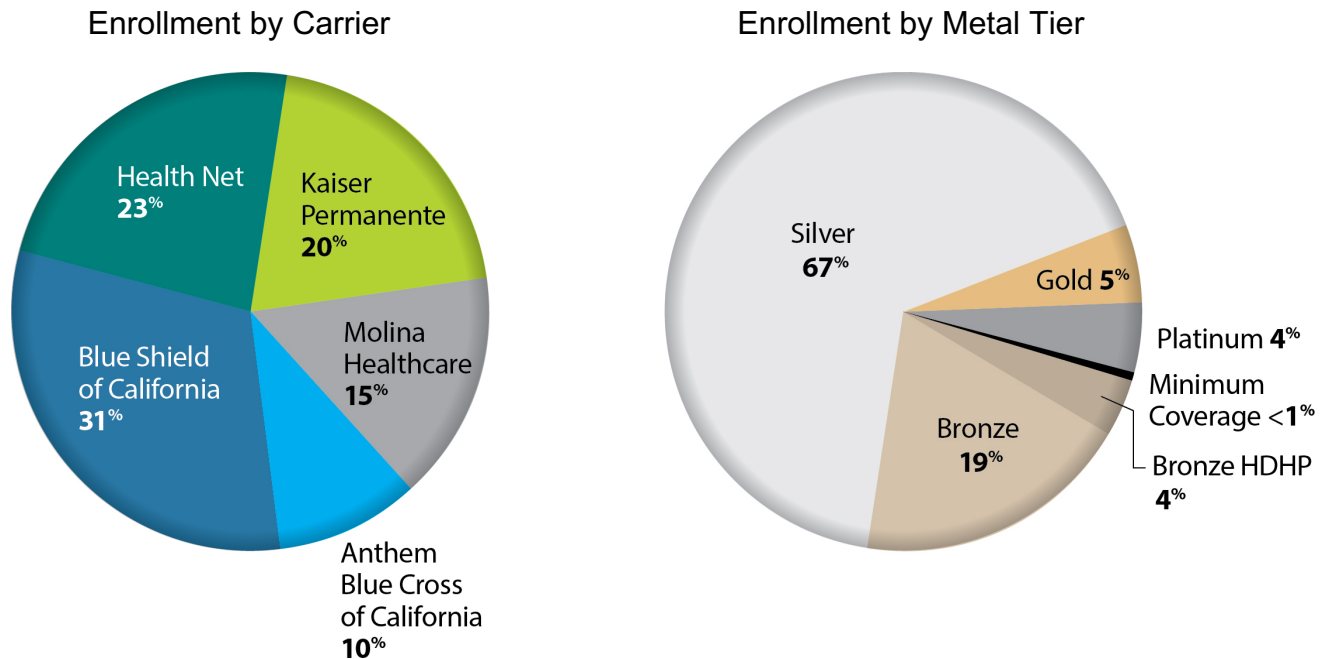
## Pricing Region 17

### 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 2016” 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 2016
<b>Anthem EPO</b>	8%	18.2%	13.4% to 22.9%
<b>Anthem HMO</b>	2%	11%	7.6% to 11.6%
<b>Blue Shield PPO</b>	31%	18.4%	13.3% to 18.9%
<b>Health Net HMO</b>	23%	4.1%	2.5% to 21.1%
<b>Kaiser Permanente HMO</b>	20%	5.6%	0.4% to 7.5%
<b>Molina Healthcare HMO (Coinsurance)</b>	15%	3.8%	0.9% to 5.4%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 17

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$208	\$143	\$68	\$0	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$186	\$252	\$326	\$395	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$114	\$179	\$254	\$322	
<b>Blue Shield HMO</b>	\$93	\$159	\$233	\$302	
<b>Blue Shield PPO</b>	\$118	\$183	\$258	\$326	
<b>Health Net HMO</b>	\$59	\$125	\$199	\$268	
<b>Kaiser Permanente HMO</b>	\$130	\$196	\$270	\$339	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$48	\$113	\$188	\$256	

## Pricing Region 17

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$185	\$214	\$218	\$310	\$392	\$466
<b>Anthem HMO</b>	-	-	-	\$253	\$310	\$373
<b>Blue Shield HMO</b>	-	-	-	\$237	\$287	\$355
<b>Blue Shield PPO</b>	\$201	\$211	\$218	\$256	\$318	\$407
<b>Health Net HMO</b>	\$188	-	\$238	\$210*	\$265	\$294
<b>Kaiser Permanente HMO</b>	\$169	<b>\$195</b>	\$193	\$266	\$308	\$340
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$295	-
<b>Molina Healthcare HMO (Coinsurance)</b>	<b>\$153</b>	-	<b>\$158</b>	<b>\$201</b>	<b>\$226</b>	<b>\$261</b>

Figures rounded to the nearest dollar.

## Pricing Region 17

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$272	\$278	\$395	\$499	\$593
<b>Anthem HMO</b>	-	-	\$322	\$395	\$475
<b>Blue Shield HMO</b>	-	-	\$302	\$366	\$452
<b>Blue Shield PPO</b>	\$269	\$277	\$326	\$405	\$518
<b>Health Net HMO</b>	-	\$303	\$268*	\$337	\$374
<b>Kaiser Permanente HMO</b>	<b>\$248</b>	\$246	\$339	\$392	\$433
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$375	-
<b>Molina Healthcare HMO (Coinsurance)</b>	-	<b>\$201</b>	<b>\$256</b>	<b>\$287</b>	<b>\$332</b>

Figures rounded to the nearest dollar.



## Pricing Region 18

Orange County

<b>Rate Change</b> (weighted average)	<b>+14.4%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+2.0%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>-0.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-4.8%

### Regional Observations

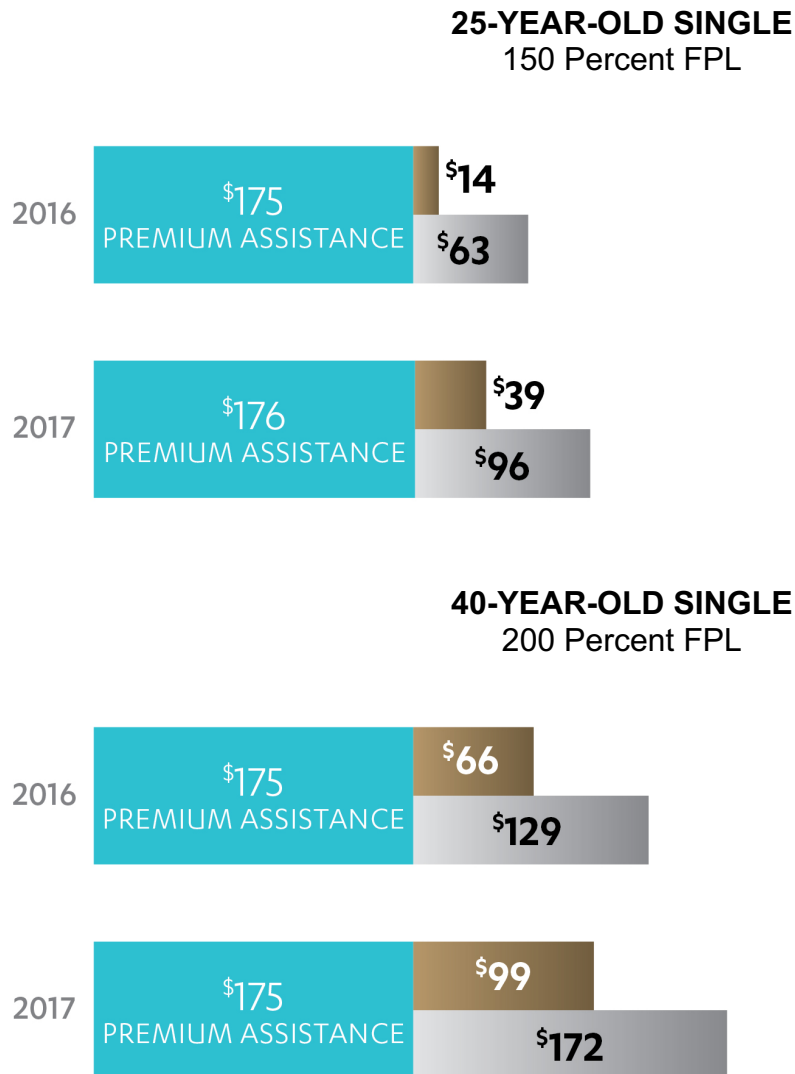
- 142,020 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 88 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will remain the same in 2017.
- All consumers in this region will have a choice of 6 insurance companies to choose from.
- Blue Shield is now offering a new HMO plan in all ZIP codes in this region, at three levels of coverage: Silver, Gold and Platinum.
- Molina Healthcare is now offering an HMO plan in 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 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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.

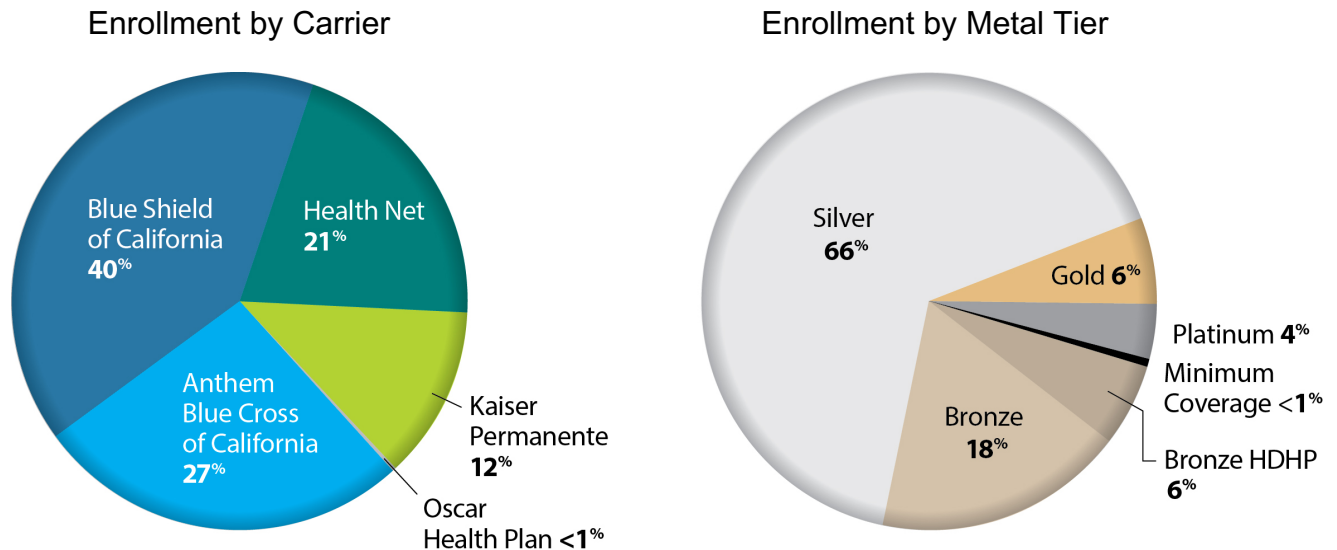
## Pricing Region 18

### 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 2016” 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 2016
<b>Anthem EPO</b>	26%	21.7%	17.3% to 27.4%
<b>Anthem HMO</b>	1%	6.9%	3.6% to 7.5%
<b>Blue Shield PPO</b>	40%	18.1%	13.0% to 18.5%
<b>Health Net HMO</b>	21%	3.7%	2.0% to 21.1%
<b>Kaiser Permanente HMO</b>	12%	5.6%	0.4% to 7.5%
<b>Oscar EPO</b>	0.2%	-0.3%	-1.7% to 3.3%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 18

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$240	\$175	\$100	\$0	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$133	\$198	\$273	\$373	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$105	\$171	\$245	\$345	
<b>Blue Shield HMO</b>	\$106	\$171	\$246	\$346	
<b>Blue Shield PPO</b>	\$121	\$187	\$261	\$361	
<b>Health Net HMO</b>	\$59	\$125	\$199	\$299	
<b>Kaiser Permanente HMO</b>	\$126	\$191	\$266	\$366	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$51	\$117	\$191	\$291	
<b>Oscar EPO</b>	\$89	\$154	\$229	\$329	

## Pricing Region 18

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$174	<b>\$202</b>	\$206	\$293	\$370	\$440
<b>Anthem HMO</b>	-	-	-	\$271	\$332	\$400
<b>Blue Shield HMO</b>	-	-	-	\$272	\$330	\$407
<b>Blue Shield PPO</b>	\$222	\$234	\$241	\$284	\$352	\$451
<b>Health Net HMO</b>	\$179	-	\$227	\$235*	\$296	\$329
<b>Kaiser Permanente HMO</b>	\$182	\$210	\$208	\$287	\$333	\$367
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$318	-
<b>Molina Healthcare HMO (Coinsurance)</b>	<b>\$174</b>	-	<b>\$179</b>	<b>\$229</b>	<b>\$256</b>	<b>\$296</b>
<b>Oscar EPO</b>	\$188	-	\$199	\$259	\$300	\$340

Figures rounded to the nearest dollar.

## Pricing Region 18

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	<b>\$257</b>	\$262	\$373	\$471	\$560
<b>Anthem HMO</b>	-	-	\$345	\$423	\$509
<b>Blue Shield HMO</b>	-	-	\$346	\$420	\$518
<b>Blue Shield PPO</b>	\$298	\$307	\$361	\$449	\$574
<b>Health Net HMO</b>	-	\$289	\$299*	\$377	\$418
<b>Kaiser Permanente HMO</b>	\$267	\$265	\$366	\$424	\$468
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$405	-
<b>Molina Healthcare HMO (Coinsurance)</b>	-	<b>\$228</b>	<b>\$291</b>	<b>\$326</b>	<b>\$377</b>
<b>Oscar EPO</b>	-	\$253	\$329	\$381	\$433

Figures rounded to the nearest dollar.

## Pricing Region 19

San Diego County

<b>Rate Change</b> (weighted average)	<b>+10.0%</b>
Statewide Rate Change (weighted average)	+13.2%
<b>Lowest-price Bronze plan</b> (unweighted average)	<b>+0.5%</b>
<b>Lowest-price Silver plan</b> (unweighted average)	<b>+3.8%</b>
Weighted rate change if consumers switch to lowest-price plan available in the same metal tier	-8.6%

### Regional Observations

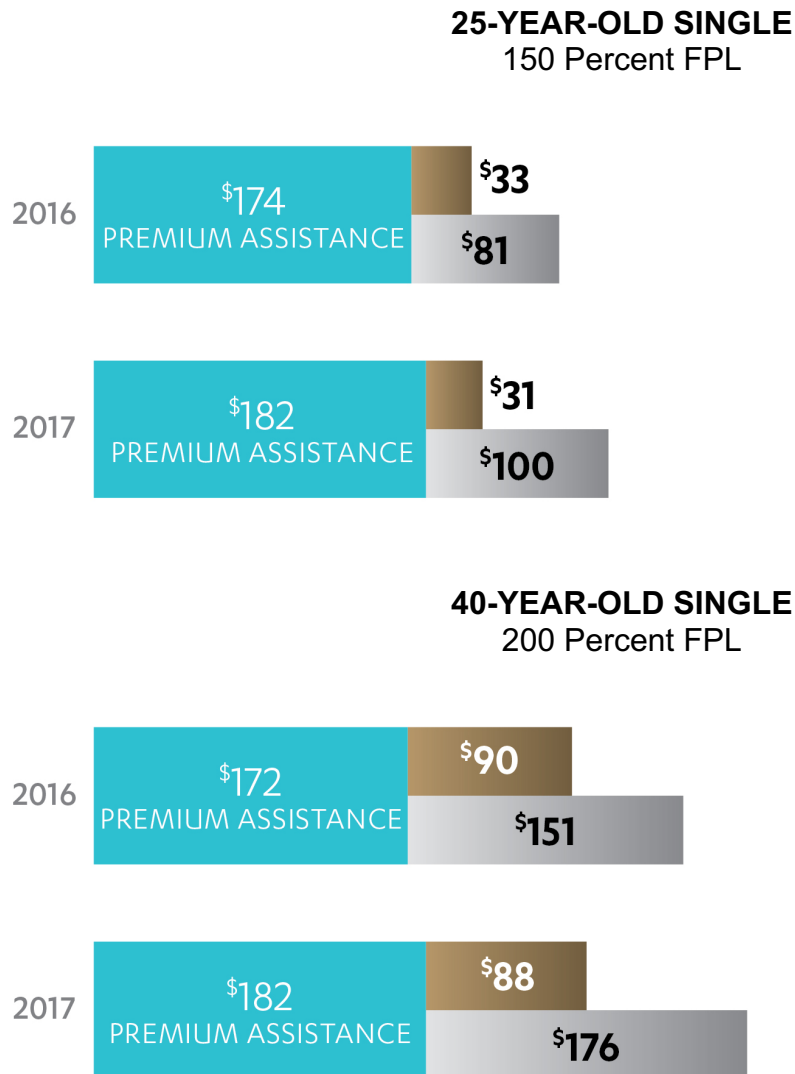
- 128,729 individuals renewed their coverage or signed up for coverage during the third open-enrollment period.
- 87 percent are receiving financial assistance to pay their premiums.
- Generally, the amount of financial assistance available to consumers in this region will increase in 2017.
- All consumers in this region will have a choice of 5 insurance companies to choose from, and some will have as many as 6.
- Blue Shield is now offering a new HMO plan in most ZIP codes within this region, at three levels of coverage: Silver, Gold and Platinum.
- 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. The bars indicate the average advanced premium tax credit available, and the consumers' share of the premium for the current and next coverage years.

#### ● Total Cost to Consumer for a Bronze/Silver Plan



\*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.



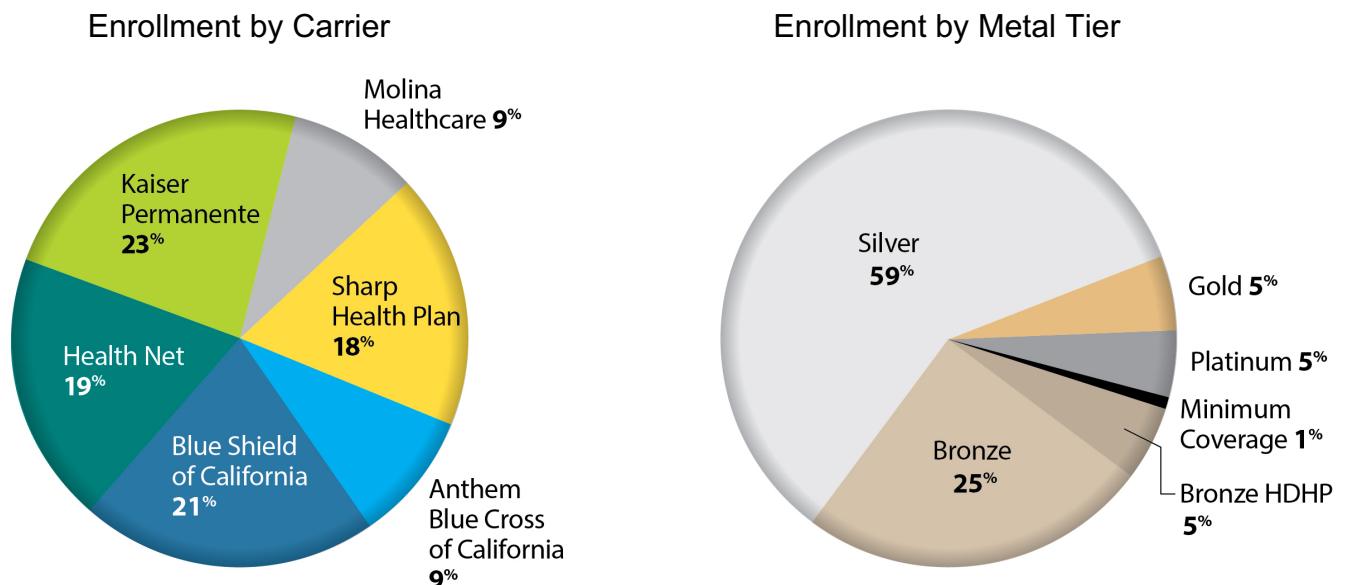
## Pricing Region 19

### 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 2016” 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 2016
<b>Anthem EPO</b>	9%	25.8%	21.1% to 31.5%
<b>Anthem HMO</b>	0.2%	14.0%	10.5% to 14.6%
<b>Blue Shield PPO</b>	21%	18.2%	13.1% to 18.7%
<b>Health Net HMO</b>	19%	6.2%	3.7% to 21.1%
<b>Kaiser Permanente HMO</b>	23%	5.4%	0.4% to 7.5%
<b>Molina Healthcare HMO (Coinsurance)</b>	9%	2.4%	-0.5% to 3.8%
<b>Sharp Health Plan HMO Network 2 (Coinsurance)</b>	10%	4.7%	-1.7% to 13.8%
<b>Sharp Health Plan HMO Network 1 (Copay)</b>	8%	8.4%	3.0% to 13.2%

### 2016 Regional Enrollment (subsidized and non-subsidized)



\*Enrollment represents effectuated individuals as of April 1, 2016. Enrollment percentages may not total 100 percent due to rounding.

## Pricing Region 19

### 2017 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.

RATES BY INCOME LEVEL - 40 YEAR OLD					
Silver Plan	\$17,820 150% FPL	\$23,760 200% FPL	\$29,700 250% FPL	\$47,520 400% FPL	SHARE
<i>Premium Assistance</i>	\$248	\$182	\$108	\$0	<i>federal government pays this amount</i>
<b>Anthem EPO</b>	\$218	\$284	\$358	\$466	<i>individual pays balance of the premium after federal contribution</i>
<b>Anthem HMO</b>	\$197	\$262	\$336	\$444	
<b>Blue Shield HMO</b>	\$186	\$251	\$326	\$433	
<b>Blue Shield PPO</b>	\$159	\$224	\$298	\$406	
<b>Health Net HMO</b>	\$59	\$125	\$199	\$307	
<b>Kaiser Permanente HMO</b>	\$106	\$172	\$246	\$354	
<b>Molina Healthcare HMO (Coinsurance)</b>	\$49	\$114	\$189	\$297	
<b>Sharp Health Plan HMO Network 1 (Copay)</b>	\$108	\$173	\$248	\$356	
<b>Sharp Health Plan HMO Network 2 (Coinsurance)</b>	\$128	\$193	\$268	\$375	

## Pricing Region 19

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

25-Year-Old						
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$218	\$252	\$258	\$366	\$463	\$550
<b>Anthem HMO</b>	-	-	-	\$349	\$427	\$514
<b>Blue Shield HMO</b>	-	-	-	\$340	\$413	\$510
<b>Blue Shield PPO</b>	\$250	\$263	\$271	\$319	\$396	\$507
<b>Health Net HMO</b>	\$181	-	\$230	\$241*	\$304	\$337
<b>Kaiser Permanente HMO</b>	\$176	\$203	\$202	\$278	\$322	\$356
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	-	\$308	-
<b>Molina Healthcare HMO (Coinsurance)</b>	\$177	-	<b>\$182</b>	<b>\$233</b>	<b>\$261</b>	<b>\$302</b>
<b>Sharp Health Plan HMO Network 1 (Copay)</b>	-	<b>\$198</b>	-	\$279	\$329	\$368
<b>Sharp Health Plan HMO Network 2 (Coinsurance)</b>	<b>\$158</b>	-	\$197	\$295	\$339	\$384

Figures rounded to the nearest dollar.

## Pricing Region 19

### 2017 Rates Without Subsidies (tentative)

The table below is an example of the rates in this region. 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 (\*).

40-Year-Old					
Plan	Bronze HDHP	Bronze	Silver	Gold	Platinum
<b>Anthem EPO</b>	\$321	\$328	\$466	\$589	\$700
<b>Anthem HMO</b>	-	-	\$444	\$543	\$654
<b>Blue Shield HMO</b>	-	-	\$433	\$526	\$650
<b>Blue Shield PPO</b>	\$334	\$345	\$406	\$504	\$645
<b>Health Net HMO</b>	-	\$292	\$307*	\$387	\$429
<b>Kaiser Permanente HMO</b>	\$259	\$257	\$354	\$410	\$453
<b>Kaiser Permanente HMO (Coinsurance)</b>	-	-	-	\$392	-
<b>Molina Healthcare HMO (Coinsurance)</b>	-	<b>\$232</b>	<b>\$297</b>	<b>\$332</b>	<b>\$384</b>
<b>Sharp Health Plan HMO Network 1 (Copay)</b>	<b>\$252</b>	-	\$356	\$419	\$468
<b>Sharp Health Plan HMO Network 2 (Coinsurance)</b>	-	\$250	\$375	\$432	\$488

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.

### **Advanced Primary Care**

Primary care strategies that use a patient-centered, accessible, team-based approach to care delivery, member engagement, and data-driven improvement as well as integration of care management for patients with complex conditions.

### **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.

### **Case Management**

A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

### **Consumer Tools**

Tools to help consumers better understand and manage their own health care. For example, consumer tools could include provider directory search capabilities, service cost estimators, or accumulation tools to review member-specific costs applied toward deductibles and/or out-of-pocket limits.

**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.

**Cultural competency (or culturally appropriate care)**

The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

**Deductible**

The amount you owe for health care services your health insurance plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have met your deductible for covered health care services. The deductible may not apply to all services. Covered California standard benefit designs include ambulatory care options for all enrollees that are not subject to the deductible, but will be subject to other cost sharing.

**Disease management**

Programs designed to improve the health of persons with specific chronic conditions and to reduce health care service use and costs associated with avoidable complications, such as emergency room visits and hospitalizations.

**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 \$16,394 annually or \$33,534 for a family of four in 2017.

To read more information on federal poverty levels, please visit the U.S. Department of Health and Human Services' website at <https://aspe.hhs.gov/poverty-guidelines>.

**Formulary**

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

**Health Disparities**

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

**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.

**Health Savings Account (HSA)**

A health savings account (HSA) is a tax-exempt trust or custodial account you set up with a qualified HSA trustee, usually a bank, to pay or reimburse qualified medical expenses you incur.

**High Deductible Health Plan (HDHP)**

HDHPs are defined by the Internal Revenue Service as a health plan with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,550 for self-only coverage or \$13,100 for family coverage. Covered California members enrolled in an HDHP can set up a Health Savings Account (HSA), which is a tax advantaged savings account that contains funds that can be used for qualified medical expenses. Enrollees in the individual market can sign up for a Bronze HDHP, and enrollees in the small business market can sign up for a Silver HDHP.

**Medical Group**

The practice of medicine by a group of physicians who usually share their premises and other resources.

**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.

**Preventive Services**

Routine health care that includes screenings, checkups and patient counseling to prevent illnesses, disease or other health problems.



**Primary Care Physician (PCP)**

A physician providing integrated, accessible health care services who is accountable for addressing a large majority of personal health needs, developing a sustained partnership with patients, and practicing in the context of family and community. Starting in 2017, every Covered California enrollee will either select or be assigned to a PCP, even those enrolled in PPO and EPO plans. Covered California recognizes Internal Medicine, Pediatrics, and Family Medicine as primary care specialties.

**Subsidy**

Cost-sharing reductions 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 health care. The team members may include physicians, 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 remotely in real time. Telehealth includes applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications.