Health Plan Aggregate Premium Rate Report

Measurement Year 2024

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I. Executive Summary

The California Department of Managed Health Care (DMHC) protects consumers' health care rights and ensures a stable health care delivery system. As part of this mission, the DMHC licenses and regulates health care service plans (health plans) under the Knox-Keene Health Care Service Plan Act of 1975. The DMHC regulates the vast majority of commercial health plans and products in the large group, small group, and individual markets, including all of the health plans that participate in the California Health Benefit Exchange (Covered California). The DMHC also regulates most Medi-Cal managed care plans, Medicare Advantage plans, and specialized health plans, including dental and vision plans.

Since 2015, California has enacted several bills that require health plans to annually submit aggregate rate information and prescription drug costs to the DMHC across all market segments. Health plans began submitting large group aggregate rate information in 2016, large group prescription drug costs in 2018, and individual and small group rate information in 2021.

This report summarizes aggregate rate information and weighted average rate changes across the individual, small group, and large group markets. Weighted average rate change means the average annual rate increases or decreases that were implemented weighted by the number of enrollees.

Additionally, the report compares information between grandfathered[1] and non-grandfathered[2] products offered on-exchange and off-exchange in the individual and small group markets. The report also analyzes the impact of the cost of prescription drugs on health plan premiums in the large group market for measurement year 2024, including comparisons over the course of the eight reported years. The information in this report relies on the data submitted by the health plans.

Key Findings

- The majority of enrollees in the commercial market are covered by employer sponsored plans in the large group market. In 2024, approximately 7.65 million enrollees were in the large group market, compared to 2.44 million enrollees in the individual market and 2.29 million enrollees in the small group market.
- Kaiser Permanente was the largest health plan in all three markets and covered 6.8 million enrollees in the commercial market.

[1] Grandfathered Plan has the meaning set forth in Section of 1251 Patient Protection and Affordable Care Act (as defined in Health and Safety Code section 1357.500 (r). Grandfathered plans are individual and group health plans that were in existence on March 23, 2010. All grandfathered plans are exempt from certain requirements so long as employers do not significantly lower their premium contributions to employee plans and plans do not increase cost-sharing requirements beyond certain limits or reduce benefits.

[2] Non-Grandfathered plan or policy is one that was put into place after March 23, 2010, or one that has lost its grandfathered status. Non-grandfathered plans are ACA compliant health plans and cover more services.

- The average premium per member per month increased by $100 from 2021 to 2024. The overall average premium per member per month was $638 in the individual market, $655 in the small group market and $650 in the large group market.

- The weighted average rate increase was 9.5% for the individual market, 8.5% for the small group market and 10.7% for the large group market. In comparison, Covered California had an average rate increase of 9.6%, and CalPERS had an average rate increase of 10.9% in 2024.

- The majority of enrollees in the individual market purchased their health care coverage on-exchange through Covered California. Twelve health plans offered on-exchange products and covered approximately 1.98 million enrollees with an average premium of $633 per member per month.

- Most enrollees in the individual market selected a silver plan and 75% of on-exchange enrollees selected products rated silver or higher metal level coverage. Most enrollees in the individual market chose the Health Maintenance Organization (HMO) plans with higher actuarial values and the overall average actuarial value in the individual market was nearly 77%.

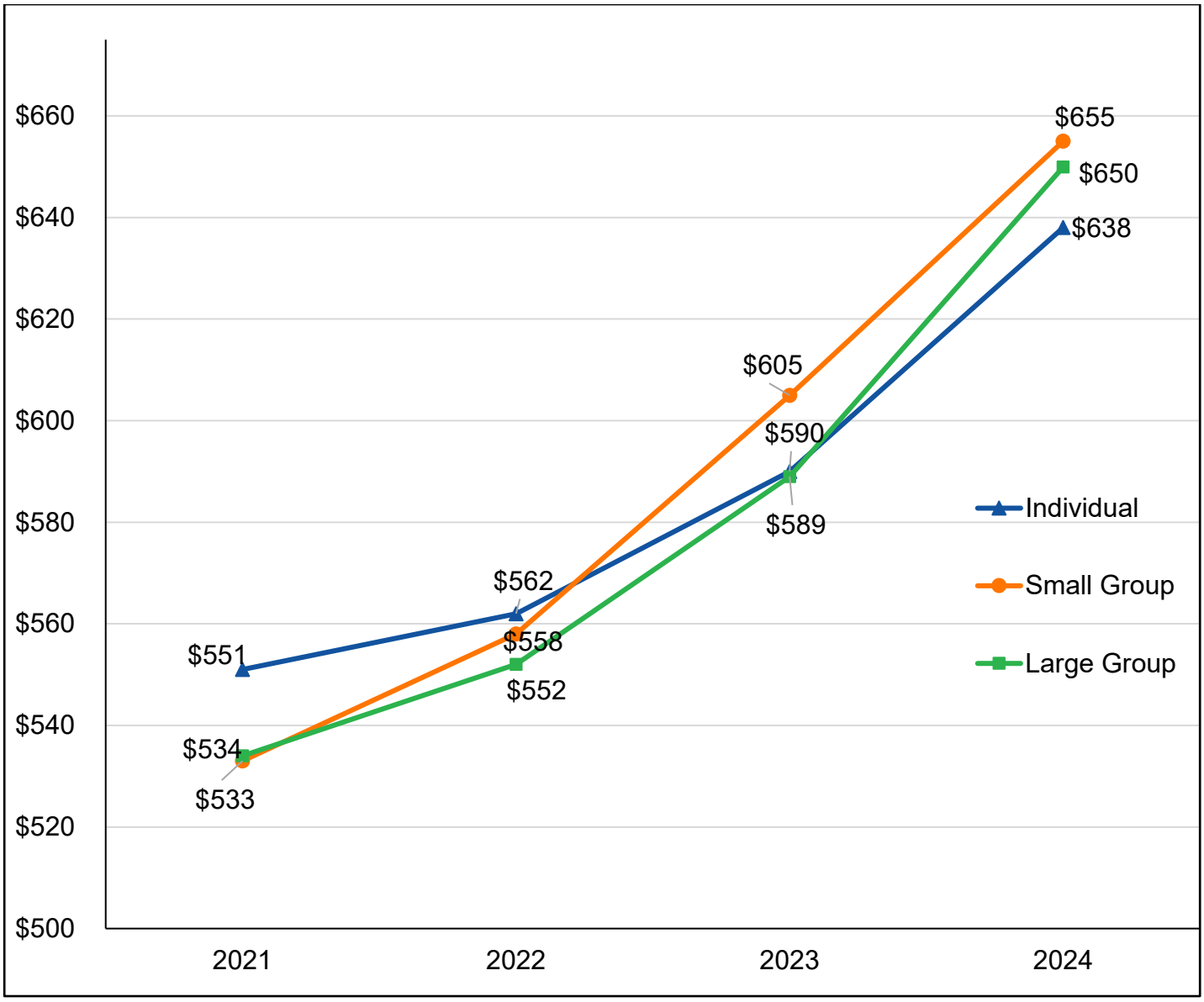
- Over 90% of enrollees in the small group market, both on and off-exchange, were in silver or higher metal tiers and the majority chose HMO or Preferred Provider Organization (PPO) products. The overall average actuarial value in the small group market was nearly 79%.

- In the large group market, about 79% of covered enrollees were in benefit plans that had an actuarial value of 90% or higher. Nearly 95% of covered enrollees were in plans with an actuarial value of 80% or higher. The overall average actuarial value in the large group market was nearly 93%. Compared to individual and small group market, the large group market had a higher average actuarial value, which means that enrollees in the large group market had richer benefit plans.

Chart 1 shows the average premium per member per month (PMPM)[3] for health plans in the individual, small group and large group markets from 2021 to 2024. The average premium in all three markets increased from 2021 through 2024. In 2024, an enrollee on average paid $100 more in health care premiums per month in 2024 compared to 2021. Average Premium PMPM is the average premium weighted by the number of enrollees during the 12-month period. Based on the health plans' 2025 projected rate submission, we are expecting a slightly smaller premium increase in all three markets in 2025.

Chart 1

Average Premium PMPM – Individual, Small Group, and Large Group Markets

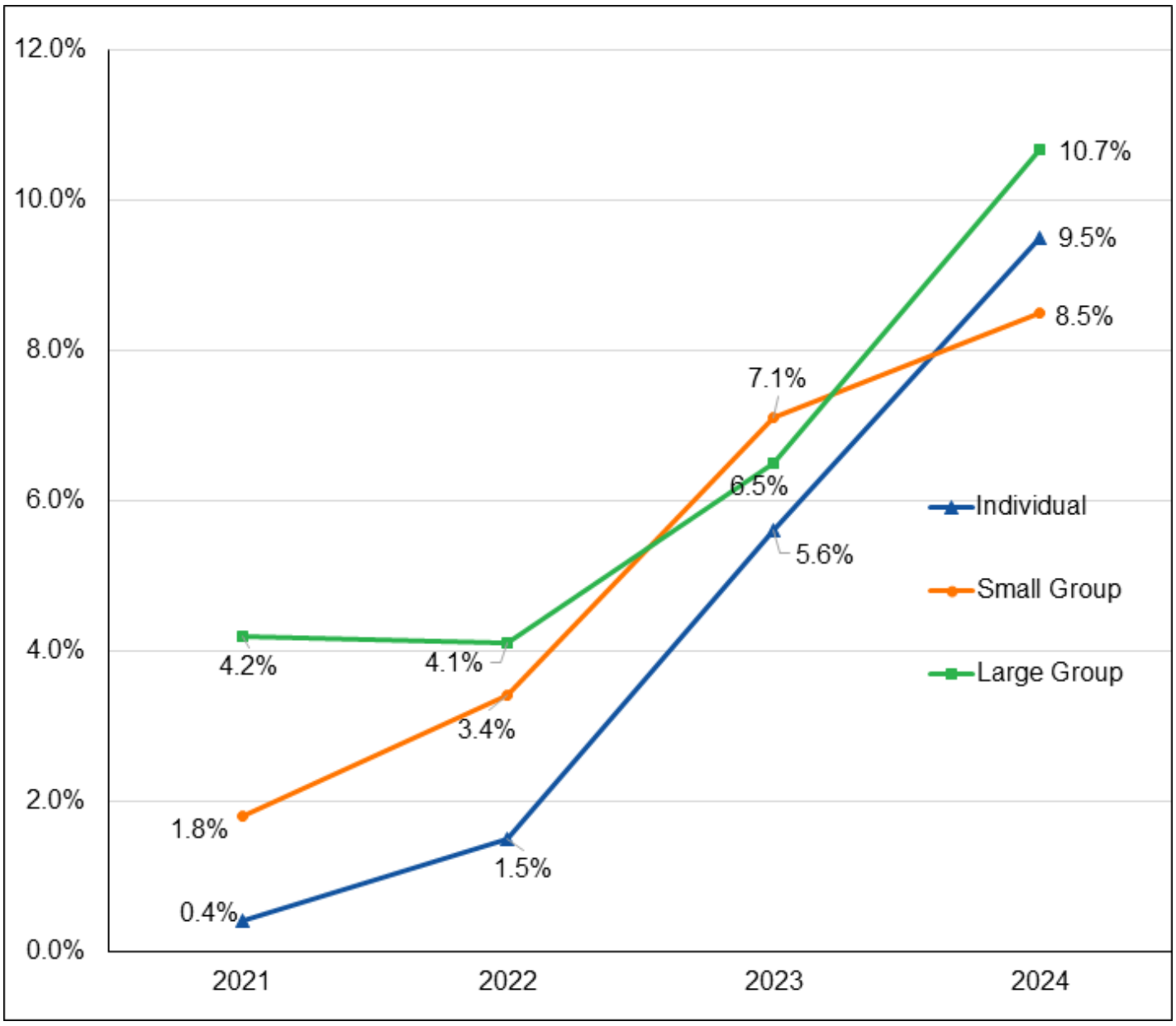


[3] Per member per month is a measure used to assess population-based metrics such as cost or utilization, computed by dividing the total monthly premium/cost/utilization/other measure by the total number of member months for the population over a specific time period.

Chart 2 shows the year-over-year rate increase in the individual, small group, and large group markets. From 2022 to 2024, the rate increases averaged 5.1% in the individual market, 6.2% in the small group market, and 7.1% in the large group market.

Chart 2

Rate Increase Trend in the Individual, Small Group, and Large Group Markets



II. Introduction/Background

Since 2015, California has enacted several bills that require health plans to annually submit aggregate rate information and prescription drug costs to the DMHC, including:

- Senate Bill (SB) 546 (Leno, 2015) required health plans that offer commercial large group products to annually submit aggregate rate information and the weighted average rate increase for all large group benefit designs during the prior 12-month period. Health plans are also required to include a statement in their large group renewal notices comparing their proposed rate changes to the average rate increases negotiated by California Public Employees' Retirement System (CalPERS) and Covered California. The DMHC is also required to conduct a public meeting regarding large group rate changes in even-numbered years.

- SB 17 (Hernandez, 2017) extended SB 546's reporting requirements to include specified information on health plan spending and year-over-year cost increases for covered prescription drugs for large group health plans.

- Assembly Bill (AB) 2118 (Kalra, 2020) required health plans that offer commercial products in the individual and small group market to annually report to the DMHC specified information, including premiums, cost sharing, benefits, enrollment, and trend factors. The DMHC is required to post the information reported under this section on its website and annually present the reported information at various meetings.

In addition, to further increase transparency of large group rates, Assembly Bill (AB) 731 (Kalra, 2019) established a rate review process for the large group market. Effective July 1, 2020, health plans with large group products must file specified information at least annually and 120 days before any change in methodology, factors or assumptions that would affect the rate paid by a large group employer or contract holder. The filings submitted by health plans pursuant to AB 731 are available on the DMHC website and are not discussed in this report.

Under a separate statutory requirement, health plans that offer commercial individual and small group products must file their proposed premium rate changes for the DMHC's review. The DMHC actuaries perform an in-depth review of these proposed changes and ask the health plans questions to ensure that the proposed rate changes are supported by data including underlying medical costs and trends. The DMHC does not have the authority to approve or deny rate increases; however, its rate review efforts hold health plans accountable, ensure consumers get value for their premium dollar, and help save Californian's money. The DMHC has saved consumers over $296 million to date through the rate review program.

If the DMHC finds a health plan rate change is not supported by data, including underlying medical costs and trends, the Department negotiates with the health plan to reduce the rate change. If the health plan refuses to modify its rate, the Department can find the rate to be unreasonable and the health plan must notify members of the unreasonable finding.

Additionally, health plans that offer commercial products and file rate information with the DMHC are required to annually report specific information related to the costs of covered prescription drugs, including:

- The 25 prescription drugs most frequently prescribed to health plan enrollees;
- The 25 most costly prescription drugs by total annual health plan spending;
- The 25 prescription drugs with the highest year-over-year increase in total annual health plan spending; and
- The overall impact of drug costs on healthcare premiums.

This information is reported in the Prescription Drug Cost Transparency Report required by SB 17 which can be found on the DMHC website.

III. Individual Market Aggregate Rate Summary

For measurement year 2024, the DMHC received individual market aggregate rate filings from 13 health plans, including five statewide health plans and eight regional health plans. The 13 individual health plans covered 2,441,754 enrollees. In the individual market, health coverage is offered to individuals who can purchase it on their own rather than as part of a group (i.e., through an employer). Individual health plans update premium rates annually, usually on January 1 of each year. Health plans must notify consumers of any change in what they will be charged at least 60 days before the change takes place. Kaiser Permanente accounted for 857,246, or 35% of enrollees, and the remaining 1,584,508, or 65% of enrollees, were covered by the remaining 12 health plans. Since Kaiser Permanente's data had such a significant impact on the overall state averages, the data for Kaiser Permanente is often shown on a stand-alone basis throughout this report. On-exchange[4] plans covered 81% of enrollees while off-exchange[5] plans covered 18%, and grandfathered plans covered 1%.

The observations from the 2024 health plan data related to the individual market aggregate rates include:

- Overall, the weighted average rate increased by 9.5%. Kaiser Permanente's average rate increased by 7.4% and the remaining 12 health plans increased their average rates by 10.6%. The average premium PMPM across all health plans in the individual market was $638.11. (Table 1)

- Twelve health plans offered individual products on-exchange and covered approximately 1.98 million enrollees with an average premium of $632.59 PMPM, a weighted average increase of 8.9%. Twelve health plans offered individual products off-exchange and covered 431,130 enrollees with an average premium of $653.09 PMPM, a weighted average increase of 12.4%. (Tables 2a, 2b and 4)

- Only two health plans, Kaiser Permanente and Anthem Blue Cross, offered grandfathered plans in the individual market. Anthem Blue Cross had the highest premium, with an average premium of $1133.42 PMPM. Overall, the average rate for the two grandfathered plans was $763.34 PMPM. (Table 2c)

- The five statewide health plans covered approximately 2 million enrollees, including 1.5 million enrollees on-exchange, 415,972 off-exchange and 35,449 grandfathered enrollees. The eight regional health plans had 446,219 enrollees, including 431,061 on-exchange and 15,158 off-exchange enrollees. (Tables 2c, 3 and 4)

[4] On-exchange products/plans are sold through Covered California.
[5] Off-exchange products are not sold through Covered California. Off-exchange products are purchased by individuals or employer groups directly from the health plans.

- The majority of enrollees selected the silver plan, which is one of the four metal levels[6] of coverage. 75% of the enrollees selected on-exchange products rated silver or higher metal level coverage, while 74% enrollees selected off-exchange products rated silver or higher metal level coverage.

- Most enrollees in the individual on-exchange market chose the HMO plans, while most enrollees in the off-exchange market chose PPO plans. (Tables 5 and 6)

- The majority of the enrollees in the individual market were in plans with a deductible of $1,500 or more and coinsurance of 20% or more for hospital inpatient benefits. (Tables 7 and 8)

- Approximately 55% of on-exchange enrollees and 68% of off-exchange enrollees purchased products with copayments for primary care and specialist visits between $50 and $99.99. (Table 9)

- For measurement year 2024, 57% of on-exchange enrollees and 78% of off-exchange enrollees had an out-of-pocket maximum of $7,500 or more for in-network medical and pharmacy benefits. Overall, 60% of the enrollees had an out-of-pocket maximum of $7,500 in the individual market. (Table 10)

[6] Refers to the four coverage tiers available through Covered California. A health plan's metal category indicates the percentage of total costs for covered health care services that are paid by the health plan. Covered California's metal levels are: 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. Generally, a bronze plan has an actuarial value of 60 percent; a silver plan has an actuarial value of 70 percent; a gold plan has an actuarial value of 80 percent; and a platinum plan has as an actuarial value of 90 percent.

Table 1 shows the number of enrollees, weighted average rate change, and average premium PMPM, for all health plans (including Kaiser Permanente), Kaiser Permanente, and all health plans (excluding Kaiser Permanente).

Table 1

Weighted Average Rate Change and Average Premium PMPM – Individual Market

Plan Type	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
All Plans	2,441,754	9.5%	$638.11
Kaiser Permanente	857,246	7.4%	$612.51
All Plans Excluding Kaiser Permanente	1,584,508	10.6%	$651.96

Tables 2a, 2b, and 2c show the number of enrollees, weighted average rate change and average premium PMPM for health plans that offered on-exchange, off-exchange, and grandfathered products in the individual market.

Table 2a

On-Exchange Plans: Weighted Average Rate Change and Average Premium PMPM

Plan Type	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
All Plans	1,975,175	8.9%	$632.59
Kaiser Permanente	694,586	7.3%	$626.67
All Plans Excluding Kaiser Permanente	1,280,589	9.7%	$635.80

Table 2b

Off-Exchange Plans: Weighted Average Rate Change and Average Premium PMPM

Plan Type	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
All Plans	431,130	12.4%	$653.09
Kaiser Permanente	136,190	7.7%	$535.39
All Plans Excluding Kaiser Permanente	294,940	14.6%	$707.44

Table 2c

Grandfathered Plans: Weighted Average Rate Change and Average Premium PMPM

Health Plan Name	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	26,470	9.3%	$637.80
Anthem Blue Cross	8,979	8.8%	$1,133.42
Total	**35,449**	**9.1%**	**$763.34**

Table 3 shows if the health plan is statewide or regional, number and percentage of enrollees, weighted average rate change and average premium PMPM for the health plans that offered products in the individual market. Inland Empire Health Plan entered the individual market starting January 1, 2024.

Table 3

Weighted Average Rate Change and Average Premium PMPM

Health Plan Name	Statewide or Regional	Number of Enrollees	Percentage of Total Enrollees	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	Statewide	857,246	35.1%	7.45%	$612.51
Blue Shield of California	Statewide	710,714	29.1%	15.70%	$754.76
Anthem Blue Cross	Statewide	271,736	11.1%	10.73%	$645.82
L.A. Care Health Plan	Regional	264,939	10.9%	1.71%	$463.87
Health Net of California, Inc. (Health Net)	Statewide	139,114	5.7%	8.06%	$586.68
Molina Healthcare of California	Regional	52,103	2.1%	8.17%	$581.78
Sharp Health Plan	Regional	46,574	1.9%	6.27%	$558.96
Valley Health Plan	Regional	35,299	1.4%	6.89%	$612.24
Inland Empire	Regional	25,543	1.0%	-	$473.87
Aetna Health of California	Statewide	16,725	0.7%	0.18%	$589.91
Western Health Advantage	Regional	15,404	0.6%	8.74%	$734.22
Chinese Community Health Plan	Regional	3,402	0.1%	8.52%	$889.47
Sutter Health Plan	Regional	2,955	0.1%	6.38%	$794.29
Total		**2,441,754**	**100.0%**	**9.49%**	**$638.11**

Table 4 shows the number of enrollees, weighted average rate change, and average premium PMPM for health plans that offered products on-exchange and off-exchange in the individual market.

Table 4

Weighted Average Rate Change and Average Premium PMPM - On-Exchange and Off-Exchange

	On-Exchange			Off-Exchange		
Health Plan Name	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	694,586	7.33%	$626.67	136,190	7.72%	$535.39
Blue Shield of California	469,440	15.56%	$763.21	241,274	15.98%	$738.32
Anthem Blue Cross	240,509	10.96%	$633.60	22,248	9.02%	$581.19
L.A. Care Health Plan	264,851	1.71%	$463.89	88	5.87%	$407.25
Health Net	123,050	7.91%	$595.03	16,064	9.17%	$522.76
Molina Healthcare of California	52,103	8.17%	$581.78	N/A	N/A	N/A
Sharp Health Plan	36,835	6.16%	$568.93	9,739	6.72%	$521.26
Valley Health Plan	34,887	6.89%	$613.09	412	6.90%	$540.21
Inland Empire	25,536	-	$473.88	7	-	$421.23
Aetna Health	16,529	0.17%	$590.19	196	0.94%	$565.92
Western Health Advantage	13,713	8.83%	$739.52	1,691	8.02%	$691.28
Chinese Community Health Plan	3,136	8.71%	$893.56	266	6.22%	$841.33
Sutter Health Plan	N/A	N/A	N/A	2,955	6.38%	$794.29
Total	**1,975,175**	**8.86%**	**$632.59**	**431,130**	**12.43%**	**$653.09**

2024 Enrollment by Metal Tier and Product Type in the Individual Market

Tables 5 and 6 show the enrollment by metal tier across different product types, including HMO, Preferred Provider Organization PPO, Point of Service (POS), EPO, and High Deductible Health Plan (HDHP) for on-exchange and off-exchange plans.

Table 5

Enrollment by Metal Tier and Product Type for Individual Health Plans – On-Exchange

Product Type	Platinum	Gold	Silver	Bronze	Catastrophic[7]	All	Average Actuarial Value
HMO	65,493	131,127	948,700	284,300	15,091	1,444,710	76.3%
PPO	8,685	33,473	196,894	100,459	1,212	340,723	85.2%
EPO	493	5,971	72,937	9,898	735	90,034	71.6%
HDHP	0	0	0	99,707	0	99,707	67.9%
Total	**74,671**	**170,571**	**1,218,531**	**494,364**	**17,038**	**1,975,174**	**77.2%**
Total (%)	**4%**	**9%**	**61%**	**25%**	**1%**	**100%**	**N/A**

Table 6

Enrollment by Metal Tier and Product Type for Individual Health Plans – Off-Exchange

Product Type	Platinum	Gold	Silver	Bronze	Catastrophic	All	Average Actuarial Value
HMO	31,890	31,175	80,471	36,671	4,686	184,893	75.9%
PPO	13,327	33,547	113,577	29,180	1,366	190,997	84.4%
EPO	274	826	4,706	1,500	441	7,747	71.7%
HDHP	0	0	12,353	35,140	0	47,493	73.0%
Total	**45,491**	**65,548**	**211,107**	**102,491**	**6,493**	**431,130**	**79.3%**
Total (%)	**11%**	**15%**	**48%**	**24%**	**2%**	**100%**	**N/A**

[7] Catastrophic plans offer coverage in times of emergencies as well as coverage for preventive care. Catastrophic plans typically come with low monthly premiums and a high deductible.

Enrollee Cost Sharing

Table 7 shows the percentage of enrollment for each deductible category for medical and pharmacy coverage for on-exchange, off-exchange, and grandfathered plans in the individual market. Qualified individuals enrolled in on-exchange silver products may receive additional benefits to lower their out-of-pocket costs for deductibles, copayments, and coinsurance. This benefit is not available for health plan products purchased off-exchange.

Table 7

Deductible for Medical and Pharmacy Combined

Deductible	On-Exchange	Off-Exchange	Grandfathered	All Individual Market
$0	37%	26%	40%	35%
$1 to $499	3%	0%	0%	3%
$500 to $1,499	6%	0%	6%	5%
$1,500+	54%	74%	54%	57%

Table 8 shows the percentage of enrollment in the various coinsurance categories for hospital inpatient benefits for on-exchange, off-exchange and grandfathered plans in the individual market.

Table 8

Coinsurance Percentage for Hospital Inpatient Benefits

Coinsurance	On-Exchange	Off-Exchange	Grandfathered	All Individual Market
0%	15%	25%	77%	17%
0.01%-9.99%	0%	0%	0%	0%
10%-19.99%	12%	4%	0%	10%
20%+	73%	71%	23%	73%

Table 9 shows the percentage of enrollment by copayment category for primary care and specialist visits for on-exchange, off-exchange, and grandfathered plans in the individual market.

Table 9

Copayments for Primary Care and Specialist Visits

Copayment	On-Exchange	Off-Exchange	Grandfathered	All Individual Market
$0 to $49	44%	30%	95%	42%
$50 to $99	55%	68%	5%	57%
$100+	1%	2%	0%	1%

Table 10 shows the percentage of enrollment by the maximum out-of-pocket categories for in-network medical and pharmacy benefits for on-exchange, off-exchange, and grandfathered plans in the individual market.

Table 10

Maximum Out-of-Pocket for Medical and Pharmacy Benefits (In-Network Only)

Maximum Out-of-Pocket	On-Exchange	Off-Exchange	Grandfathered	All Individual Market
$0 to $4,999	32%	11%	66%	29%
$5,000 to $7,499	11%	11%	17%	11%
$7,500+	57%	78%	17%	60%

IV. Small Group Aggregate Rate Summary

The DMHC received small group aggregate rate filings from 13 health plans for measurement year 2024, including seven statewide plans and six regional health plans. A small group plan is health coverage offered to small businesses that have 1 to 100 employees. In the small group market, health plans can update premium rates quarterly. Small businesses that purchase coverage are charged a consistent rate for a period of at least 12 months. Health plans must notify small businesses of any change in what they will be charged at least 60 days before any change. In 2024, approximately 2.29 million enrollees had small group health care coverage. Kaiser Permanente's enrollment represented 38% of the small group market or 876,249 of the 2.29 million enrollees. The remaining 12 health plans served approximately 1.41 million, or 62% of enrollees.

The observations from the 2024 health plan data related to the small group market aggregate rates include:

- Overall, the weighted average rate increased by 8.5% and the average premium PMPM was $654.76. Kaiser Permanente's average rate increased by 9.2% and the remaining health plans increased their average rates by 8.0%. (Table 11)

- Small group on-exchange plans had an average rate increase of 8.7%, and the average premium of $639.03 PMPM, while off-exchange plans and grandfathered plans had the average premium of $657.88 and $618.78 PMPM, respectively. (Tables 12a, 12b and 12c)

- Statewide plans covered approximately 2.2 million enrollees, which represented 96% of the total enrollment in the small group market. Regional health plans accounted for only 4% of the small group market enrollment and covered 81,291 enrollees. (Table 13)

- Two statewide health plans, Blue Shield of California and Kaiser Permanente, offered products on-exchange and served 81,405 enrollees with an average premium of $646.35. One regional plan, Sharp Health Plan offered on-exchange products and covered 3,358 enrollees with an average premium was $461.60 PMPM. (Table 14)

- Most enrollees in the small group market, both on and off-exchange, were in silver or higher metal tiers and the majority chose HMO and PPO products. The overall average actuarial value in the small group market was nearly 79%. (Tables 15 and 16)

- Similar to the individual market, most off-exchange enrollees in the small group market were in plans with a deductible of $1,500 or more and coinsurance of 20% or more for hospital inpatient benefits. However, 89% of the enrollees in grandfathered plans had no coinsurance for hospital inpatient benefits. (Tables 17 and 18)

- The majority of the enrollees in the small group market had copayments of less than $50 for primary care and specialist doctor visits. (Table 19)

- For measurement year 2024, 72% of on-exchange enrollees and 67% of off-exchange enrollees had an out-of-pocket maximum of $7,500 or more for in-network medical and pharmacy benefits. (Table 20)

Table 11 shows the number of enrollees, weighted average rate change and average premium PMPM for all small group health plans (including Kaiser Permanente), Kaiser Permanente, and all small group health plans excluding Kaiser Permanente.

Table 11

Weighted Average Rate Change and Average Premium PMPM – Small Group Market

Plan Type	Number of Enrollees	Weighted Average Rate Increase	Average Premium PMPM
All Plans	2,285,754	8.5%	$654.76
Kaiser Permanente	876,249	9.2%	$581.06
All Plans Excluding Kaiser Permanente	1,409,505	8.0%	$700.58

Tables 12a, 12b, and 12c show the number of enrollees, weighted average rate change, and average premium PMPM for health plans that offered on-exchange, off-exchange, and grandfathered products in the small group market.

Table 12a

On-Exchange Plans: Weighted Average Rate Change and Average Premium PMPM

Plan Type	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
All Plans	84,763	8.7%	$639.03
Kaiser Permanente	46,079	9.2%	$563.87
All Plans Excluding Kaiser Permanente	38,684	8.1%	$728.55

Table 12b

Off-Exchange Plans: Weighted Average Rate Change and Average Premium PMPM

Plan Type	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
All Plans	2,059,831	8.4%	$657.88
Kaiser Permanente	698,377	9.1%	$575.10
All Plans Excluding Kaiser Permanente	1,361,454	8.0%	$700.34

Table 12c

Grandfathered Plans: Weighted Average Rate Change and Average Premium PMPM

Health Plan Name	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	131,793	9.3%	$618.66
Health Net	8,550	3.0%	$619.28
Sharp Health Plan	785	5.0%	$627.74
Valley Health Plan	33	4.0%	$767.94
Total	**141,161**	**8.9%**	**$618.78**

Table 13 shows if the plan is statewide or regional, number of enrollees, percentages of total enrollees, weighted average rate change, and average premium PMPM for the health plans that offered products in the small group market.

Table 13

Weighted Average Rate Change and Average Premium PMPM

Health Plan Name	Statewide or Regional	Number of Enrollees	Percentage of Total Enrollees	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	Statewide	876,249	38.3%	9.2%	$581.06
Blue Shield of California	Statewide	488,364	21.4%	8.2%	$742.03
Anthem Blue Cross	Statewide	567,163	24.8%	8.3%	$716.76
UnitedHealthcare Benefits Plan of California (UHCBP)	Statewide	108,846	4.8%	6.8%	$711.86
Health Net	Statewide	108,001	4.7%	7.9%	$607.71
UHC of California (UHC)	Statewide	34,047	1.5%	5.0%	$567.81
Aetna Health of California Inc. (Aetna)	Statewide	21,793	1.0%	13.8%	$513.77
Sutter Health Plan	Regional	33,632	1.5%	7.1%	$580.12
Sharp Health Plan	Regional	24,104	1.1%	5.6%	$501.09
Western Health Advantage	Regional	22,282	1.0%	6.8%	$563.08
Chinese Community	Regional	665	0.0%	6.3%	$725.45
Community Care Health Plan, Inc. (Community Care)	Regional	575	0.0%	-3.3%	$493.35
Valley Health Plan	Regional	33	0.0%	4.0%	$767.94
Total		**2,285,754**	**100.0%**	**8.5%**	**$654.76**

Table 14 shows the number of enrollees, weighted average rate change, and average premium PMPM for health plans that offered products on-exchange and off-exchange in the small group market.

Table 14

Weighted Average Rate Change and Average Premium PMPM for On-Exchange and Off-Exchange Plans

	On-Exchange			Off-Exchange		
Health Plan Name	**Number of Enrollees**	**Weighted Average Rate Change**	**Average Premium PMPM**	**Number of Enrollees**	**Weighted Average Rate Change**	**Average Premium PMPM**
Kaiser Permanente	46,079	9.15%	$563.87	698,377	9.14%	$575.10
Blue Shield of California	35,326	8.23%	$753.93	453,038	8.20%	$741.11
Anthem Blue Cross	N/A	N/A	N/A	567,163	8.28%	$716.76
UHCBP	N/A	N/A	N/A	108,846	6.81%	$711.86
Health Net	N/A	N/A	N/A	99,451	8.28%	$606.72
UHC	N/A	N/A	N/A	34,047	5.00%	$567.81
Aetna	N/A	N/A	N/A	21,793	13.80%	$513.77
Sutter Health Plan	N/A	N/A	N/A	33,632	7.14%	$580.12
Sharp Health Plan	3,358	7.11%	$461.60	19,961	5.38%	$502.75
Western Health Advantage	N/A	N/A	N/A	22,282	6.78%	$563.08
Chinese Community	N/A	N/A	N/A	665	6.35%	$725.45
Community Care	N/A	N/A	N/A	575	-3.26%	$493.35
Valley Health Plan	0	0	$0.00	0	0.00%	$0.00
Total	**84,763**	**8.69%**	**$639.03**	**2,059,831**	**8.41%**	**$657.88**

2024 Enrollment by Metal Tier and Product Type in the Small Group Market

Table 15 and 16 show enrollment by metal tier across the different product types for on-exchange and off-exchange plans in the small group market.

Table 15

Enrollment by Metal Tier and Product Type for Small Group Health Plans – On Exchange

Product Type	Platinum	Gold	Silver	Bronze	All	Average Actuarial value
HMO	11,960	19,674	16,090	4,329	52,053	78.4%
PPO	9,420	11,152	5,700	2,255	28,527	80.0%
EPO	0	0	0	0	0	0.0%
HDHP	0	593	1,597	1,993	4,183	70.0%
Total	**21,380**	**31,419**	**23,387**	**8,577**	**84,763**	**78.5%**
Total (%)	**25%**	**37%**	**28%**	**10%**	**100%**	**N/A**

Table 16

Enrollment by Metal Tier and Product Type for Small Group Health Plans – Off Exchange

Product Type	Platinum	Gold	Silver	Bronze	All	Average Actuarial value
HMO	325,340	421,580	246,675	57,448	1,051,043	80.6%
PPO	211,176	368,289	210,052	46,672	836,189	79.2%
EPO	40	127	36	0	203	81.5%
HDHP	0	16,604	67,123	88,668	172,395	69.0%
Total	**536,556**	**806,600**	**523,886**	**192,788**	**2,059,830**	**79.0%**
Total (%)	**26%**	**39%**	**25%**	**9%**	**100%**	**N/A**

Enrollee Cost Sharing

Table 17 shows the percentage of enrollment for each deductible category for medical and pharmacy coverage for on-exchange, off-exchange, and grandfathered plans in the small group market.

Table 17

Deductible for Medical and Pharmacy Combined

Deductible	On-Exchange	Off-Exchange	Grandfathered	All Small Group Market
$0	28%	32%	65%	34%
$1 to $499	32%	15%	3%	15%
$500 to $1,499	2%	16%	2%	15%
$1,500+	38%	37%	30%	36%

Table 18 shows the percentage of enrollment in the coinsurance categories for hospital inpatient benefits for on-exchange, off-exchange, and grandfathered plans.

Table 18

Coinsurance Percentage for Hospital Inpatient Benefit

Coinsurance	On-Exchange	Off-Exchange	Grandfathered	All Small Group Market
0%	39%	32%	89%	36%
0.01%-9.99%	0%	5%	1%	4%
10%-19.99%	12%	10%	1%	10%
20%+	49%	53%	9%	50%

Table 19 shows the percentage of enrollment by copayment category for primary care and specialist visits for on-exchange, off-exchange, and grandfathered plans.

Table 19

Copayments for Primary Care and Specialist Visits

Copayment	On-Exchange	Off-Exchange	Grandfathered	All Small Group Market
$0-$49	65%	69%	89%	70%
$50-$99	33%	30%	11%	29%
$100+	2%	1%	0%	1%

Table 20 shows the percentage of enrollment by the maximum out-of-pocket categories for medical and pharmacy benefits for on-exchange, off-exchange, and grandfathered plans in the small group market.

Table 20

Maximum Out-of-Pocket for Medical and Pharmacy Benefits (In-Network Only)

Family Maximum Out of Pocket	On-Exchange	Off-Exchange	Grandfathered	All Small Group Market
$0-$4,999	26%	26%	97%	31%
$5,000-$7,499	2%	7%	3%	7%
$7,500+	72%	67%	0%	62%

V. Large Group Aggregate Rate Summary

The DMHC received large group aggregate rate filings from 23 health plans for measurement year 2024, including eight statewide plans, ten regional plans and five In Home Support Services (IHSS) plans. A large group health plan is health coverage that covers the employees of an employer with at least 101 employees. The analysis in this report excludes the rate information for the IHSS plans because the rate development process for IHSS plans differs from traditional large group health plans, which utilize community rated, experience rated or blended rate development methodologies. For IHSS products, the county and the IHSS plans determine the rates which are based on the anticipated costs for providing services to the IHSS enrollees. The five IHSS plans had roughly 67,000 enrollees (with about 59,400 receiving no rate change) as of December 31, 2024. This represents less than 1% of the large group enrollment. The remaining 18 health plans served nearly 7.65 million enrollees. Kaiser Permanente's enrollment represented 68% of the large group market or 5.12 million of the 7.65 million enrollees.

The observations from the 2024 health plan data related to the large group aggregate rates include:

- Over 7.65 million enrollees were covered by the large group health plans. The overall average premium PMPM was nearly $650. Overall, the weighted average rate increase for the large group health plans was 10.7% in 2024. (Table 22)

- Statewide plans represent over 96% of large group membership. The eight statewide plans had about 7.38 million covered enrollees in approximately 14,200 renewing groups in the large group market. Kaiser Permanente, which had the second lowest overall premium of all statewide plans, made up a significant percentage of the statewide market and therefore heavily impacted the overall weighted average rate change and average premium in the large group market. (Table 23)

- Regional health plans have very small market share compared to the statewide plans. The ten regional plans had 275,265 covered enrollees in 696 renewing groups in 2024, accounting for about 3.6% of large group market enrollment. Western Health Advantage, Sharp Health Plan, and Sutter Health Plan (Sutter Health Plus) represent the largest of these plans in terms of membership. Most of the rate increases were in the mid-to-high-single digits, with the weighted average change at around 6.6%. (Table 23)

- PPO plans had the highest premium, with an average premium exceeding $750 PMPM. However, PPO plans experienced the lowest average rate increases with an 8.0% increase. (Table 24)

- Most large group members were in HMO plans with actuarial values of at least 80% and therefore, the richest benefits overall. (Table 25)

Large group health plans are required to include information in their notice of premium rate change indicating whether the rate change is greater than the average increase for CalPERS and Covered California. Table 21 shows the side-by-side comparison of the rate increases for Covered California individual market products, CalPERS, and the large group statewide health plans since 2016. Covered California experienced double-digit rate increases for the individual market products in 2017 and 2018 due to changes at the federal level. In 2017, the Affordable Care Act's Reinsurance and Risk Corridor programs ended. In 2018, rate charges were considerably larger than usual due to the uncertainty regarding cost sharing reduction funding from the federal government. Additionally, in 2019, the federal individual mandate ended which resulted in slightly higher premium increases.

Table 21

Rate Increases for Covered California, CalPERS and Large Group Plans

Year	Covered California	CalPERS	Large Group Plans
2016	4.0%	7.7%	3.9%
2017	13.2%	3.9%	3.9%
2018	21.1%	2.5%	5.4%
2019	8.7%	1.1%	3.6%
2020	0.8%	5.1%	4.3%
2021	0.5%	5.3%	4.2%
2022	1.8%	5.5%	4.1%
2023	5.6%	7.0%	6.5%
2024	9.6%	10.9%	10.7%
2025	7.9%	9.0%	Not Available

Table 22 shows the weighted average rate changes for all large group health plans (including Kaiser Permanente), Kaiser Permanente and all large group health plans excluding Kaiser Permanente.

Table 22

Average Rate Increase in the Large Group Market in 2024

	Weighted Average Rate Change	Number of Enrollees	Average Premium Per Member Per Month (PMPM)
All Plans	10.7%	7,653,634	$649.92
Kaiser Permanente	12.2%	5,122,071	$642.31
All Plans Excluding Kaiser Permanente	7.8%	2,531,563	$665.32
Statewide Plans	10.8%	7,378,369	$649.69
Regional Plans	6.6%	275,265	$656.09

Table 23 shows the number of renewing groups, number of enrollees, weighted average rate change and average premium for statewide and regional health plans in the large group market.

Table 23

Average Rate Increase in the Large Group Market in 2024

Health Plan Name	Statewide or Regional	Number of Renewing Groups	Number of Enrollees	Percentage of Large Group Total	Weighted Average Rate Change	Average Premium PMPM
Kaiser Permanente	Statewide	9,531	5,122,071	66.9%	12.2%	$642.31
Anthem Blue Cross	Statewide	1,233	955,757	12.5%	8.3%	$649.14
Blue Shield of California	Statewide	885	497,492	6.5%	6.9%	$680.27
Health Net of California	Statewide	330	255,811	3.4%	6.2%	$720.66
UnitedHealthcare Benefits	Statewide	758	188,130	2.5%	11.3%	$679.09
UnitedHealthcare of California	Statewide	540	157,526	2.1%	6.3%	$657.67
Aetna Health of California	Statewide	709	156,322	2.0%	10.1%	$626.89
Cigna Healthcare of California	Statewide	219	45,260	0.6%	5.7%	$687.89
Sutter Health Plan	Regional	352	77,398	1.0%	6.1%	$617.17
Western Health Advantage	Regional	191	69,205	0.9%	5.3%	$615.26
Sharp Health Plan	Regional	106	57,461	0.8%	5.3%	$567.71
Valley Health Plan	Regional	2	26,133	0.3%	8.1%	$1,142.01
Scripps Health Plan Services	Regional	1	17,316	0.2%	14.7%	$561.99
Community Care Health Plan	Regional	16	10,919	0.1%	8.4%	$501.84
Ventura County Health	Regional	1	10,098	0.1%	7.6%	$690.19
Contra Costa Health Plan	Regional	3	4,333	0.1%	6.5%	$966.04
Chinese Community Health Plan	Regional	23	2,040	0.0%	1.2%	$596.94
Seaside/Memorial Care Health Plan	Regional	1	362	0.0%	0.0%	$557.13
Total		**14,901**	**7,653,634**	**100.0%**	**10.7%**	**$649.92**

Average Rate Increase by Product Type

Health plans also reported the weighted average rate change and actuarial value information by product type. Table 24 shows the weighted average rate change, minimum, and maximum rate increases and the average premium PMPM across these product types.

Table 24

Average Rate Increase and Premium by Product Type

Product Type	Weighted Average Rate Change	Minimum	Maximum	Average Premium PMPM
Preferred Provider Organization (PPO)	8.0%	5.0%	11.2%	$756.81
Point of Service (POS)	8.7%	3.7%	12.9%	$750.13
Exclusive Provider Organization (EPO)	9.8%	9.6%	10.3%	$723.80
Health Maintenance Organization (HMO)	11.0%	0.0%	14.7%	$643.28
High Deductible Health Plan (HDHP)	10.6%	6.2%	12.0%	$594.45

Table 25 shows large group market enrollment by product type and actuarial value.

Table 25

Number of Covered Lives by Actuarial Value by Product in the Large Group Market

Product Type	Number of Covered Lives by Actuarial Value					
	0.9 – 1.00	0.8 – 0.89	0.7 – 0.79	0.6 – 0.69	< 0.60	All
Health Maintenance Organization (HMO)	5,158,469	969,830	199,623	37,750	1,558	6,367,230
Preferred Provider Organization (PPO)	211,079	289,575	68,811	24,566	5,965	599,996
High Deductible Health Plan (HDHP)	953	322,731	212,717	71,024	653	608,078
Point of Service (POS)	59,628	5,227	229	23	-	65,107
Exclusive Provider Organization (EPO)	11,609	9,562	1,931	3,117	553	26,772
Total	**5,441,738**	**1,596,925**	**483,311**	**136,480**	**8,729**	**7,667,183**

Table 26 groups HMO membership into actuarial value ranges for the following categories: statewide plans (excluding Kaiser Permanente), Kaiser Permanente, and regional plans. As the table demonstrates, a sizable majority of members have benefits in the 0.9 -1.00 range, the richest benefit bracket.

Table 26

Actuarial Value for HMO Members

Actuarial Value	All Plans (Excluding Kaiser Permanente)	Kaiser Permanente
0.9 – 1.00	79.4%	81.5%
0.8 – 0.89	16.0%	15.0%
0.7 – 0.79	3.8%	2.9%
0.6 – 0.69	0.7%	0.6%
<0.60	0.1%	0.0%
Average Actuarial Value	**0.930**	**0.938**

Large Group Rating Methodology

Large group health plans use one of the following three rating methodologies to set premium rates:

1. Community rated: uses a standard base rate for a pool of large employer groups and additional factors specific to that employer group, such as geographic region or industry, to determine rates.

2. Experience rated: uses the actual claims experience of an employer group to determine rates for a given employer group.

3. Blended: uses a blend of rates determined via community rating and experience rating.

Table 27 shows the percentage of renewing groups, number of enrollees, weighted average rate change, and average premium PMPM by rating methodology. Although the percentage of experience rated groups is lower compared to blended and community rated groups, the number of enrollees in experience rated groups is significantly larger.

Table 27

Percentage of Renewing Groups and Enrollment by Rating Methodology

Category	Percentage of Renewing Groups	Number of Enrollees	Weighted Average Rate Change	Average Premium PMPM
Community Rated	62.5%	971,100	11.0%	$657.66
Blended	26.3%	1,137,105	10.6%	$645.46
Experience Rated	11.2%	5,545,429	10.6%	$649.48

Chart 3 shows the percentage of renewing groups by rating methodology for statewide plans (excluding Kaiser Permanente), Kaiser Permanente, and regional groups. Because regional groups tend to be smaller in size, it is less common for them to be experience rated, as their data may be less credible for projecting expected medical trend. Regional and statewide plans (excluding Kaiser Permanente) are more likely to use blended rating while Kaiser Permanente primarily uses community rating.

Chart 3

Percentage of Renewing Groups by Rating Methodology

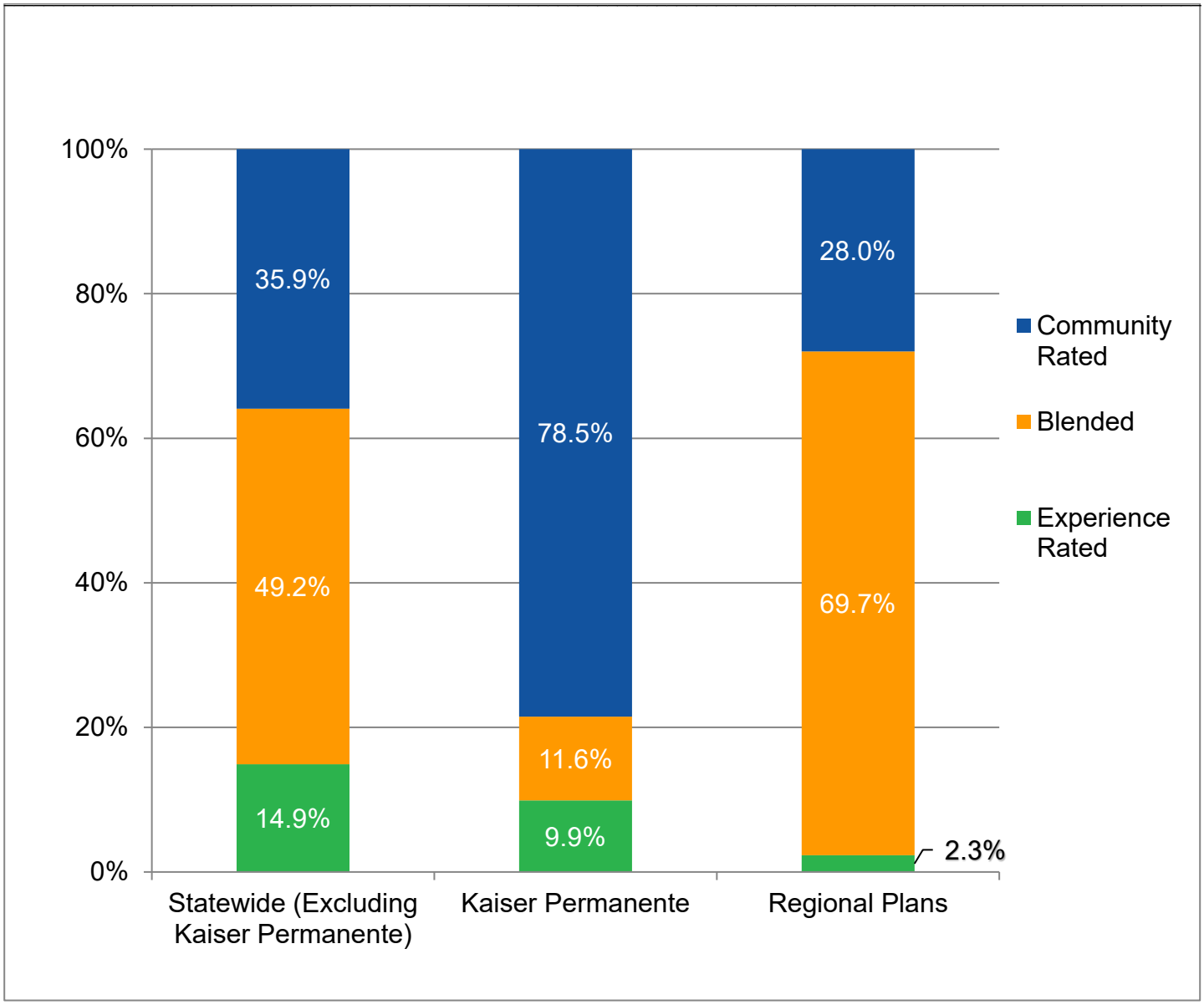


Chart 4 shows average unadjusted rate increases for statewide (excluding Kaiser Permanente), Kaiser Permanente, and regional groups. For statewide groups (with or without Kaiser Permanente), blended groups experienced the largest rate increases. In 2024, there was no general rule for which method experienced the largest rate increases, as experience rated groups for regional plans had the largest increases and community rated groups had the smallest increases.

Chart 4

Average Rate Increases by Rating Methodology

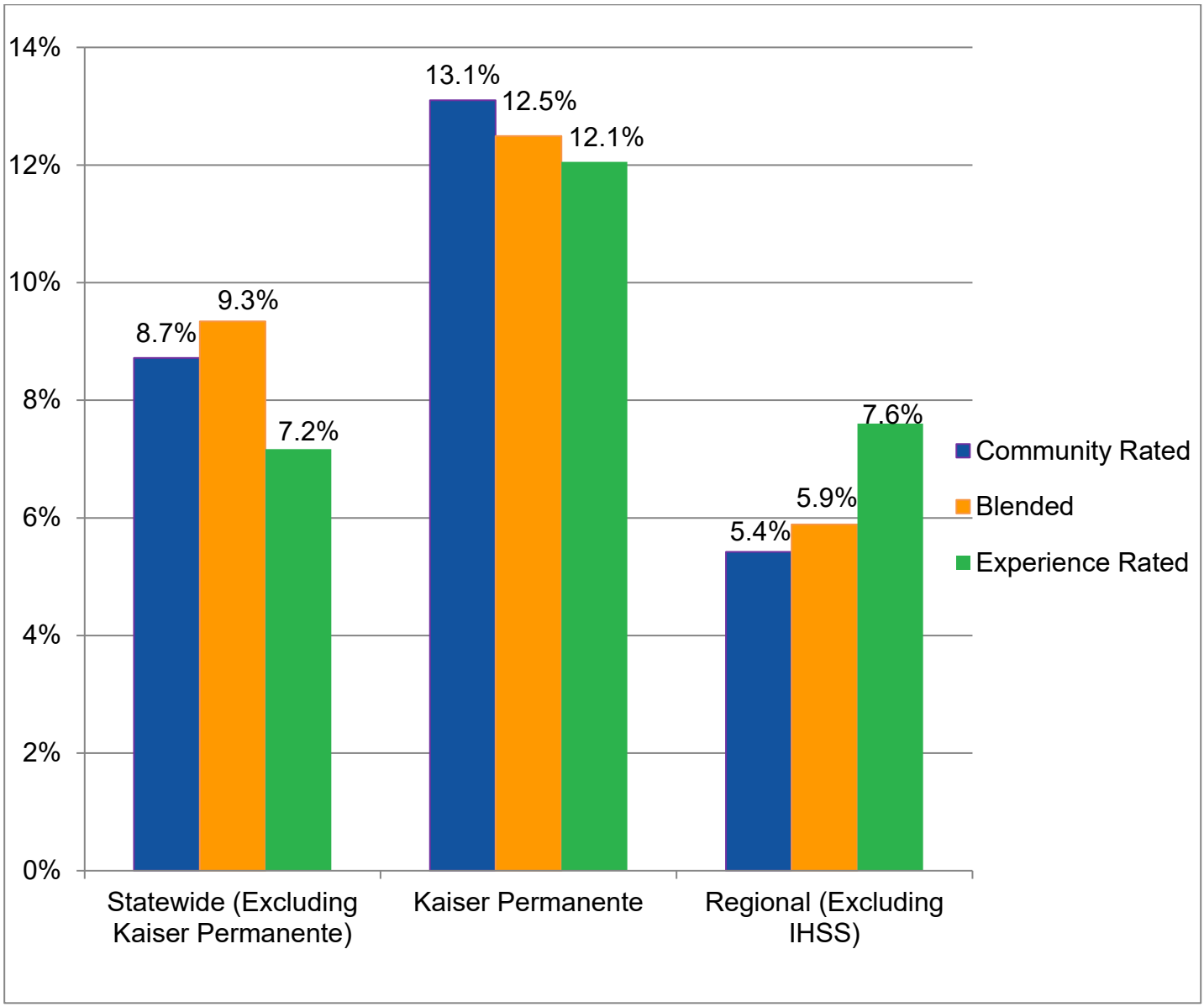
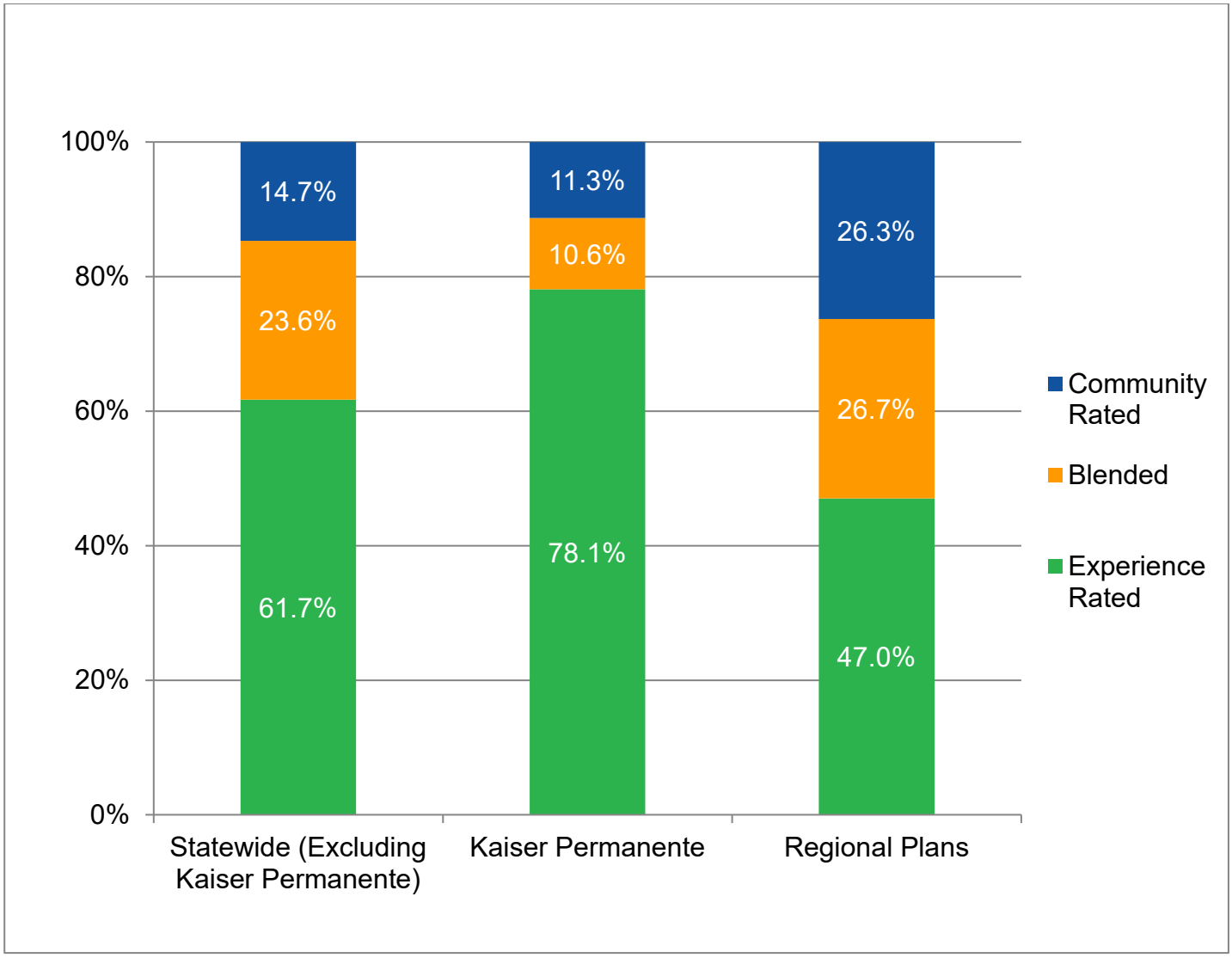


Chart 5 shows the percentage of renewing enrollees by rating methodology for statewide plans (excluding Kaiser Permanente), Kaiser Permanente, and regional groups. Because regional groups tend to be considerably smaller in size, it is less common for them to be experience rated, as their underlying data is less credible for projecting expected medical trend. In 2024, nearly 47% of members in regional plans were experience rated. Groups that contracted with Kaiser Permanente tended to be much larger and therefore provided more credible data for experience rating. As such, Kaiser Permanente had a much higher percentage of experience rated, accounting for roughly 78% of members.

Chart 5

Percentage of Renewing Enrollees by Rating Methodology



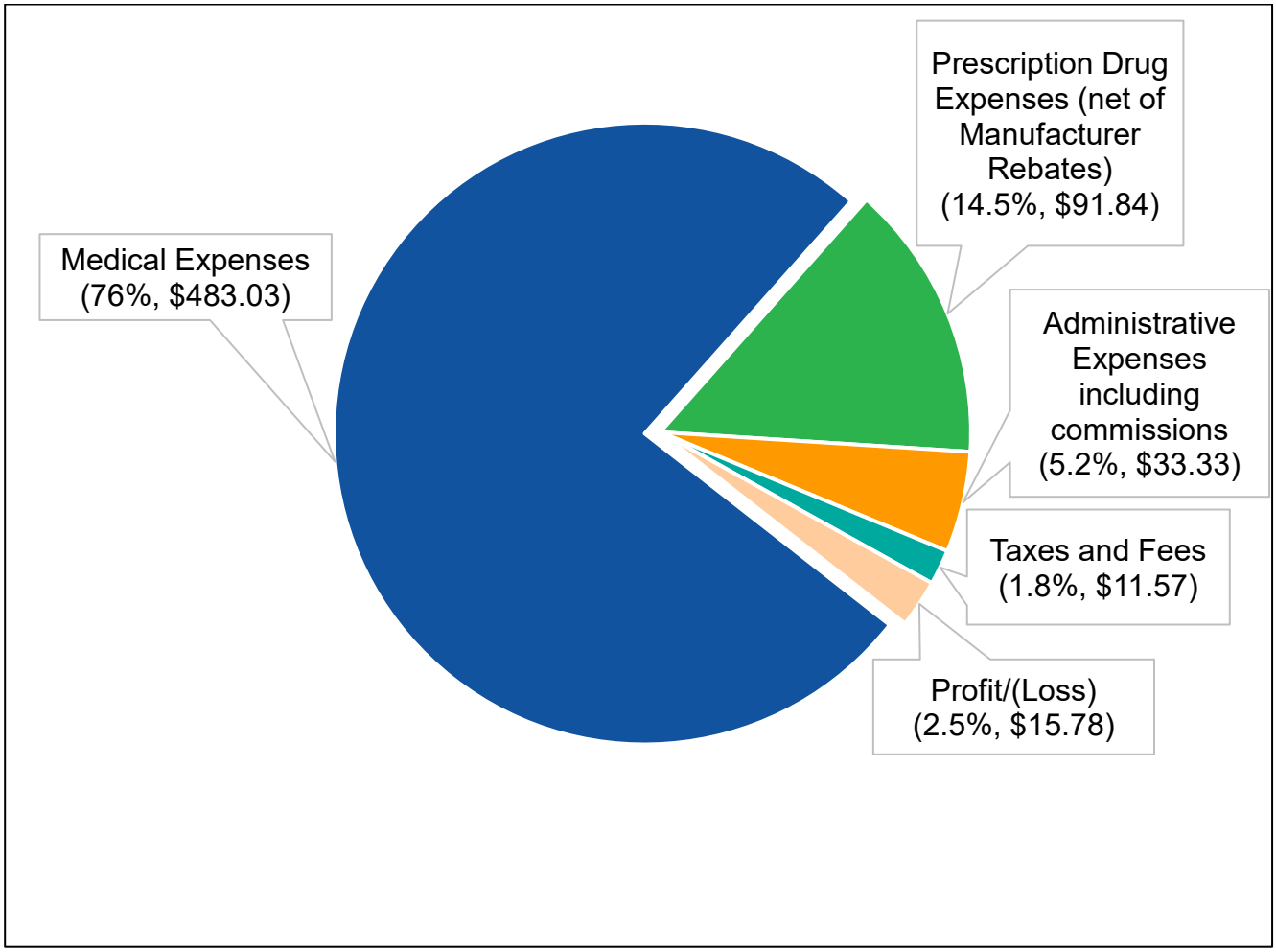
VI. Impact of Prescription Drug Costs on Large Group Rates

The DMHC also analyzed the impact of the cost of prescription drugs on large group health care premiums, on an aggregate level and on a PMPM basis. For this section of the report, health plans reported only on the large group products that included prescription drug benefits.

Chart 6 shows the breakdown of total health plan premiums on a PMPM basis. For measurement year 2024, the total health plan premium on a PMPM basis was $635.55. Medical expenses accounted for $483.03, or 76.0% of the health plan premium. Prescription drug expenses, net of manufacturer rebates, accounted for $91.84, or 14.5% of total health plan premium on a PMPM basis. Administrative expenses,[8] including commissions, accounted for $33.33, or 5.2%, and taxes and fees made up $11.57, or 1.8% of total health plan premiums on a PMPM basis. Profit was $15.78, or 2.50% of the total health plan premium on a PMPM basis.

Chart 6

Breakdown of Large Group Health Plan Premium PMPM



[8] Administrative expenses are business expenses associated with general administration, agent/broker fees and commissions, direct sales salaries, workforce salaries and benefits, loss adjustment expenses, cost containment expenses, and community benefit expenditures.

Table 28 shows the components of large group health care premiums on a PMPM basis in 2024 in comparison to 2023. Medical expenses increased by 9.4% since 2023, while prescription drug expenses increased by 7.9%. Manufacturer drug rebates increased by 3.8% in 2024 and totaled approximately $1.27 billion in 2024 compared to $1.29 billion in 2023. These rebates helped mitigate some of the overall impact of rising prescription drug prices and reduced total health plan premiums by 2.2% in 2024. Administrative expenses, including commissions, increased by 3.0%. Taxes and fees increased by 14.1%. Compared to 2023, health plan profit increased by 35.5% in 2024 from $11.65 PMPM to $15.78 PMPM.

Table 28

Components of Large Group Health Plan Premium on a PMPM Basis

Category of Premium Payment	2024	Percentage of Premium	2023	Percentage of Premium	Year-over-Year Percentage Change
Medical Expenses	$483.03	76.0%	$441.53	76.1%	9.4%
Prescription Drug Expenses	$105.86	16.7%	$98.14	16.9%	7.9%
Manufacturer Drug Rebates	($14.02)	-2.2%	($13.51)	-2.3%	3.8%
Administrative Expenses including Commissions	$33.33	5.2%	$32.35	5.6%	3.0%
Taxes and Fees	$11.57	1.8%	$10.14	1.7%	14.1%
Profit	$15.78	2.5%	$11.65	2.0%	35.5%
Total Health Plan Premium	$635.55	100.0%	$580.29	100.0%	9.5%
Member Months (in millions)	90.74		95.17		-4.7%

Table 29 shows the average premium and the percentage of premium spent on prescription drugs and medical expenses by health plans.

Table 29

Large Group Prescription Drug and Medical Expenses as a Percent of Premium 2024

Health Plan Name	Statewide or Regional	Average Premium PMPM	Percentage of Premium Spent on Prescription Drugs	Percentage of Premium Spent on Medical Expenses
Aetna	Statewide	$573.97	12.7%	75.3%
Anthem Blue Cross	Statewide	$648.64	23.3%	63.3%
Blue Shield of California	Statewide	$660.88	12.9%	73.3%
Chinese Community Health Plan	Regional	$590.31	15.9%	62.7%
Cigna	Statewide	$646.58	17.6%	71.3%
Community Care Health Plan	Regional	$501.84	21.0%	66.0%
Contra Costa Health Plan	Regional	$852.16	34.3%	87.6%
Health Net	Statewide	$736.91	17.3%	70.1%
Kaiser Permanente	Statewide	$630.02	13.1%	79.2%
MemorialCare Select Health Plan	Regional	$552.51	13.6%	57.3%
Scripps Health Plan Services	Regional	$561.99	21.4%	69.5%
Sharp Health Plan	Regional	$562.70	11.3%	69.8%
Sutter Health Plan	Regional	$608.16	14.7%	77.8%
UHC of California	Statewide	$605.61	11.5%	73.1%
UnitedHealthcare Benefits	Statewide	$657.67	14.8%	69.7%
Valley Health Plan	Regional	$925.20	16.8%	76.2%
Ventura County Health	Regional	$690.85	19.2%	67.6%
Western Health Advantage	Regional	$618.27	14.5%	74.0%

Six health plans reported information related to the costs associated with drugs administered in a doctor's office. Health plans were required to report this information, if it was available. Table 30 shows the range of costs for these services on a PMPM basis. The maximum cost reported by health plans was $43.24 PMPM, and the minimum reported was $1.29 PMPM. The median cost reported for all plans was $27.38 PMPM.

Table 30

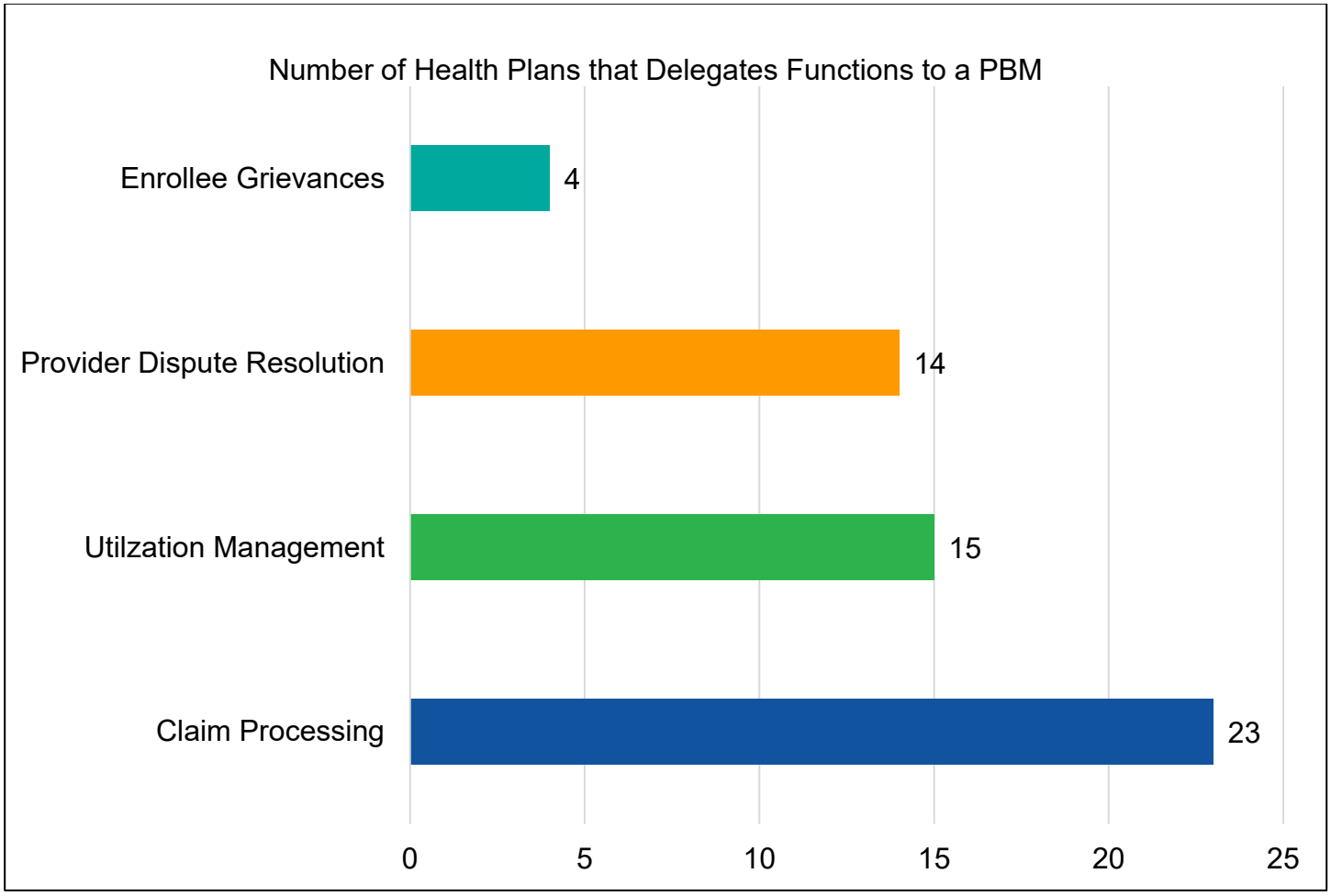
Costs for Drugs Administered in a Doctor's Office on a PMPM Basis

Category	Number of Health Plans	Minimum (Reported)	Maximum (Reported)	Median (Reported)
All Health Plans	6	$1.29	$43.24	$27.38
Statewide Health Plans (Excluding Kaiser Permanente)	2	$30.33	$38.12	$34.22
Kaiser Permanente	1	$24.43	$24.43	$24.43
Regional Health Plans	3	$1.29	$43.24	$8.97

Chart 7 shows PBM functions for large group plans. All 23 health plans, including IHSS plans, utilized PBMs. As shown below, all the health plans use PBMs for claims processing, 15 health plans used PBMs for utilization management, 14 health plans used PBMs for provider disputes resolution, and 4 health plans used PBMs for enrollee grievances. A detailed listing of the PBMs utilized by health plans is included in Appendix A.

Chart 7

Pharmacy Benefit Manager (PBM) Functions for Large Group Plans



VII. Conclusion

In 2024, there were approximately 12.28 million enrollees in DMHC regulated health plans that offered commercial products in the individual, small group, and large group markets. The health care industry continued to face inflation, changing labor market conditions, provider shortages, supply chain issues and new price transparency requirements.

Based on the health plan rate filings with the DMHC, individual and small group health plan premiums are expected to increase by 9.5% and 8.5% respectively in 2025. Additionally, the large group premium rates are expected to increase by 7.7%. These increases are similar to Covered California's overall rate increase of 7.9% and CALPERS' overall rate increase of 9.0% for 2025.

This report provides greater transparency into the types of health care coverage consumers are purchasing, including average premium PMPM, anticipated claims trends, enrollment by metal tier and product type, actuarial values, and information on enrollee cost sharing. This transparency supports the work of the Office of Health Care Affordability and California's efforts to control the rising cost of health care. In 2024, the Health Care Affordability Board adopted the state's first spending growth target, which will start at 3.5% for 2025-2026 then move to 3.2% for 2027-28 and 3% for 2029.

In addition, this report highlights the important role Covered California plays in the individual market. The majority of consumers who get their coverage through Covered California receive state or federal premium assistance and many receive assistance with out-of-pocket costs through cost sharing assistance, allowing many enrollees to choose a plan with rich benefits.

The DMHC will continue to collect and report this data and will annually present the information at various public meetings. Future reports will include trend information that will serve as a valuable tool for the Department, researchers, and policymakers to gauge the impact of efforts to improve affordability and expand health care coverage as well as inform policy decisions on how to control health care costs.

Appendix A:
Health Plan Names (Legal & Doing Business As)

Health Plan Name	Doing Business As (DBA)
Aetna Health of California Inc.	
Alameda Alliance For Health	
Blue Cross of California	Anthem Blue Cross
California Physicians' Service	Blue Shield of California
Chinese Community Health Plan	
Cigna Healthcare of California, Inc.	
Community Care Health Plan, Inc.	
Contra Costa County Medical Services	Contra Costa Health Plan
County of Ventura	Ventura County Health Care Plan
Health Net of California, Inc.	
Kaiser Foundation Health Plan, Inc.	Kaiser Permanente
Local Initiative Health Authority for Los Angeles County	L.A. Care Health Plan
MemorialCare Select Health Plan	
Molina Healthcare of California	
Oscar Health Plan of California	
San Francisco Health Authority	San Francisco Health Plan
San Mateo Health Commission	Health Plan of San Mateo
Santa Clara County	Valley Health Plan
Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission	Central California Alliance for Health
Scripps Health Plan Services, Inc.	
Sharp Health Plan	
Sutter Health Alliance	Sutter Health Plan
UHC of California	UnitedHealthcare of California
UnitedHealthcare Benefits Plan of California	
Western Health Advantage	

Appendix B:
List of Health Plans in the Individual Market

Health Plan Name	On-Exchange	Off-Exchange	Grandfathered
Aetna Health	Yes	Yes	No
Blue Cross of California (Anthem Blue Cross)	Yes	Yes	Yes
California Physicians' Service (Blue Shield of California)	Yes	Yes	No
Chinese Community Health Plan	Yes	Yes	No
Health Net of California, Inc.	Yes	Yes	No
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	Yes	Yes	Yes
Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan)	Yes	Yes	No
Molina Healthcare of California	Yes	No	No
Inland Empire	Yes	Yes	No
Santa Clara County (Valley Health Plan)	Yes	Yes	No
Sharp Health Plan	Yes	Yes	No
Sutter Health Alliance (Sutter Health Plan)	No	Yes	No
Western Health Advantage	Yes	Yes	No

Appendix B:
List of Health Plans in the Small Group Market

Health Plan Name	On-Exchange	Off-Exchange	Grandfathered
Aetna Health of California Inc.	No	Yes	No
Blue Cross of California (Anthem Blue Cross)	No	Yes	No
California Physicians' Service (Blue Shield of California)	Yes	Yes	No
Chinese Community Health Plan	No	Yes	No
Community Care Health Plan, Inc.	No	Yes	No
Health Net of California, Inc.	No	Yes	Yes
Kaiser Foundation Health Plan, Inc. (Kaiser Permanente)	Yes	Yes	Yes
Santa Clara County (Valley Health Plan)	No	No	Yes
Sharp Health Plan	Yes	Yes	Yes
Sutter Health Alliance (Sutter Health Plan)	No	Yes	No
UHC of California (UnitedHealthcare of California)	No	Yes	No
UnitedHealthcare Benefits Plan of California	No	Yes	No
Western Health Advantage	No	Yes	No

Appendix C:
List of Large Group Health Plans and Pharmacy Benefit Managers Used

Health Plan Name	Functions Delegated to PBM				
	PBM Name	Utilization Management	Claims Processing	Provider Dispute Resolutions	Enrollee Grievances
Aetna Health of California	CVS	Yes	Yes	Yes	No
Alameda Alliance For Health	PerformRX	Yes	Yes	Yes	No
Anthem Blue Cross	CarelonRx	No	Yes	Yes	No
Blue Shield of California	CVS Health	No	Yes	No	No
Chinese Community Health Plan	MEDIMPACT	Yes	Yes	Yes	No
Cigna Healthcare of California	Cigna Pharmacy Management	Yes	No	No	Yes
Cigna Healthcare of California	ESI	No	Yes	Yes	No
Community Care Health Plan	MEDIMPACT	Yes	Yes	Yes	No
County of Ventura	Express Scripts	No	Yes	No	No
Contra Costa Health Plan	PerformRX	No	Yes	No	No
Health Net of California	CVS Caremark	Yes	Yes	No	No
Kaiser Permanente	MEDIMPACT	Yes	Yes	Yes	No
L.A. Care Health Plan	Navitus Health Solutions	No	Yes	Yes	No
San Francisco Health Authority	MagellanRx	Yes	Yes	No	No
San Mateo Health Commission	SS&C Health (DST Pharmacy Solutions)	No	Yes	No	No

Appendix C:
List of Large Group Health Plans and Pharmacy Benefit Managers Used

Health Plan Name	Functions Delegated to PBM				
	PBM Name	Utilization Management	Claims Processing	Provider Dispute Resolutions	Enrollee Grievances
Central California Alliance for Health	MEDIMPACT	Yes	Yes	Yes	Yes
Memorial Care Select Health Plan	MEDIMPACT	No	Yes	No	No
Scripps Health Plan Services	MEDIMPACT	Yes	Yes	No	No
Sharp Health Plan	CVS Caremark	Yes	Yes	No	No
Sutter Health Alliance	CaremarkPCS Health, L.L.C	Yes	Yes	Yes	No
UnitedHealthcare of California	OptumRx	Yes	Yes	Yes	Yes
UnitedHealthcare Benefits Plan of California	OptumRx	Yes	Yes	Yes	Yes
Valley Health Plan	Navitus Health Solutions	Yes	Yes	Yes	No
Western Health Advantage	OptumRX	No	Yes	Yes	No