

Public Meeting on Health Care Premium Rates and Prescription Drug Costs

March 13, 2024

Welcome and Introductions

Amanda Levy, Deputy Director, Health Policy and Stakeholder Relations

Agenda

1. Welcome and Introductions
2. Opening Remarks
3. DMHC Summary of Health Care Premium Rates and Prescription Drug Costs
4. California Department of Insurance Health Insurance Rates & Prescription Drug Costs
5. Office of Health Care Affordability Perspective
6. UC Berkeley Labor Center Measuring Consumer Affordability
7. Public Comment
8. Closing Remarks

Opening Remarks

Mary Watanabe, Director

DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

Our Accomplishments



2.8 MILLION
CONSUMERS ASSISTED

The DMHC Help Center educates consumers about their rights, resolves consumer complaints, helps consumers navigate and understand their coverage, and ensures access to health care services.



\$126.1 MILLION

dollars assessed against health plans that violated the law

143
LICENSED
HEALTH PLANS



97 FULL SERVICE



46 SPECIALIZED



\$296.1 MILLION

dollars saved on Health Plan Premiums through the Rate Review Program since 2011

29.7 MILLION

CALIFORNIANS' HEALTH CARE RIGHTS ARE PROTECTED BY THE DMHC



96%

of state-regulated commercial and public health plan enrollment is regulated by the DMHC

Approximately

68%

of consumer appeals (IMRs) to the DMHC resulted in the consumer receiving the requested service or treatment from their health plan



\$43.8
MILLION

dollars recovered from health plans on behalf of consumers



\$194.3
MILLION

dollars in payments recovered to physicians and hospitals

December 31, 2022

What is the DMHC?

Regulator of full service and specialized health plans

- All HMO and some PPO/EPO products
- Some large group and most small group & individual products
- Most Medi-Cal Managed Care plans
- Dental, vision, behavioral health, chiropractic and prescription drug plans
- Medicare Advantage (for financial solvency only)

DMHC Key Functions

- Consumer Protection / DMHC Help Center
- License Health Plans & Ensure Compliance with State laws
- Medical Surveys of Health Plan Operations
- Financial Exams to Ensure Financial Stability
- Review Proposed Premium Rate Changes
- Take Enforcement Action Against Plans that Violate the Law

DMHC Summary of Health Care Premium Rates and Prescription Drug Costs

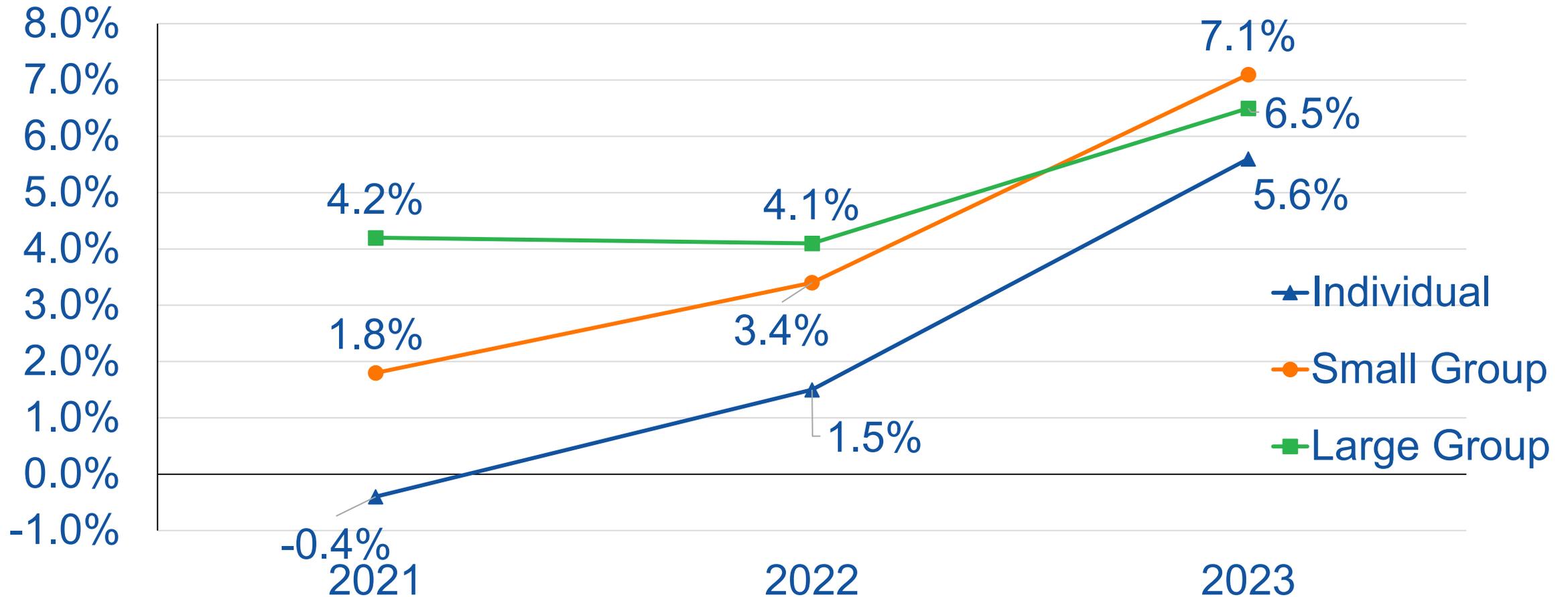
Pritika Dutt

Deputy Director, Office of Financial Review

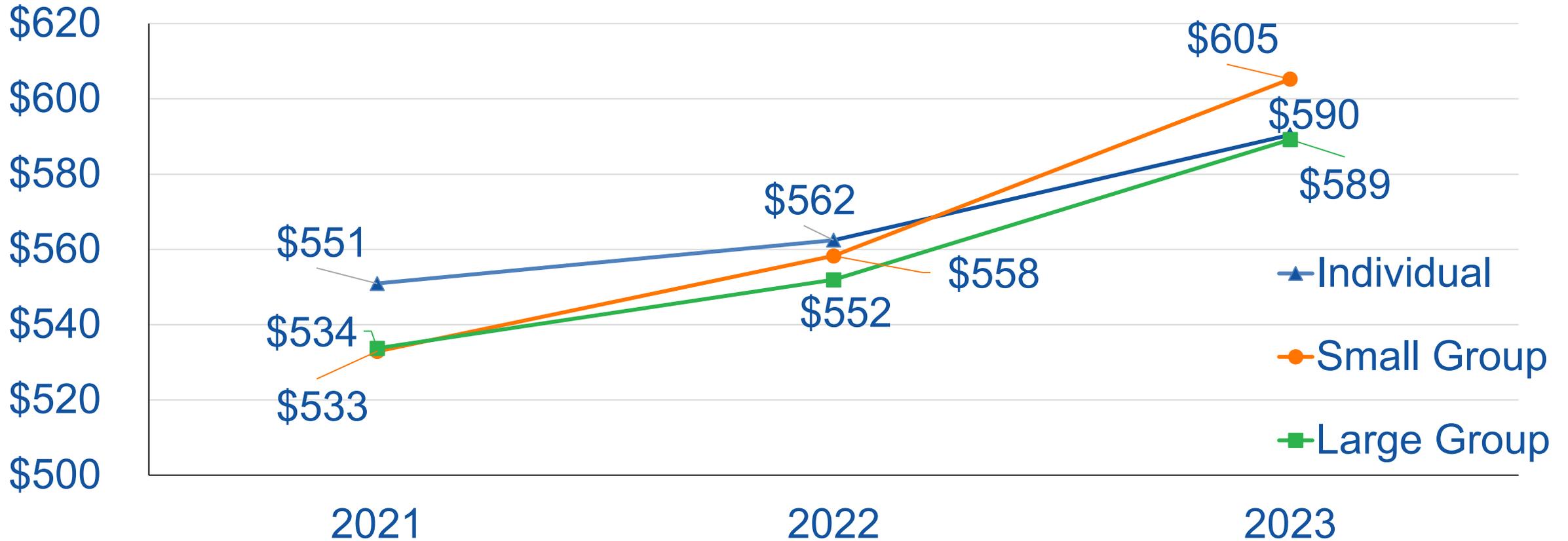
Market Types

- **Large Group**
 - Employers with more than 100 employees
- **Small Group**
 - Employers with 1-100 employees
- **Individual**
 - Coverage offered to individuals rather than a group

Weighted Average Rate Increase 2021 – 2023



Average Monthly Premium 2021 – 2023



Large Group Aggregate Premium Rates

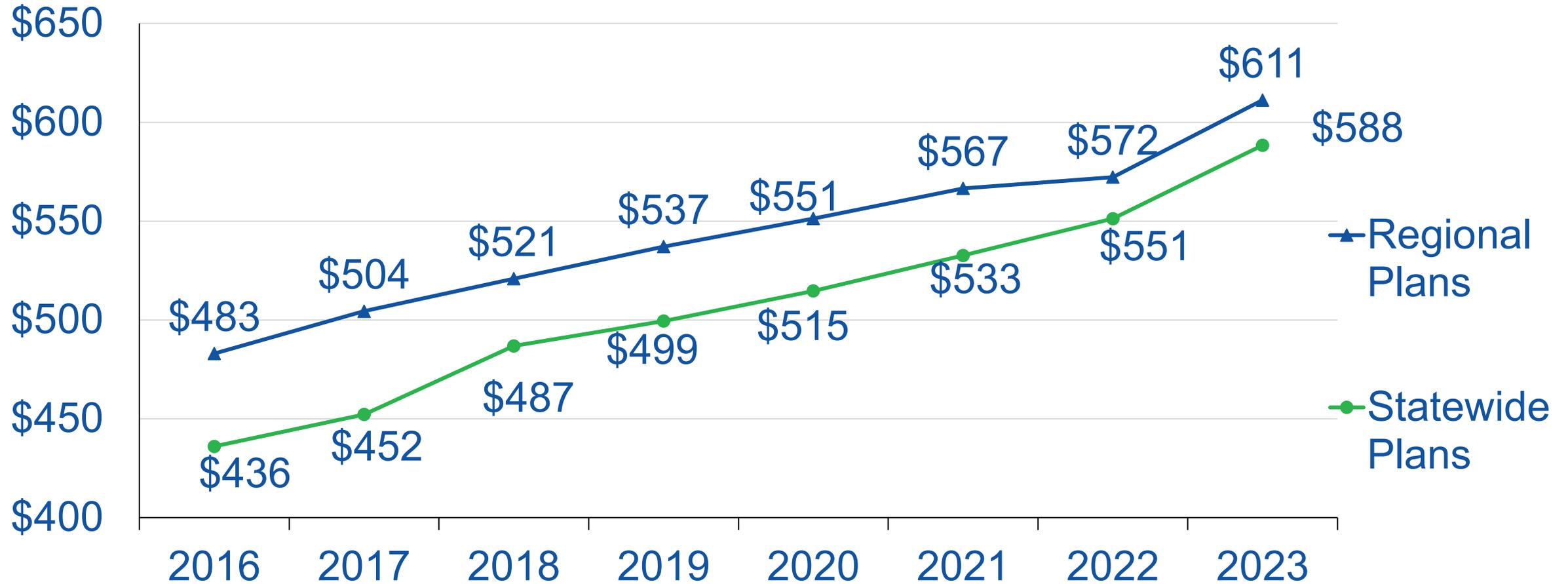
Summary of the 2023 Large Group Filings

- 23 Health Care Service Plans were required to file:
 - Eight statewide plans
 - Ten regional plans
 - Five In-Home Supportive Services (IHSS) Plans
- Approximately 7.8 million enrollees
- All analysis excludes data for IHSS Plans

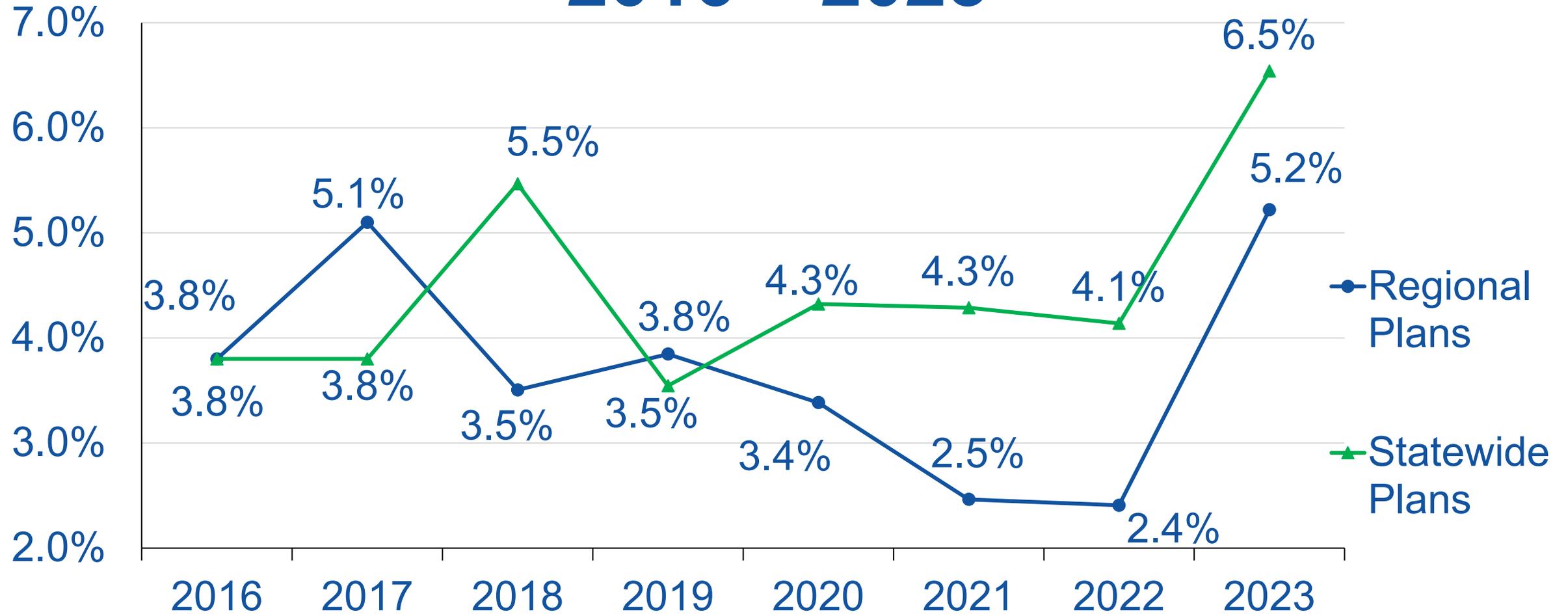
Rate Increases for Covered California, CalPERS and Large Group Plans

Year	Covered California	CalPERS	Large Group Plans
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%	Not Available

Average Large Group Monthly Premium 2016 – 2023



Weighted Average Rate Increase Trend 2016 – 2023



Average Rate Increase in 2023

	Average Rate Increase	Number of Enrollees	Average Premium PMPM
All Plans	6.5%	7,774,809	\$589.18
Kaiser	5.9%	5,131,373	\$572.01
All Plans Excluding Kaiser	7.6%	2,643,436	\$622.51

Large Group Contractholder Review Request

- The contract holder has a combined total of more than 2,000 enrollees (employees plus dependents) enrolled in all health plans.
- Request the DMHC to review a rate change at <https://wps0.dmhc.ca.gov/LargeGroupRateReview/>

Individual Market Aggregate Premium Rates

Summary of the 2023 Individual Market Filings

- 13 Health Care Service Plans were required to file
- Almost 2.35 million enrollees in individual market
- Weighted average rate increased by 5.6%
- Average premium PMPM across all health plans was \$590.46

Average Rate Increase – Individual Market

Plan Type	Number of Enrollees	Weighted Average Rate Increase	Average Premium PMPM
On-Exchange (Covered California)	1,838,219	5.1%	\$590.08
Off-Exchange	474,357	7.9%	\$582.71
Grandfathered	41,202	5.4%	\$696.82
Total	2,353,778	5.6%	\$590.46

Small Group Market Aggregate Premium Rates

Summary of the 2023 Small Group Filings

- 13 Health Care Service Plans were required to file
- Almost 2.24 million enrollees in small group market
- Weighted average rate increased by 7.1%
- Average premium PMPM was \$605.26

Average Rate Increase – Small Group Market

Plan Type	Number of Enrollees	Weighted Average Rate Increase	Average Premium PMPM
On-Exchange	77,387	7.3%	\$591.63
Off-Exchange	2,011,157	7.1%	\$608.86
Grandfathered	151,303	7.4%	\$564.30
Total	2,239,846	7.1%	\$605.26

Summary of the Prescription Drug Cost Transparency Report for Measurement Year 2022

Key Findings

- Health plans paid more than \$12.1 billion for prescription drugs in 2022, an increase of almost \$1.3 billion from 2021, and \$3.4 billion from 2017.
- Prescription drugs accounted for 14.2% of total health plan premiums in 2022, an increase from 13.3% in 2021.
- Health plans' prescription drug costs increased by 12.3% in 2022, whereas medical expenses increased by 7.9%.
- Overall, total health plan premiums increased by 4.4% from 2021 to 2022.

Key Findings (continued)

- Manufacturer drug rebates totaled approximately \$2.1 billion. This represents about 17.1% of the \$12.1 billion spent on prescription drugs in 2022.
- Specialty drugs accounted for only 1.6% of all prescription drugs dispensed, however, accounted for 64.0% of total annual spending on prescription drugs.
- Generic drugs accounted for 88.9% of all prescribed drugs but only 14.4% of the total annual spending on prescription drugs.

Links to the Reports

You can find the reports on the [DMHC website](#):

- [Large Group Aggregate Rates and Prescription Drug Costs Report for Measurement Year 2023](#)
- [Individual and Small Group Aggregate Premium Rate Report for Measurement Year 2023](#)
- [Prescription Drug Cost Transparency Report for Measurement Year 2022](#)

California Department of Insurance Health Insurance Rates & Prescription Drug Costs

**Stesha Hodges, Chief, Health Equity and Access Office,
Assistant Chief Counsel, Policy and Legislation Branch**

Joseph Williams, Senior Health Actuary

HEALTH INSURANCE RATES & PRESCRIPTION DRUG COSTS

CALIFORNIA DEPARTMENT OF INSURANCE
MARCH 13, 2024



About CDI

- Created in 1868
- Led by California Insurance Commissioner Ricardo Lara
- Regulates the largest insurance market in the United States and the fourth largest insurance market in the world
- Regulates more than 1,400 insurance companies, including health insurers
- Regulates health insurance products offered by health insurers

About CDI

- Consumer oriented mission and focus
- In 2023 CDI's Consumer Services Division:
 - Received 201,765 consumer assistance calls
 - Investigated and resolved 58,525 consumer complaints
 - Recovered more than \$129,842,797 for consumers
 - Provided in-person assistance at 52 Local Assistance Centers and Disaster Recovery Centers after a disaster
- If you need assistance go to: www.insurance.ca.gov



ANALYSIS OF SB 546 LARGE GROUP RATE DATA FILINGS

CALIFORNIA DEPARTMENT OF INSURANCE

Insurer Data Submissions Available at: www.insurance.ca.gov search for “Large Group Rate”

[Consumers](#) / [Health Insurance Information](#) / [Health Rate Filings and Review](#) / [Large Group Aggregate Rate Submissions](#)

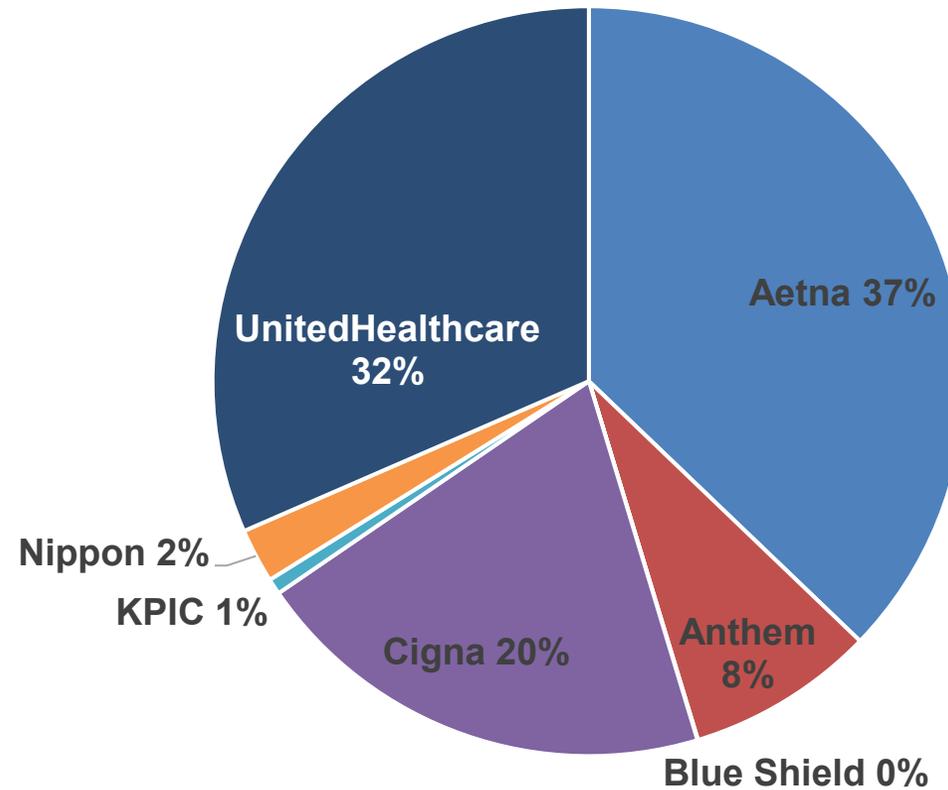
Large Group Aggregate Rate Submissions

Section 10181.45 of the California Insurance Code requires health insurers to annually submit aggregate information to the California Department of Insurance for large group health insurance.

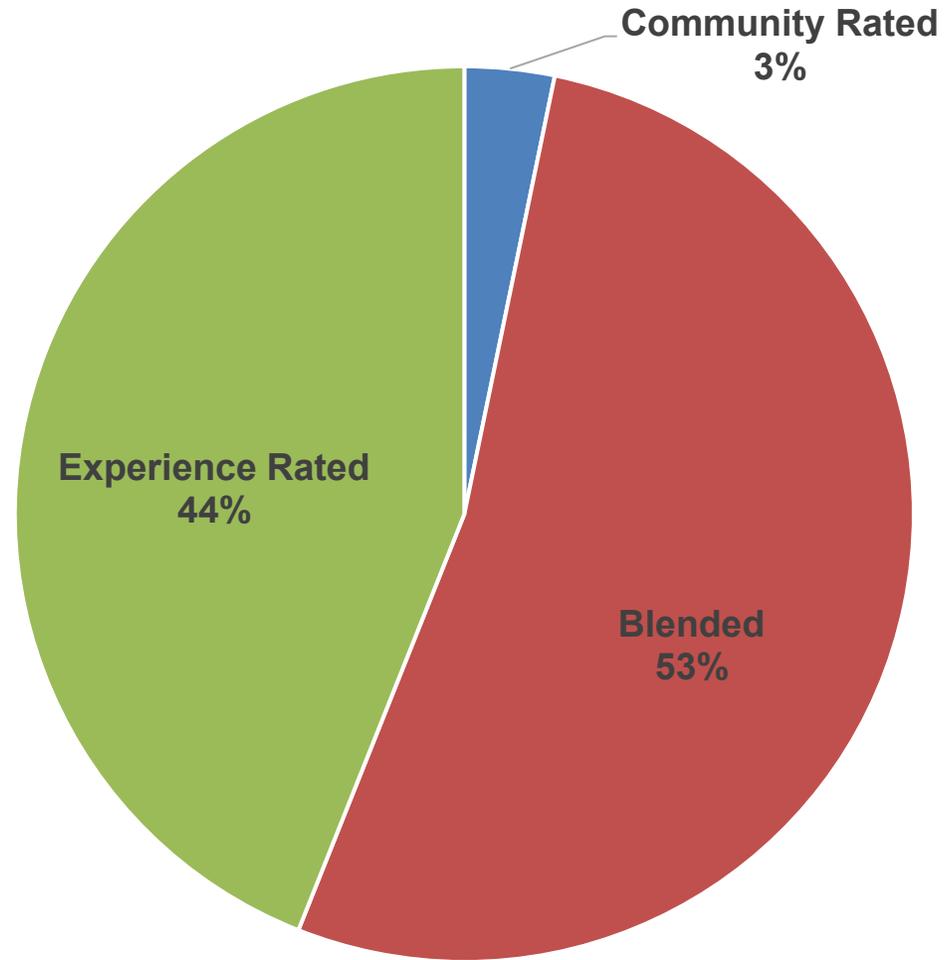
Large Group Rate Increase Submissions									
	Aetna Life Insurance Company	Anthem Blue Cross Life and Health Insurance Company	Blue Shield of California Life and Health Insurance Company	Cigna Health and Life Insurance Company	Health Net Life Insurance Company	Kaiser Permanente Insurance Company	National Health Insurance Company	Nippon Life Insurance Company of America	UnitedHealthCare Insurance Company

2023 Large Group Market Share within CDI (covered lives)

Total Covered Lives ~ 655,000



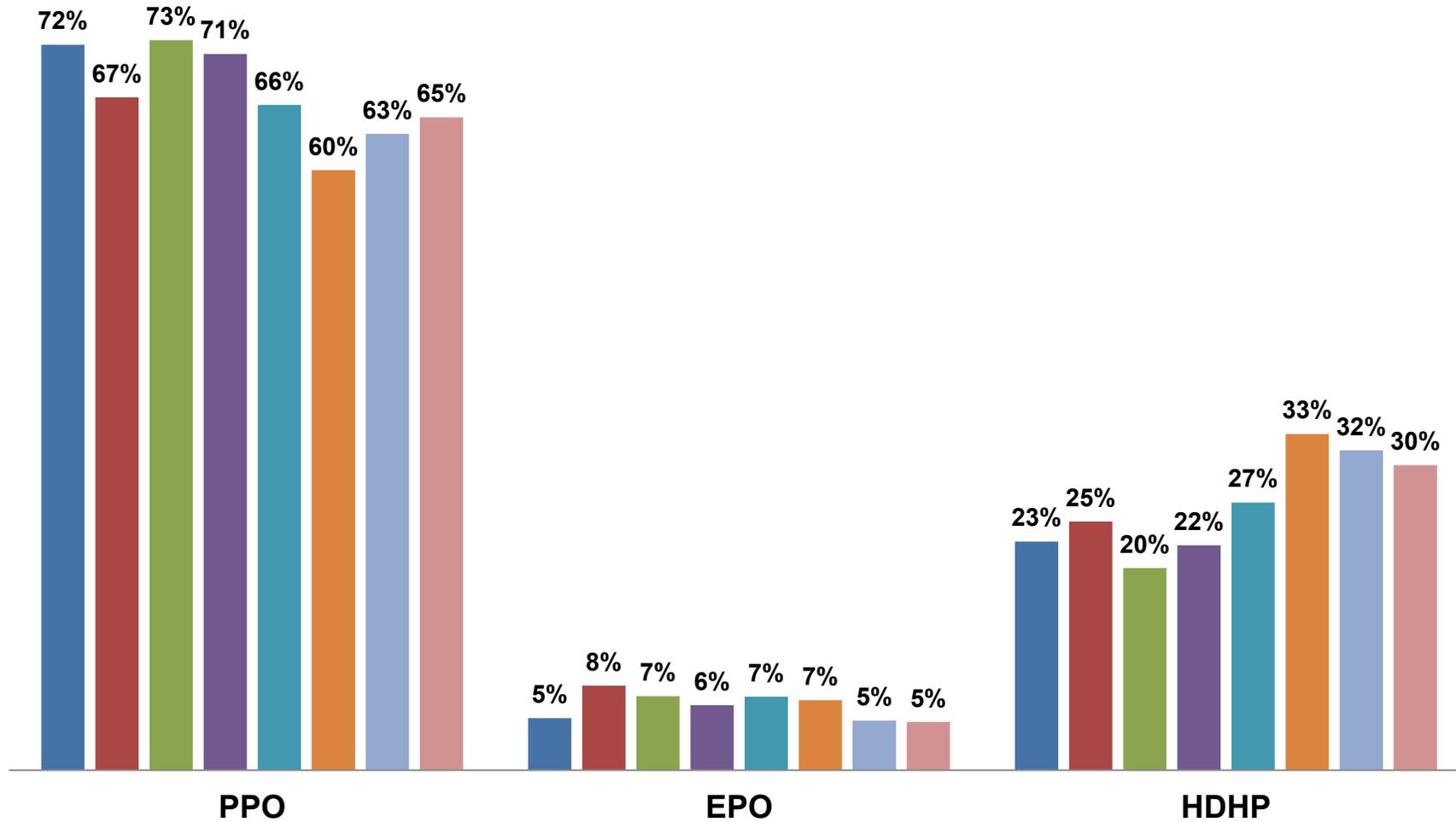
2023 Rating Method - All Insurers



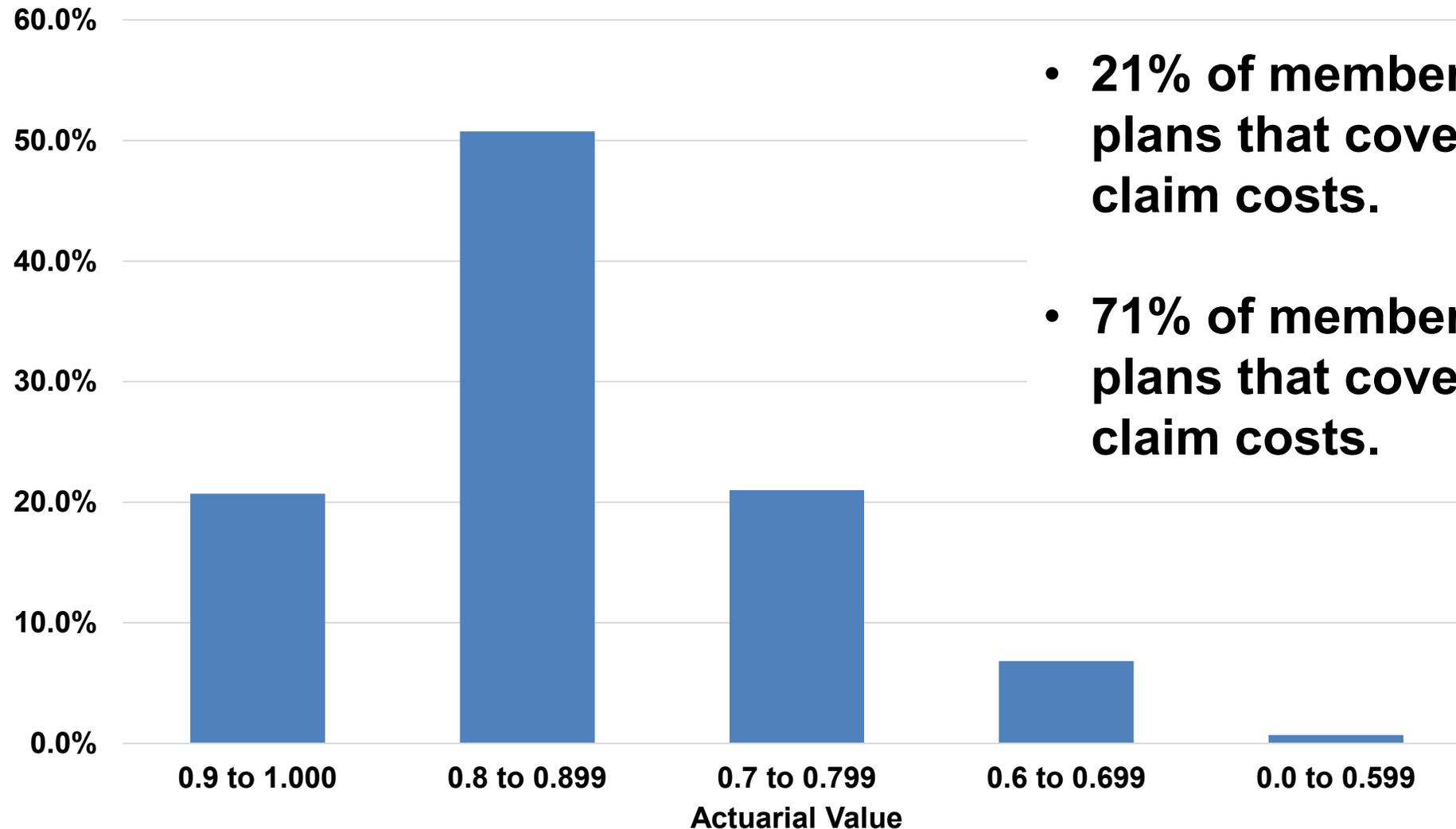
Total covered lives ~ 655,000

Change in Product Mix

■ 2016 ■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ 2023

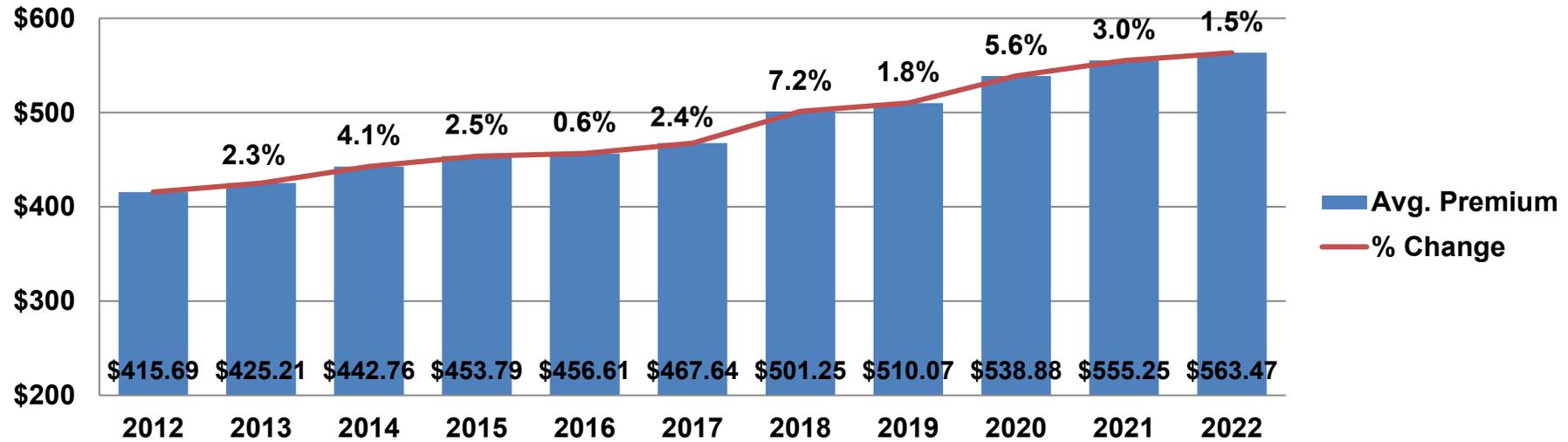


2023 Market Share by Actuarial Value (AV)³⁹

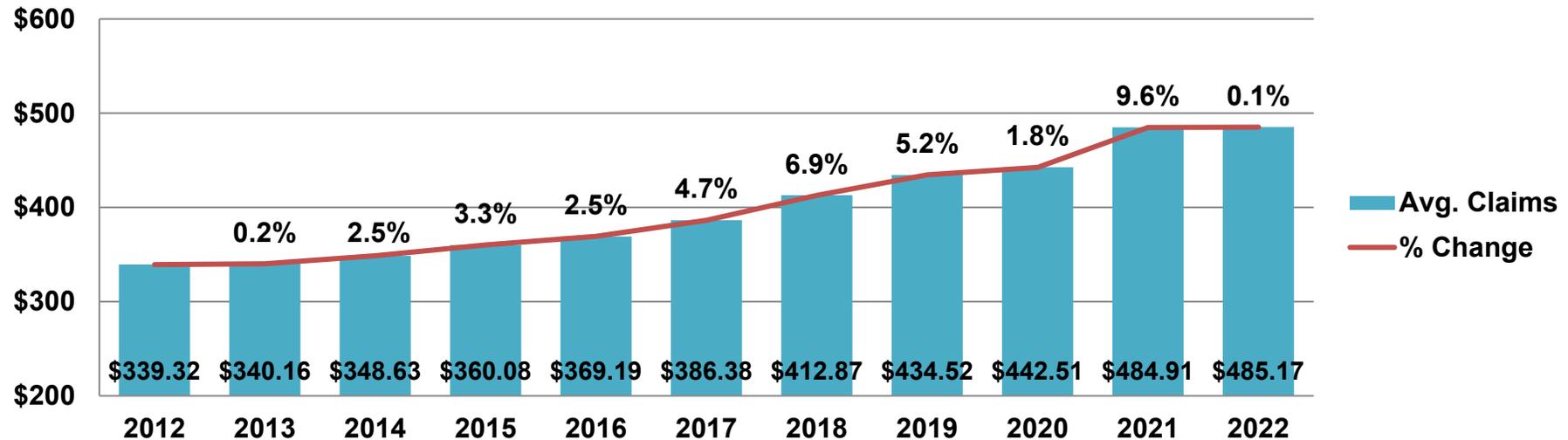


- **21% of members are in plans that cover over 90% of claim costs.**
- **71% of members are in plans that cover over 80% of claim costs.**

Average Premium PMPM



Average Claims PMPM



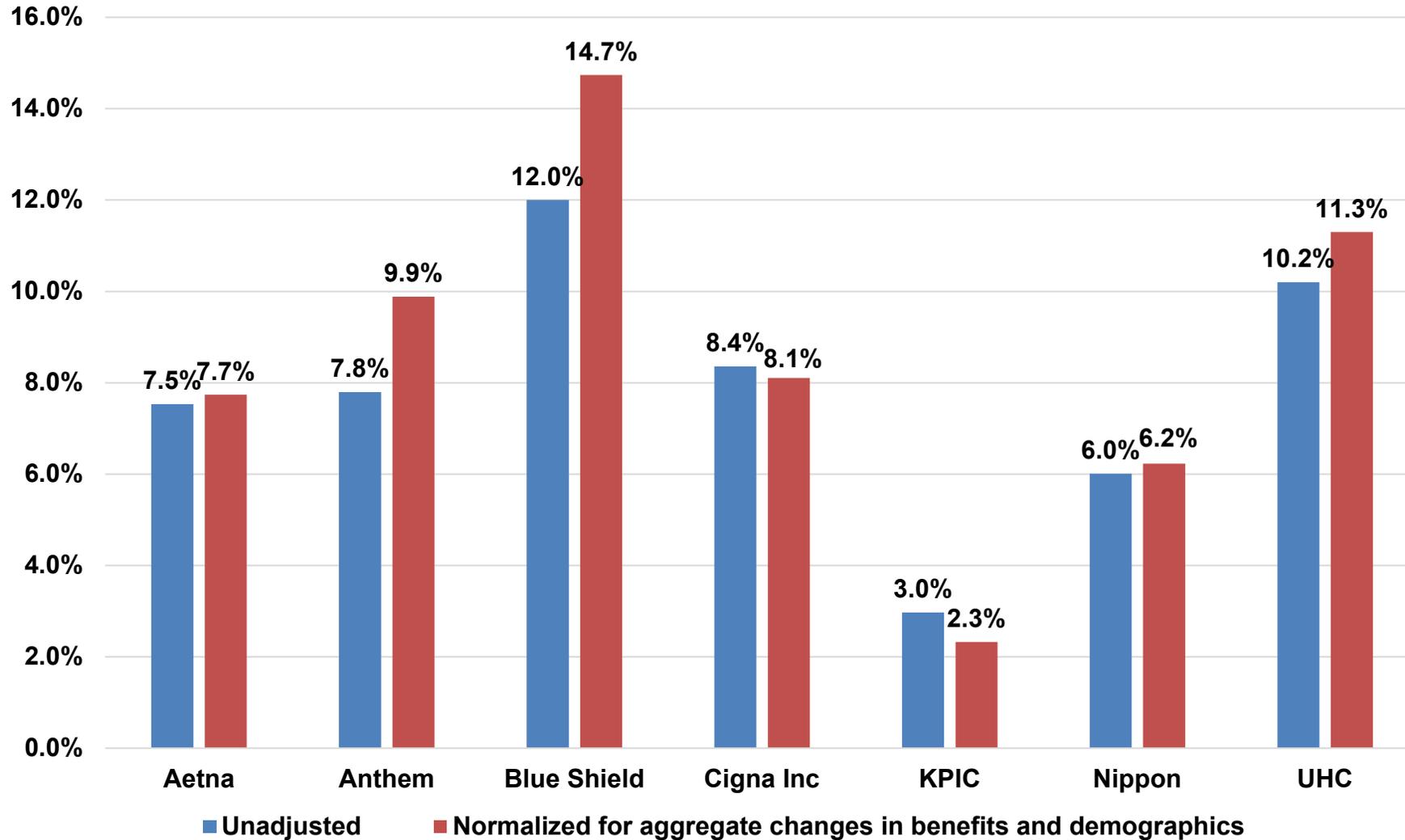
* Small Group definition changed effective 1-1-2016 to include employers with 51-100 employees.

Average Premium Increase Covered California and CalPERS

Health Insurers are required to indicate in their notice of premium rate change whether the rate change is greater than the average increase for Covered California and CalPERS.

Year	Covered California	CalPERS
2024	9.6%	10.9%
2023	5.6%	7.0%
2022	1.8%	5.5%
2021	0.5%	5.3%
2020	0.8%	5.1%
2019	8.7%	1.1%
2018	21.1%	2.5%

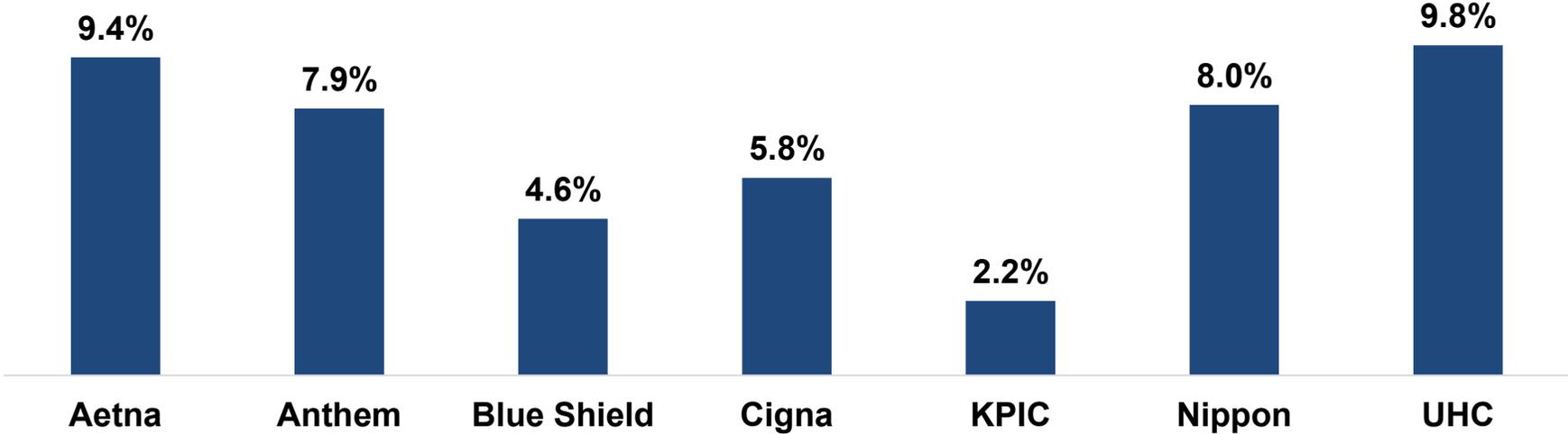
Weighted Average Annual 2023/2022 Rate Increase



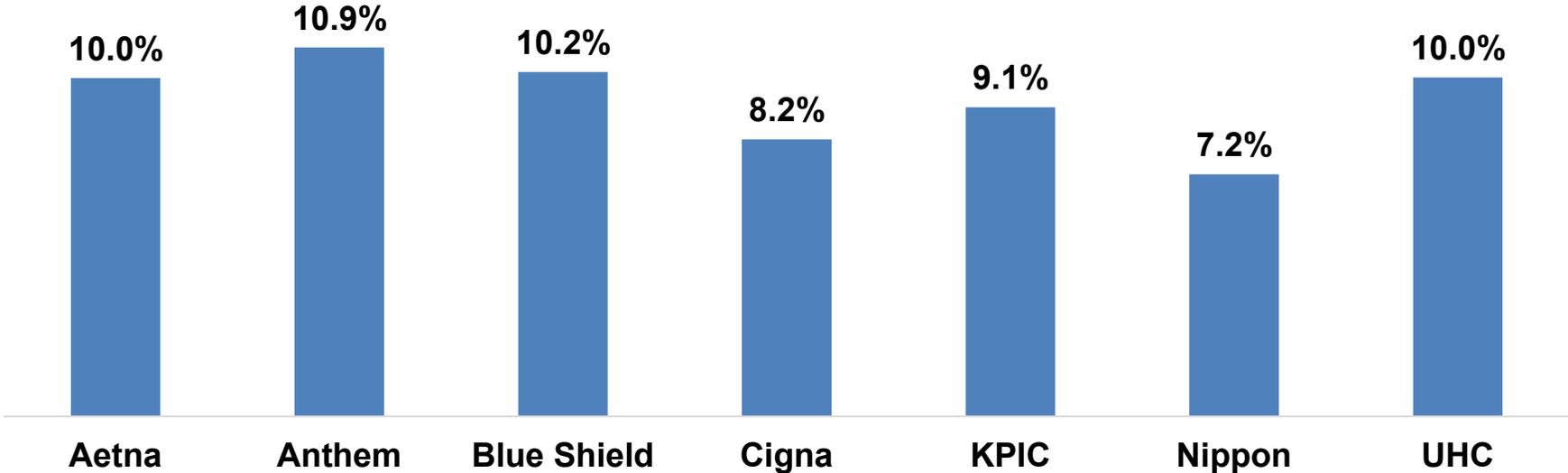
Rate Changes by Product Type

Product Type	2022 Reporting Year	2023 Reporting Year
PPO	6.3%	8.4%
EPO	8.9%	8.9%
HDHP	6.7%	8.5%

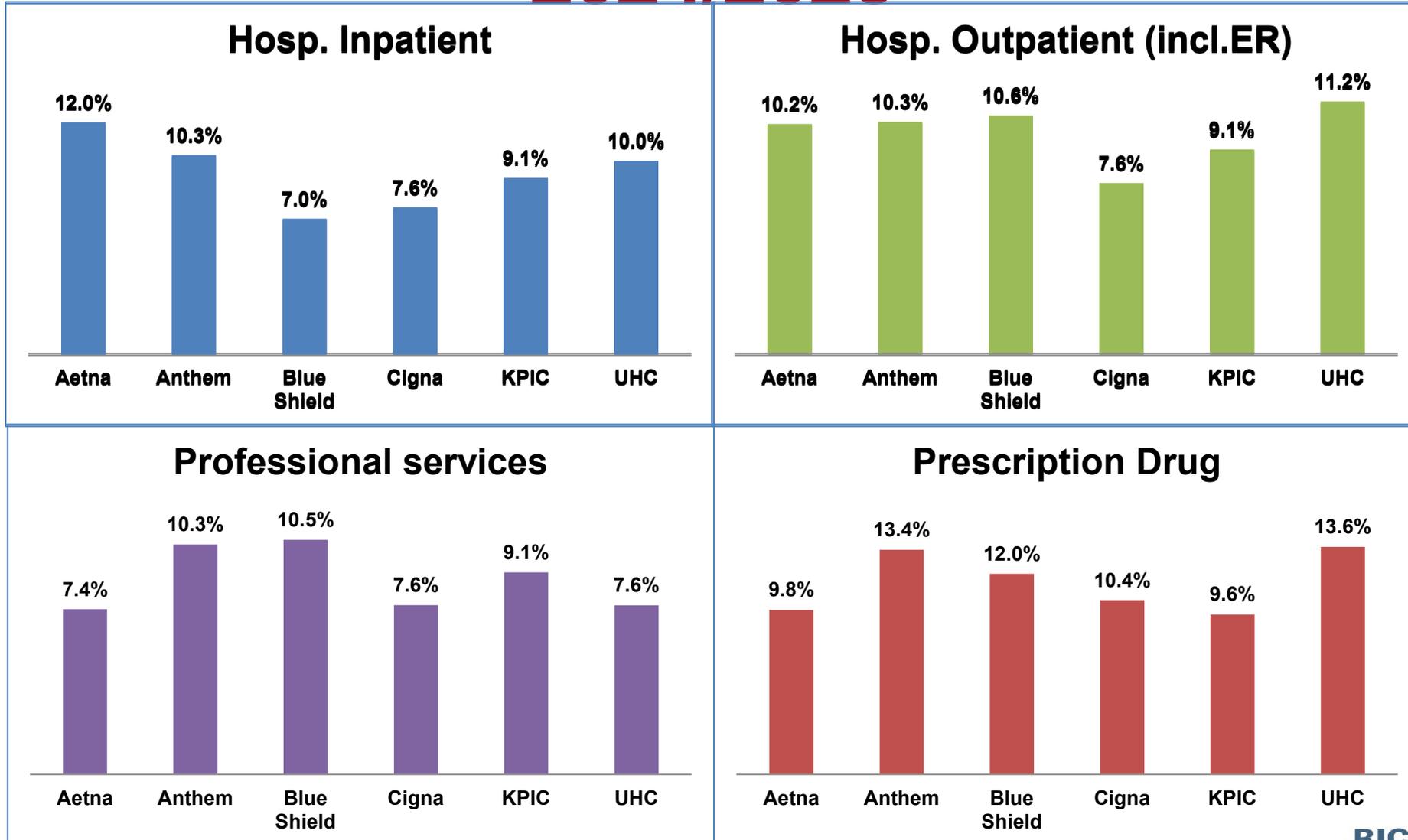
Overall Trend - 2023/2022



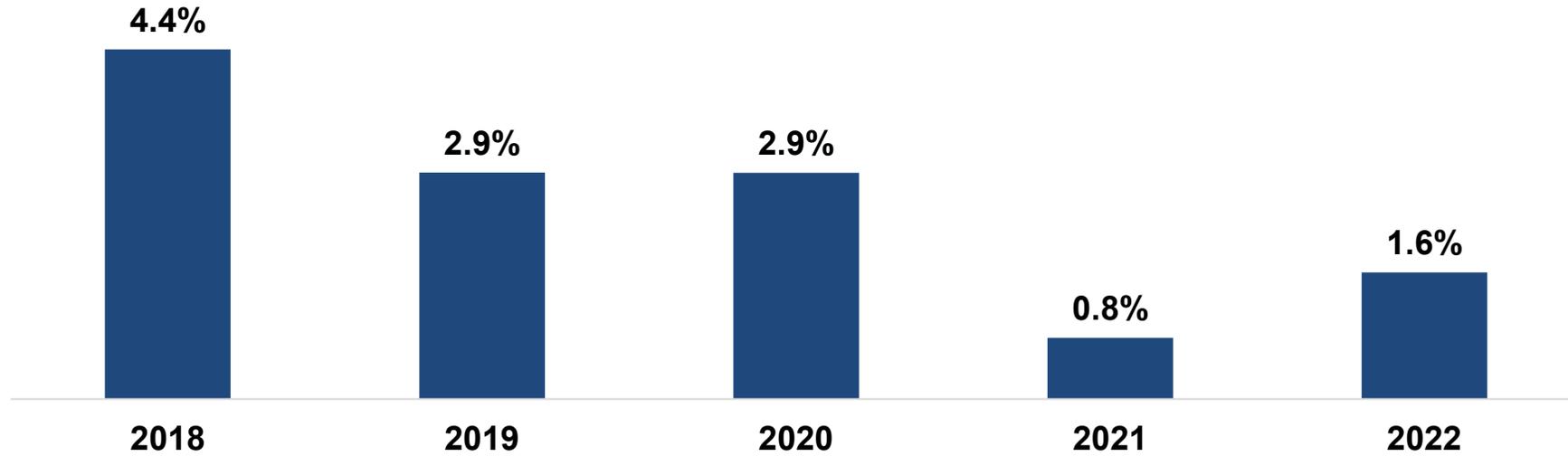
Projected Trend - 2024/2023



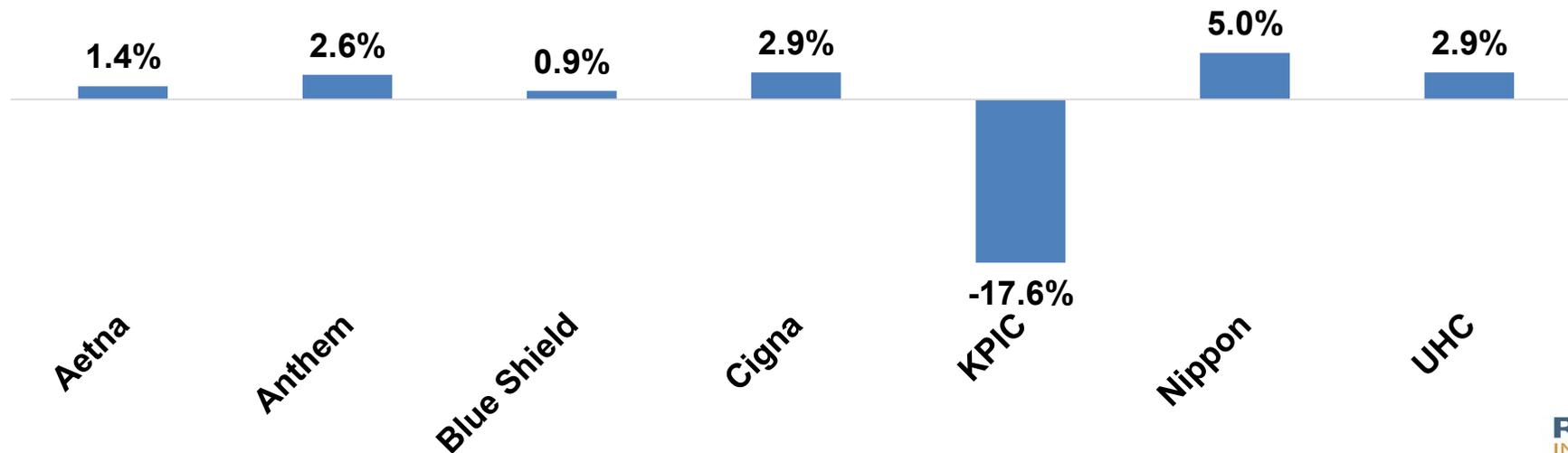
Projected Trend for Service Category for 2024/2023



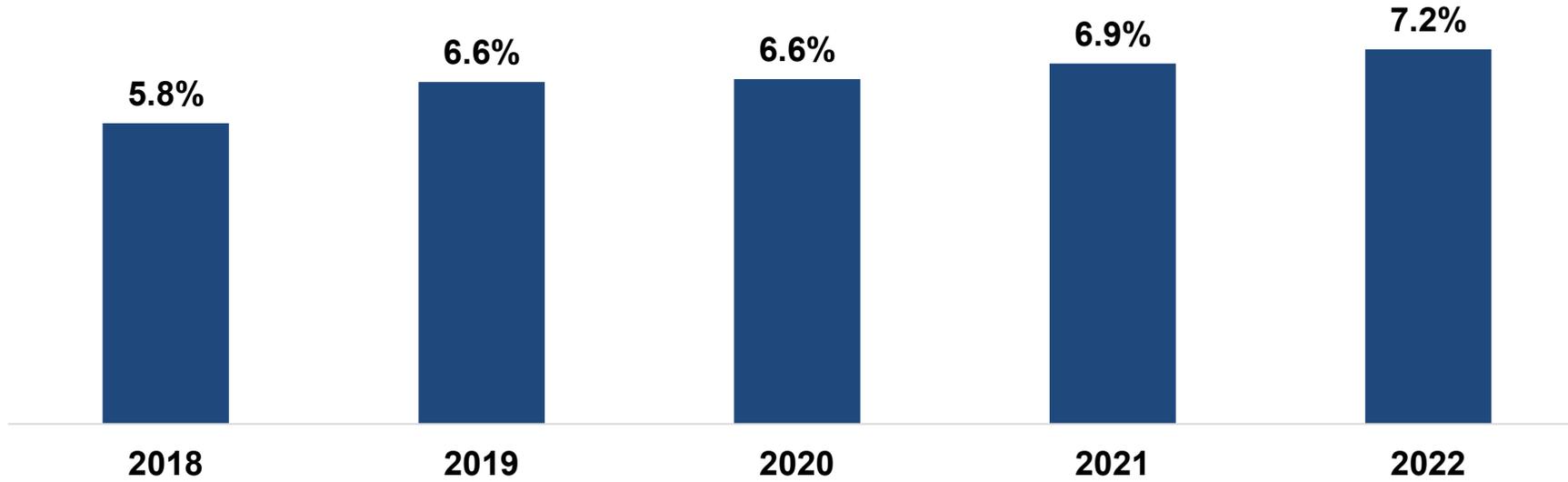
EPO and PPO Average Estimated Post-Tax Margin (% of Premium)



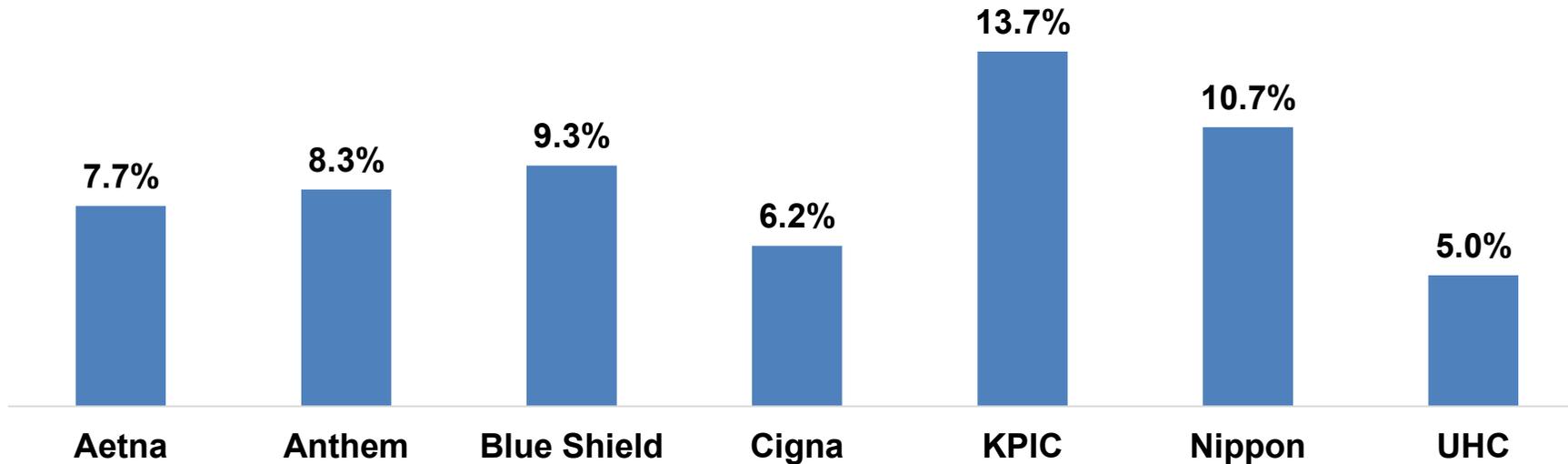
2018-2022 Avg. Est. Post-Tax Margin - By Insurer (% of Premium)



EPO and PPO Average Admin. Expenses (% of Premium)



2018-2022 Average Admin. - By Insurer (% of Premium)



ANALYSIS OF AB 2118 SUBMISSIONS

Policies in the Individual Market

Insurer Data Submissions

Available at:

www.insurance.ca.gov

[Consumers](#) / [Health Insurance Information](#) / [Health Rate Filings and Review](#) / Individual and Small Group Market Aggregate Rate Submissions

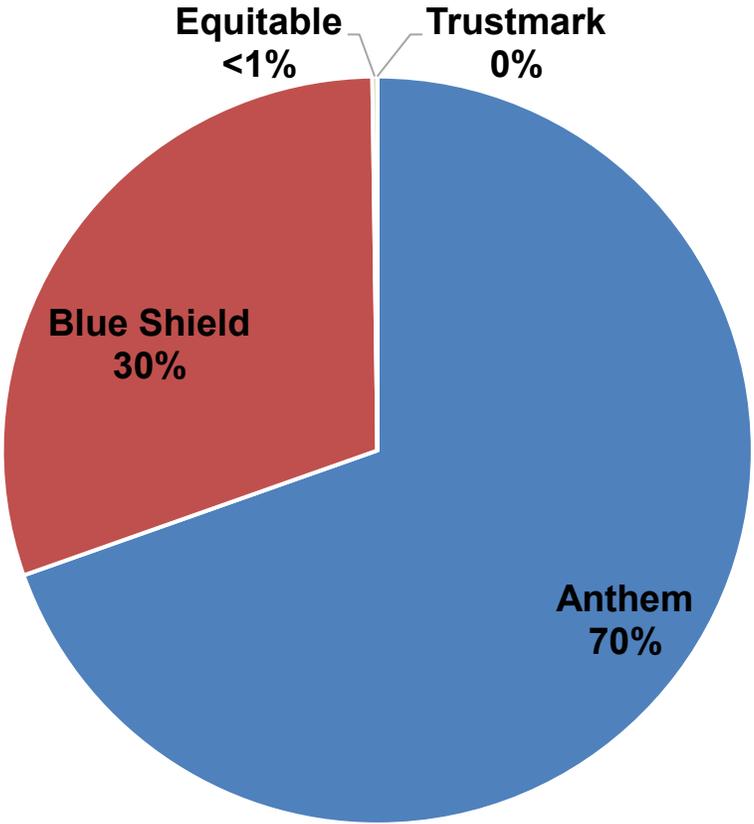
Individual and Small Group Market Aggregate Rate Submissions

Section 10181.46 of the California Insurance Code requires health insurers to annually report to the California Department of Insurance specified aggregate information on premiums, cost sharing, benefits, enrollment, and trend factors for all grandfathered and non-grandfathered products in the individual and small group markets. Unlike rate filings required for individual and small group policies, where insurers file each rate to the department, these aggregate information filings require one submission from each insurer that shows their weighted average increase. Information regarding rate filings is available at the link at the bottom of this page.

Aggregate Information Submissions											
	Individual					Small Group					
	Anthem Blue Cross Life and Health Insurance Company	Blue Shield of California Life and Health Insurance Company	Equitable Financial Life Insurance Company	Health Net Life Insurance Company	Trustmark Insurance Company	4 Ever Life Insurance Company	Aetna Life Insurance Company	Cigna Health and Life Insurance Company	Health Net Life Insurance Company	Kaiser Permanente Insurance Company	United HealthCare Insurance Company
2023	Excel	Excel	Excel	N/A	Excel	Excel	Excel	Excel	Excel	Excel	Excel
2022	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel
2021	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel

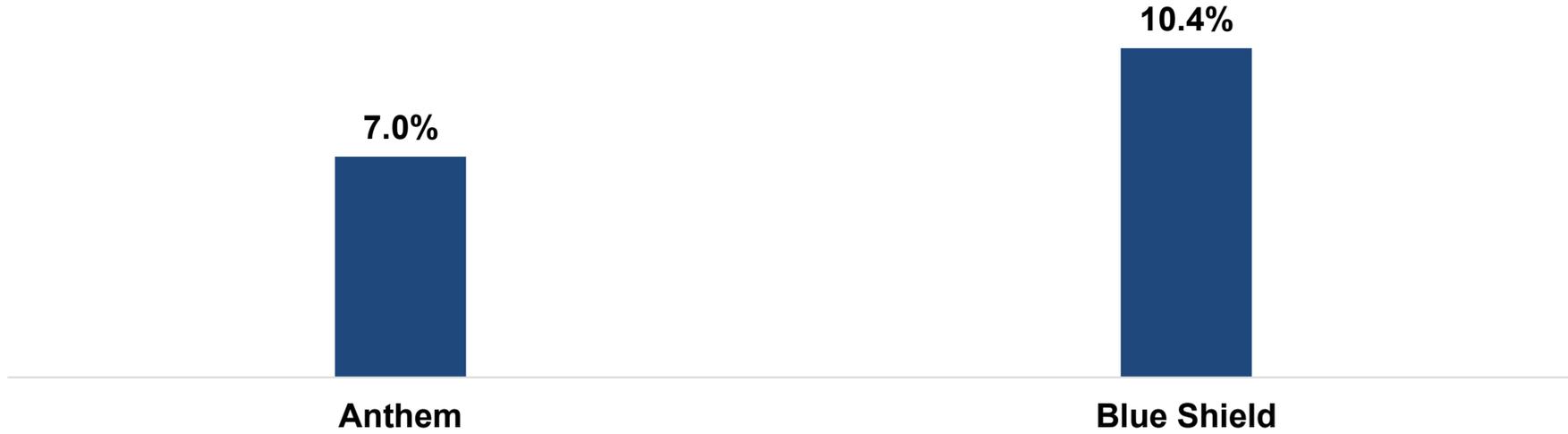
2023 Individual Market Share within CDI (covered lives)

Total Covered Lives ~ 33,000

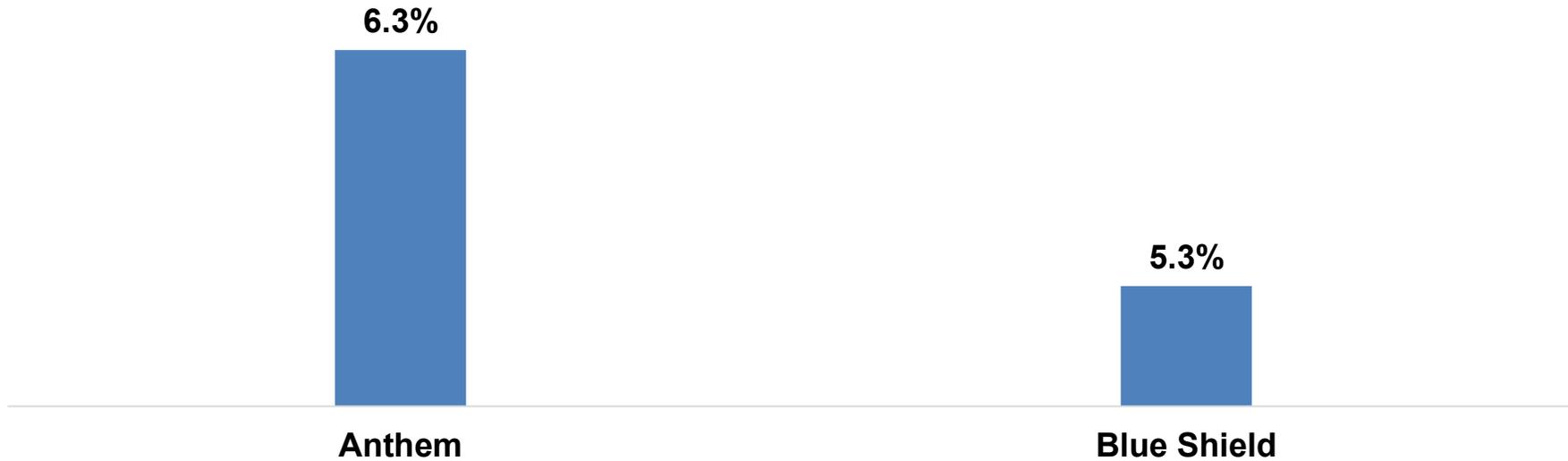


- All members are in PPO plans.
- Plans offered by Anthem, Blue Shield, Equitable, and Trustmark are grandfathered plans.

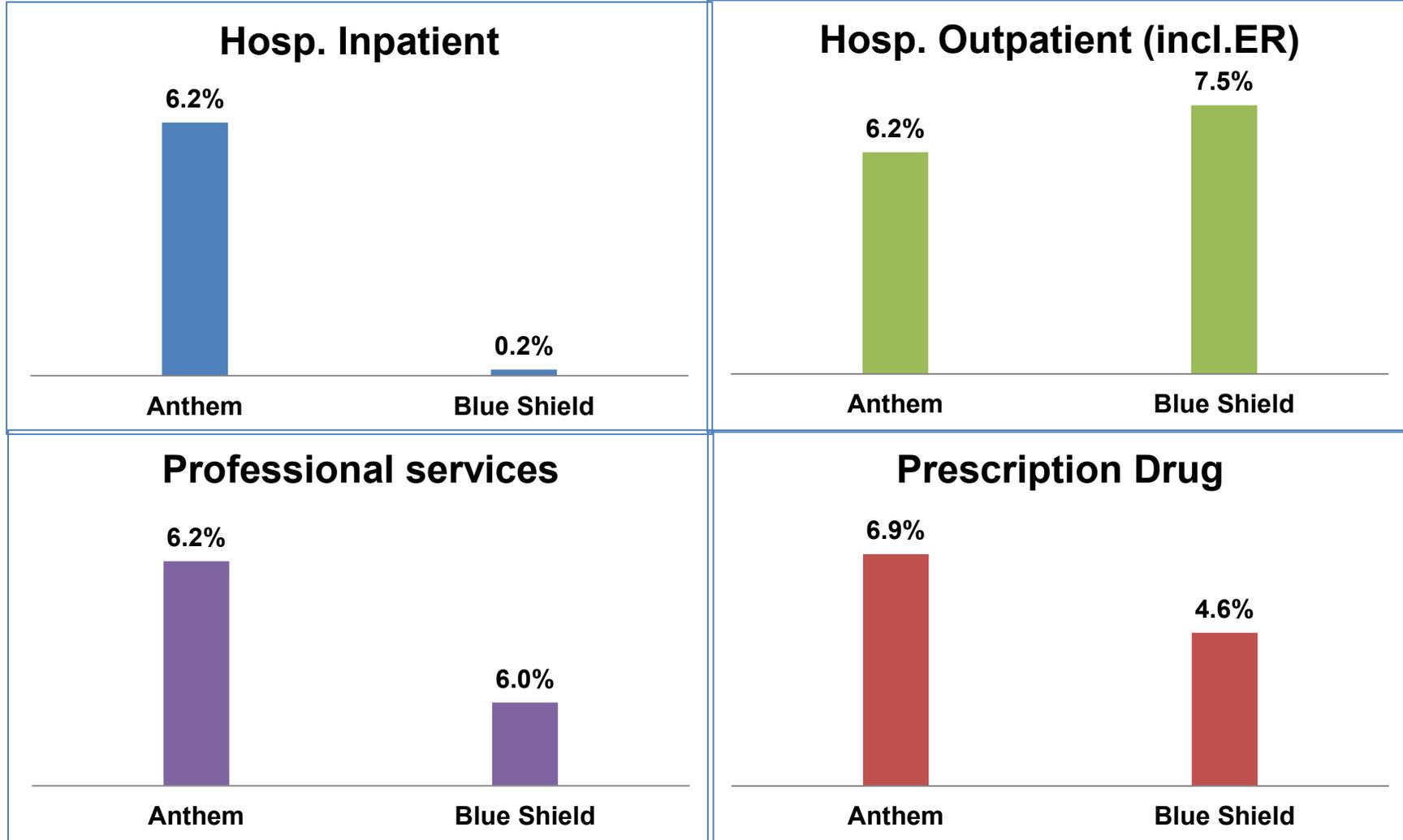
Overall Medical Trend - 2023/2022



Projected Trend - 2024/2023



Projected Trend for Service Category for 2024/2023



ANALYSIS OF AB 2118 SUBMISSIONS

Policies in the Small Group Market

Insurer Data Submissions Available at: www.insurance.ca.gov

[Consumers](#) / [Health Insurance Information](#) / [Health Rate Filings and Review](#) / Individual and Small Group Market Aggregate Rate Submissions

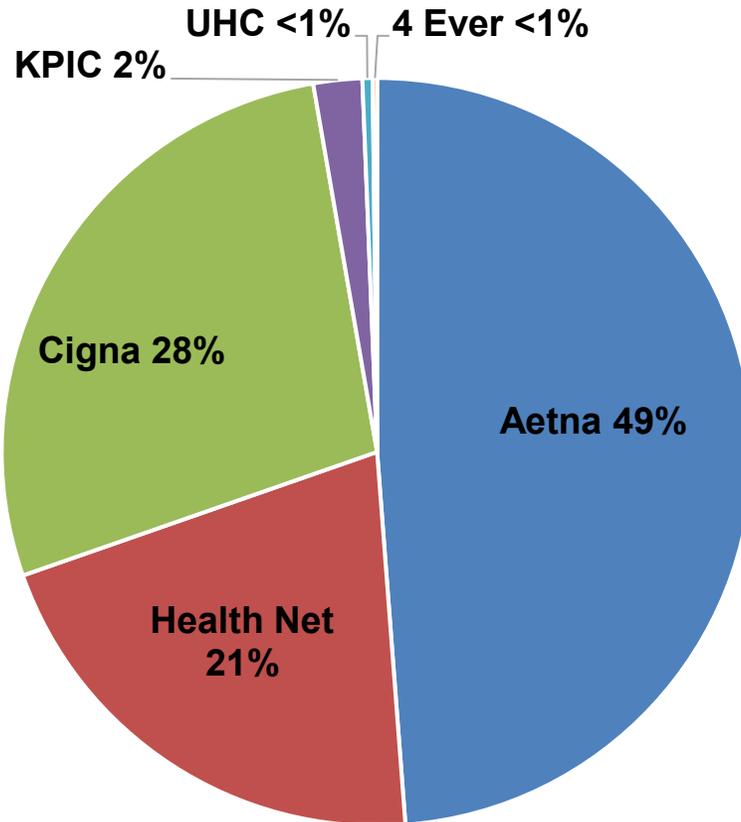
Individual and Small Group Market Aggregate Rate Submissions

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2023	Excel	Excel	Excel	N/A	Excel	Excel	Excel	Excel	Excel	Excel	Excel
2022	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel
2021	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel	Excel

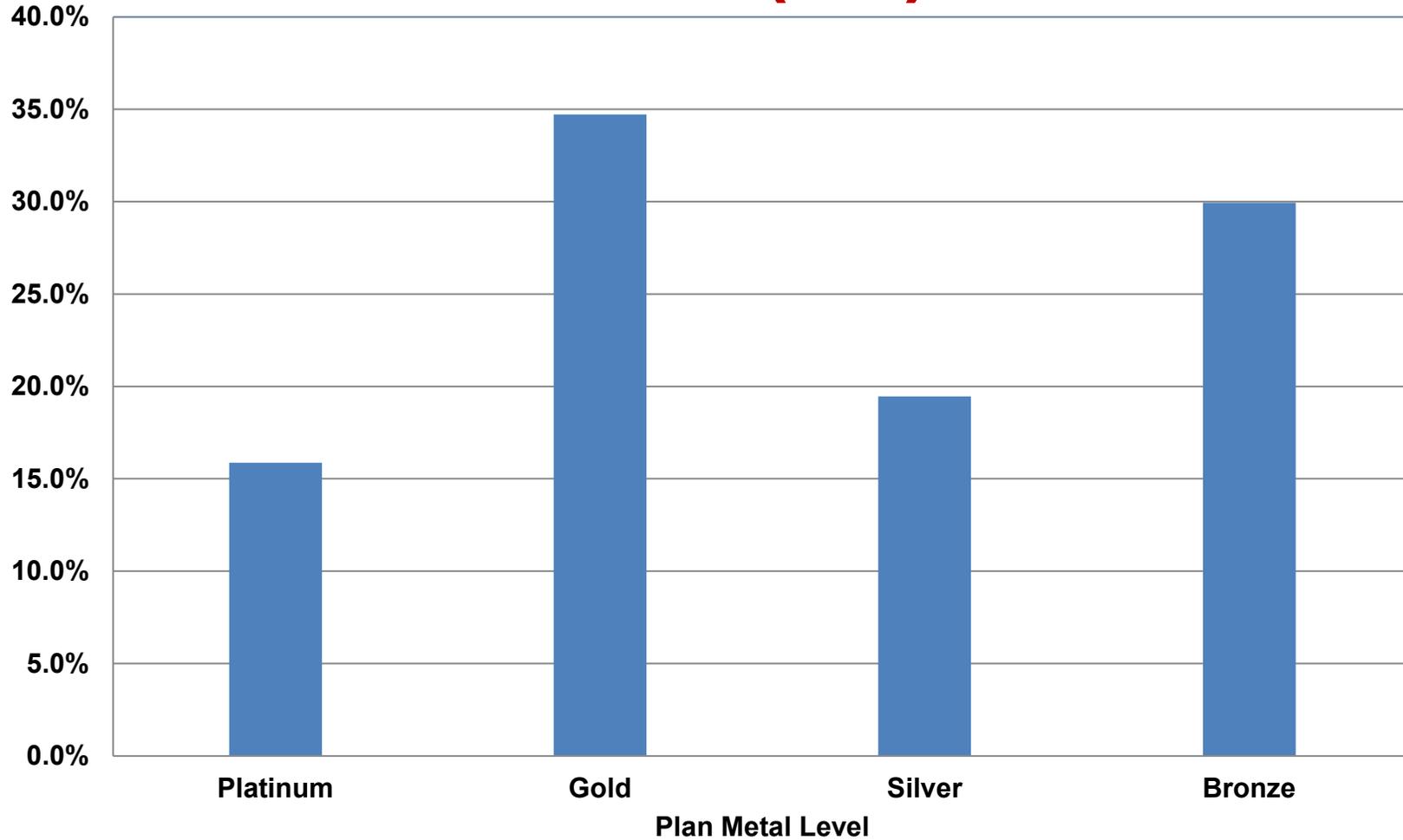
2023 Small Group Market Share within CDI (covered lives)

Total Covered Lives ~ 51,000

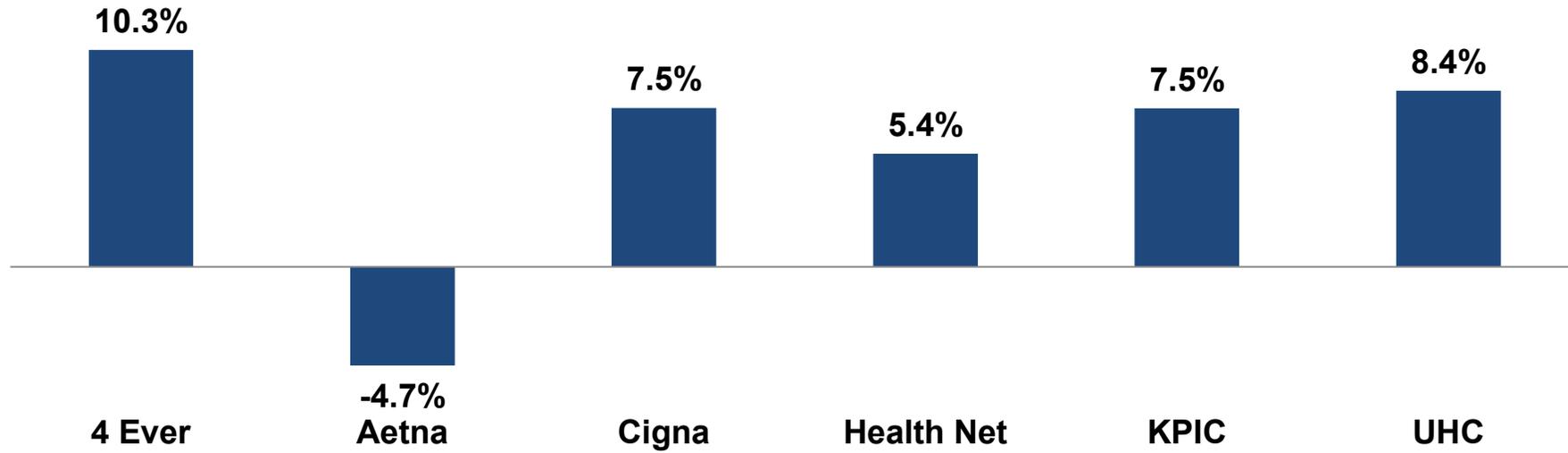


- 93% of the members are in PPO plans
- 7% of the members are in EPO plans

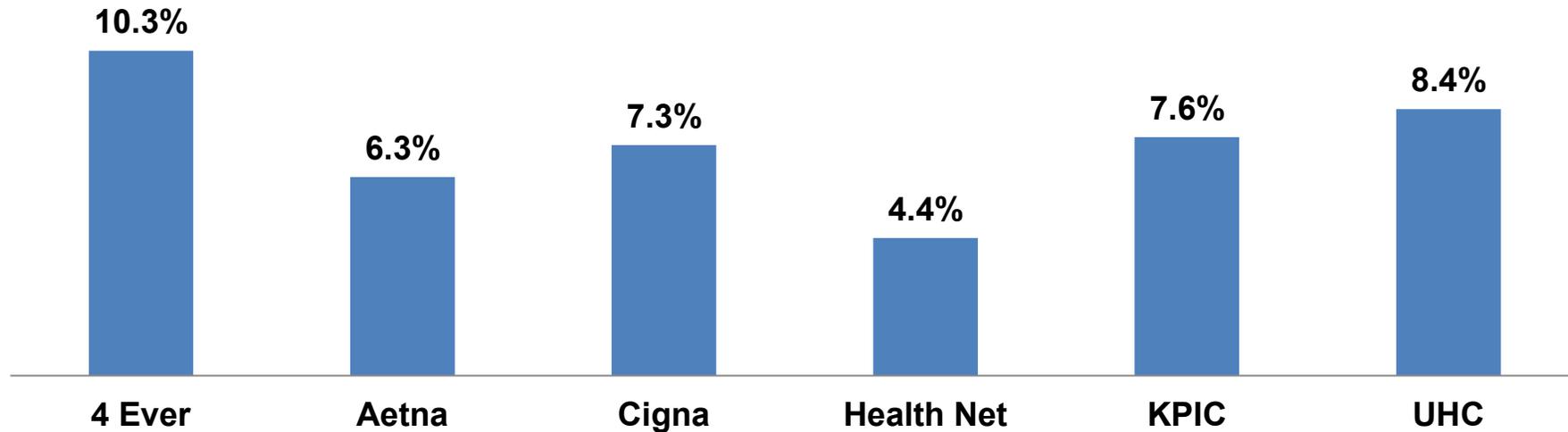
2023 Market Share by Actuarial Value (AV)



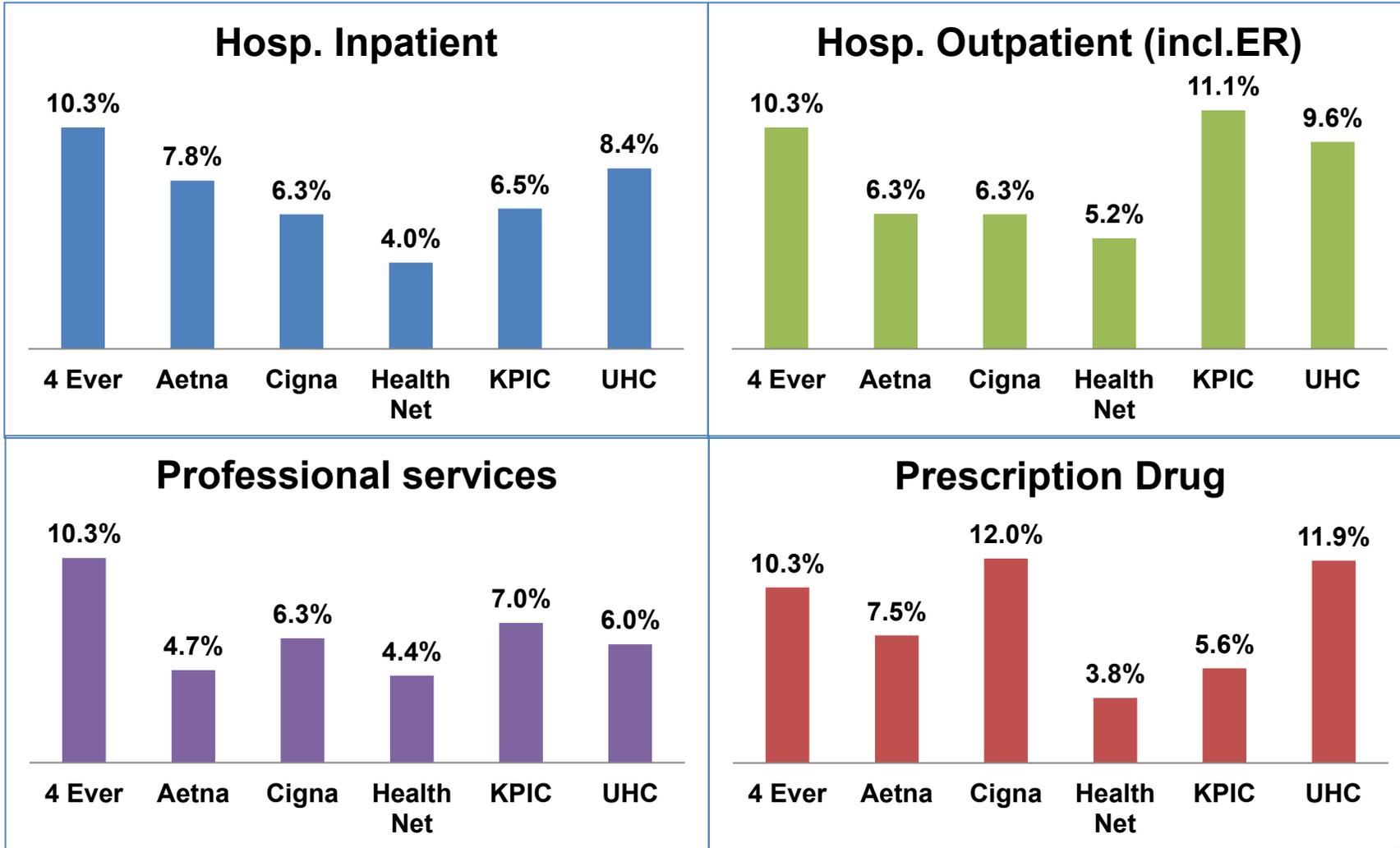
Overall Medical Trend - 2023/2022



Projected Trend - 2024/2023



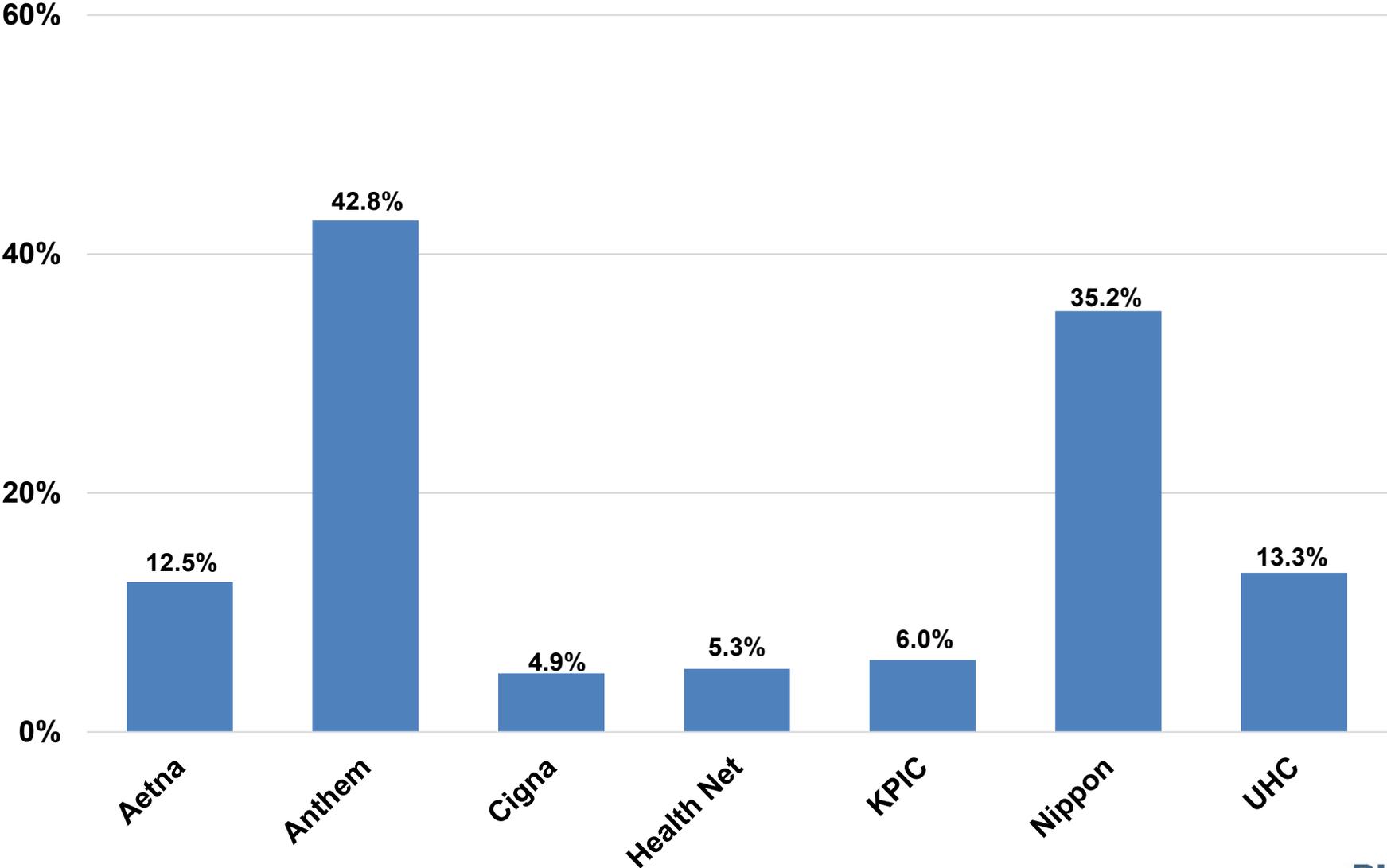
Projected Trend for Service Category for 2024/2023



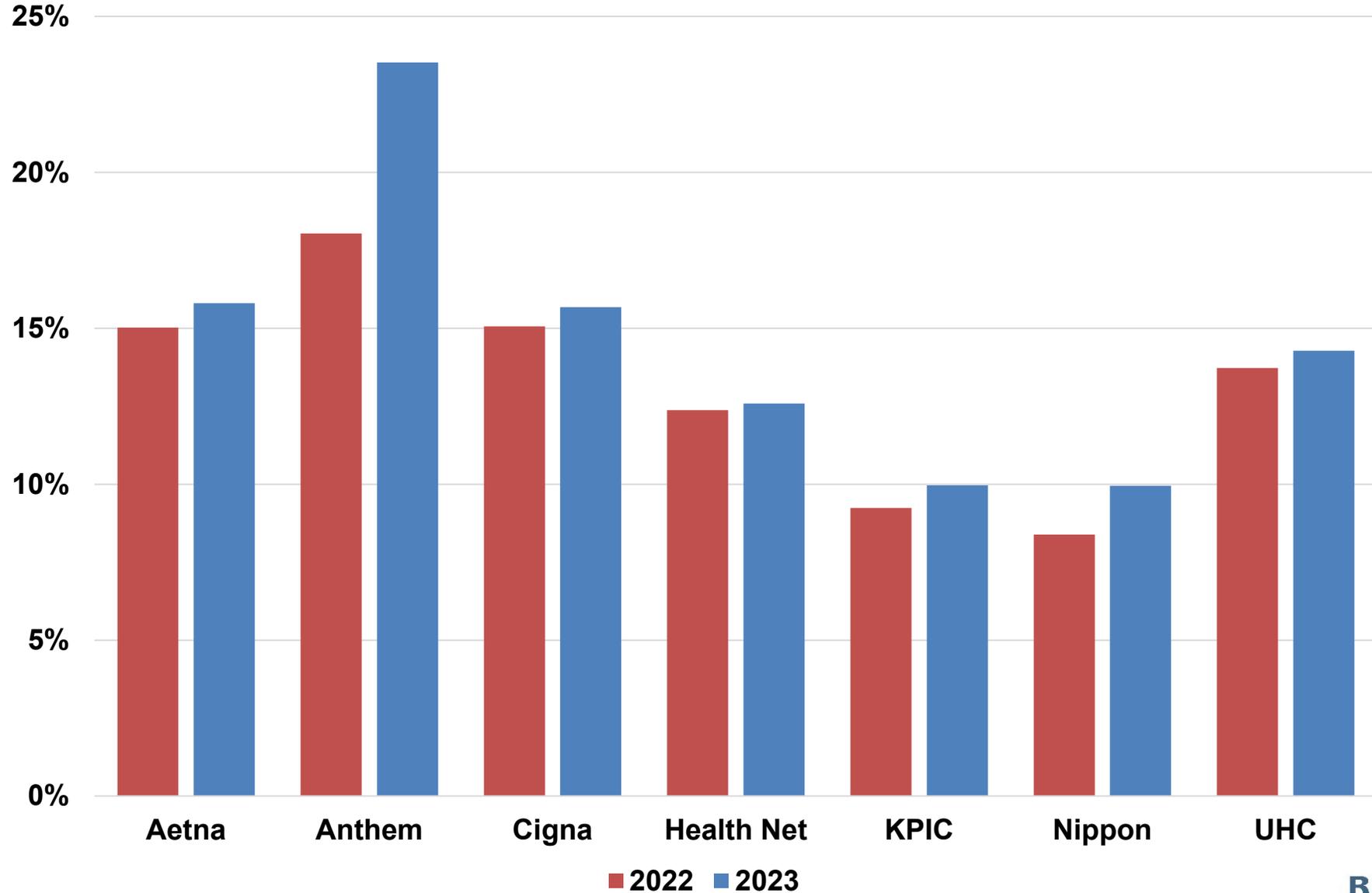
IMPACT OF PRESCRIPTION DRUG COSTS ON HEALTH INSURANCE PREMIUMS

SB 17 Submissions

2023/2022 Increase in Drug Spending

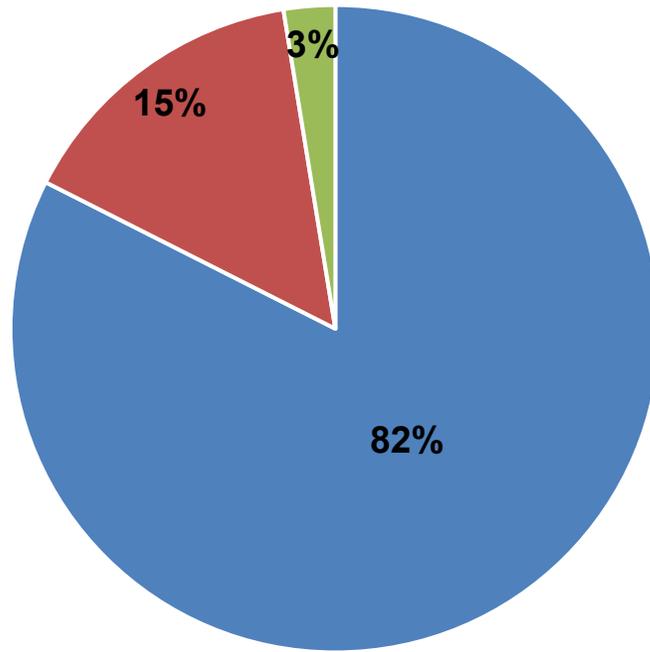


Insurer Drug Spending as a % of Total Premium



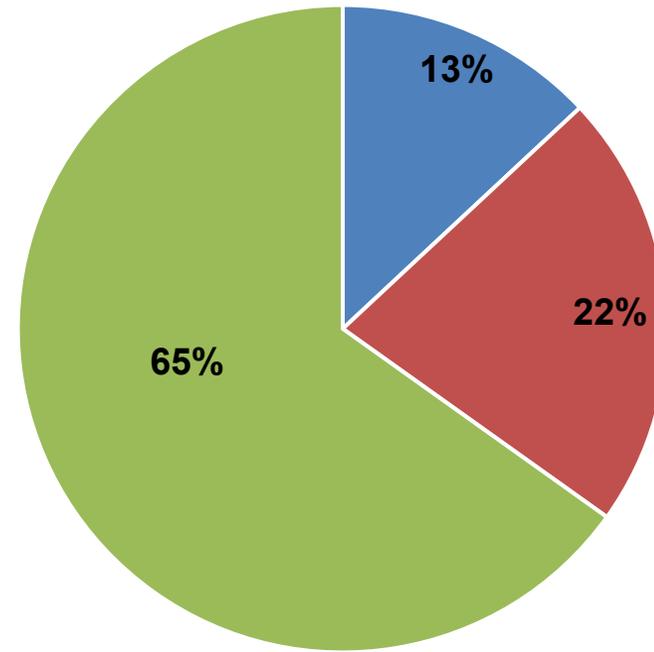
See the report for detail regarding Cost and Utilization – 2022 Calendar Year

% of Prescriptions



■ Generic ■ Brand ■ Specialty

% of Cost



■ Generic ■ Brand ■ Specialty

- *Generic drugs comprise 82% of prescriptions and 13% of spending*
- *Specialty drugs comprise 3% of prescriptions and 65% of spending*

Top three most prescribed prescription drugs in each category

- **Top 3 Specialty**

- Semaglutide (“Ozempic”) (blood glucose regulator)
 - #10 in annual spend category
- Dulaglutide (“Trulicity”) (blood glucose regulator)
 - #12 in annual spend category
- Emtricitabine and tenofovir alafenamide (“Descovy”) (antiviral)
 - #5 in annual spend category

Top three most prescribed prescription drugs in each category

- **Top 3 Brand**

- Pfizer-BioNTech COVID-19 Vaccine (#14 in annual spend category)
- Moderna COVID-19 Vaccine
- Flucelvax Quadrivalent (Influenza vaccine)

- **Top 3 Generic**

- Atorvastatin (“Lipitor”) (cholesterol control) (#4 in annual spend category)
- Levothyroxine (“Synthroid”) (thyroid replacement) (#9 in annual spend category)
- Lisinopril (blood pressure control) (#24 in annual spend category)

Full Report Available at: www.insurance.ca.gov

search for

“Special Health Topics and Resources” Report is at bottom of page

The screenshot shows the top section of the California Department of Insurance website. On the left, there is a profile for Ricardo Lara, Insurance Commissioner. To the right is a search bar and a call-to-action: "Need help with insurance? Call us. Call 800-927-4357 (HELP) Se Habla Español". Below this is a navigation menu with links for "File a Complaint", "Consumers", "Seniors", "Agents & Brokers", "Insurers", "Fraud", "News", and "About Us". The "Consumers" link is highlighted. Below the menu, there is a breadcrumb trail: "Consumers / Health Insurance Information / Special Health Topics and Resources" and a link to "Special Health Topics and Resources". A "Google Translate" widget is also visible, showing "Consumers" as the selected page.

Prescription Drug Premium Impact Reports

CDI prepares an annual report regarding the impact of prescription drug costs on health insurance premiums. This report is prepared pursuant to Insurance Code §10123.205 ([Senate Bill 17](#), 2017).

- ◉ [2022 Prescription Drug Premium Impact Report](#) NEW
- ◉ [2021 Prescription Drug Premium Impact Report](#)
- ◉ [2020 Prescription Drug Premium Impact Report](#)
- ◉ [2019 Prescription Drug Premium Impact Report](#)
- ◉ [2018 Prescription Drug Premium Impact Report](#)
- ◉ [2017 Prescription Drug Premium Impact Report](#)

THANK YOU



Office of Health Care Affordability Perspective

Vishaal Pegany, Deputy Director, Office of Health
Care Affordability



Office of Health Care Affordability (OHCA) Perspective

Public Meeting on Health Care Premium Rates and Prescription
Drug Costs

March 13, 2024

Vishaal Pegany, Deputy Director, Office of Health Care Affordability

Overview of the Department of Health Care Access & Information (HCAI)

HCAI Mission



HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

HCAI Program Areas

Facilities: Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.

Financing: Provide loan insurance for nonprofit healthcare facilities to develop or expand services.

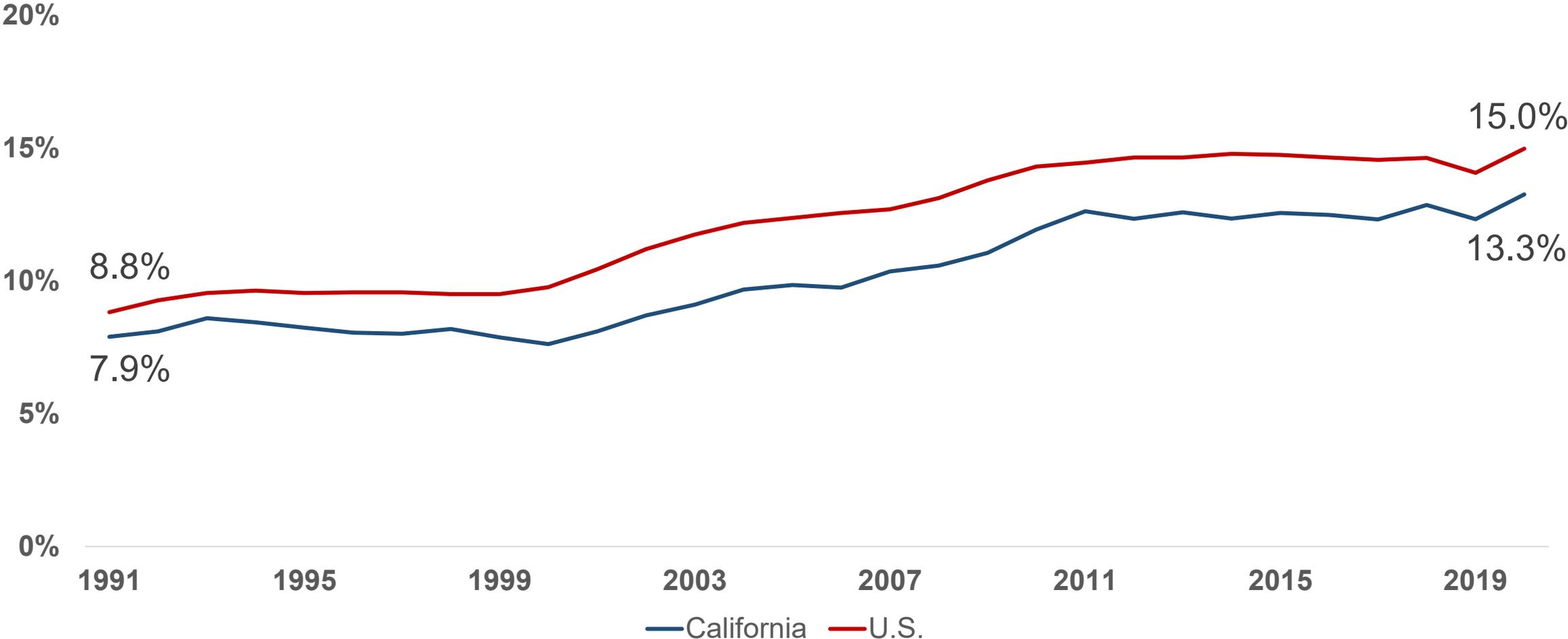
Workforce: Promote a culturally competent and linguistically diverse health workforce.

Data: Collect, manage, analyze and report information about California's healthcare landscape.

Affordability: Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.

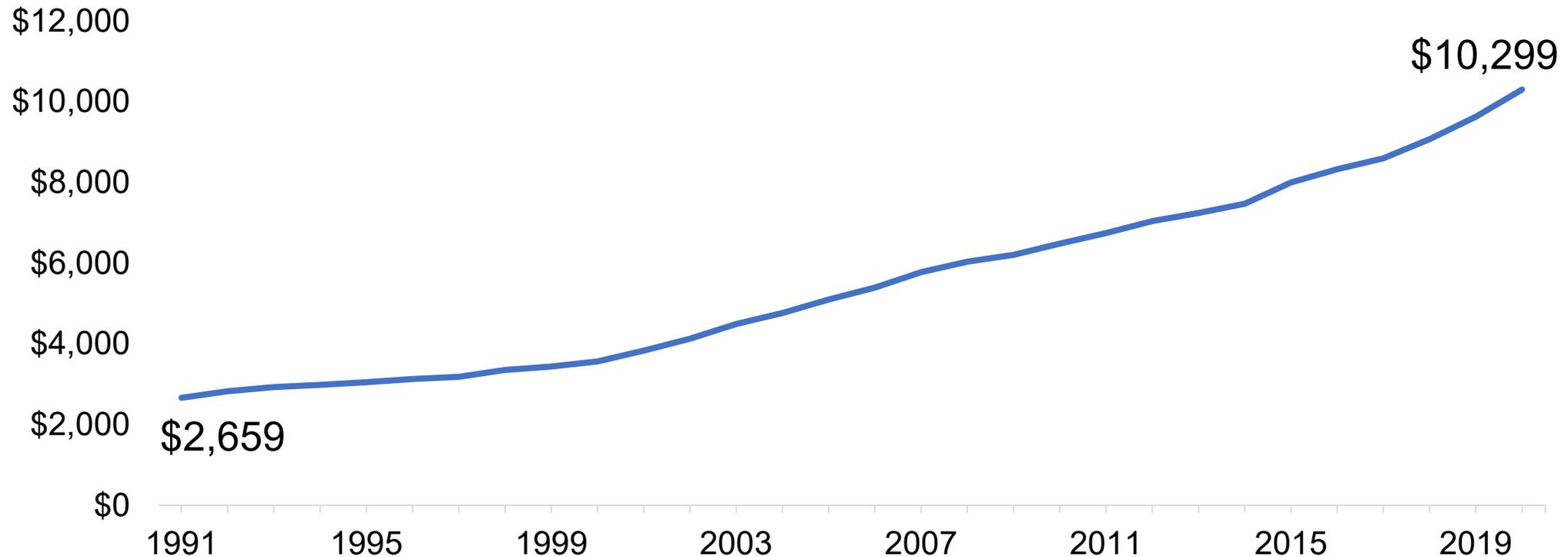
Context for OHCA: National and State Health Care Spending Trends

Per Capita Health Care Spending as a Percent of Median Income: CA & US 1991-2020



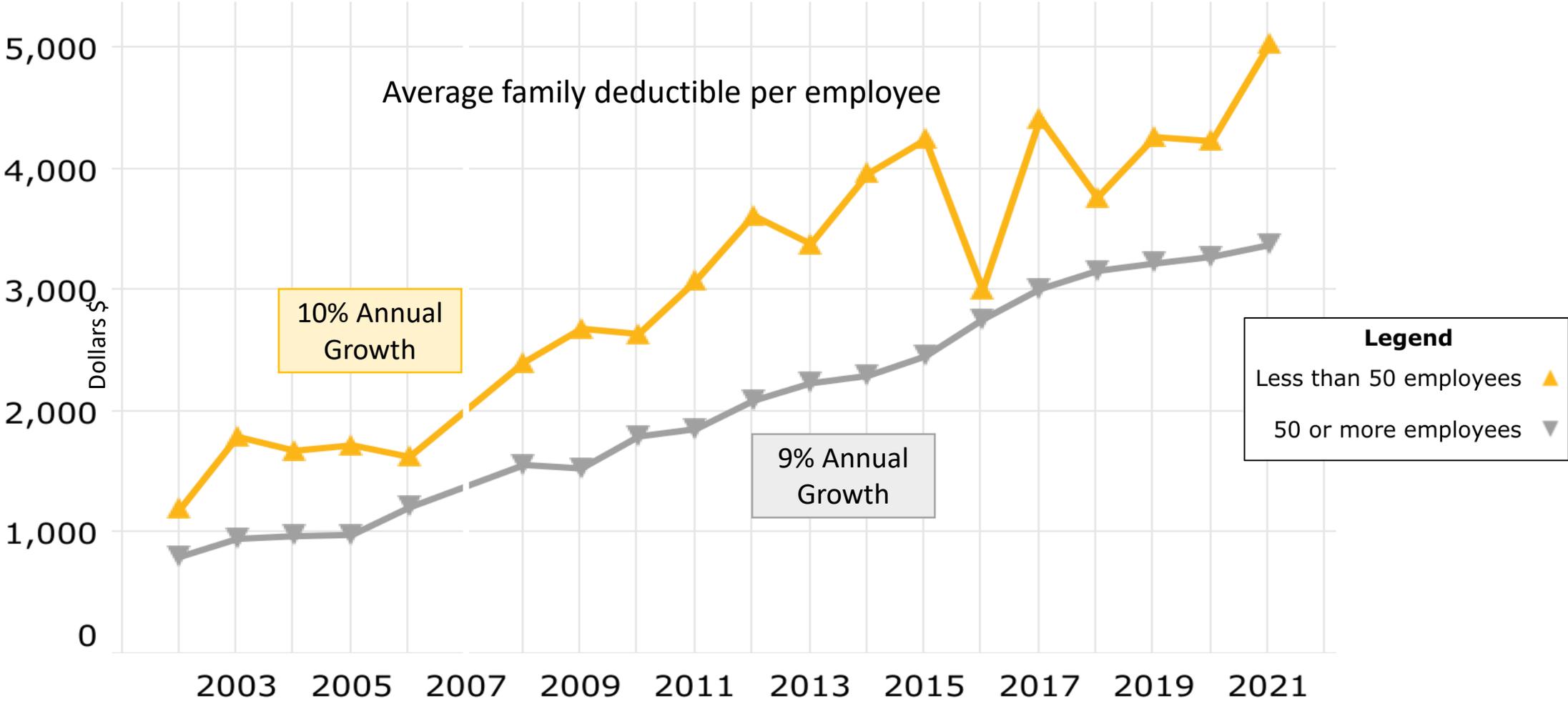
U.S. Census Bureau, Current Population Survey; estimated per capita health spending from Centers for Medicare and Medicaid Services, Health Expenditures by State of Residence

Per Capita Health Spending in California 1991-2020



- California health care spending reached \$10,299 per capita in 2020.
- Average annual growth between 1991 and 2020 was 4.8%.

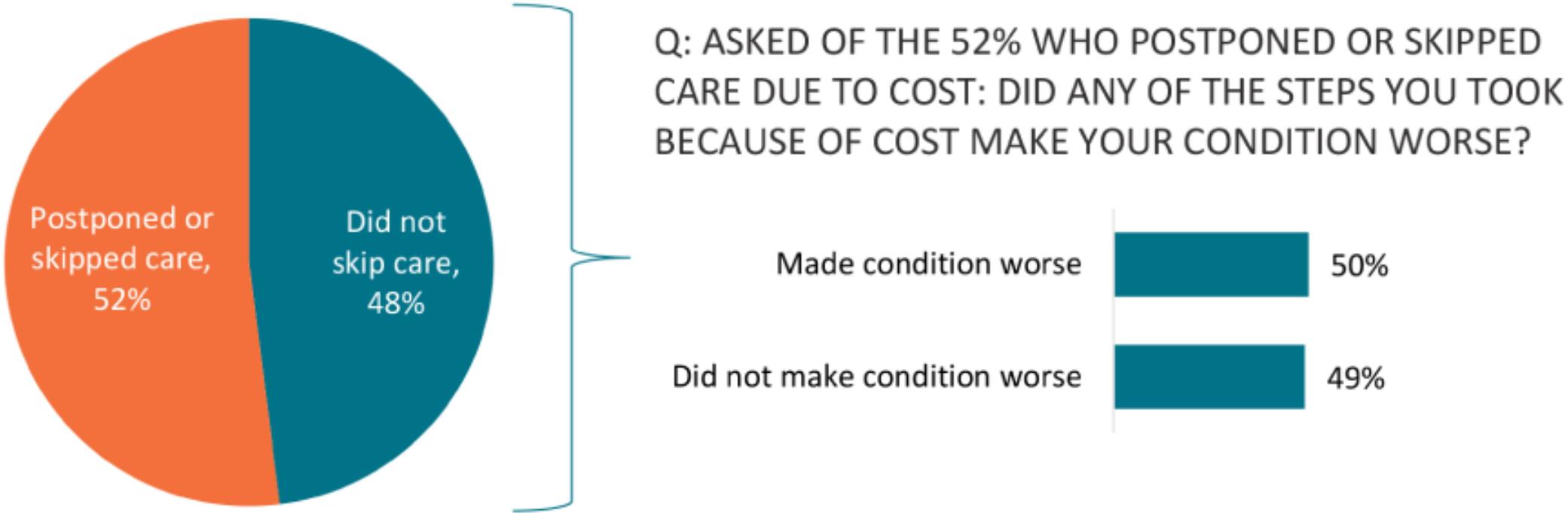
Over the Past Two Decades Family Deductibles Quadrupled in California



Note: 2007 data were not collected for the Insurance Component of the MEPS
Source: Medical Expenditure Panel Survey (MEPS) Insurance Component (IC)

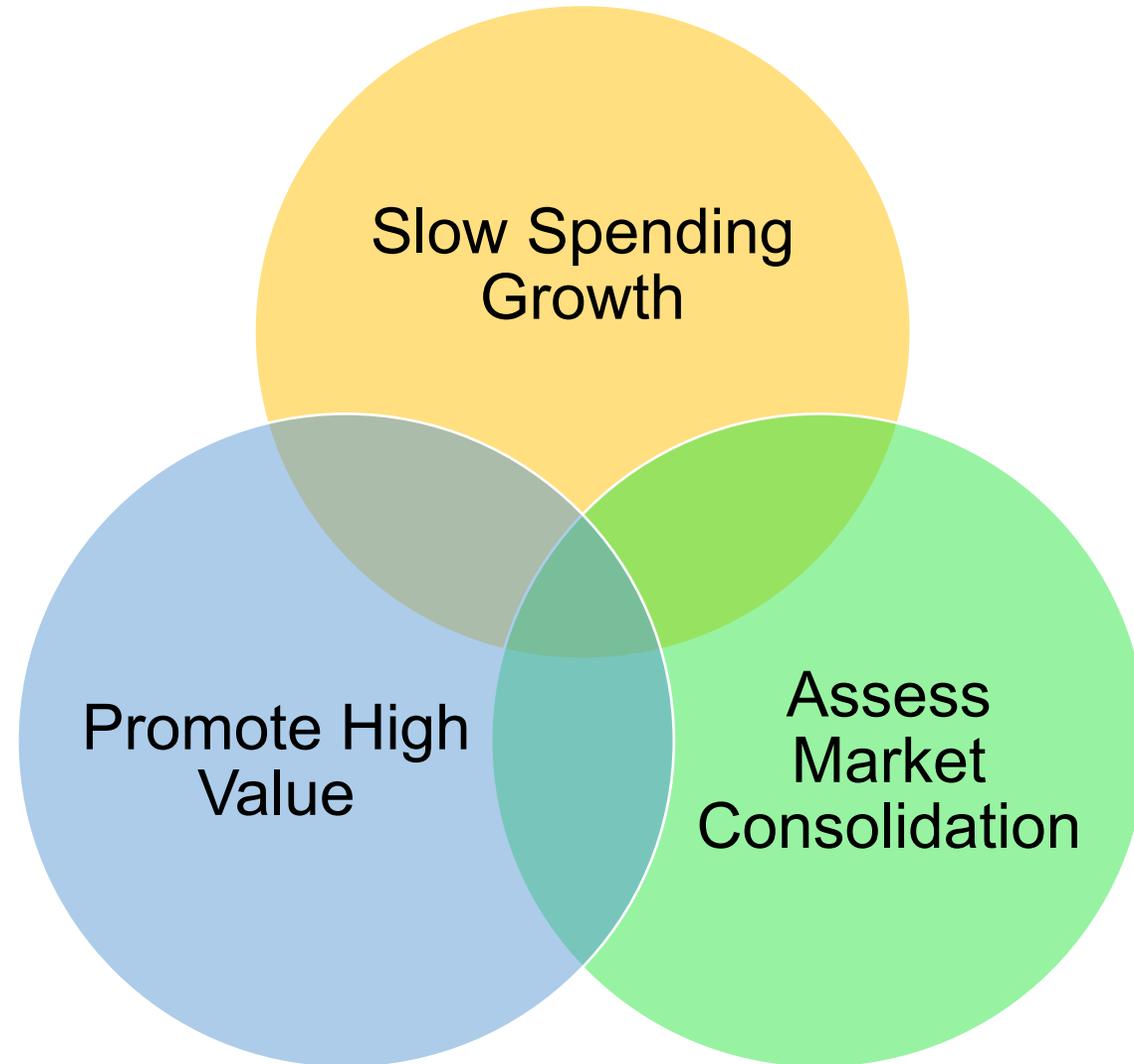
Postponing or Skipping Care

Figure 15. Half of Californians Say They or a Family Member Skipped Health Care in the Past Year Due to Cost; Many Say This Made Their Health Condition Worse

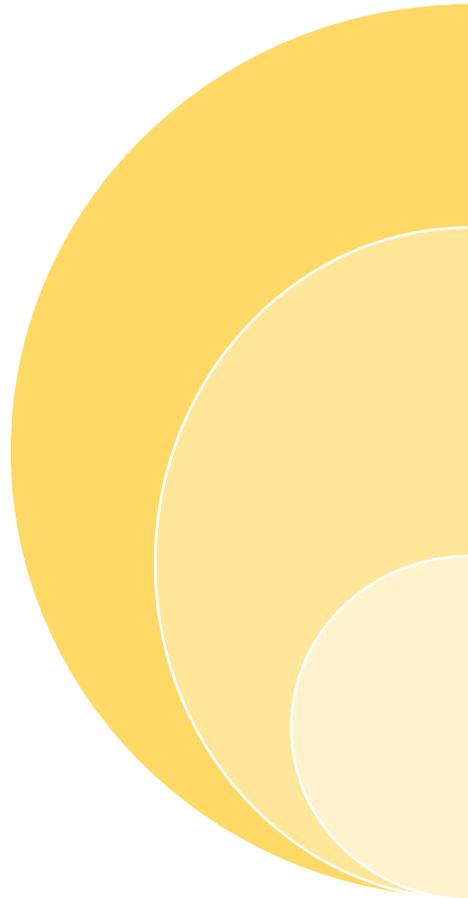


The Office of Health Care Affordability (OHCA)

OHCA Key Components



Slow Health Care Spending Growth

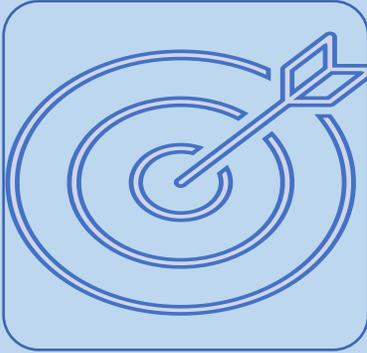


Collect, analyze, and report data on total health care expenditures (THCE)

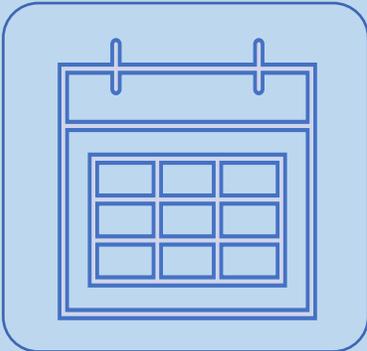
Develop spending growth target methodology and spending targets, initially statewide and eventually sector-specific (e.g., geography, types of entities)

Progressive enforcement of targets: technical assistance, public testimony, performance improvement plans, and escalating financial penalties

Spending Target - Defined

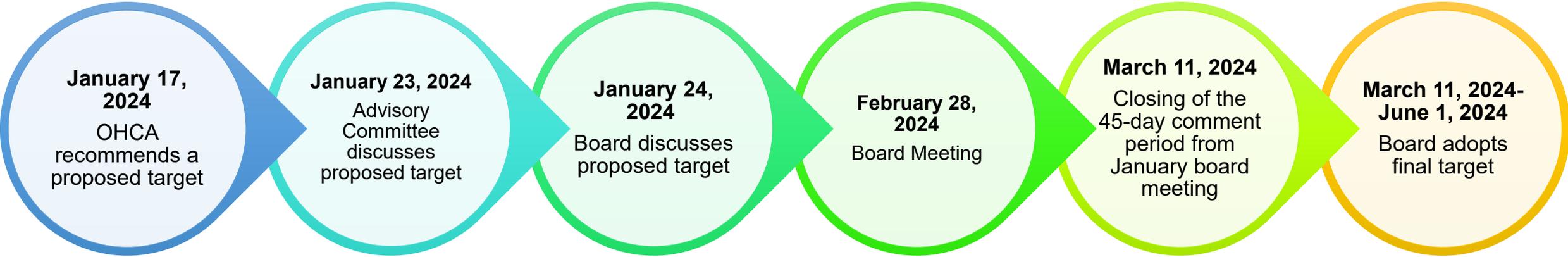


A health care spending target establishes a maximum limit on an acceptable rate of spending growth for health care entities. The goal is to slow the growth of health care spending and make health care more affordable.



The Health Care Affordability Board, with input from the Advisory Committee, will establish California's 2025 statewide health care spending target.

Timeline for Adopting the Spending Target for 2025



OHCA's Recommendation: Statewide Per Capita Health Care Spending Target

OHCA recommends the adoption of the following statewide per capita health care spending targets for 2025-2029, based on the average annual rate of change in historical median household income over the 20-year period from 2002-2022.

Performance Year	Per Capita Spending Growth Target
2025	3.0%
2026	3.0%
2027	3.0%
2028	3.0%
2029	3.0%

Consideration of Spending Target During Premium Rate Review

Insurance Code Section 10181.35

(a) It is the intent of the Legislature in enacting this section to ensure that insureds benefit from reductions in the rate of growth in health care costs as a result of the establishment of the Office of Health Care Affordability.

(b) In submitting rates for review consistent with this article, a health insurer shall demonstrate the impact of any changes in the rate of growth in health care costs resulting from the health care cost targets set pursuant to Chapter 2.6 (commencing with Section 127500) of Part 2 of Division 107 of the Health and Safety Code.

(c) In determining whether a rate is unreasonable or not justified, the commissioner shall consider the impact on changes in health care costs as a result of the health care cost targets set pursuant to Chapter 2.6 (commencing with Section 127500) of Part 2 of Division 107 of the Health and Safety Code.

Consideration of Spending Target During Premium Rate Review

Health and Safety Code Section 1385.035

(a) It is the intent of the Legislature in enacting this section to ensure that enrollees and subscribers benefit from reductions in the rate of growth in health care costs as a result of the establishment of the Office of Health Care Affordability.

(b) In submitting rates for review consistent with this article, a health care service plan shall demonstrate the impact of any changes in the rate of growth in health care costs resulting from the health care cost targets set pursuant to Chapter 2.6 (commencing with Section 127500) of Part 2 of Division 107.

(c) In determining whether a rate is unreasonable or not justified, the director shall consider the impact on changes in health care costs as a result of the health care cost targets set pursuant to Chapter 2.6 (commencing with Section 127500) of Part 2 of Division 107.

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UC Berkeley Labor Center

Measuring Consumer Affordability

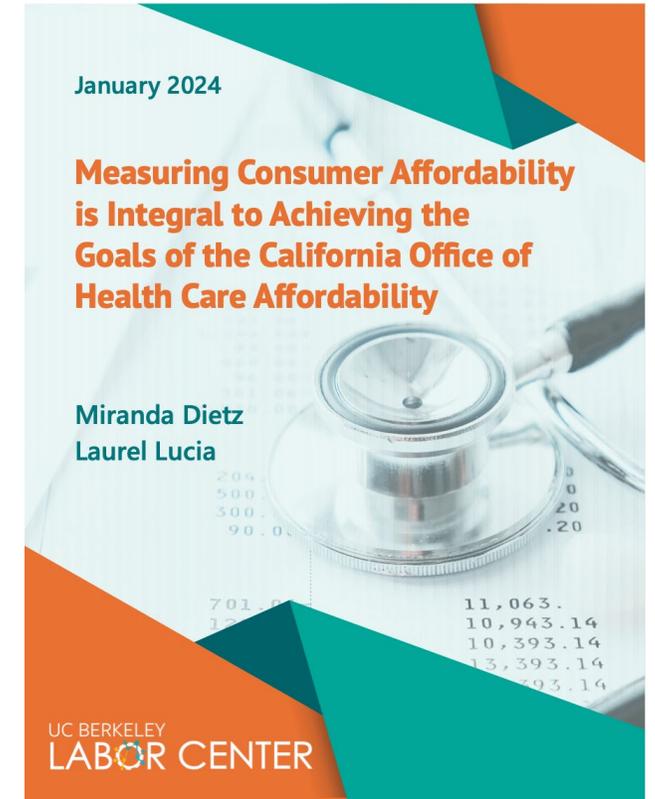
Miranda Dietz

University of California, Berkeley Labor Center

Measuring Consumer Affordability

Miranda Dietz

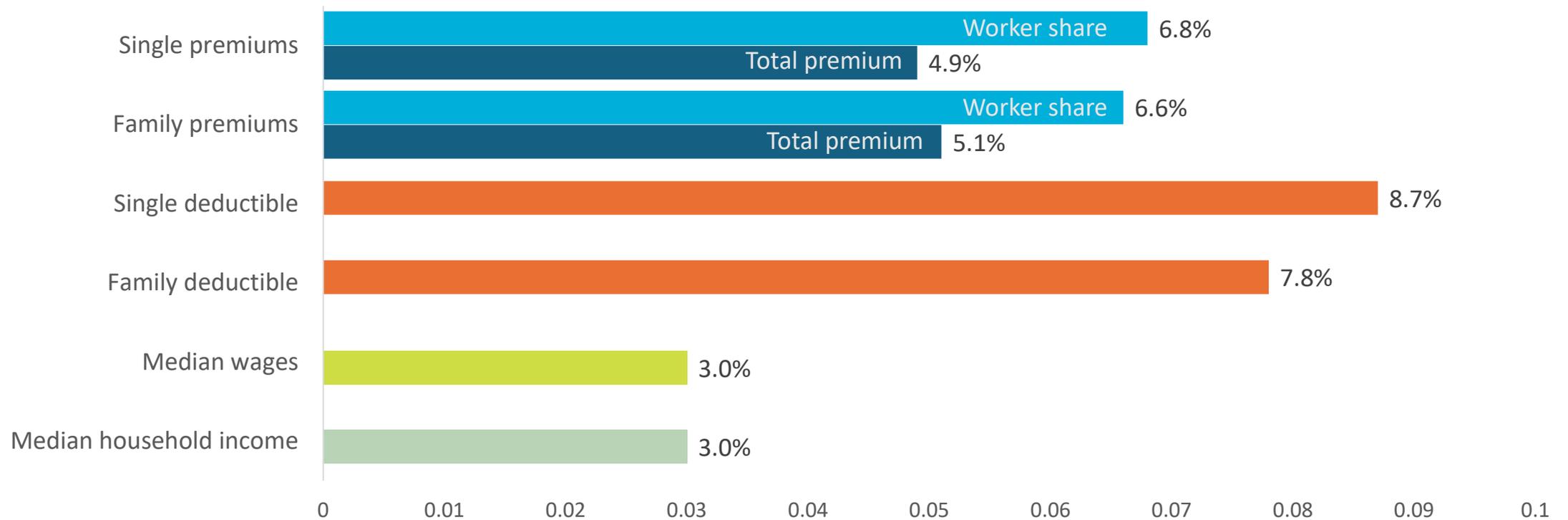
March 2024



Consumer affordability has
deteriorated over the last 20
years

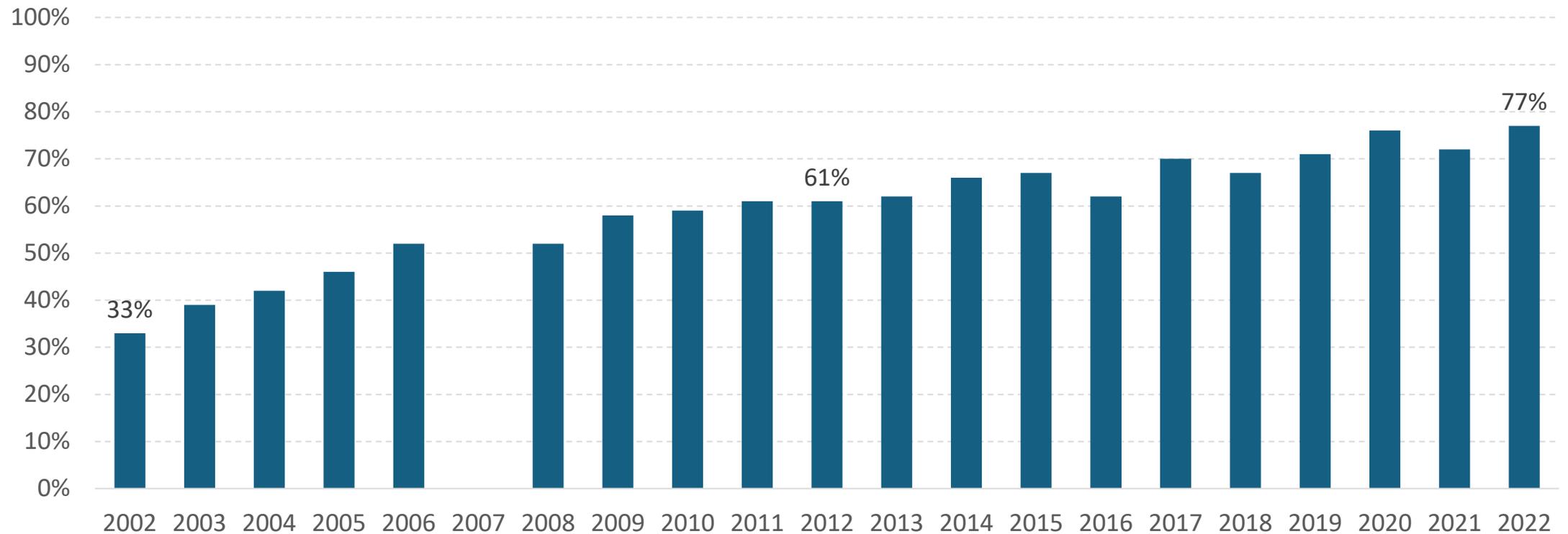
Premiums and deductibles have grown faster than wages and incomes

Average annual growth rates for premiums and deductibles for private-sector workers; median wages; and median household income in California, 2002-2022



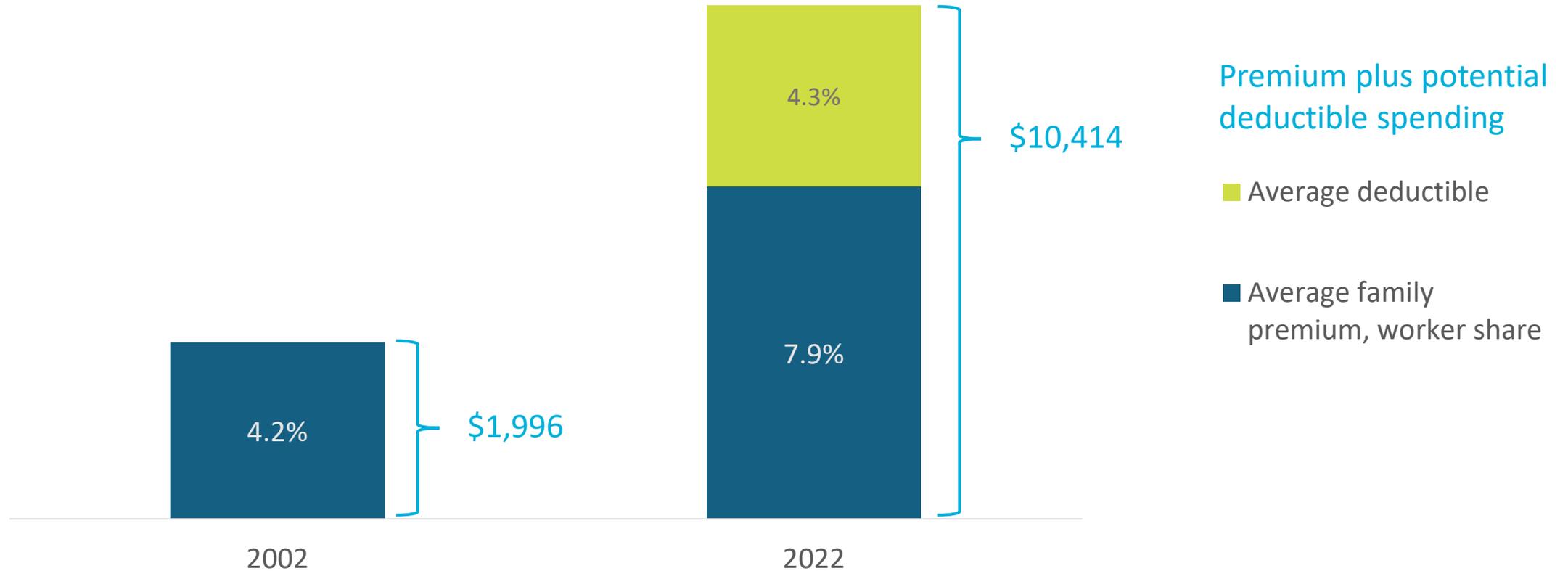
Deductibles are increasingly common

Share of private-sector workers enrolled in coverage with deductibles in California, 2002-2022



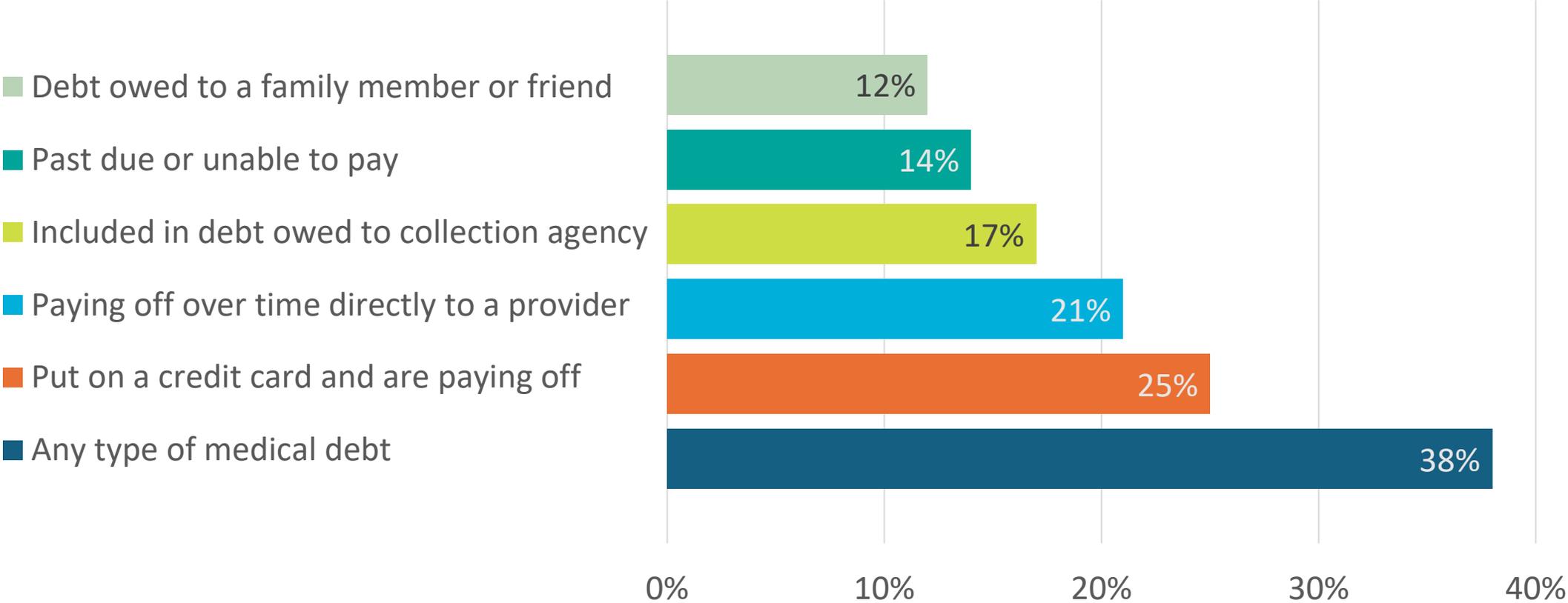
Health care takes up an increasing share of household budgets

Typical private-sector family coverage premium and potential deductible spending as a share of median household income, 2002 and 2022



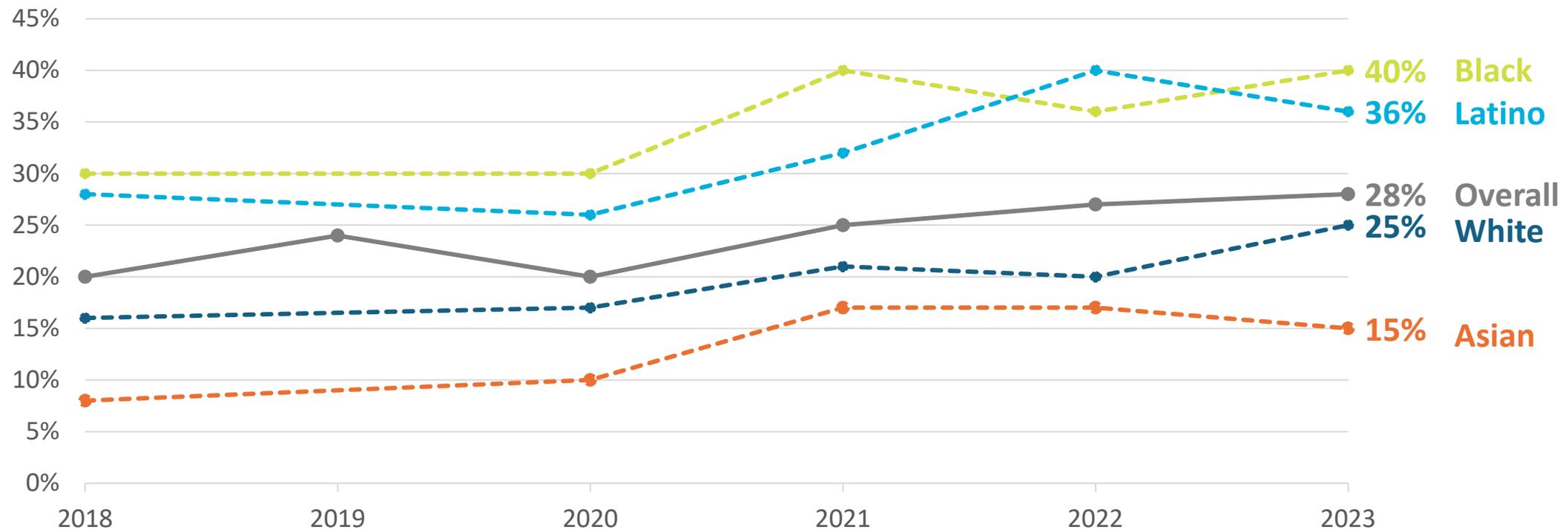
Almost 1 in 4 Californians reports some type of medical debt.

Share of California adults reporting medical debt by type, 2023



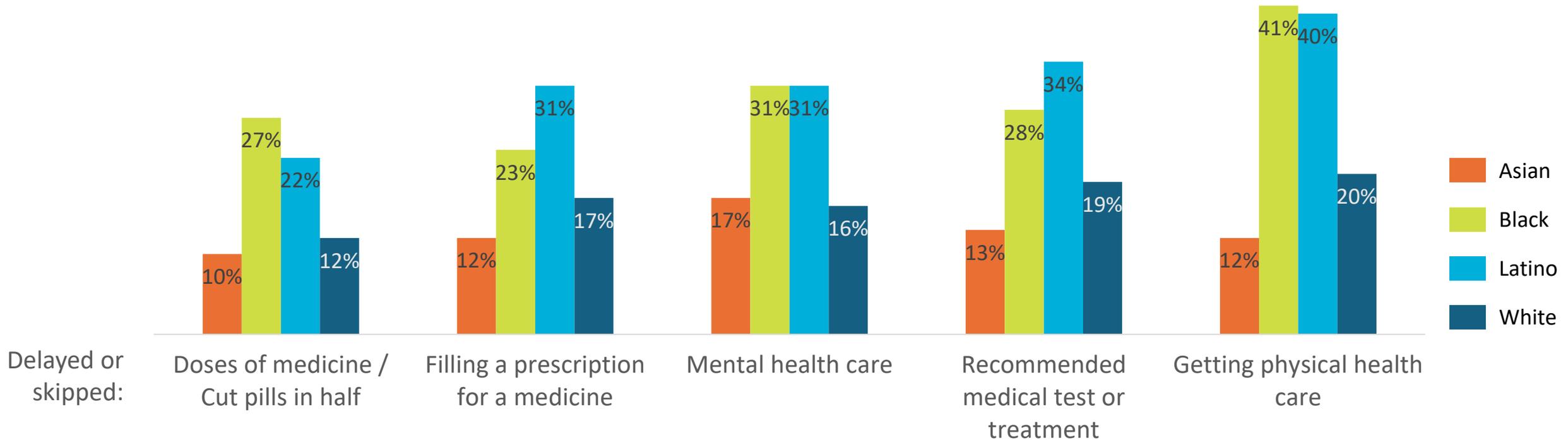
Black and Latino Californians are more likely to report trouble paying for medical bills

Share of California adults who say they or anyone in their family had trouble paying any medical bills in the past 12 months by race/ethnicity, 2018-2023



High health care costs are a barrier to care; delays are most common for Latino and Black Californians

Share of California adults reporting that they or a family member skipped or delayed the following in the past 12 months due to cost, by race/ethnicity (2022)



If OHCA slows total health care spending, how will we know if consumer affordability follows suit?

Recommendations to OHCA

- In future annual reports, OHCA should measure changes in consumer affordability alongside growth in total health care expenditures
- Changes in the cost of coverage, the cost of care, and the consequences of unaffordable coverage and care should be measured
- A combination of administrative and survey data will be needed
 - DMHC administrative data is a critical source

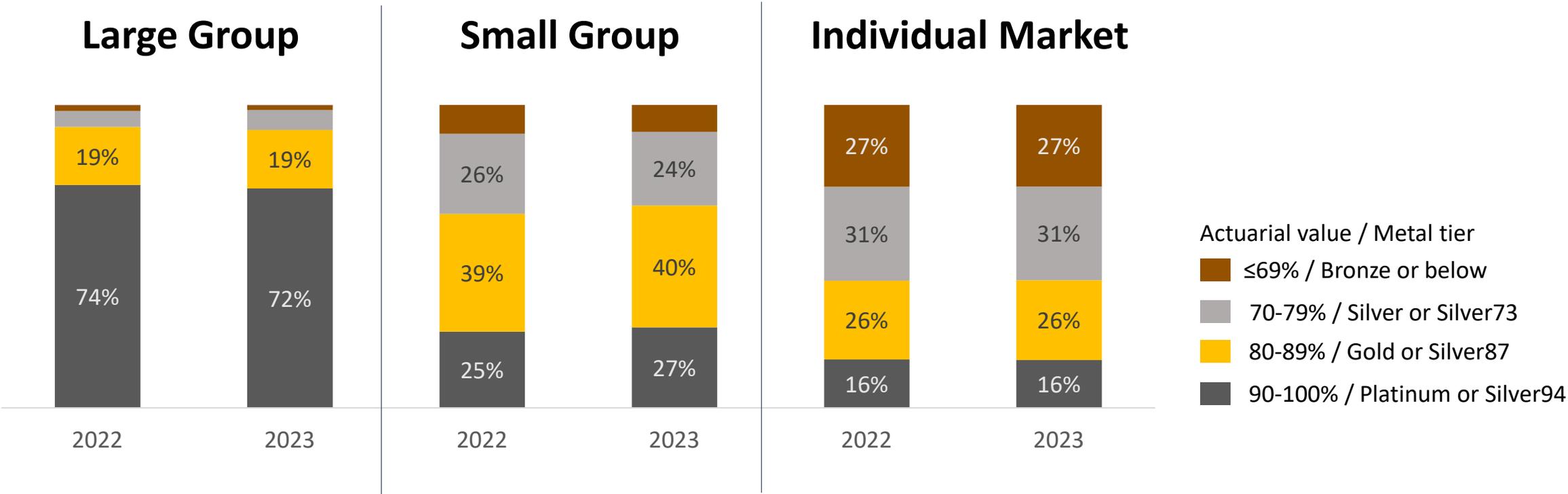
Administrative data: Premiums and out-of-pocket costs

	2022-2023 Change	Source
Premiums (average per member per month)		
Large group	+6.8%	DMHC
Small group	+7.1%	DMHC
Individual market	+5.6%	DMHC
Consumer out-of-pocket spending (average per member per month)		
Commercial market	— %	OHCA**

** OHCA data is not yet collected

Administrative data: Actuarial value

Actuarial value (average share of medical expenses that the plan will pay) by market



Other data needs

- As OHCA gains experience monitoring trends, other data needs will likely arise
- Data to explore include:
 - Premium and deductible data by race/ethnicity and income
 - Geographic variation
 - New possibilities for measures using the Health Payments Database

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The report *Measuring Consumer Affordability is Integral to Achieving the Goals of the California Office of Health Care Affordability* is available at <https://laborcenter.berkeley.edu/measuring-consumer-affordability/>

Public Comment

1-888-466-2219

HAVE A PROBLEM WITH YOUR HEALTH PLAN? CONTACT THE DMHC HELP CENTER

HealthHelp.ca.gov

Public comments may be submitted until 5 p.m. on March 20, 2024, to publiccomments@dmhc.ca.gov

Closing Remarks

**Amanda Levy, Deputy Director
Health Policy and Stakeholder Relations**