

CALIFORNIA HEALTH CARE ALMANAC



California Health Plans and Insurers: A Shifting Landscape

MARCH 2013

Introduction

The insurance market in California is set to undergo enormous changes when the Affordable Care Act (ACA) takes full effect in 2014 and millions of residents become eligible for public insurance or subsidies for private insurance.

This report provides a performance baseline for health plans and insurers before the law begins to influence the marketplace. Data primarily from the state’s two insurance regulators, the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI), were used to examine market share, enrollment, financial performance, share of premiums devoted to medical care, and consumer satisfaction.

KEY FINDINGS INCLUDE:

- Six insurance carriers accounted for three-fourths of the \$111 billion health insurance revenues in California in 2011.
- Commercial enrollment remained essentially flat. Individual enrollment declined 9.1% from 2010 levels, and group enrollment grew by less than 1%.
- Enrollment grew in the public sector, mainly due to increased sign-ups for managed care Medi-Cal.
- DMHC-regulated companies insured the largest share of consumers, with the exception of the individual market, where CDI-regulated carriers insured two of every three enrollees.
- Most of the largest carriers, both under DMHC and CDI, reported positive net income.
- ACA requires insurers to spend a minimum share of premium dollars on medical care or pay a rebate to consumers. In 2012, the first rebates were paid: \$74 million was returned to approximately 1.1 million California policyholders.

CONTENTS

Overview..... 3

Financials..... 9

Enrollment 18

Public Coverage 28

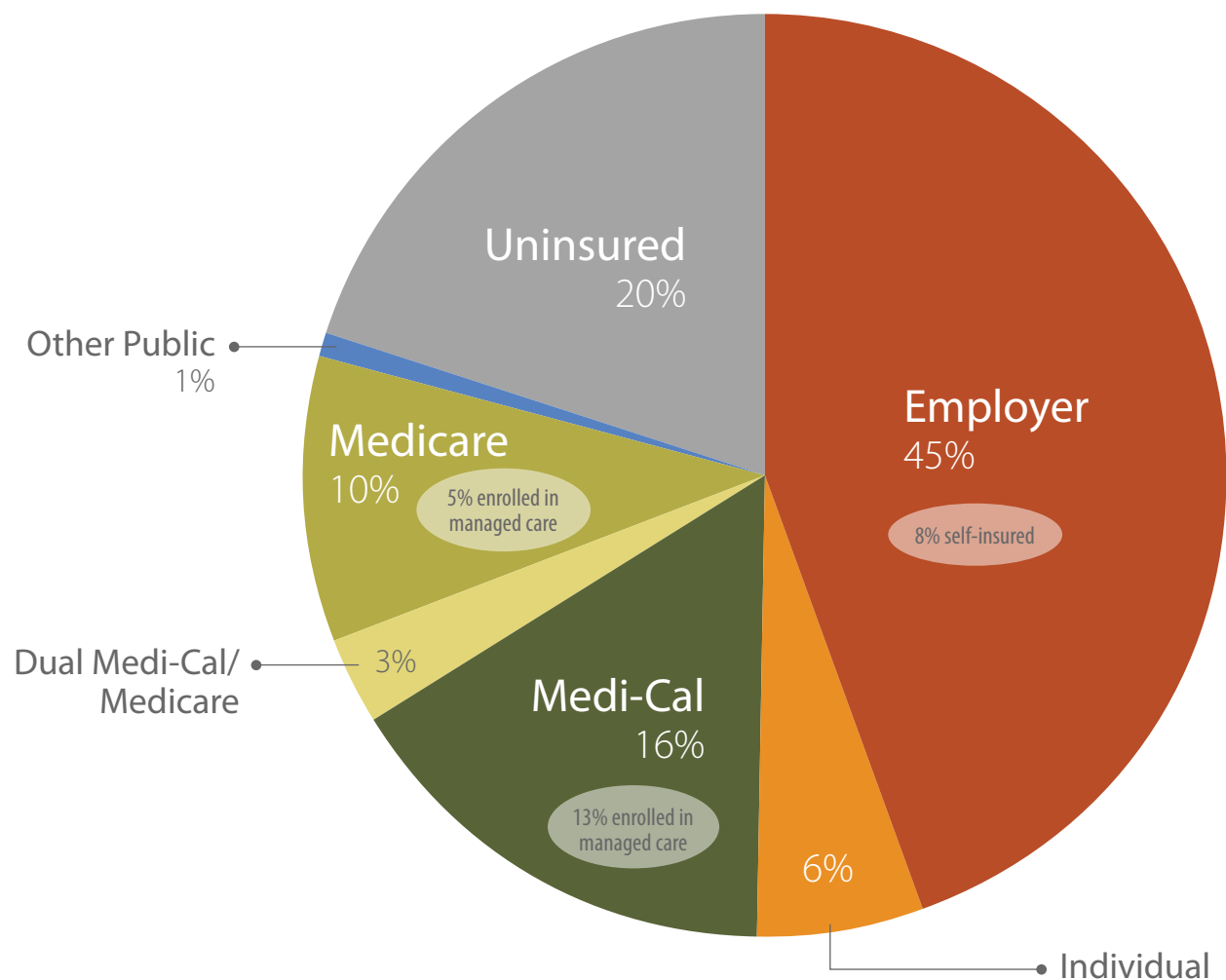
Consumer Satisfaction..... 33

Data Resources / Author /
Acknowledgment..... 36

Appendices 37

Health Insurance Coverage, by Source

California, 2010–2011



Notes: For the estimated 8% (3.1 million) of Californians covered by self-insured employers, carriers provide administrative services only. Childrens Health Insurance Program (CHIP) included in Medi-Cal. Other Public includes Veterans Administration and Department of Defense coverage such as Tri-Care. Figures may not total 100% due to rounding. Commercial refers to health insurance individually purchased or obtained through an employer group. It excludes Administrative Services Only and self-insured enrollment.

Source: Kaiser Family Foundation, State Health Facts, based on Census Bureau's Current Population Survey, Annual Social and Economic Supplements, 2010 and 2011.

Health Plans and Insurers

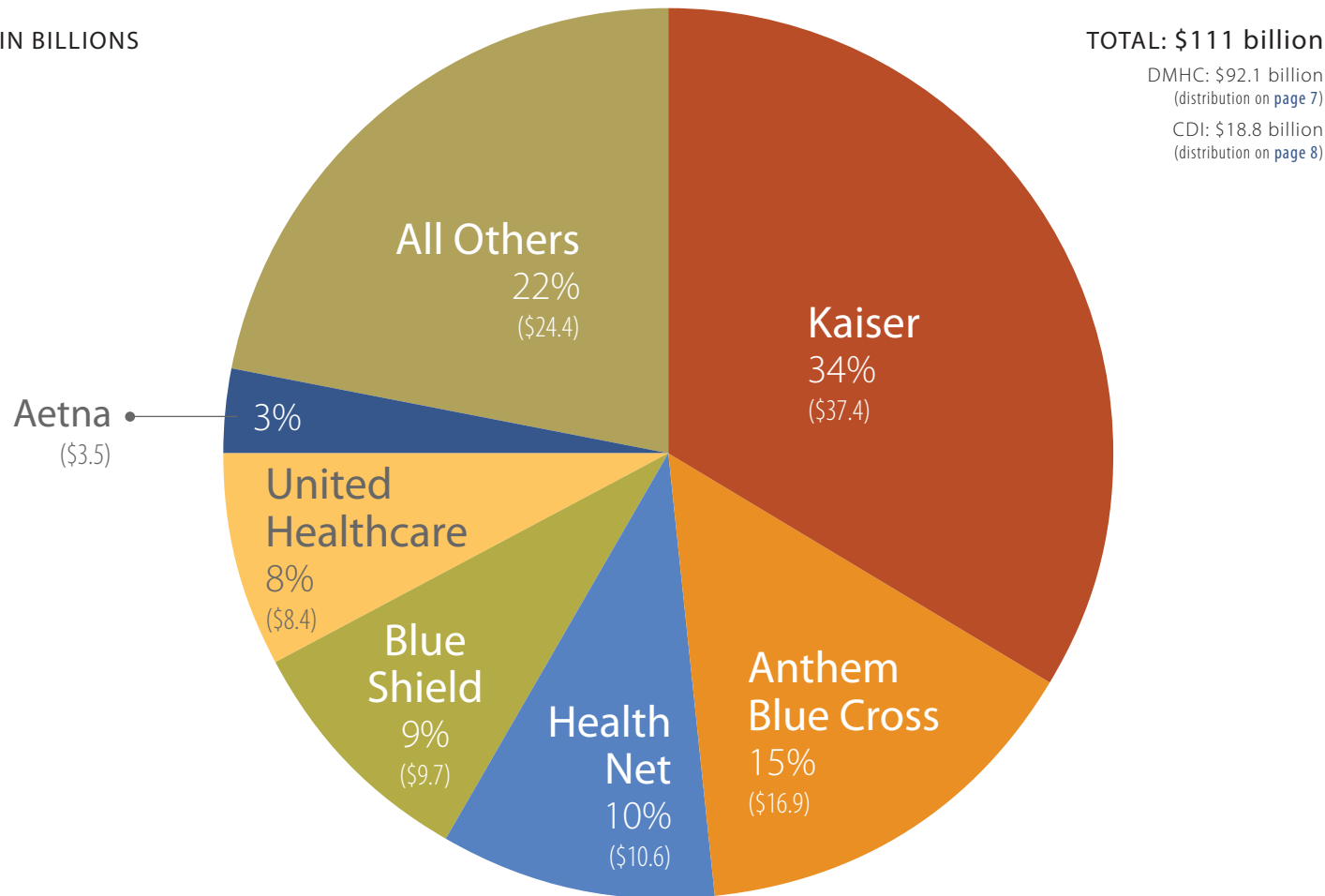
Overview

California's health plans and insurers provide both commercial and public coverage. More than two-thirds of Californians were covered through these carriers, including 51% with employer-based or individual private insurance and 18% with Medicare or Medi-Cal managed care plans.* As health reform takes effect, the uninsured portion is expected to shrink, while Medi-Cal and individual coverage expand.

*While fee-for-service Medi-Cal and Medicare provide insurance, they are not considered California health plans or insurers, as they operate under federal, rather than state, regulation.

All Health Insurance Carriers by Share of Revenue, 2011

IN BILLIONS



Health Plans and Insurers

Overview

Health insurance was a \$111 billion business in California in 2011. Six carriers dominated the state's health insurance market, accounting for more than three-fourths of all revenues.

Notes: Kaiser figures adjusted to reflect only California business. UnitedHealthcare figures include Pacificare Life and Health Insurance Company, which adds 0.8% to UnitedHealthcare's revenue. All Others reflects other full-service plans regulated by DMHC (including SCAN, CalOptima, and L.A. Care), as well as other CDI-regulated carriers in the "Accident and Health" line of business. Share computation based on total revenues from DMHC-regulated carriers and CDI California direct premiums reported by CDI for the "Accident and Health" line of business. Figures may not total 100% due to rounding.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI): Life and Annuity Market Share Report, 2011, Exhibit 4(D); Insurers' Annual Statements, Schedule T, Kaiser.

Health Insurance Regulators, 2011

Health Plans and Insurers

Overview

	DMHC	CDI
Number of health insurance carriers regulated ^{1,2}	53	270
California revenues* regulated ^{1,2}	\$92.1 billion	\$18.8 billion
Share of business represented by the six largest companies (largest as determined by revenues)	81%	68%
Total enrollees [†] reported ^{1,3}	22.3 million (~60% population)	3.0 million (~8% population)
Share of individual market enrollment ⁴	33%	67%
Share of group market enrollment ⁴	90%	10%
Primary types of health insurance products regulated	<ul style="list-style-type: none"> • HMOs • Two PPOs • Vision • Dental 	<ul style="list-style-type: none"> • Most PPOs • Indemnity • Medicare supplements and/or Part D standalone • Dental • Stop-loss

Health insurance carriers are regulated either by the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI). The DMHC, which has more comprehensive benefit requirements, regulates HMOs, while the CDI oversees most PPOs and traditional fee-for-service plans.

*Reflects revenues of DMHC-regulated full-service carriers reporting enrollment in December 2011 and California premiums written by CDI-regulated carriers for the "Accident and Health" line of business.

†Total enrollment reported by DMHC for full-service health plans includes 858,786 enrollees for whom carriers are providing administrative services only (ASO). Total enrollment reported by CDI excludes 6.1 million covered lives under ASO contracts, some of which may only be for ancillary services, such as dental or mental health services.

Notes: Enrollment figures include Medicare supplemental coverage. Certain Anthem Blue Cross and Blue Shield PPO products are regulated by DMHC; others are regulated under CDI. For details, see "Making Sense of Managed Care Regulation in California," Roth and Kelch, November 2001, and "Ready for Reform? Health Insurance Regulation in California Under the ACA," Kelch Associates, June 2011; both are available at www.chcf.org. Number of carriers under DMHC reflects full-service plans with enrollment at fiscal year-end 2011.

Sources: 1. DMHC, Health Plan Financial Summary Data, Full Service Health Plans, 2011.

2. California Department of Insurance (CDI): Life and Annuity Market Share Report, 2011, Exhibit 4(D); Insurers' Annual Statements, Schedule T, Kaiser.

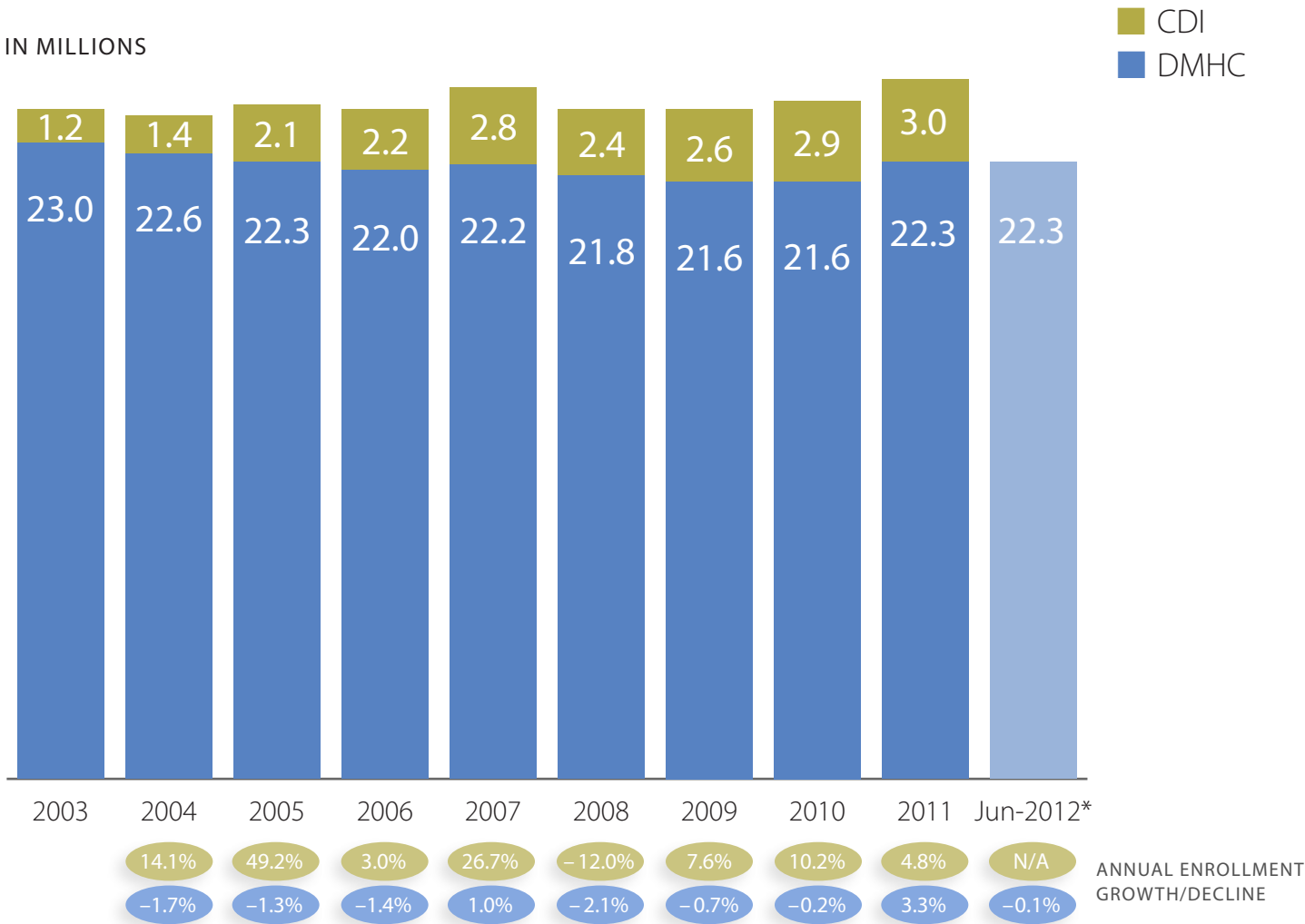
3. CDI, Office of Communications; CDI Statistical Analysis Division.

4. California Health Benefits Review Program, CHBRP Estimates of Sources of Health Insurance in California, 2012, www.chbrp.org.

Health Insurance Carrier Enrollment Trends

DMHC and CDI, 2003 to June 2012

IN MILLIONS



*Reflects most current data available; mid-year figures not available for CDI.

Notes: Enrollment is as of December, unless otherwise noted. Enrollment shown under Department of Managed Health Care (DMHC) refers to full-service enrollment; under California Department of Insurance (CDI), it refers to comprehensive major medical coverage, and, in 2011 and 2012, also includes Medicare supplemental enrollment. DMHC figures exclude Aetna enrollment in Employee Assistance Programs. Percentage growth may not compute from rounded figures shown. Some double counting of DMHC enrollees may occur when plans contract out enrollment.

Sources: DMHC Health Plan Financial Statement Summary Data; CDI: Public Affairs Office, Statistical Analysis Division.

Health Plans and Insurers

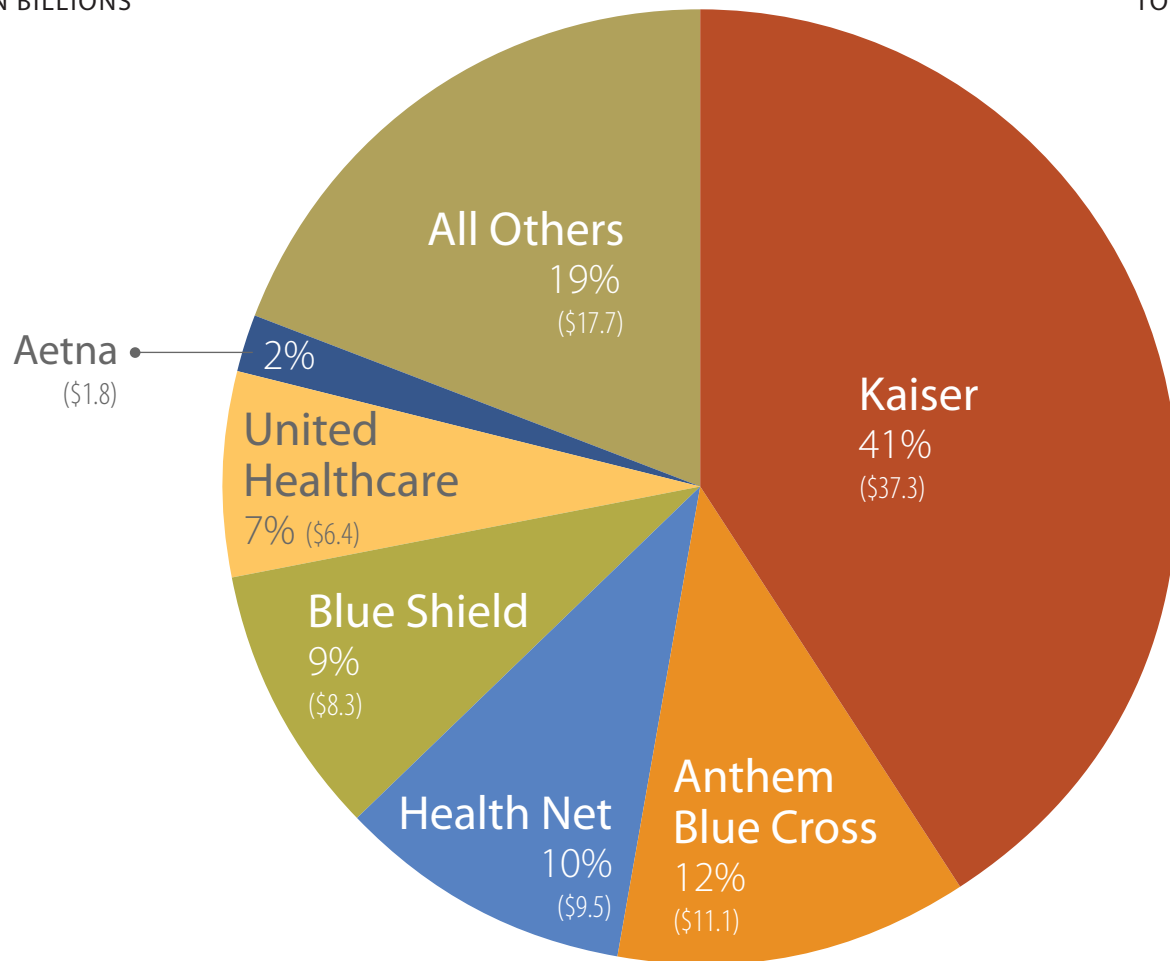
Overview

Having recovered to pre-recession levels, overall enrollment under CDI and DMHC regulation now stands at close to 25 million.

DMHC-Regulated Health Plans by Total Revenue, 2011

IN BILLIONS

TOTAL: \$92.1 billion



Health Plans and Insurers

Overview

Kaiser had by far the largest total revenue among DMHC-regulated plans due in part to Kaiser's enrollment, which is double that of the next largest DMHC-regulated carrier. Other factors, including its mix of enrollees and its operation as both a provider and insurer, may also have contributed to Kaiser's revenue share.

Notes: Kaiser figures adjusted to reflect only California business. All Others consists of 47 full-service plans, including SCAN, CalOptima, L.A. Care, CIGNA, Inland Empire, and Care 1st, all with revenues below \$1.8 billion. See [Appendix E](#) for details. Factors affecting health plan revenues include not only enrollment, but also comprehensiveness and price of products sold, Medicare Advantage enrollment levels, and inclusion of copays in plan revenues, as in the case of staff model HMOs. Figures may not total 100% due to rounding.

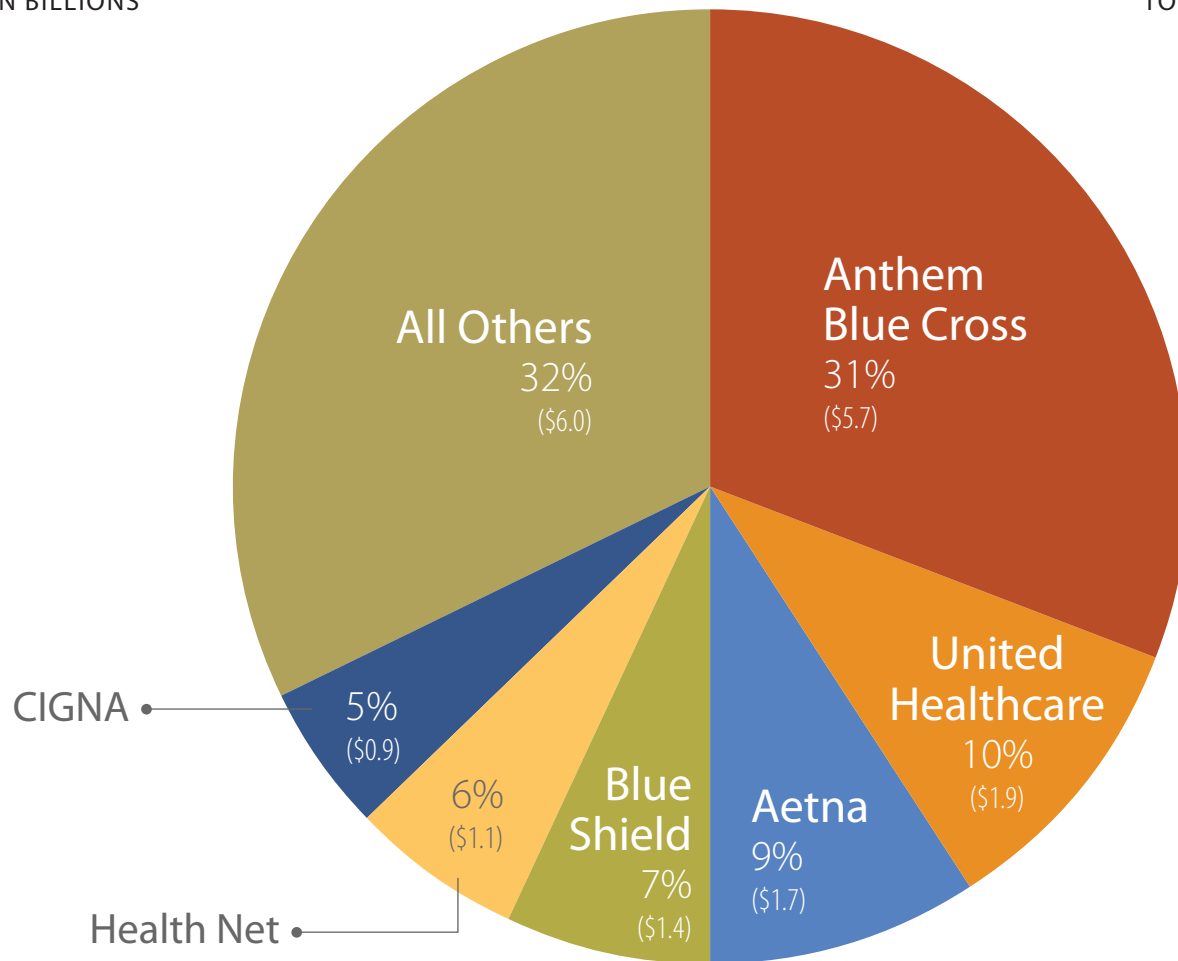
Source: Department of Managed Health Care (DMHC) Health Plan Financial Summary Data.

CDI-Regulated Health Insurers

by Premium Revenue, 2011

IN BILLIONS

TOTAL: \$18.8 billion



Health Plans and Insurers

Overview

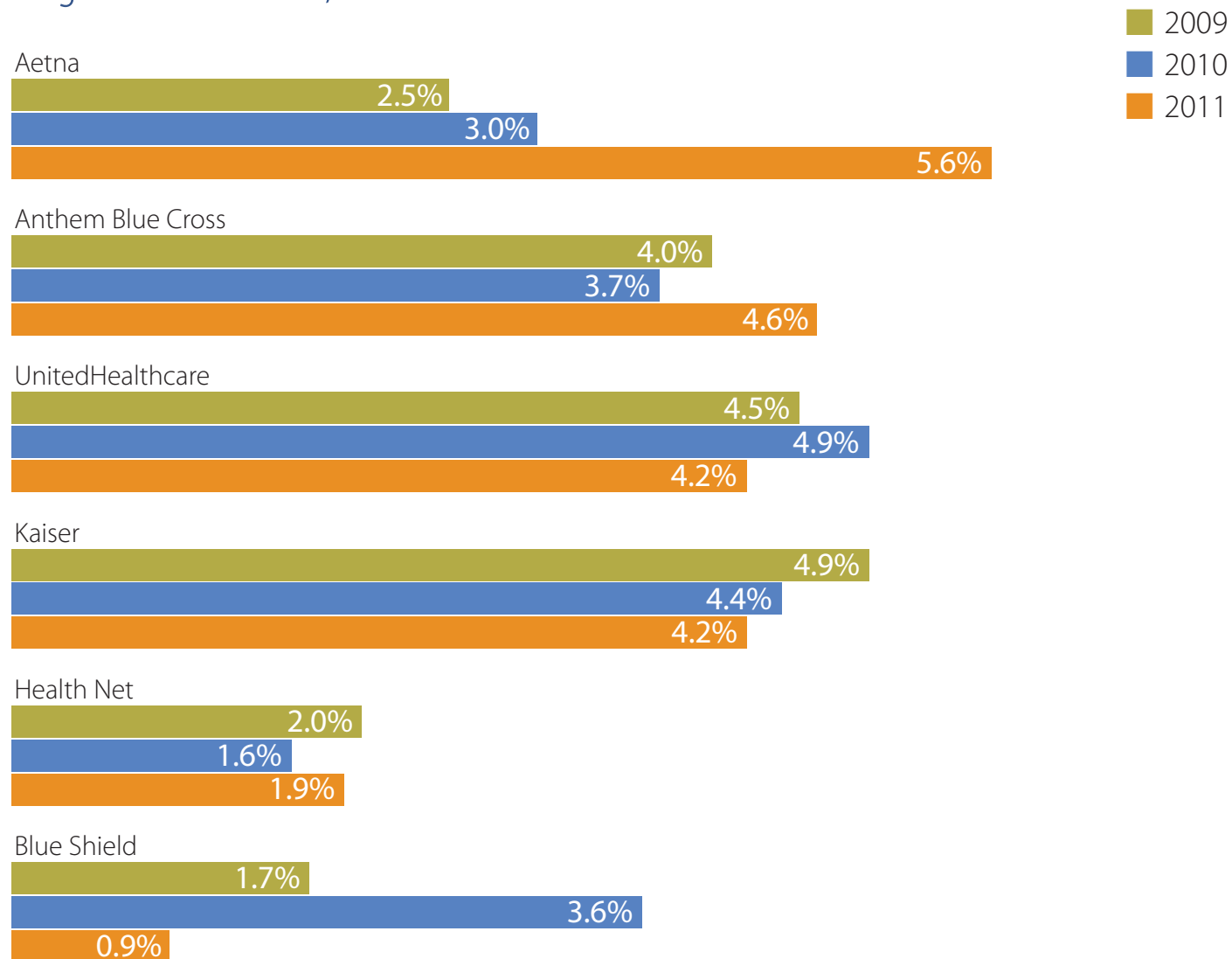
Anthem Blue Cross was the largest of the CDI-regulated health insurers, with premium revenue exceeding the combined revenues of the next three largest carriers.

Notes: UnitedHealthcare figures include PacifiCare. All Others comprises 264 carriers, each writing less than \$800 million in Accident and Health Insurance premiums in California.

Sources: California Department of Insurance (CDI): California Life & Annuity Market Share Report, Exhibit 4D, 2011, www.insurance.ca.gov; Insurers' Annual Statements, Schedule T, Kaiser.

Net Income/Loss as a Percentage of Total Revenue

Largest DMHC Plans, 2009 to 2011



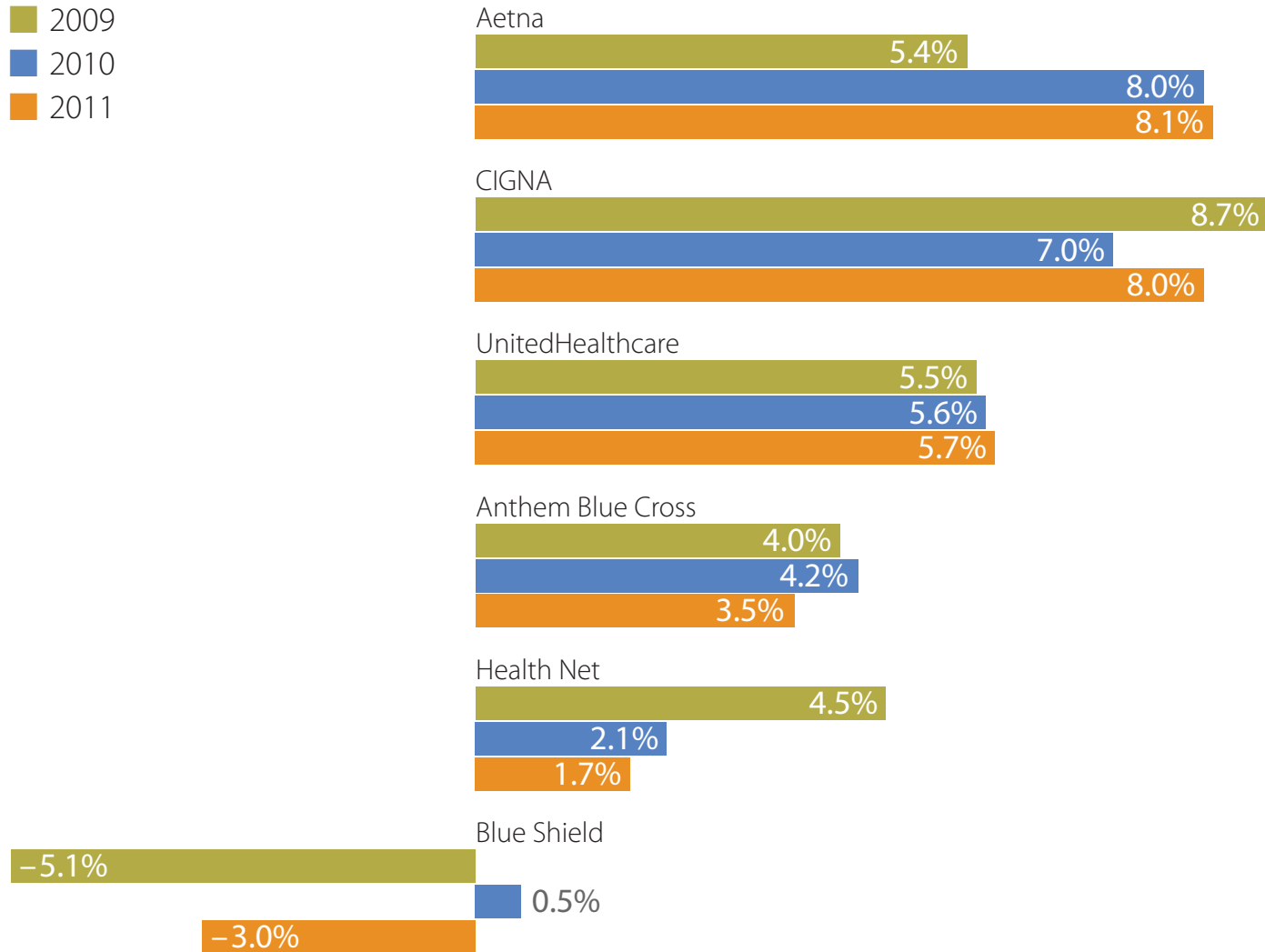
The six largest DMHC-regulated plans posted positive net incomes in each of the last three years.

Notes: Net income is an after-tax figure. Kaiser financial data reflect multistate business. All figures reflect fiscal year-end results. Largest plans determined by FY 2011 California revenues. Limited license plans not shown.

Source: Department of Managed Health Care (DMHC) Health Plan Financial Summary Data, wps0.dmhc.ca.gov.

Net Income/Loss as a Percentage of Total Revenue

Largest CDI Insurers, 2009 to 2011



Notes: Net income is an after-tax figure. Margin = line 35 ÷ line 9 from the Summary of Operations. For Anthem, which submits the "health" version of the annual filings, margin = line 32 ÷ line 8 from the Statement of Revenue and Expenses. Blue Cross and Blue Shield figures represent California business only; results for other insurers include business in multiple states. Figures shown exclude PacifiCare. Largest plans determined by FY 2011 California revenues.

Source: California Department of Insurance (CDI), Insurers' Annual Statements, 2009–2011.

Health Plans and Insurers

Financials

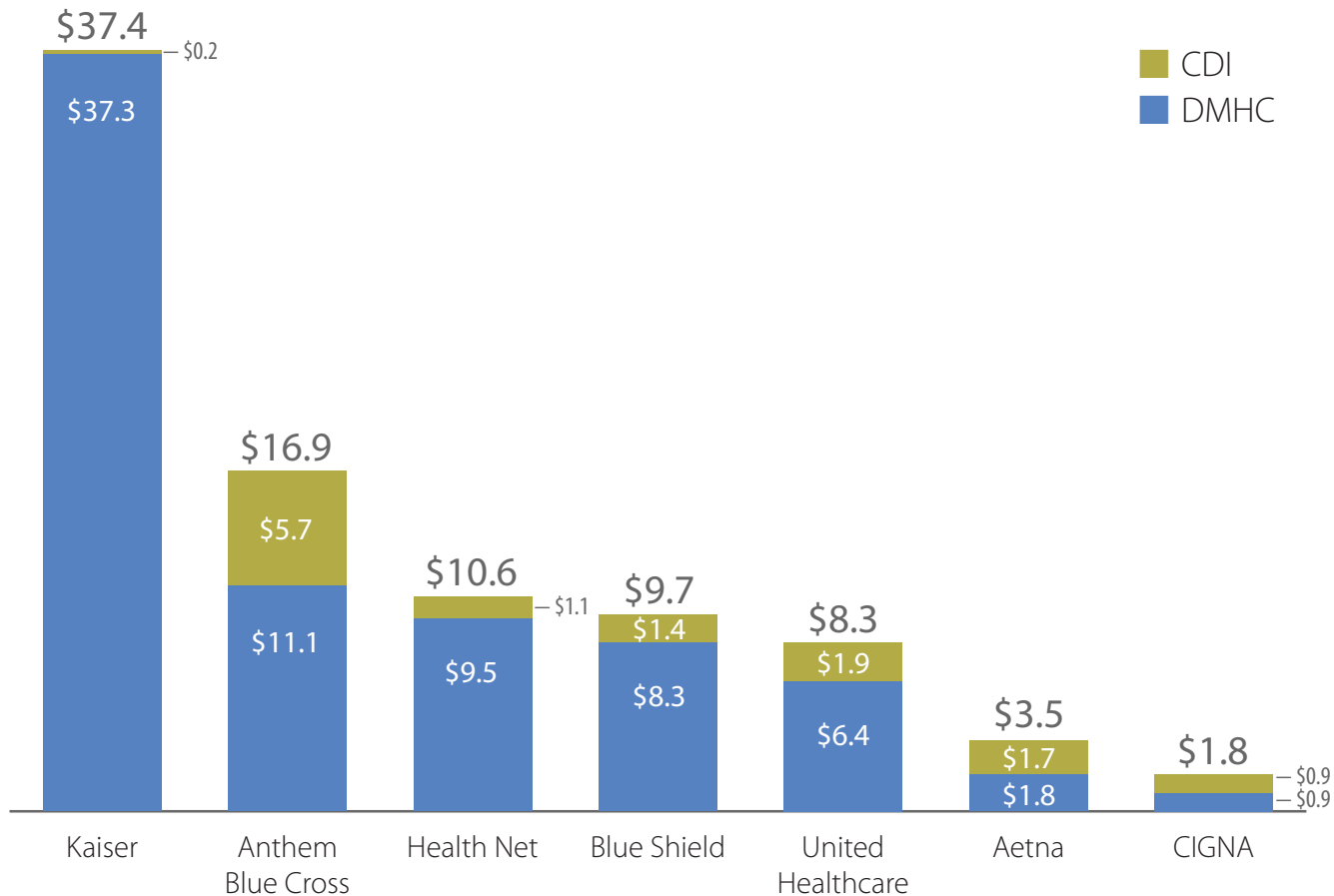
In 2011, five of the six largest CDI insurers reported positive net incomes.

Margins varied substantially among plans, ranging from –3.0% to 8.1%. Losses at Blue Shield's CDI-regulated company may be due in part to administrative expenses (see page 16).

California Revenue

Largest DMHC Plans and CDI Insurers, 2011

IN BILLIONS



Notes: Largest plans determined by FY 2011 California revenues; plans qualifying under one regulator were also included under the other. For DMHC-regulated carriers, figures reflect total revenue. Kaiser revenues reflect California business only. For CDI-regulated carriers, revenues reflect "Accident and Health" direct premiums written in California (Schedule T). UnitedHealthcare figures include PacifiCare. Figures may not sum to totals due to rounding.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Insurers' Annual Statements.

Health Plans and Insurers

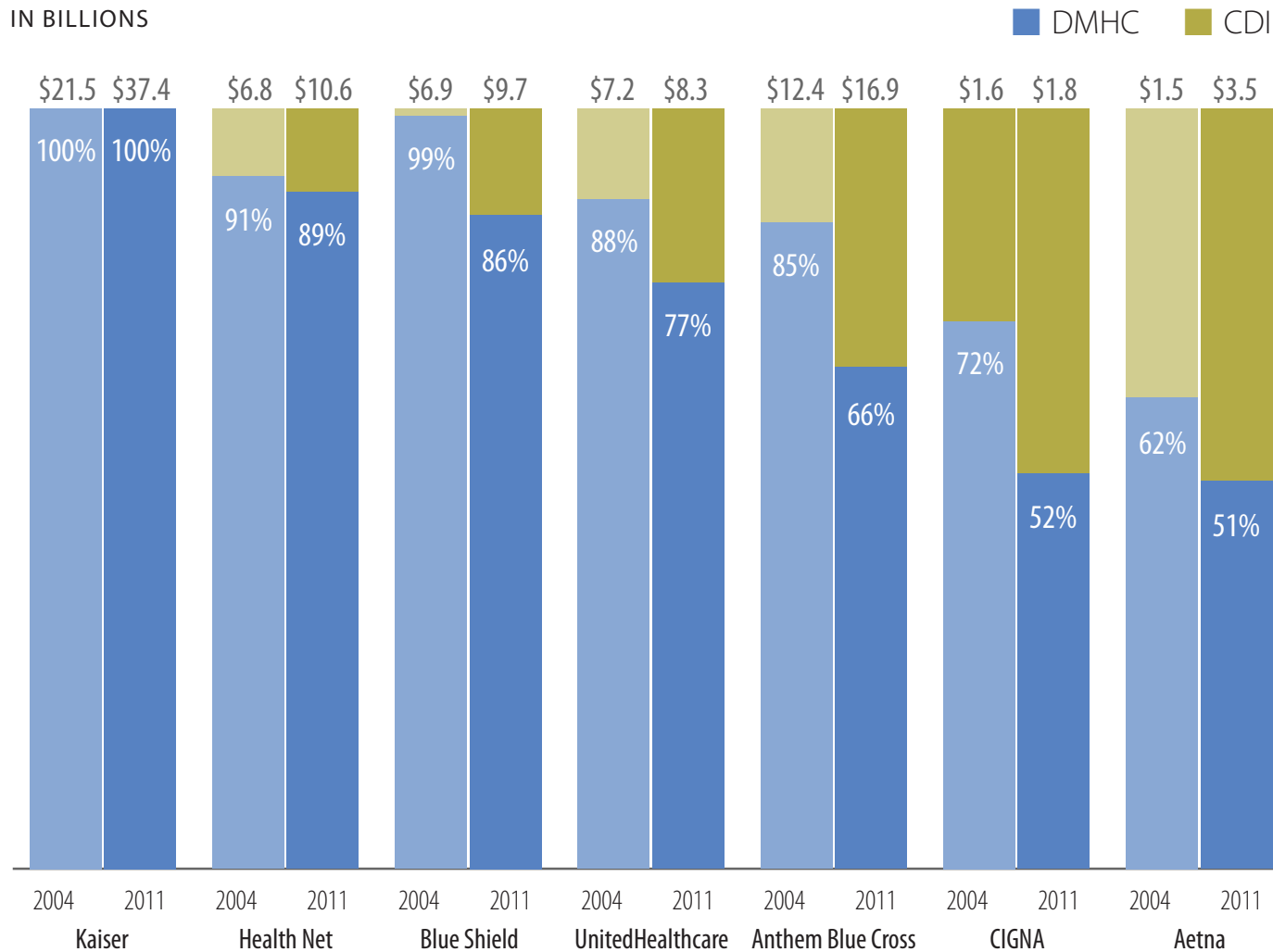
Financials

California revenue for the largest carriers ranged from \$1.8 to \$37.4 billion. The amount of business each conducted under DMHC and CDI regulation varied. At \$5.7 billion, Anthem had the most revenues under CDI regulation.

Distribution of Business

Largest DMHC Plans and CDI Insurers, 2004 and 2011

IN BILLIONS



Notes: Largest plans determined by FY 2011 California revenues; plans qualifying under one regulator were also included under the other. For DMHC-regulated carriers, figures reflect total revenue. Kaiser revenues reflect California business only. For CDI-regulated carriers, revenues reflect "Accident and Health" direct premiums written in California (Schedule T). UnitedHealthcare figures include PacifiCare.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Insurers' Annual Statements.

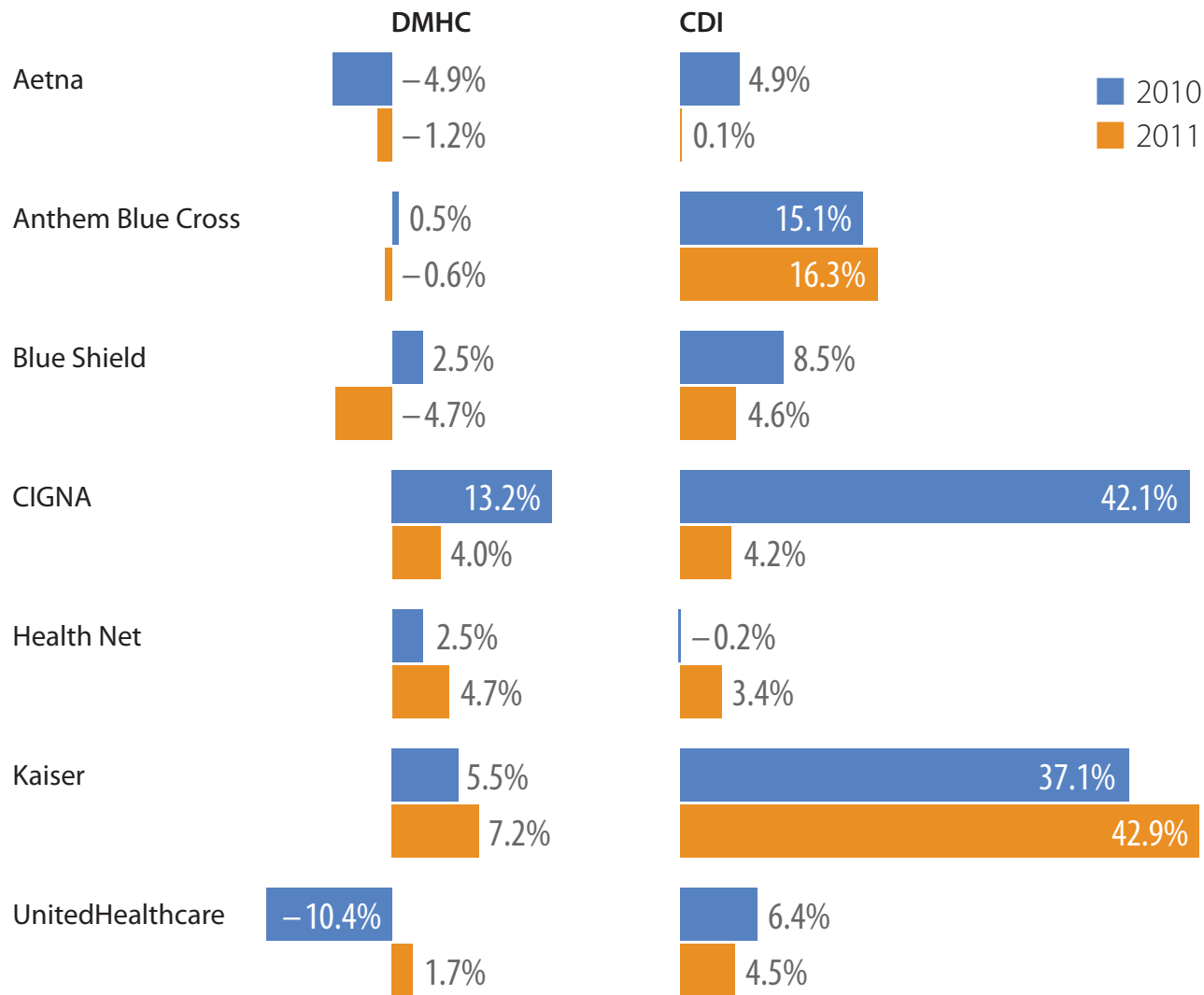
Health Plans and Insurers

Financials

The share of business regulated by CDI increased for most carriers during this period, reflecting, in part, the attractiveness of lower cost products with fewer benefits, which could be sold under CDI. When the Affordable Care Act is fully implemented, however, all insurers must provide a minimum set of benefits.

Revenue Growth/Reduction

Largest DMHC Plans and CDI Insurers, 2010 and 2011



Three major plans under DMHC saw their revenues shrink or remain flat in 2011, while all major plans under CDI regulation experienced revenue growth during this same period.

Notes: All figures shown represent revenue growth in California, except Kaiser, whose DMHC figures include multistate activity. Largest plans determined by FY 2011 California revenues; plans qualifying under one regulator were also included under the other. PacifiCare is not included in UnitedHealthcare figures.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Insurers' Annual Statements.

Rebates to California Policyholders Under the ACA

by Market Sector, DMHC and CDI Combined, 2011

	AVERAGE REBATE PER POLICYHOLDER (A)	TOTAL DOLLARS REFUNDED (B)	POLICYHOLDERS AFFECTED (B ÷ A)	ENROLLEES AFFECTED	CARRIERS PAYING A REBATE*
Individual	\$30	\$20,506,850	683,562	956,514	8
Small Group	\$206	\$42,256,439	205,128	336,121	4
Large Group	\$43	\$11,141,991	259,116	584,551	7
Grand Total	\$65	\$73,905,280	1,137,004	1,877,186	17

Health Plans and Insurers

Financials

The Affordable Care Act (ACA) requires carriers to spend a minimum percentage of premium dollars on medical care. Carriers not meeting this threshold are required to issue rebates to policyholders. The average rebate in 2011 was \$65. The largest number of policyholders affected in California were individual enrollees. The largest average rebates were paid in the small group market.

*Carriers are counted once in each market (individual, small group, or large group) in which they pay a rebate.

Notes: Includes both CDI- and DMHC-regulated carriers. 2011 rebates were paid in 2012. See [Appendix G](#) for carrier-level detail. The ACA mandates that 80% of premiums for individuals and small groups are to be spent on medical care; the share is 85% for large groups.

Sources: Department of Health and Human Services, "The 80/20 Rule: Providing Value and Rebates to Millions of Consumers," www.healthcare.gov; for number of carriers paying, Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight (CCIIO), "List of Health Insurers Owing Rebates in 2012," www.cciio.cms.gov.

Medical Loss Ratios, by Market Sector

Largest DMHC Plans and CDI Insurers, 2011

■ Rebate required

	INDIVIDUAL (80% standard)	SMALL GROUP (80% standard)	LARGE GROUP (85% standard)
DMHC			
Aetna	80.0%	84.6%	85.2%
Anthem Blue Cross	80.9%	77.5%	89.8%
Blue Shield	83.7%	82.6%	91.6%
CIGNA	80.0%	80.0%	97.5%
Health Net	105.3%	80.6%	90.8%
Kaiser	99.9%	93.8%	92.9%
UnitedHealthcare	80.1%	77.7%	88.6%

	INDIVIDUAL (80% standard)	SMALL GROUP (80% standard)	LARGE GROUP (85% standard)
CDI			
Aetna	82.2%	82.0%	84.6%
Anthem Blue Cross	79.9%	82.9%	86.0%
Blue Shield	78.2%	83.7%	87.2%
CIGNA	87.3%	N/A	84.5%
Health Net	88.2%	85.2%	89.4%
Kaiser	79.6%	N/A	119.9%
PacifiCare	92.9%	N/A	81.0%
UnitedHealthcare	N/A	85.3%	88.7%

Health Plans and Insurers

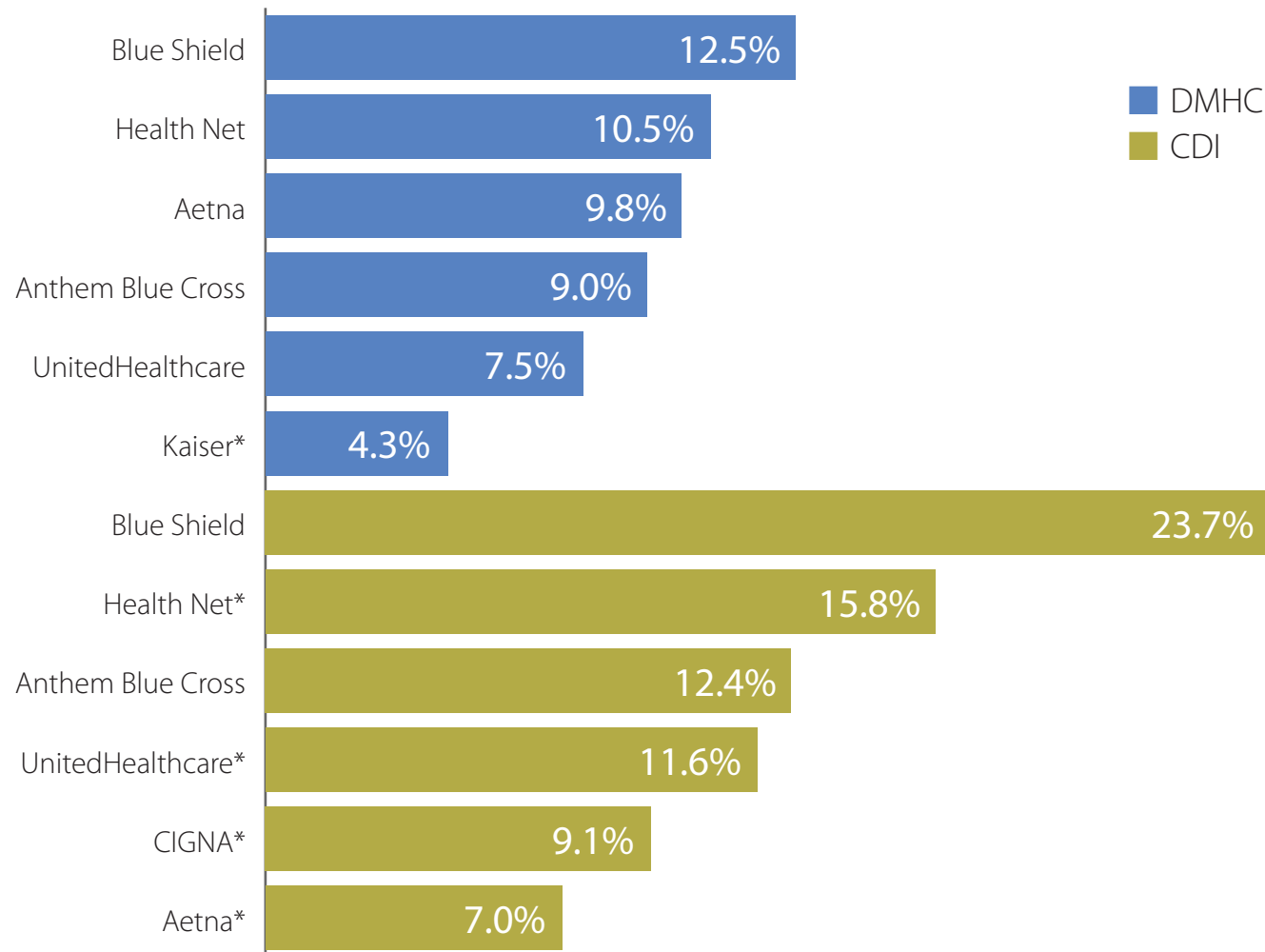
Financials

2001 marked the first year of the medical loss ratio (MLR) rebate program, ushering in a new era of accountability for how premium dollars are spent. Of the major carriers, two DMHC-regulated plans owed rebates to small group policyholders. Similarly, three CDI-regulated carriers owed rebates on individual insurance; another three owed rebates on large group coverage.

Notes: The ACA established a minimum share of premium income that must be spent on medical care and quality improvement, thus limiting the portion remaining for items such as claims processing, administration, marketing, and profit. Government insurance, such as Medicare and Medicaid, is exempt from rebate computations. The first rebates were paid in the summer of 2012 for insurance coverage in 2011. Largest plans determined by FY 2011 California revenues; plans qualifying under one regulator were also included under the other. PacifiCare Life & Health, due to its affiliation with UnitedHealthcare, is also shown. For additional detail, including carriers' average payments per policyholder and total dollars paid, see [Appendix G](#).

Source: US Department of Health and Human Services, Your Insurance Company and Costs of Coverage, Medical Loss Ratios, companyprofiles.healthcare.gov.

Administrative Ratios, Largest DMHC Plans and CDI Insurers, 2011



*Figures reflect multistate business.

Note: Administrative percentages represent the share of revenues spent on administrative expenses and reflect the following measures: Under DMHC, the “Administrative Ratio” from DMHC’s Financial Summary Data; under CDI, the “A&H expense percent” as reported on Five-Year Historical Data (line 66 for all carriers shown except Anthem); under CDI, for Anthem, line 8 divided by line 5 (total administrative expenses divided by total revenues) on the “Health” version of Five-Year Historical Data.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Insurers’ Annual Statements.

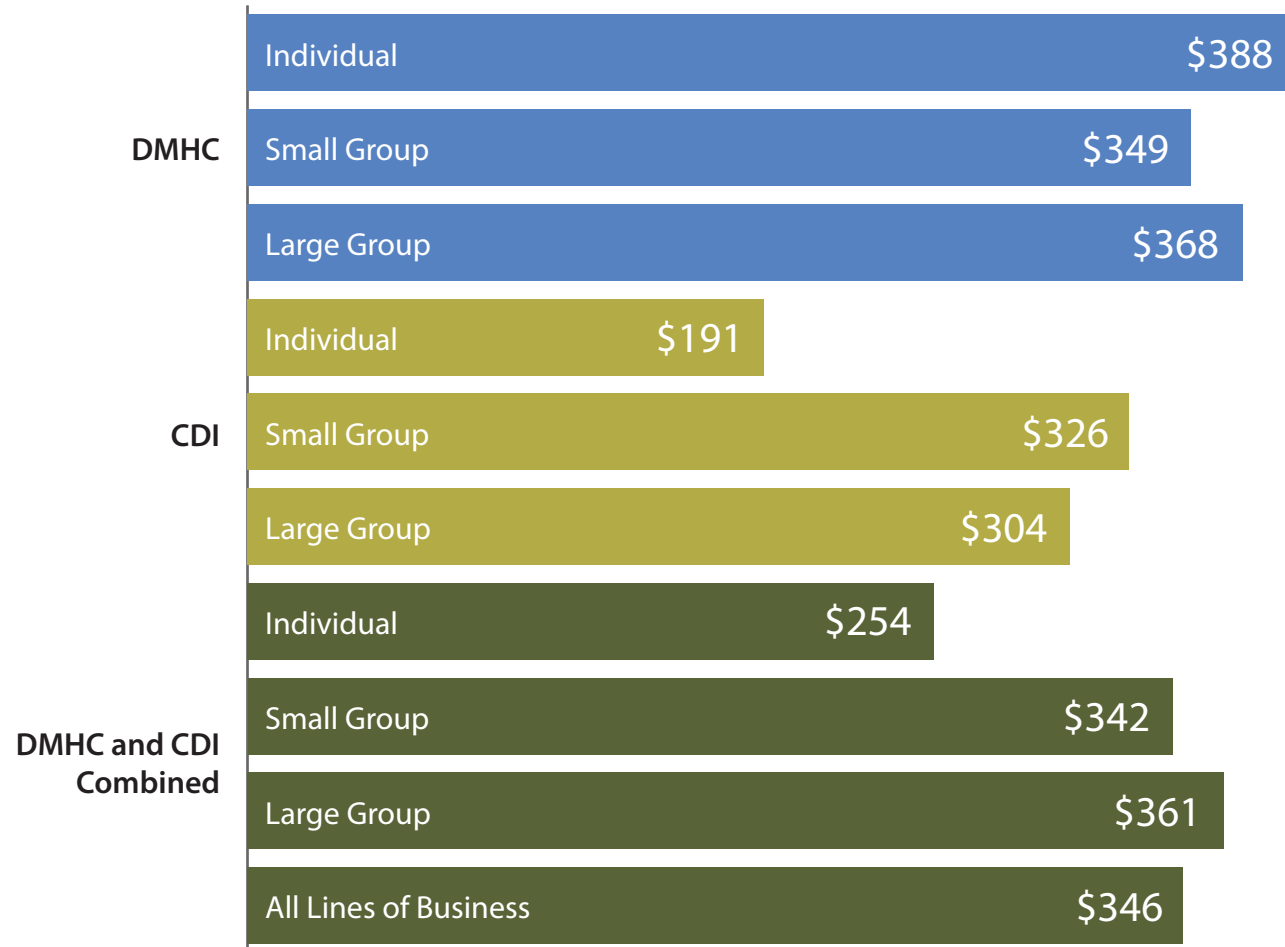
Health Plans and Insurers

Financials

The administrative ratio is the share of revenues spent on activities such as contracting with providers, processing claims, marketing, and paying commissions. High ratios, which may reflect high operating costs or a small revenue base over which to spread them, often concern management, as they can lead to financial losses. The ratios also concern consumers who want their premium dollars devoted to medical care.

Average Premiums Per Member Per Month

by Market Sector, Largest Carriers, 2011



Health Plans and Insurers

Financials

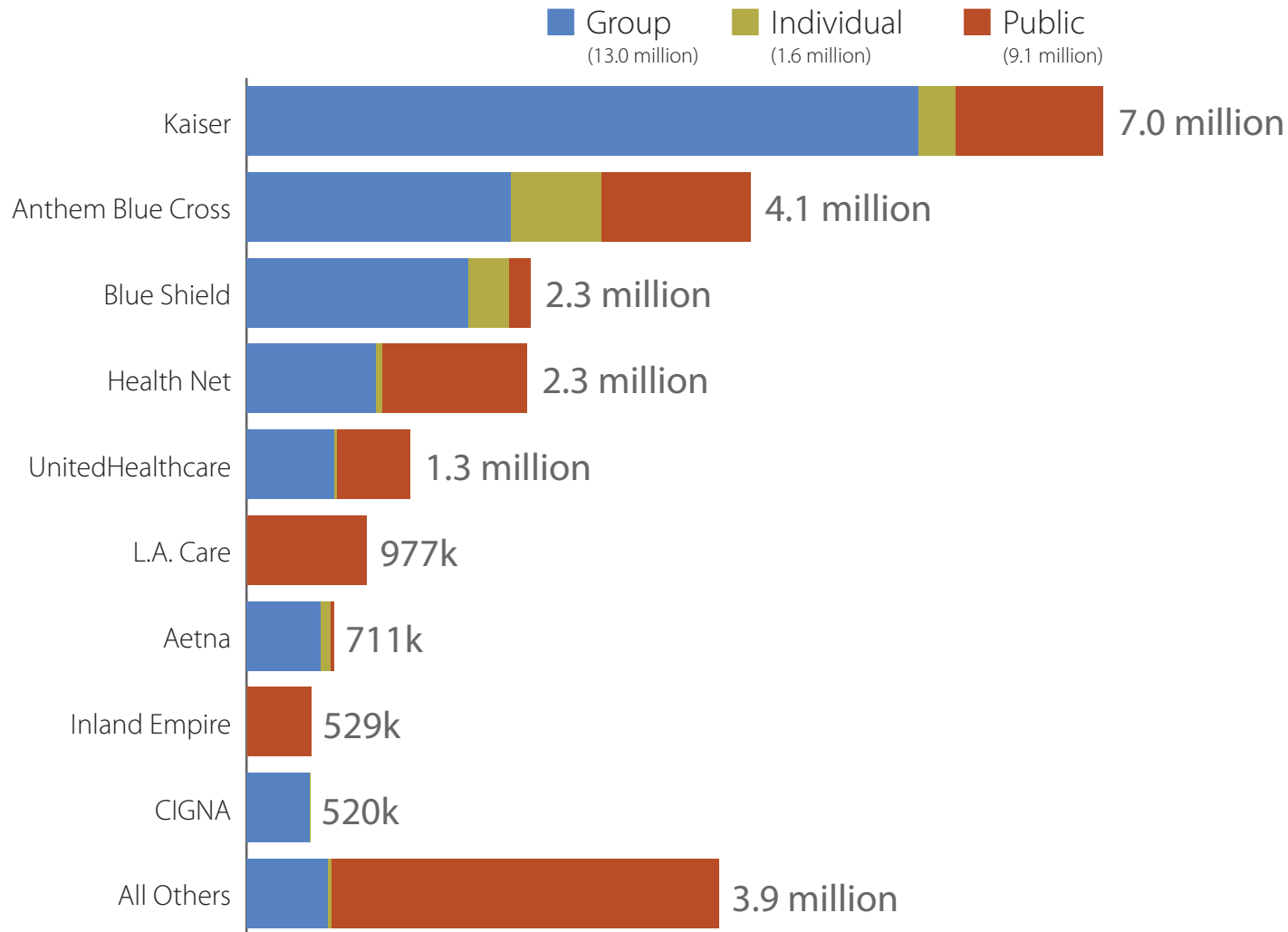
Premiums paid by individual policyholders under DMHC-regulated plans were twice as high per member per month as those paid by individual policyholders under CDI-regulated plans. These higher premiums are likely due to lower cost sharing and more comprehensive coverage.

Notes: Largest plans determined by FY 2011 California revenues and reflect both DMHC- and CDI-regulated insurers for Aetna, Anthem Blue Cross, Blue Shield, CIGNA, Health Net, Kaiser, PacificCare Life & Health, and UnitedHealthcare. Data must be interpreted with caution — stand-alone products, such as prescription drugs, mental health services, and chiropractic care (but not dental care) are reflected in these figures. In 2011, maternal health was not yet a required benefit under CDI-regulated products.

Source: California Medical Loss Ratio (MLR) Filings, Pt 1 and 2 (lines 1.1 and 11.4).

Enrollment in Group, Individual, and Public Coverage

DMHC and CDI Combined, 2011



Notes: Public enrollment includes Medicare Advantage, Medicare Supplemental, Medi-Cal managed care, Healthy Families, Healthy Kids, and AIM. Not shown: Administrative Services Only enrollment (864,000 under DMHC; N/A under CDI), Plan-to-Plan enrollment (788,000 under DMHC). All Others includes carriers that had fewer than 500,000 combined enrollees. These plans include CalOptima, Care 1st, and Heritage. Figures for UnitedHealthcare represent enrollment from both UnitedHealthcare and PacifiCare.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2011.

Health Plans and Insurers

Enrollment

Most carriers insured a mix of commercial and public enrollees. Some 13 million enrollees were insured through employer-based groups. Comparatively few individuals purchased their own insurance. Some carriers, particularly county-based plans such as L.A. Care and Inland Empire, primarily served Medi-Cal enrollees.

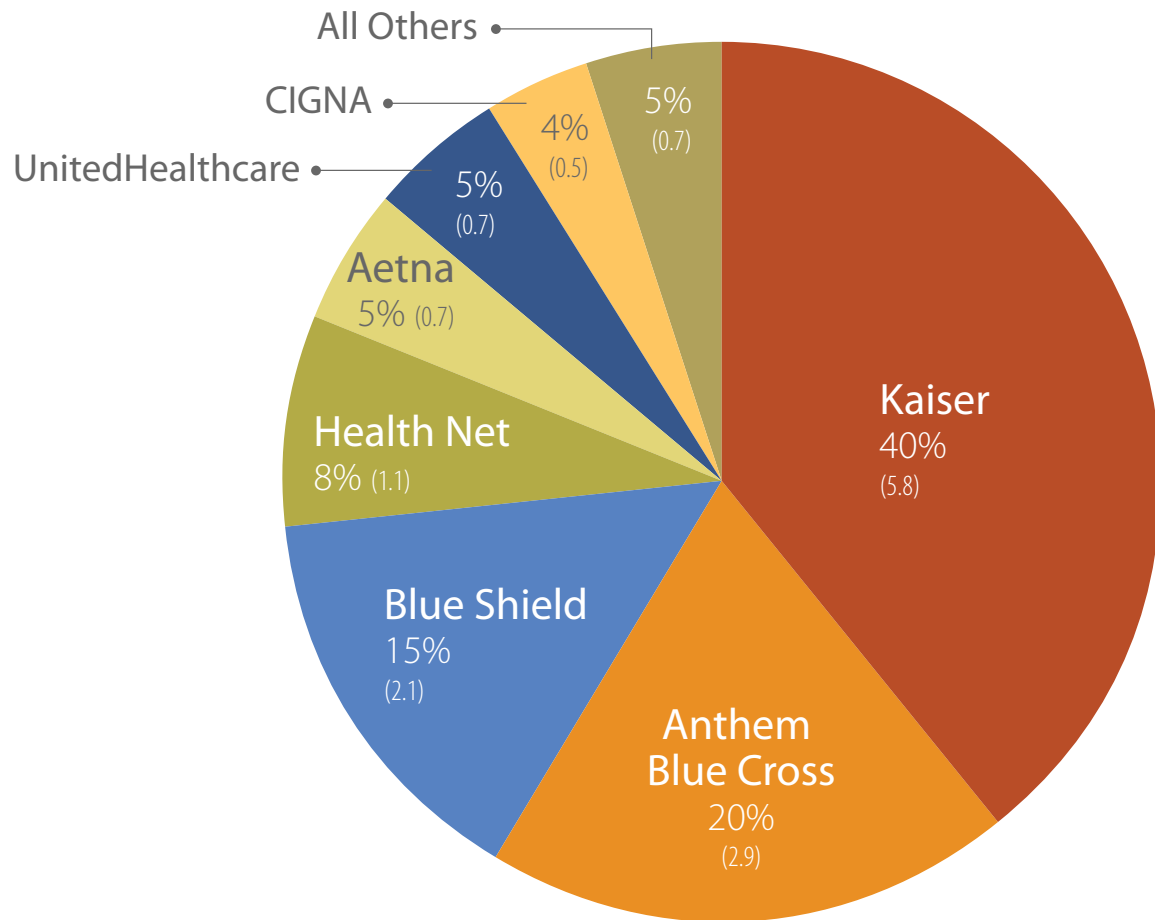
Note: Commercial refers to health insurance individually purchased or obtained through an employer group. It excludes Administrative Services Only and self-insured enrollment.

Commercial Enrollment

DMHC and CDI Combined, 2011

IN MILLIONS

TOTAL COMMERCIAL ENROLLMENT:
14.6 million



Health Plans and Insurers

Enrollment

Carriers insured 14.6 million Californians through group and individual policies.

The three largest carriers account for three-quarters of enrollees. Kaiser dominated, covering 40% of all group and individual enrollees. The next two largest carriers together covered another 35% of these enrollees.

Notes: "Commercial" refers to health insurance individually purchased or obtained through an employer group. It excludes Administrative Services Only and self-insured enrollment, which the California Health Benefits Review Program estimates at 3.1 million. Enrollment figures are as of December. See [Appendix B](#) for additional enrollment details. All Others includes carriers that had fewer than 500,000 combined enrollees and reported group or individual enrollment. These plans include Chinese Community Health Plan, Heritage, Sharp, United Agricultural Employee Welfare Benefit Plan and Trust, and Western Health Advantage. Figures for UnitedHealthcare include PacifiCare enrollment.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2011.

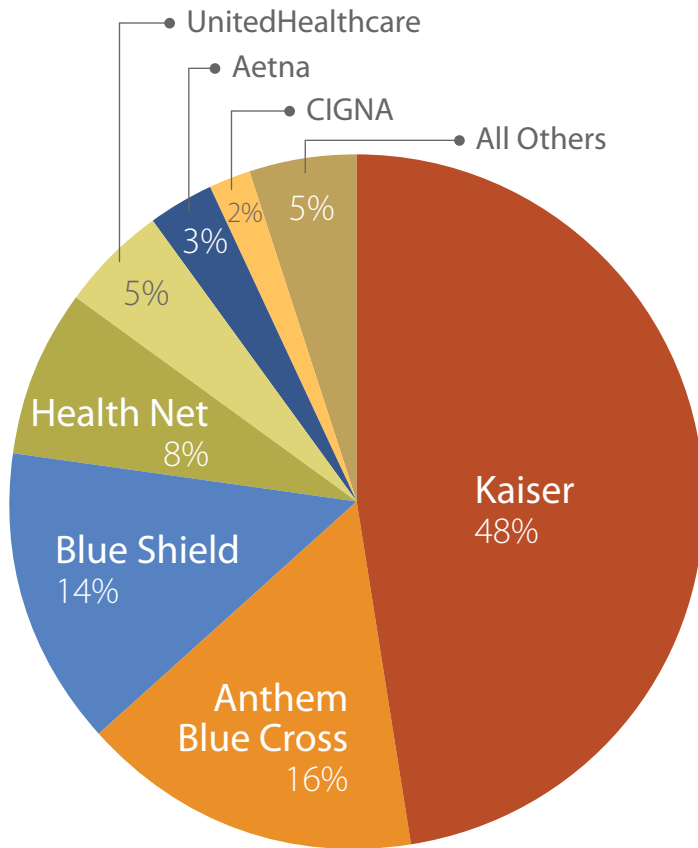
Commercial Enrollment

DMHC and CDI, 2011

Nearly half of the commercial enrollees regulated under DMHC were Kaiser members. Anthem had the most enrollees under CDI regulation.

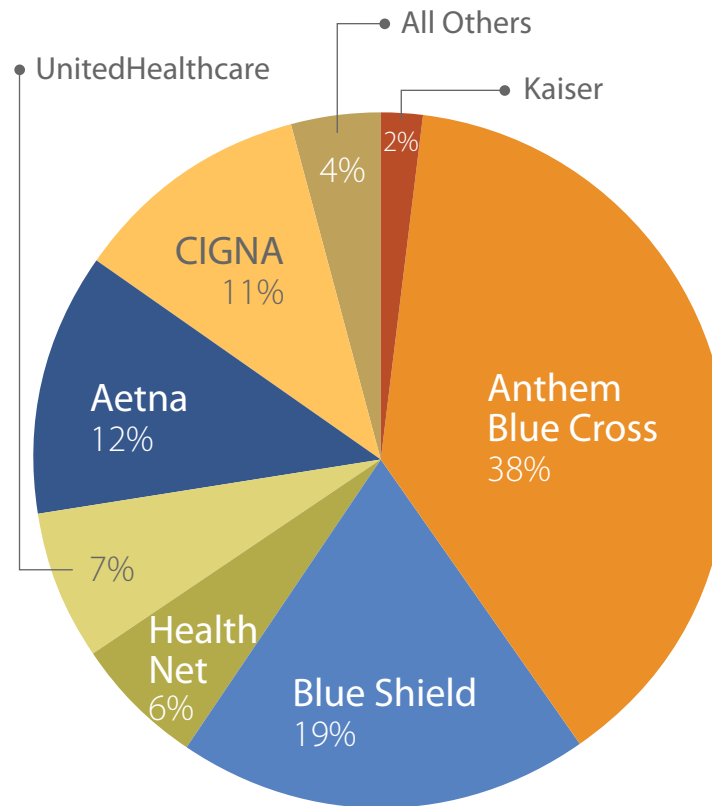
DMHC Commercial Enrollment

Total: 11.9 million



CDI Commercial Enrollment

Total: 2.6 million



Notes: "Commercial" refers to health insurance individually purchased or obtained through an employer group. It excludes Administrative Services Only enrollment, Medicare Supplemental coverage, and public programs. Enrollment figures are as of December. See [Appendix B](#) for additional enrollment details. Figures for UnitedHealthcare represent enrollment from both UnitedHealthcare and PacifiCare. All Others includes carriers that had fewer than 500,000 combined enrollees and reported group or individual enrollment. These plans include Chinese Community Health Plan, Heritage, Sharp, United Agricultural Employee Welfare Benefit Plan and Trust, and Western Health Advantage.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2011.

Individual and Group Enrollment

Market Share, DMHC and CDI Combined, 2011

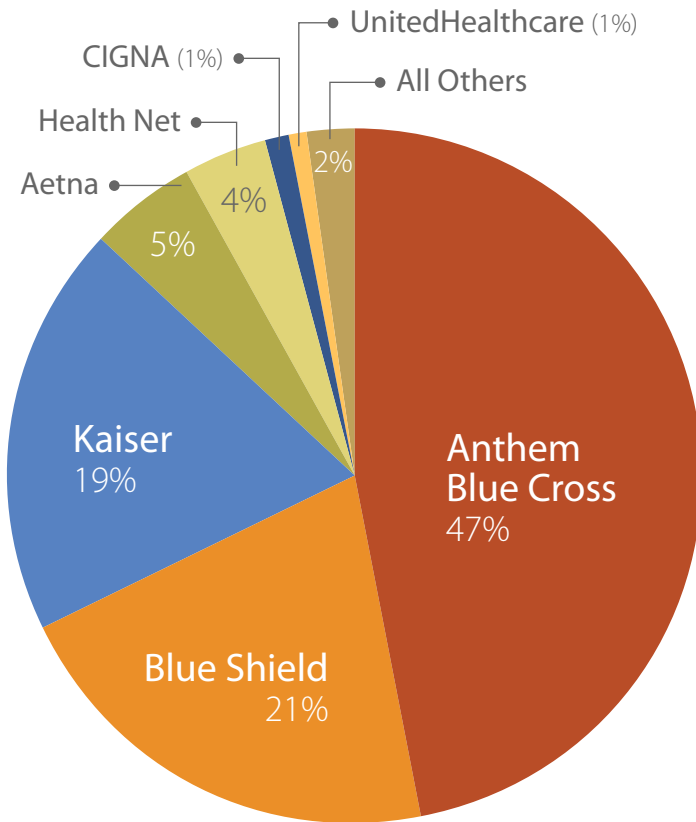
Health Plans and Insurers

Enrollment

The individual market was highly concentrated, with 87% of enrollees covered by three carriers. At 47% of the individual market, Anthem Blue Cross had the largest share. Kaiser had the largest share (42%) in the group market.

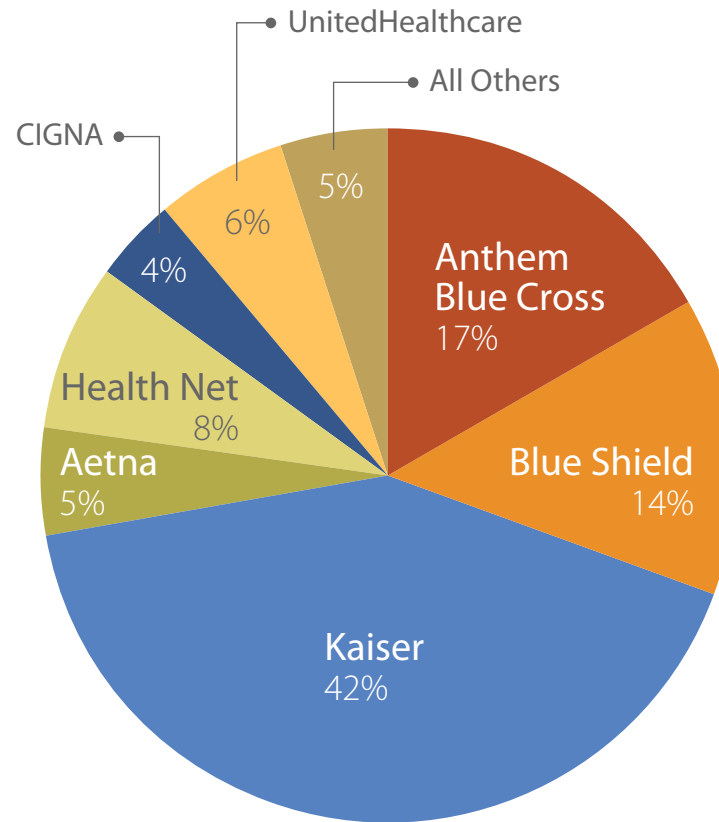
Individual Enrollment

Total: 1.6 million



Group Enrollment

Total: 13.0 million



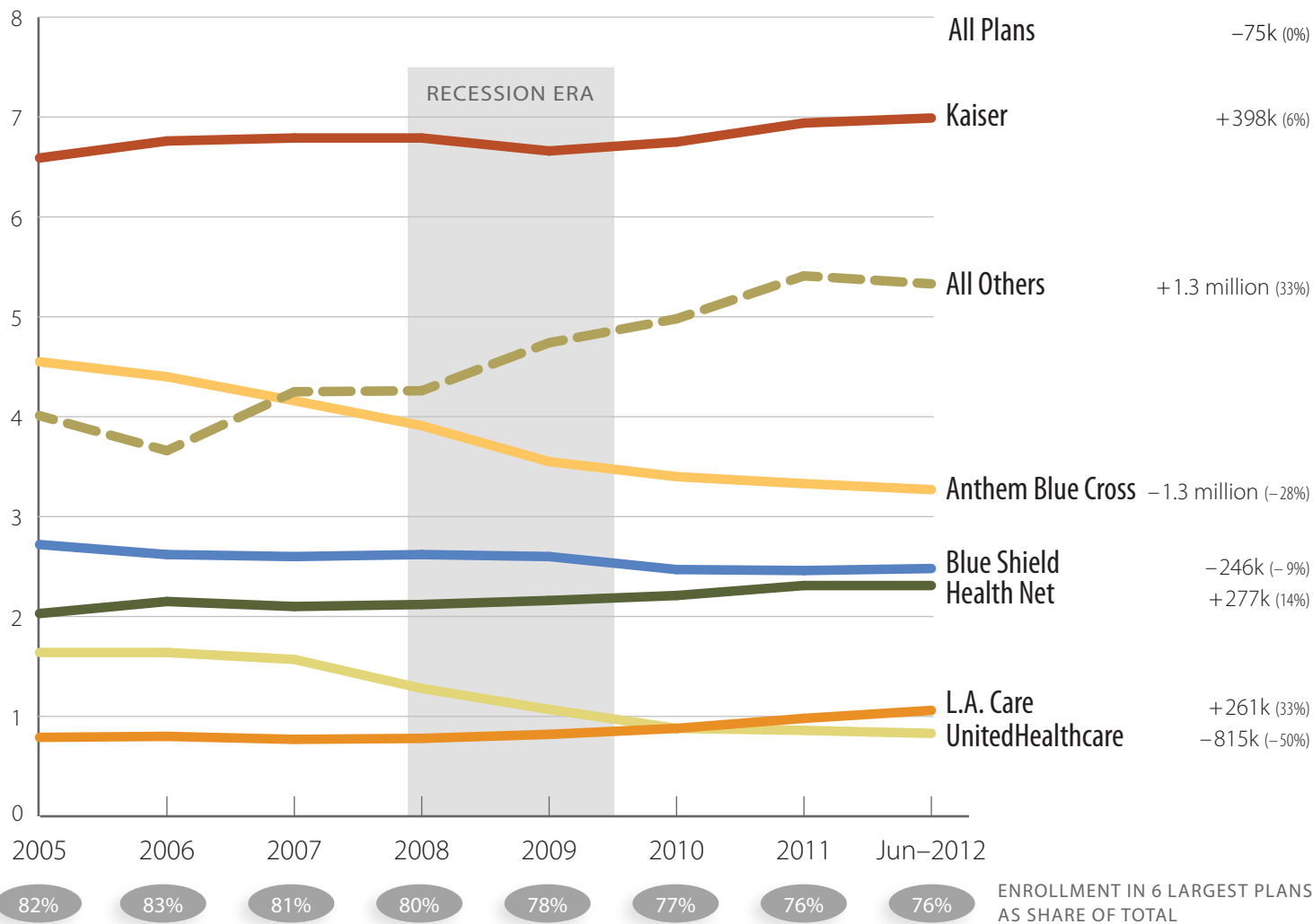
Notes: Includes enrollees under both regulators. Figures for UnitedHealthcare represent enrollment from both UnitedHealthcare and PacifiCare. All Others includes carriers that had fewer than 500,000 combined enrollees and reported group or individual enrollment. These plans include Chinese Community Health Plan, Heritage, Sharp, United Agricultural Employee Welfare Benefit Plan and Trust, and Western Health Advantage.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2011.

Enrollment Trends in DMHC-Regulated Carriers

December 2005 to June 2012

TOTAL ENROLLMENT (in millions)



Note: Plans shown by name are full-service DMHC plans with more than 500,000 enrollees as of December 2011.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data.

Health Plans and Insurers

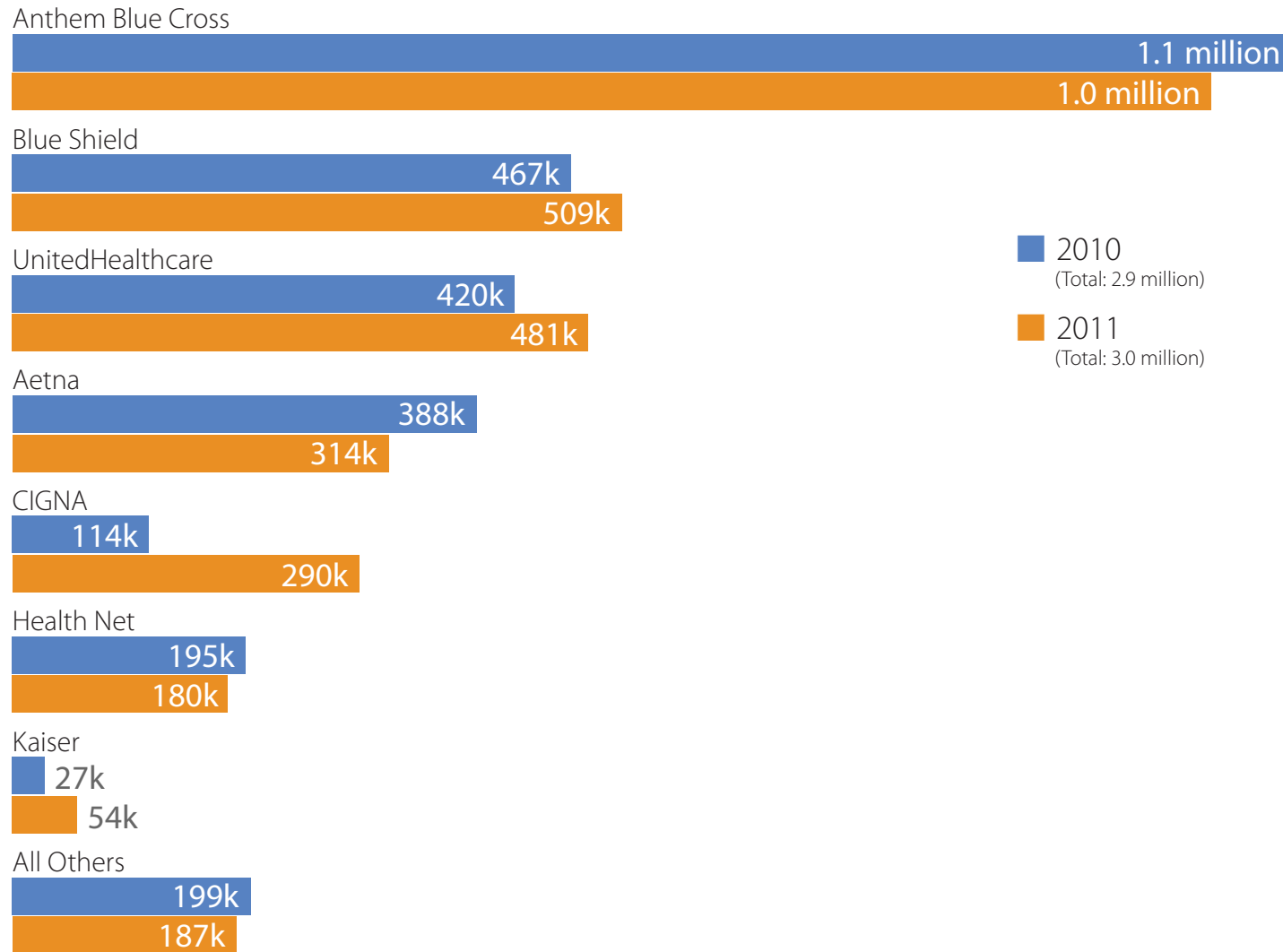
Enrollment

DMHC enrollment declines in Anthem Blue Cross and UnitedHealthcare continued through 2011 and into the first half of 2012.

The dramatic increase in enrollment in the All Others category, largely fueled by enrollment in public managed care programs, leveled off in the first half of 2012.

Enrollment Trends in CDI-Regulated Carriers

2010 and 2011



Health Plans and Insurers

Enrollment

Overall, enrollment in CDI-regulated products increased by 5% between 2010 and 2011, largely driven by CIGNA, UnitedHealthcare, and Blue Shield gains.

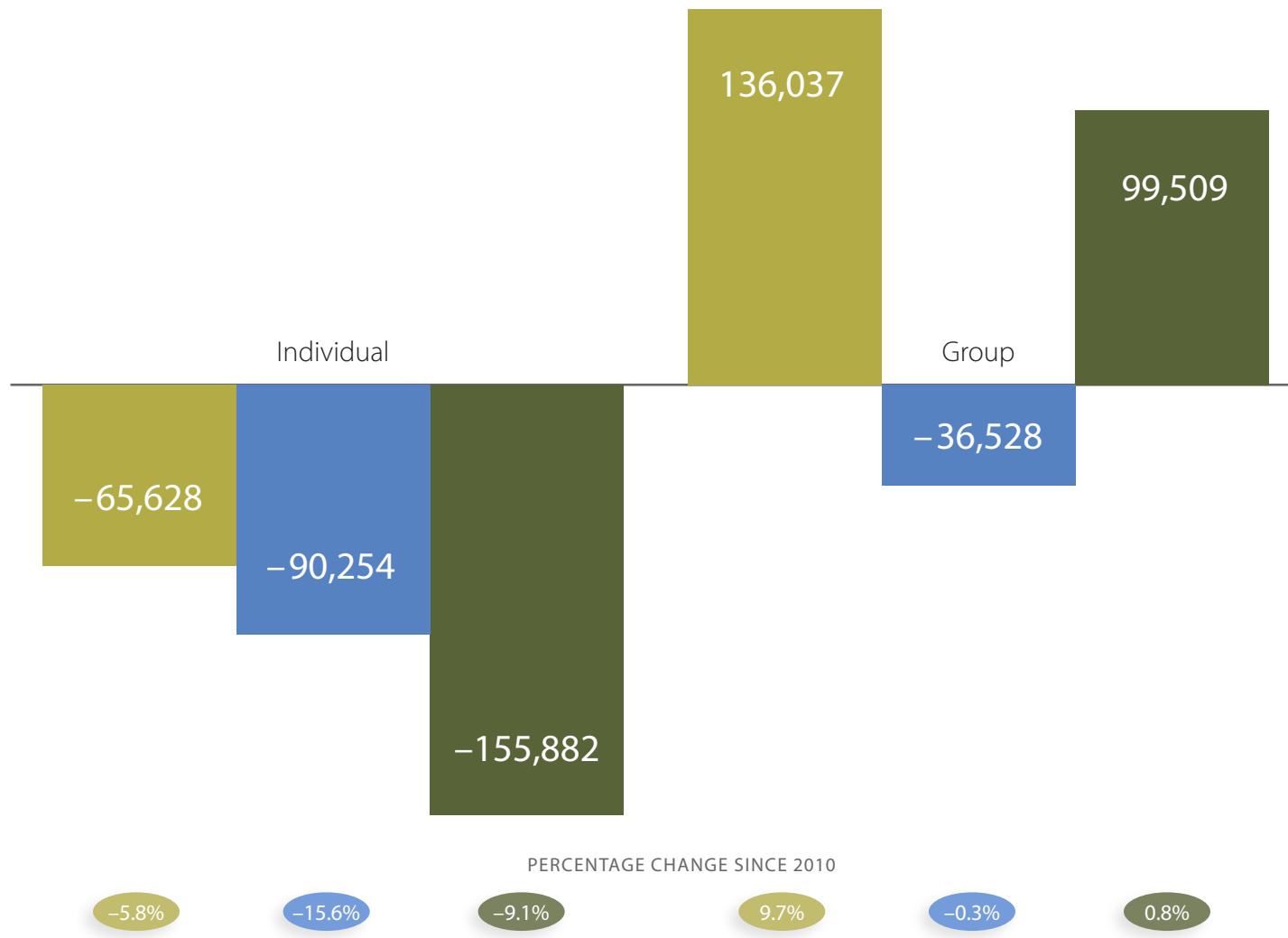
Notes: Totals include Medicare Supplemental enrollment of 329,589 and 398,517 in 2010 and 2011, respectively. Figures for UnitedHealthcare include Pacificare (12,606 enrollees).

Sources: California Department of Insurance (CDI), Statistical Analysis Division: Group & Individual Covered Lives for Comprehensive Major Medical, 2010–2011; Medicare Supplement Plan Covered Lives, 2010–2011.

Enrollment Gains/Losses

Commercial Insurance, by Regulator, 2011

■ CDI ■ DMHC ■ Both Combined



Health Plans and Insurers

Enrollment

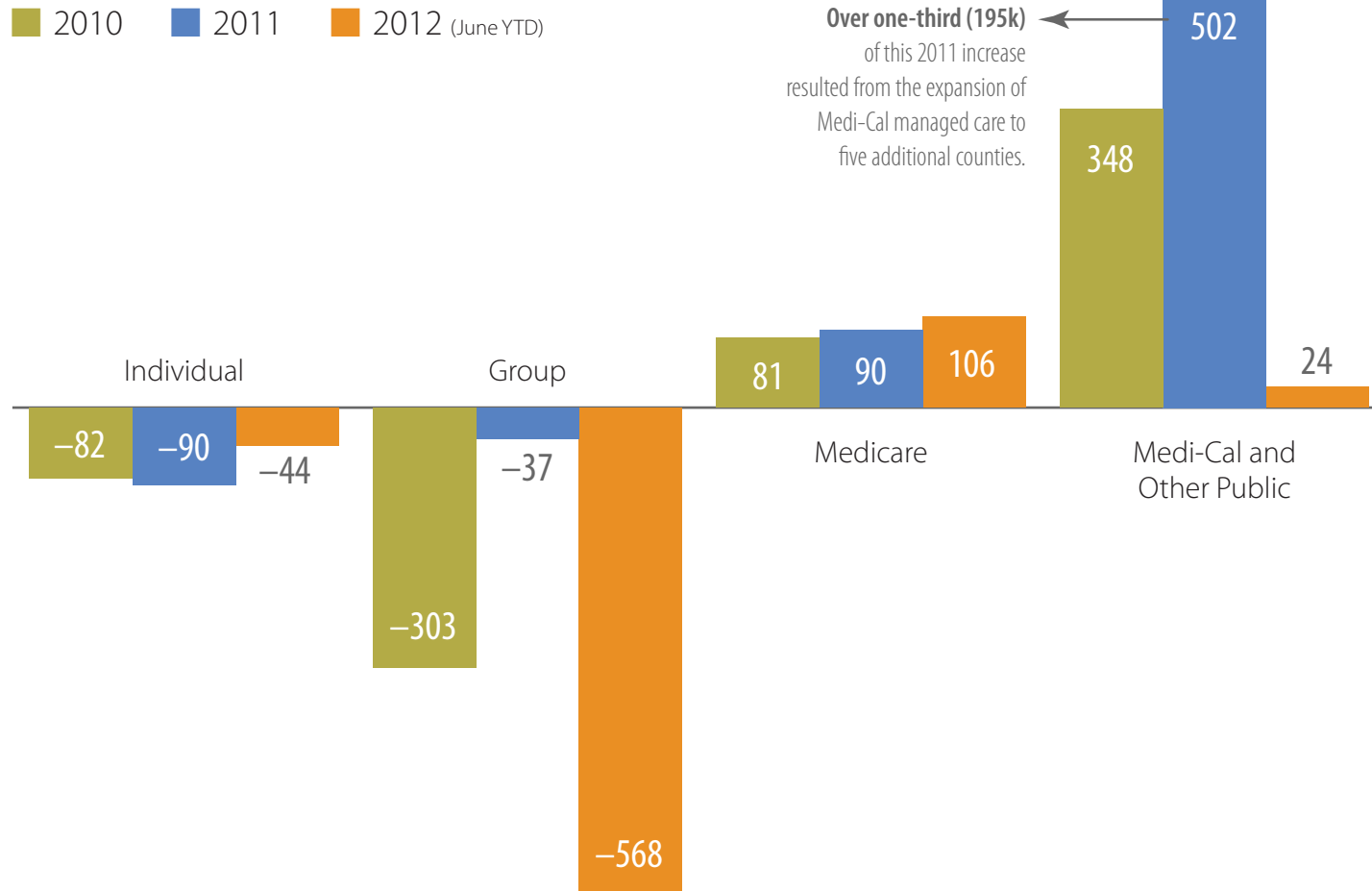
Combined individual and group enrollment shrank slightly in 2011. Individual enrollment declined under both regulators, but losses were greatest for DMHC-regulated individual coverage, both in numbers and on a percentage basis. Group enrollment regulated by DMHC declined, while group enrollment under CDI regulation increased.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2011.

Enrollment Gains/Losses

DMHC-Regulated Plans, by Selected Insurance Types, 2010 to June 2012

IN THOUSANDS



Health Plans and Insurers

Enrollment

Individual and group enrollment have continued to shrink. Individual enrollment declined 16% in 2011 and another 9% in the first half of 2012. Group enrollment held steady in 2011, but fell in the first half of 2012. These commercial losses were largely offset by dramatic growth in public managed care programs.

Notes: In 2011, expansion of Medi-Cal managed care to five additional counties (Kings, Madera, Marin, Mendocino, Ventura) accounted for an increase of 195,000 enrollees. In addition, the transition of seniors and people with disabilities (SPD) from Medi-Cal fee-for-service to managed care was also underway in 2011. Mandatory transitions of SPD began on June 1, 2011 following a period of voluntary transitions. Over half the 2012 group losses (367,000) resulted from a change in the reporting methods of one plan. Not shown: Administrative Services Only, Plan-to-Plan, Other enrollment. Enrollment as of December, except as noted; gains/losses computed from prior December.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data.

Enrollment Gains/Losses

DMHC-Regulated Plans, by Insurance Type, 2011

	INDIVIDUAL	GROUP	MEDICARE	MEDI-CAL AND OTHER PUBLIC	ADMINISTRATIVE SERVICES ONLY	PLAN- TO-PLAN	OTHER	NET CHANGE	
								ENROLLEES	PERCENTAGE
Aetna	0	10,867	-7,219	0	0	0	-21,510	-17,862	-4.3%
Anthem Blue Cross	-40,045	-60,737	11,305	21,090	-3,778	0	0	-72,165	-2.1%
Blue Shield	-23,876	-55,896	5,384	-5,171	64,603	0	0	-14,956	-0.6%
CIGNA	-54	-14,099	0	0	0	0	0	-14,153	-5.8%
Health Net	-626	-40,738	-8,110	-30,498	0	177,072	0	97,100	4.4%
Kaiser	-24,383	146,894	43,817	25,413	0	0	0	191,741	2.8%
L.A. Care	0	0	507	99,024	0	0	377	99,908	11.4%
UnitedHealthcare	-1,436	-23,259	4,142	0	0	0	0	-20,553	-2.3%
All Others	166	440	40,631	392,297	-225	20,318	9,790	463,417	10.7%
Net Change	-90,254 -15.6%	-36,528 -0.3%	90,457 4.5%	502,155 8.2%	60,600 7.5%	197,390 33.4%	-11,343 -109.4%	712,477 3.3%	

Notes: Net change figures reflect a comparison of December 2011 to December 2010. Group includes small group and point-of-service enrollment. Health Net's plan-to-plan increases are primarily the result of a reclassification of CalViva Medi-Cal enrollees to the plan-to-plan category. "Other" is an adjustment category and accounts for inconsistencies between reported totals and component figures.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data.

Health Plans and Insurers

Enrollment

Enrollment gains were concentrated in the public sector. All major private plans lost individual enrollees, possibly due to the weak economy and ongoing premium increases. Many plans also experienced declines in group enrollment.

Enrollment and Gains/Losses

CDI-Regulated Carriers, by Insurance Type, 2011 (since 2010)

	INDIVIDUAL		GROUP		MEDICARE SUPPLEMENT		TOTAL	
	ENROLLMENT	CHANGE	ENROLLMENT	CHANGE	ENROLLMENT	CHANGE	ENROLLMENT	CHANGE
Aetna	80,424	-2,790	232,281	-69,774	1,526	-858	314,231	-73,422
Anthem Blue Cross	613,082	-55,286	388,059	-12,531	—	—	1,001,141	-67,817
Blue Shield	274,554	10,379	234,772	32,085	—	—	509,326	42,464
CIGNA	9,521	5,580	280,131	170,333	58	-27	289,710	175,886
Health Net	51,713	-8,509	112,213	-4,439	16,478	-1,744	180,404	-14,692
Kaiser	—	—	54,261	27,205	—	—	54,261	27,205
UnitedHealthcare	12,606	-2,582	173,506	-6,573	295,215	70,818	481,327	61,663
All Others	32,268	-12,420	69,898	-269	85,240	739	187,406	-11,950
Total	1,074,168	-65,628 -5.8%	1,545,121	136,037 9.7%	398,517	68,928 20.9%	3,017,806	139,337 4.8%

Health Plans and Insurers

Enrollment

Four of the seven largest insurers regulated by CDI increased enrollment between 2010 and 2011.

Note: Figures for UnitedHealthcare include PacifiCare.

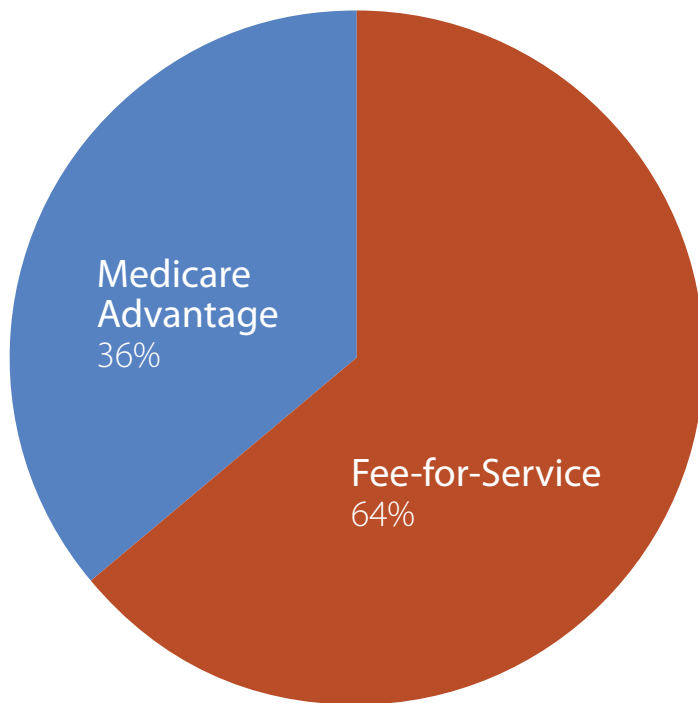
Sources: California Department of Insurance (CDI), Statistical Analysis Division: Group & Individual Covered Lives for Comprehensive Major Medical, 2010–2011; Medicare Supplement Plan Covered Lives, 2010–2011.

Medicare Advantage vs. Medicare Fee-for-Service

California vs. United States, June 2012

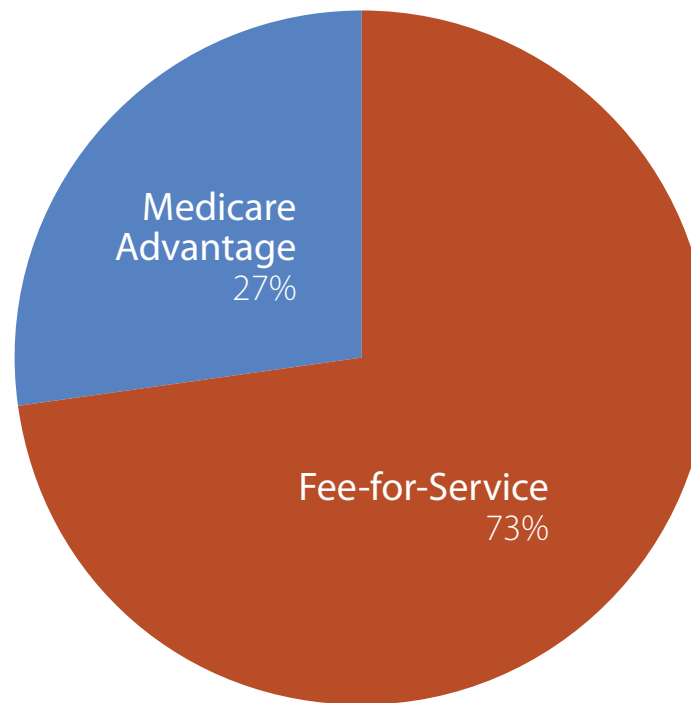
California Medicare Eligibles

Total: 5.1 million



US Medicare Eligibles

Total: 50.1 million

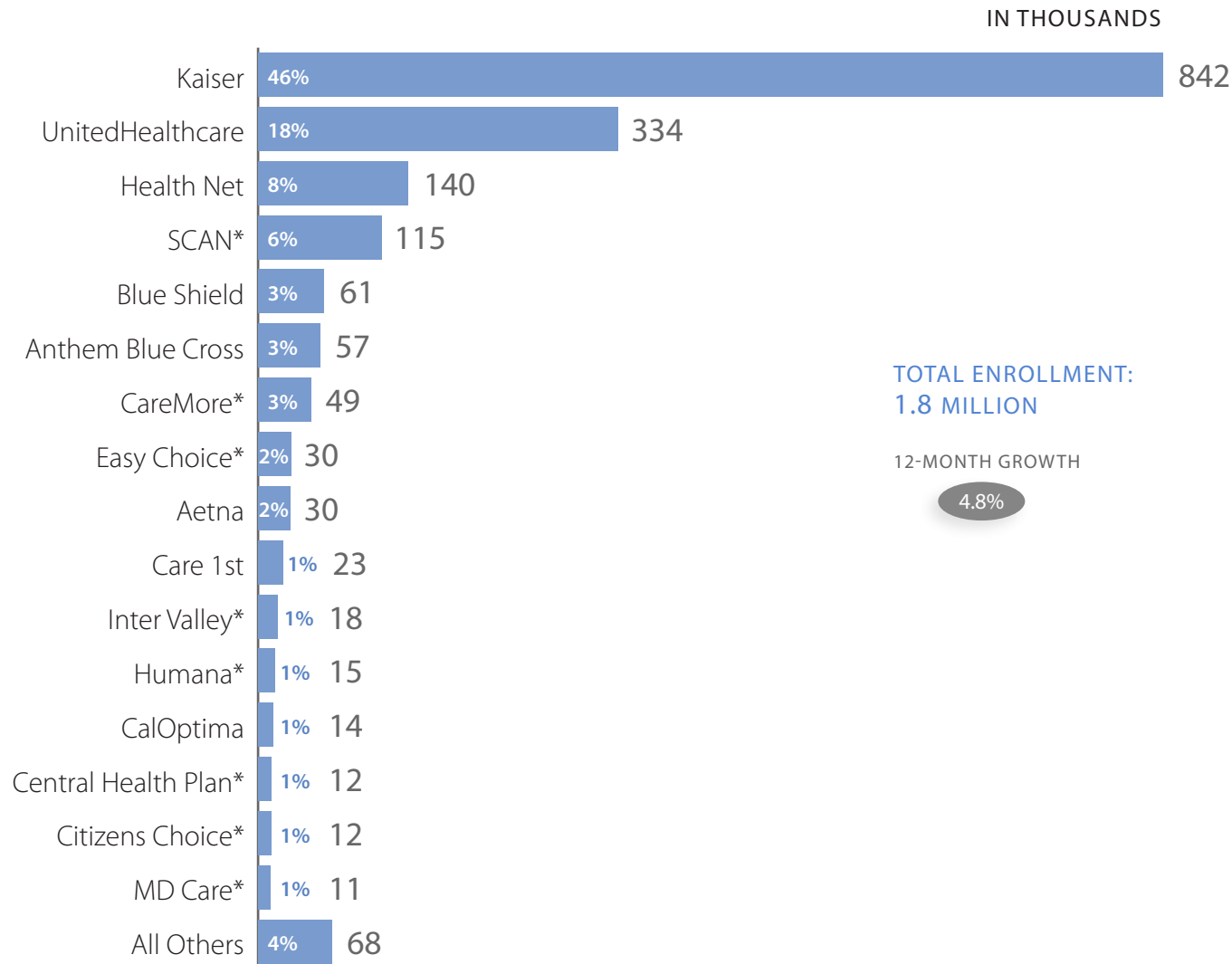


In California, almost two-thirds of Medicare enrollees had fee-for-service coverage. Consistent with California's high overall HMO penetration, the percentage of enrollees covered by Medicare Advantage in California was greater than the national average.

Notes: Under Medicare Advantage, health plans provide all Medicare benefits in exchange for a capitated payment. Some fee-for-service enrollees also have Medicare supplemental insurance.

Source: Centers for Medicare and Medicaid Services, Medicare Advantage State/County Penetration, June 2012.

Medicare Advantage Enrollment and Market Share by Health Plan, June 2012



Health Plans and Insurers

Public Coverage

Kaiser enrolled the most Medicare Advantage members by far, consistent with its standing as the state's largest health plan. UnitedHealthcare, Health Net, and SCAN combined covered almost 600,000 individuals, or about one-third of Medicare Advantage enrollees in California.

*Medicare specialty plans.

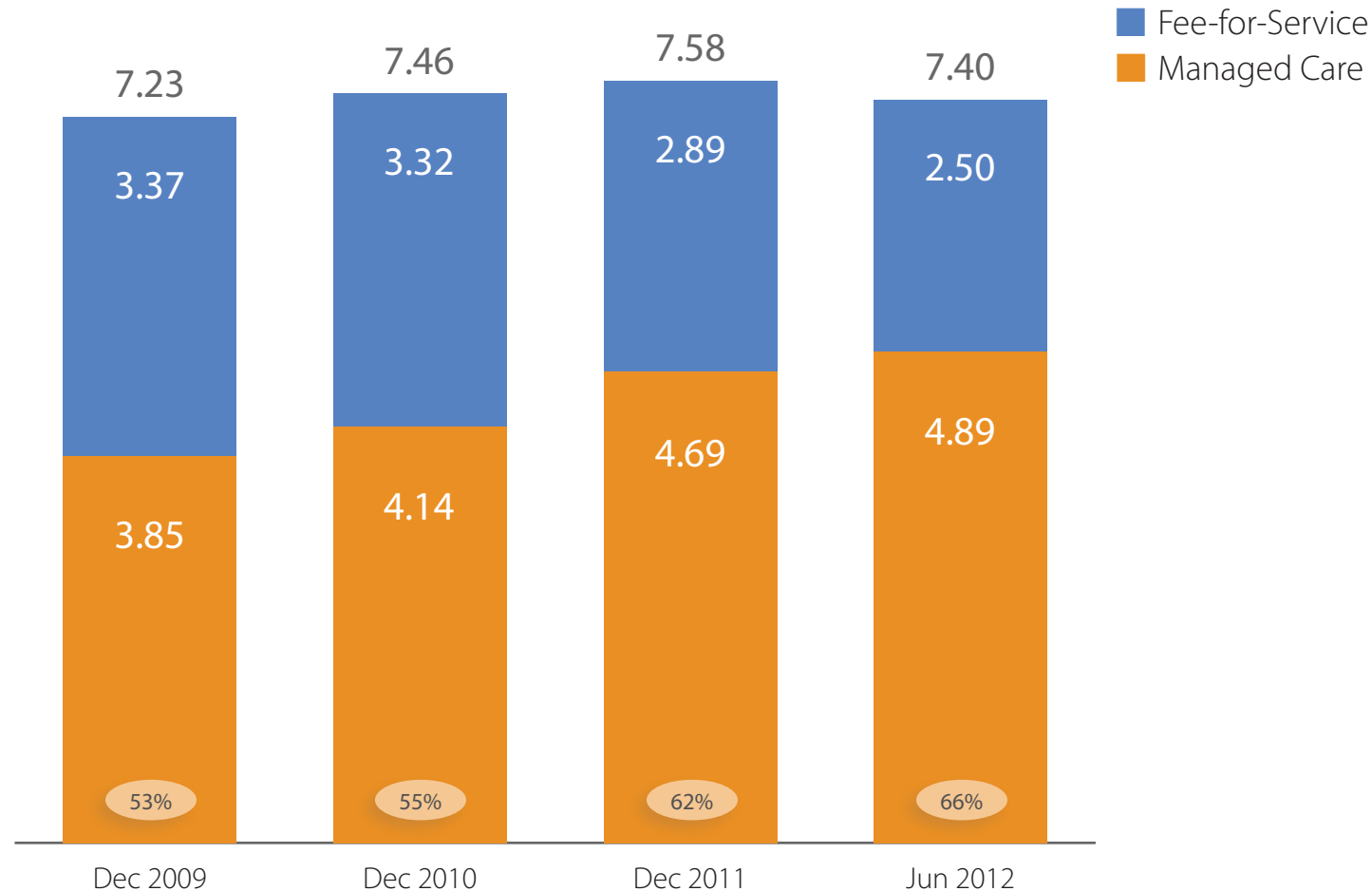
Notes: UnitedHealthcare's Medicare Advantage products are known by their brand name, Secure Horizons. All Others includes plans with fewer than 15,000 enrollees, such as Chinese Community Health Plan, Citizen's Choice, MD Care, and 36 other plans. Also see [Appendix H](#).

Source: Centers for Medicare and Medicaid Services, Medicare Advantage Enrollment by State/County/Contract, June 2012, www.cms.gov.

Medi-Cal Fee-for-Service vs. Managed Care Enrollment

December 2009 to June 2012

IN MILLIONS



Notes: Some Medi-Cal managed care plans contract their enrollees out to other managed care plans. Figures shown reflect contracts between plans and the state. Figures may not total 100% due to rounding. Managed Care is detailed on page 31. Also see [Appendix I](#).

Sources: California Department of Health Care Services, Medi-Cal Managed Care Enrollment Reports, www.dhcs.ca.gov; California Department of Health Care Services, Research and Analytical Studies Branch, "Medi-Cal Certified Eligibles County Pivot Table — Most Recent 24 Months," www.dhcs.ca.gov; Wunsch and Linkins, A First Look: Mandatory Enrollment of Medi-Cal's Seniors and People with Disabilities into Managed Care, CHCF, August 2012, www.chcf.org.

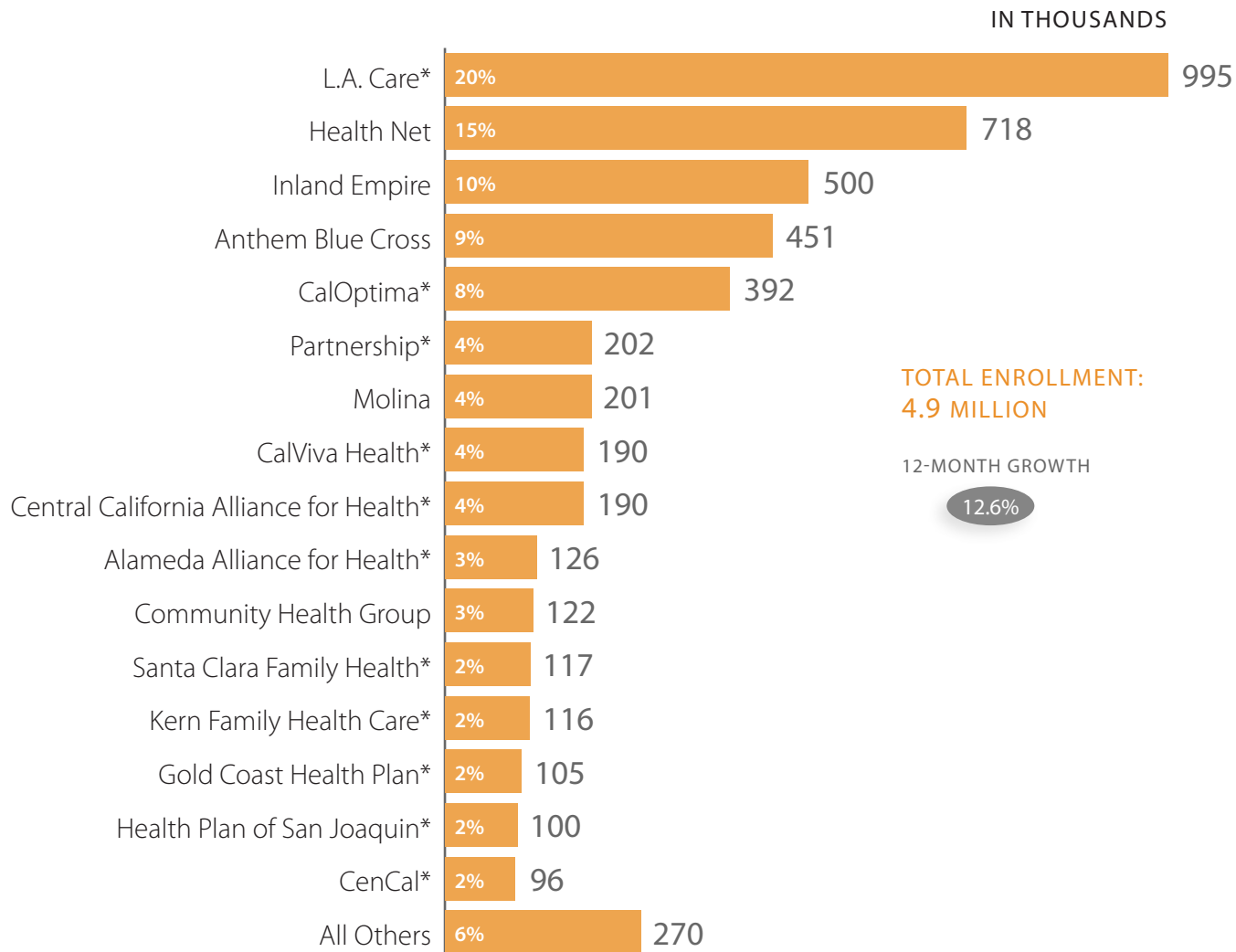
Health Plans and Insurers

Public Coverage

Between 2009 and 2012, managed care enrollment grew by more than one million. At the same time, fee-for-service (FFS) enrollment declined. This shift is partially explained by a yearlong state program transitioning seniors and persons with disabilities from FFS to managed care plans.*

*Mandatory transitions of seniors and persons with disabilities began June 1, 2011, following a period of voluntary transitions; overall, the program affected nearly 400,000 enrollees in 16 counties. This accounted for some of Medi-Cal managed care's expansion of 755,000 enrollees during the period from December 2010 to June 2012. In addition, in 2011, expansion of Medi-Cal managed care to five additional counties (Kings, Madera, Marin, Mendocino, and Ventura) resulted in an increase of 195,000 enrollees.

Medi-Cal Managed Care Enrollment and Market Share by Health Plan, June 2012



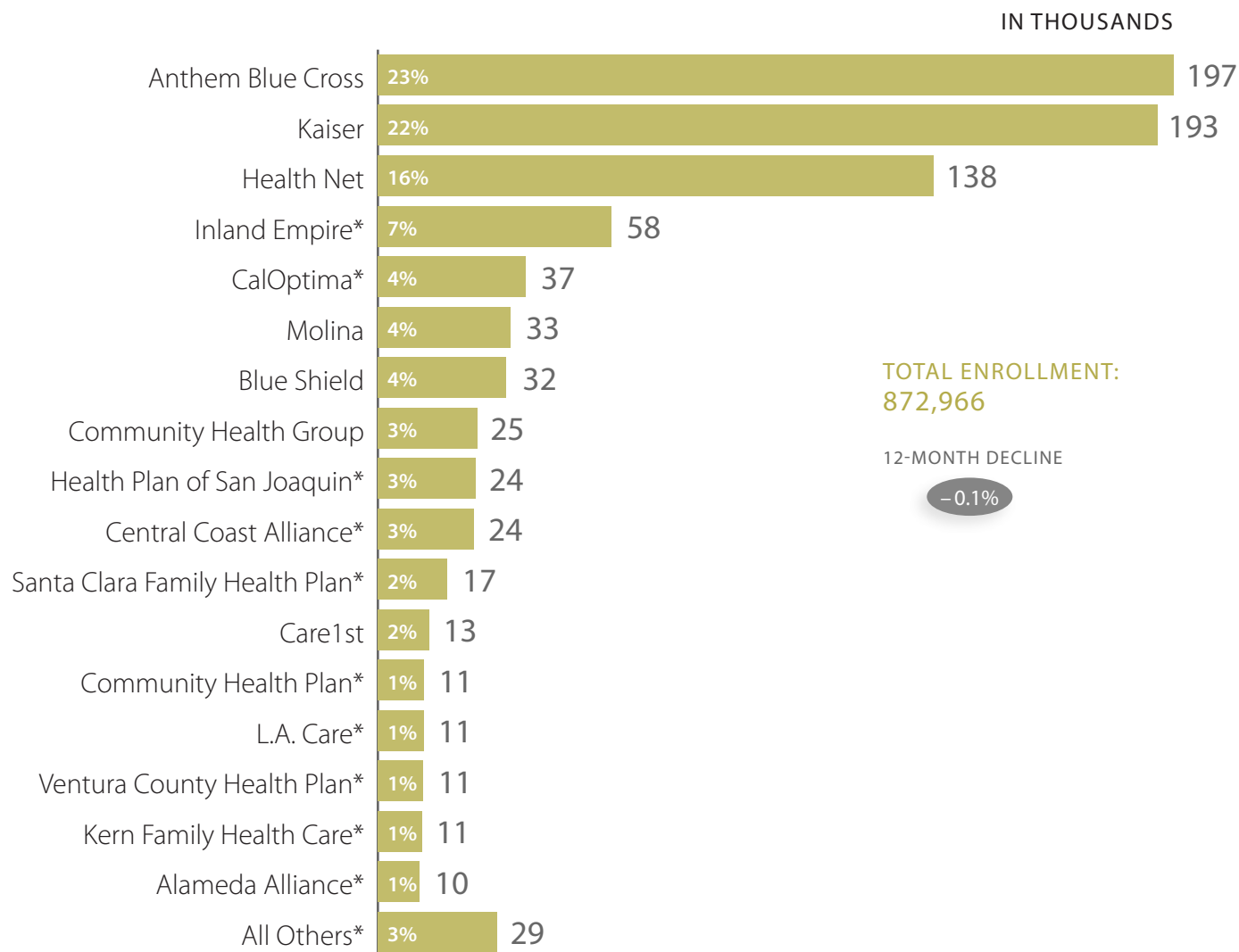
County-affiliated plans played a major role in Medi-Cal's expanding managed care program, and contracted for more than two-thirds of its managed care enrollees.

*County plans. Fifteen county-based plans contract with the state to provide Medi-Cal managed care services.

Notes: Gold Coast is organized under the Department of Health Care Services to serve Medi-Cal enrollees only, and is not a Knox-Keene regulated plan. All Others consists of Contra Costa Health Plan*, Health Plan of San Mateo*, San Francisco*, Kaiser, Care 1st, Positive Healthcare, and Family Mosaic Project. Some Medi-Cal managed care plans contract their enrollees out to other managed care plans; figures shown reflect contracts between plans and the state. Figures may not total 100% due to rounding. For details, see [Appendix I](#).

Source: California Department of Health Care Services, Medi-Cal Managed Care Enrollment Reports, www.dhcs.ca.gov.

Healthy Families Enrollment and Market Share by Health Plan, June 2012



*County-based plans.

Note: Healthy Families is California's vehicle for the Children's Health Insurance Program, and unlike Medi-Cal, has no fee-for-service component. Healthy Families December enrollment in 2011 was 870,781 and 874,678 in 2010. See [Appendix J](#) for details. All Others consists of plans with fewer than 10,000 enrollees in Healthy Families: CenCal, Contra Costa Health Plan, Health Plan of San Mateo, Partnership, and San Francisco Health Plan.

Source: MRMB Report: Healthy Families Program Current Enrollment Distribution by County and Health Plan, www.mrmib.ca.gov.

Health Plans and Insurers

Public Coverage

Healthy Families enrollment was distributed across a range of commercial and county-based carriers. Together, Anthem Blue Cross, Kaiser, and Health Net covered over half of Healthy Families enrollees. Nearly 900,000 Healthy Families enrollees in California will move to Medi-Cal in 2013.

Consumer Ratings of Health Plans and Insurers

Health Plans and Insurers

Consumer Satisfaction

Legend:	DOCTORS, CARE, AND COMMUNICATION						PLAN SERVICE			
	Health Care Highly Rated*	Ease of Getting Doctors and Care†	Doctor Communication with Patients‡	Shared Decisionmaking (patient and doctor)‡	Coordinated Care‡	Health Promotion‡	Customer Service†	Claims Payment†	Plan Information on Cost‡	Member Complaints‡
<p>< 75%</p> <p>75% – 85%</p> <p>> 85%</p>	PERCENTAGE OF MEMBERS									
HMO	PERCENTAGE OF MEMBERS									
Aetna	71%	81%	92%	57%	76%	53%	80%	90%	—	—
Anthem Blue Cross	69%	82%	90%	62%	75%	51%	72%	84%	—	58%
Blue Shield	78%	87%	94%	64%	83%	59%	82%	87%	66%	75%
CIGNA	76%	82%	89%	64%	75%	56%	81%	79%	—	—
Health Net	71%	83%	90%	56%	79%	52%	79%	87%	59%	59%
Kaiser North	77%	85%	91%	60%	79%	55%	81%	78%	60%	71%
Kaiser Southern	80%	85%	93%	59%	76%	61%	82%	77%	68%	74%
UnitedHealthcare	74%	79%	94%	60%	83%	64%	77%	87%	59%	63%
PPO	PERCENTAGE OF MEMBERS									
Aetna	78%	84%	95%	63%	81%	56%	84%	83%	59%	47%
Anthem Blue Cross	77%	90%	94%	63%	77%	58%	79%	89%	61%	65%
Blue Shield	72%	83%	95%	63%	79%	53%	77%	84%	53%	51%
CIGNA	75%	86%	92%	65%	77%	57%	82%	82%	56%	—
Health Net	71%	83%	94%	59%	74%	53%	74%	81%	47%	47%
UnitedHealthcare	72%	88%	94%	62%	79%	59%	82%	83%	62%	62%

Over 85% of members surveyed from each plan rated their doctor's communication skills highly. The vast majority (74% to 83%) of members reported that their doctor was up-to-date on care they received from other doctors. Fewer than two-thirds of members said that their doctor discussed the pros and cons of treatment plans with them. Consumer ratings were generally similar for HMOs and PPOs.

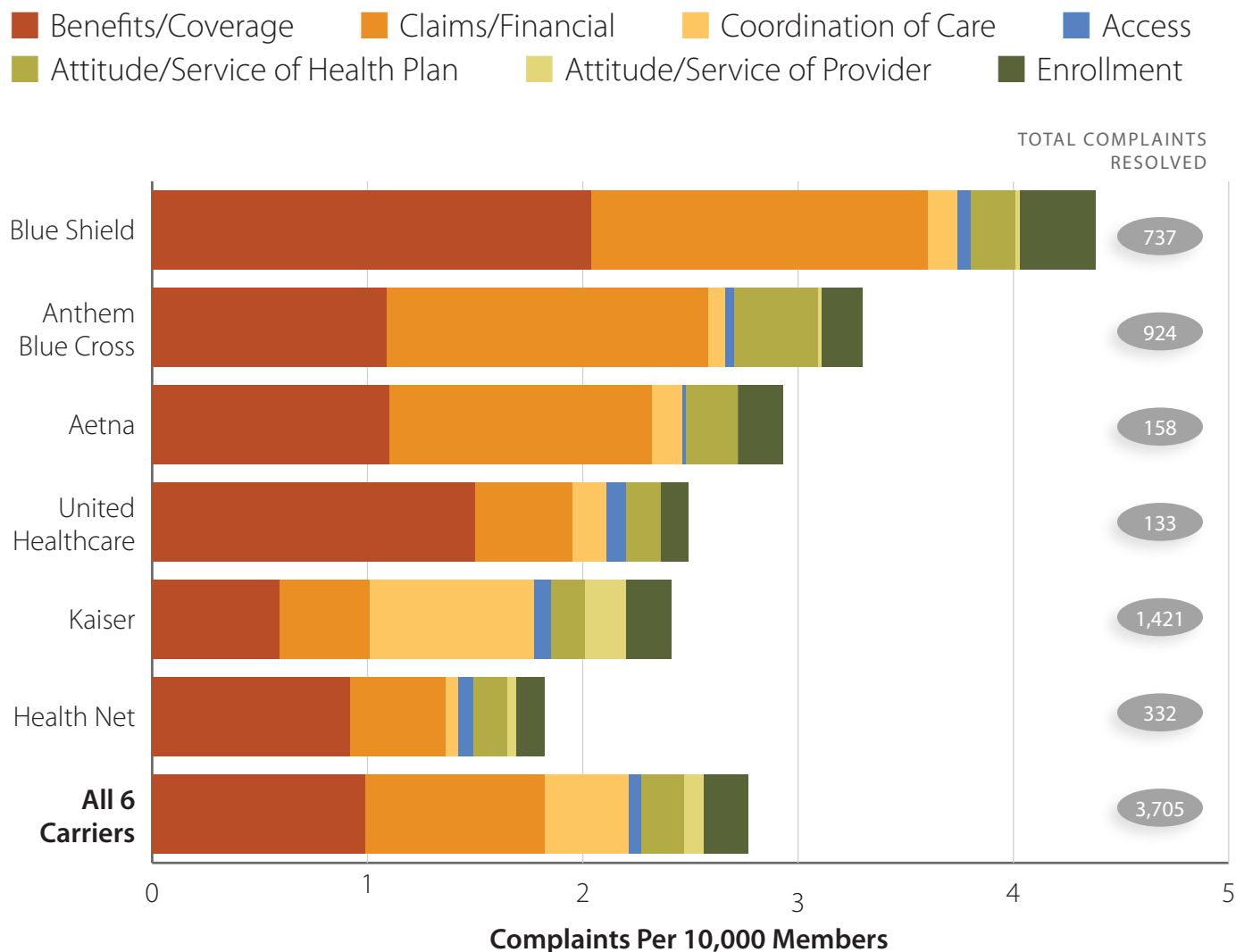
*Rated their health care/plan an 8, 9, or 10 on a scale of 1 to 10. †Rated their HMO/PPO highly in this category. ‡Reported experiencing this event.

Notes: Reflects survey data collected in 2011 regarding service and experiences in 2010. Differences of four percentage points or more should be considered meaningful. When there was an insufficient number of responses, no figure is shown. Includes results for carriers with more than 100,00 enrollees. See [Appendix K](#) for details.

Source: Office of the Patient Advocate, Quality Report Card, 2012 edition, www.opa.ca.gov.

Complaints Filed with DMHC

by Carrier, 2011



Health Plans and Insurers

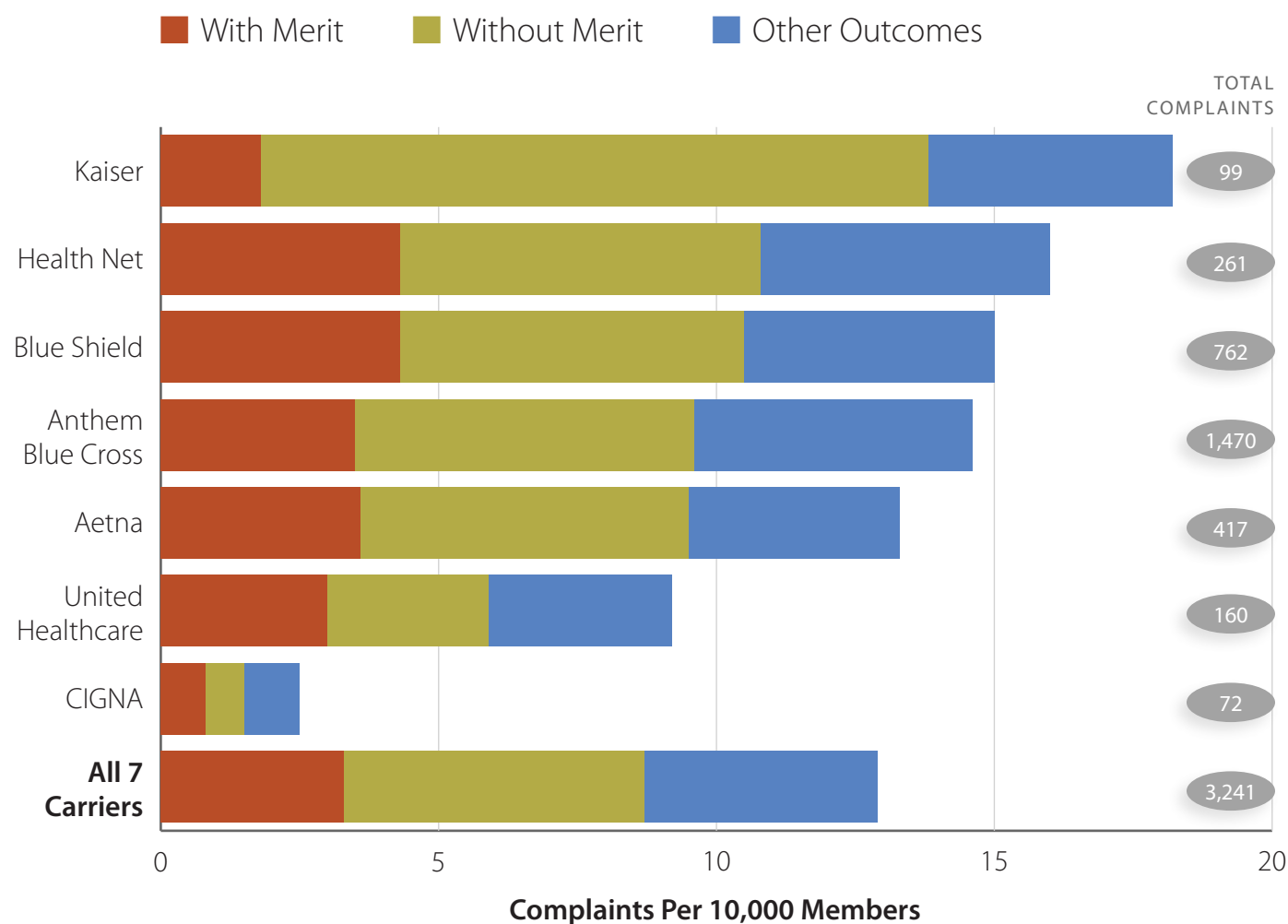
Consumer Satisfaction

DMHC tracks the number of complaints it receives as a measure of patient satisfaction. In 2011, the rate of complaints — both with and without merit — for all plans was less than five per 10,000 enrollees. The most common complaints were about benefits and coverage issues and claims and financial matters.

Notes: Complaint rates shown for commercial insurers with more than 375,000 enrollees as of December 2011. Figures reflect resolved complaints, both with and without merit.

Source: Department of Managed Health Care (DMHC), 2011 Complaint Results by Category and Health Plan, www.dmhc.ca.gov.

Complaints Filed with CDI by Carrier, 2011



Health Plans and Insurers

Consumer Satisfaction

The rate of complaints to CDI per 10,000 enrollees ranged from 2.5 to nearly 18. Overall, 3.3 out of 12.9 — about one-quarter — of the complaints per 10,000 members were found to have merit. Another 5.4 per 10,000 were found to be without merit. The remaining complaints had other outcomes.

Notes: Complaints With Merit are those found to require corrective action, to lead to insurer compromise, or to result in some other resolution. Other Outcomes are complaints neither with nor without merit; for example, an insurer might pay a claim after a complaint is filed but before a ruling on the complaint has been made and within the allowed time period for paying a claim.

Sources: California Department of Insurance (CDI), Company Performance and Comparison Data, interactive.web.insurance.ca.gov; enrollment figures for computing complaint rates from CDI Statistical Analysis Division, 2011 Health & Disability Insurance Data Call.

Data Resources

FEDERAL RESOURCES, US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO)

- Health Insurance Market Reforms
www.cciio.cms.gov
- List of Health Insurers Owing Rebates in 2012
www.cciio.cms.gov
- Medical Loss Ratio – Carrier Filing Instructions
for All Parts
www.cciio.cms.gov
- Medical Loss Ratio Data and System Resources
www.cciio.cms.gov
- Medical Loss Ratio Implementing Regulations
www.cciio.cms.gov
- Medical Loss Ratio reports
www.cciio.cms.gov

CMS, Medicare Enrollment Resources

- Medicare Advantage State/County Penetration Report
www.cms.gov
- Monthly Medicare Advantage Enrollment,
by State/County/Contract
www.cms.gov

HealthCare.Gov

- The 80/20 Rule: Providing Value and Rebates to
Millions of Consumers
www.healthcare.gov
- Insurance Company Profiles by State, including
Medical Loss Ratios & Rate Review
companyprofiles.healthcare.gov

REGULATORS

California Department of Insurance (CDI)

- Insurance Company Profiles, including Financial
Statements
www.insurance.ca.gov
- Life and Annuity Market Share Reports, 2003–2011
www.insurance.ca.gov
- Press Release: “Insurance Commissioner Dave Jones
Announces Health Insurance Rebates for California
Policyholders” July 31, 2012.
www.insurance.ca.gov

California Department of Managed Health Care (DMHC)

- Health Plan Financial Statements
www.hmohelp.ca.gov
- Health Plan Financial Summary Report
wps0.dmhc.ca.gov
- Independent Medical Review and
Complaint Results, 2011
www.hmohelp.ca.gov
- Licensed Plans List
www.hmohelp.ca.gov

OTHER STATE RESOURCES

California Department of Health Care Services (DHCS)

- Medi-Cal Managed Care Enrollment Reports
www.dhcs.ca.gov
- Research and Analytical Studies Branch,
“Medi-Cal Certified Eligible County Pivot Table –
Most Recent 24 Months”
www.dhcs.ca.gov

California Health Benefits Review Program (CHBRP)

- CHBRP Estimates of Sources of Health Insurance in
California, 2012
www.chbrp.org

California Major Risk Medical Insurance Board (MRMIB)

- Aid to Infants and Mothers (AIM) Enrollment Reports
www.mrmib.ca.gov
- Healthy Families Enrollment Reports
www.mrmib.ca.gov

California Office of the Patient Advocate

- Health Plan Report Cards
opa.ca.gov

PRIVATE RESOURCE

Kaiser Family Foundation

- State Health Facts
www.statehealthfacts.org

Health Plans and Insurers

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FOR MORE INFORMATION



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HEALTHCARE
FOUNDATION

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Oakland, CA 94612
510.238.1040
www.chcf.org

Appendix A: Affiliated Entities of California's Largest Health Insurance Carriers

COMPANY GROUPING	UNDER DMHC	UNDER CDI
Aetna	Aetna Health of California, Inc. [†]	Aetna Life Insurance Company* [†]
Anthem Blue Cross	Blue Cross of California, dba Anthem Blue Cross [†]	Anthem Blue Cross Life and Health Insurance Company [†]
Blue Shield	California Physicians' Service, dba Blue Shield of California [†]	Blue Shield of California Life and Health Insurance Company [†]
CIGNA	CIGNA HealthCare of California [†] GEMCare Health Plan, Inc.	Connecticut General Life Insurance Company* [†]
Health Net	Health Net of California, Inc. [†]	Health Net Life Insurance Company [†]
Kaiser	Kaiser Foundation Health Plan, Inc.*	Kaiser Permanente Insurance Company*
UnitedHealthcare	UHC of California, dba UnitedHealthcare of California [†]	UnitedHealthcare Insurance Company* [†] PacifiCare Life and Health Insurance Company

*Multi-state activities are included in California regulatory filings.

†Denotes entities paired under their company brand name on pages comparing or combining DMHC and CDI carriers.

Note: Largest plans were selected on the basis of enrollment at December, 2011.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI): California Life & Annuity Market Share Report, 2011.

Appendix B: Commercial Enrollment, DMHC and CDI, 2011

COMPANY NAME	DMHC			CDI				COMBINED	
	INDIVIDUAL	ALL GROUP	TOTAL	INDIVIDUAL	SMALL GROUP	LARGE GROUP	TOTAL	TOTAL	SHARE
Aetna	—	373,788	373,788	80,424	67,361	164,920	312,705	686,493	5%
Anthem Blue Cross	127,972	1,767,534	1,895,506	613,082	299,139	88,920	1,001,141	2,896,647	20%
Blue Shield	52,761	1,575,425	1,628,186	274,554	213,541	21,231	509,326	2,137,512	15%
CIGNA	143	230,256	230,399	9,521	190	279,941	289,652	520,051	4%
Health Net	3,163	940,868	944,031	51,713	58,902	53,311	163,926	1,107,957	8%
Kaiser	298,958	5,430,576	5,729,534	—	1,858	52,403	54,261	5,783,795	40%
UnitedHealthcare*	5,050	543,235	548,285	12,606	68,905	104,601	186,112	734,397	5%
All Others†	1,830	590,331	592,161	32,268	27,476	42,422	102,166	694,327	5%
Totals	489,877	11,452,013	11,941,890	1,074,168	737,372	807,749	2,619,289	14,561,179	100%
								Total Individual	1,564,045
								Total Group	12,997,134

*UnitedHealthcare figures include enrollment from PacifiCare.

†All Others includes carriers that had fewer than 500,000 combined enrollees. These plans include Heritage, CalOptima, Care 1st, and 116 other plans that are regulated by CDI or DMHC.

Source: CDI, Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major-Medical, 2011; Department of Managed Health Care (DMHC), Health Plan Financial Summary Data.

Appendix C: DMHC-Regulated Health Plans, December 31, 2011

RANK / HEALTH PLAN NAME	OFFICIAL HEALTH PLAN NAME	LOCATION (ADMIN. OFFICES)	DATE LICENSED	ENROLLMENT				PLAN TYPE	TAX STATUS
				SIZE (12/31/11)	CHANGE (YTD 6/12)	MEDI-CAL / OTHER PUBLIC*	MEDICARE		
6 Aetna ¹	Aetna Health Plan of California, Inc.	Walnut Creek	8/6/81	397,117	6%	—	3%	B	P
19 Alameda Alliance	Alameda Alliance For Health	Alameda	9/19/95	138,638	6%	97%	3%	C	NP
2 Anthem Blue Cross ²	Blue Cross of California	Thousand Oaks	1/7/93	3,327,808	-2%	29%	7%	B	P
33 Arcadian	Arcadian Health Plan, Inc.	Oakland	5/29/08	40,978	4%	—	—	M	—
53 Arta	Arta Medicare Health Plan, Inc.	San Diego	3/17/06	1	N/A	—	100%	M	—
3 Blue Shield ³	California Physicians' Service	San Francisco	7/27/78	2,457,425	1%	1%	6%	B	NP
10 CalOptima	Orange County Health Authority	Orange	6/28/00	437,428	-3%	97%	3%	C/B	NP
17 CalViva Health	Fresno-Kings-Madera Regional Health Authority	Fresno	12/30/10	174,313	7%	100%	—	C	NP
11 Care 1st	Care 1st Health Plan	Monterey Park	11/1/95	365,933	7%	69%	4%	O	NP
32 CareMore	CareMore Health Plan	Cerritos	11/1/02	46,507	6%	—	100%	M	P
26 CenCal	Santa Barbara San Luis Obispo Regional Health Authority	Goleta	6/22/00	105,791	-6%	97%	—	C	NP
14 Central California Alliance for Health	Santa Cruz-Monterey-Merced Managed Medical Care Commission	Scotts Valley	6/20/00	209,115	1%	100%	—	C	NP
43 Central Health Plan	Central Health Plan of California, Inc.	Covina	10/27/04	11,017	11%	—	100%	M	P
41 Chinese Community Health Plan	Chinese Community Health Plan	San Francisco	7/31/87	14,577	2%	—	57%	O	P
47 Choice Physicians	Choice Physicians Network, Inc.	Pasadena	9/14/09	4,640	1%	—	—	M	—
13 CIGNA	Cigna HealthCare of California, Inc.	Glendale	3/23/79	230,399	-6%	—	—	O	P
45 Citizens Choice	Honored Citizens Choice Health Plan, Inc.	Cerritos	5/25/04	13,475	-12%	—	100%	M	—

1. Excludes enrollment in Aetna's Employee Assistance Program (409,853 at December 2011; 447,620 at June 2012).

2. Total enrollment includes 211,723 (6% of total) and 200,299 (6% of total) enrolled in administrative services only (ASO) contracts for December 2011 and June 2012, respectively.

3. Total enrollment includes 647,063 (26% of total) and 713,972 (29% of total) enrolled in ASO contracts for December 2011 and June 2012, respectively.

*Other Public includes AIM, Healthy Families, Healthy Kids, and IHSS.

†Limited or restricted license. Permitted to assume full-risk for physician and hospital services, but contracts with other health plans for enrollment.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

KEY TO TAX STATUS: P (for Profit); NP (Nonprofit, public health agency, or joint power authority). **NOT SHOWN:** Plans with no enrollment as of December 2011: San Miguel Health Plan.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Filings and *List of All Licensed Plans (11/27/2012)*; supplemental information on tax status from the California Association of Health Plans 2011 Annual Report.

Appendix C: DMHC-Regulated Health Plans, December 31, 2011, *continued*

RANK / HEALTH PLAN NAME	OFFICIAL HEALTH PLAN NAME	LOCATION (ADMIN. OFFICES)	DATE LICENSED	ENROLLMENT				PLAN TYPE	TAX STATUS	
				SIZE (12/31/11)	CHANGE (YTD 6/12)	MEDI-CAL / OTHER PUBLIC*	MEDICARE			
20	Community Health Group	Chula Vista	8/30/85	139,222	5%	99%	1%	O	NP	
18	Community Health Plan	County of Los Angeles – Department of Health Services	Alhambra	12/30/85	186,413	N/A	100%	—	C	NP
25	Contra Costa Health Plan	Contra Costa County Medical Services	Martinez	4/6/78	104,835	4%	74%	—	C	NP
34	Easy Choice	Easy Choice Health Plan, Inc.	Newport Beach	6/11/07	15,476	103%	—	100%	M	P
48	Epic	EPIC Health Plan	Long Beach	6/11/07	1,796	21%	—	100%	M	—
38	GEMCare	GEMCare Health Plan, Inc.	Glendale	3/22/96	16,680	15%	—	42%	M	P
52	Golden State	Golden State Medicare Health Plan	Seal Beach	5/14/09	631	N/A	—	100%	M	—
4	Health Net	Health Net of California, Inc.	Woodland Hills	2/7/97	2,311,982	—	45%	5%	B	P
22	Health Plan of San Joaquin	San Joaquin County Health Commission	French Camp	1/30/96	122,587	6%	95%	—	C	NP
29	Health Plan of San Mateo	San Mateo Health Commission	S. San Francisco	7/31/98	81,931	-1%	90%	10%	C	NP
9	Heritage [†]	Heritage Provider Network, Inc.	Northridge	n/a	459,439	-4%	3%	17%	B	P
40	Humana	Humana Health Plan of California, Inc.	Carlsbad	2/7/97	6,210	153%	—	100%	M	P
8	Inland Empire	Inland Empire Health Plan	San Bernardino	7/22/96	528,760	8%	99%	1%	C/B	NP
39	Inter Valley	Inter Valley Health Plan	Pomona	5/25/79	16,883	9%	—	100%	M	NP
1	Kaiser	Kaiser Foundation Health Plan, Inc.	Oakland	11/4/77	6,938,003	1%	5%	12%	B	NP
23	Kern Family Health Care	Kern Health Systems	Bakersfield	5/6/96	114,381	2%	100%	—	C	NP
5	L.A. Care	Local Initiative Health Authority for L.A. County	Los Angeles	4/1/97	977,786	8%	100%	—	C/B	NP
44	MD Care	MD Care, Inc.	Los Alamitos	7/6/07	15,283	-22%	—	100%	M	—

*Other Public includes AIM, Healthy Families, Healthy Kids, and IHSS.

[†]Limited or restricted license. Permitted to assume full-risk for physician and hospital services, but contracts with other health plans for enrollment.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

KEY TO TAX STATUS: P (for Profit); NP (Nonprofit, public health agency, or joint power authority). **NOT SHOWN:** Plans with no enrollment as of December 2011: San Miguel Health Plan.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Filings and *List of All Licensed Plans (11/27/2012)*; supplemental information on tax status from the California Association of Health Plans 2011 Annual Report.

Appendix C: DMHC-Regulated Health Plans, December 31, 2011, *continued*

RANK / HEALTH PLAN NAME	OFFICIAL HEALTH PLAN NAME	LOCATION (ADMIN. OFFICES)	DATE LICENSED	ENROLLMENT				PLAN TYPE	TAX STATUS
				SIZE (12/31/11)	CHANGE (YTD 6/12)	MEDI-CAL / OTHER PUBLIC*	MEDICARE		
12 Molina	Molina Healthcare of California	Long Beach	3/14/97	354,828	-1%	67%	-2%	O	P
42 Monarch [†]	Monarch Health Plan	Irvine	4/18/07	11,412	13%	—	—	M	—
51 On Lok ⁴	On Lok Senior Health Services	San Francisco	1/20/99	1,145	3%	4%	2%	O	NP
15 Partnership	Partnership HealthPlan of California	Fairfield	11/4/05	209,158	-3%	97%	3%	CT	NP
50 Positive Healthcare	AIDS Healthcare Foundation	Long Beach	12/1/05	1,696	N/A	52%	48%	O	NP
49 Premier	Premier Health Plan Services, Inc.	Lakewood	6/25/09	1,851	9%	—	—	M	—
16 Primecare [†]	Primecare Medical Network, Inc.	Ontario	10/16/98	190,760	2%	—	—	O	P
30 San Francisco	San Francisco Community Health Authority	San Francisco	5/23/05	71,502	8%	100%	—	C	NP
21 Santa Clara Family Health Plan	Santa Clara County Health Authority	Campbell	12/20/96	135,871	3%	100%	—	C	NP
24 SCAN	Scan Health Plan	Long Beach	11/30/84	114,080	1%	6%	93%	M	NP
36 Scripps [†]	Scripps Health Plan Services, Inc.	San Diego	4/7/99	26,821	—	—	—	M	—
31 Sharp	Sharp Health Plan	San Diego	9/18/92	54,974	15%	—	—	O	NP
35 SIMNSA	Sistemas Medicos Nacionales, S.A.de C.V.	Tijuana, MX	1/31/00	28,532	5%	—	—	O	P
7 UnitedHealthcare	UHC of California	Cypress	5/15/78	856,174	-3%	—	36%	B	P
46 Universal Care	Universal Care	Signal Hill	10/15/85	17,926	-73%	—	11%	O	P
28 Valley Health Plan	Santa Clara County	San Jose	9/13/85	81,202	5%	6%	—	C	NP
37 Ventura County Health Plan	County of Ventura	Ventura	6/6/96	23,824	4%	46%	—	O	NP
27 Western	Western Health Advantage	Sacramento	1/14/97	88,693	3%	—	—	O	NP

4. On Lok operates under Medicare and Medicaid waivers as a prototype "Program of All-inclusive Care for the Elderly" (PACE), providing complete care to a nursing-home-certified population which remains in the community.

*Other Public includes AIM, Healthy Families, Healthy Kids, and IHSS.

†Limited or restricted license. Permitted to assume full-risk for physician and hospital services, but contracts with other health plans for enrollment.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

KEY TO TAX STATUS: P (for Profit); NP (Nonprofit, public health agency, or joint power authority). **NOT SHOWN:** Plans with no enrollment as of December 2011: San Miguel Health Plan.

Sources: Department of Managed Health Care (DMHC), Health Plan Financial Filings and *List of All Licensed Plans (11/27/2012)*; supplemental information on tax status from the California Association of Health Plans 2011 Annual Report.

Appendix D: Selected CDI-Regulated Health Insurers, Year-End 2011

OFFICIAL HEALTH PLAN NAME	NAME USED IN PUBLICATION	CALIFORNIA A&H PREMIUMS (IN MILLIONS)
Aetna Life Insurance Company	Aetna	\$1,743
Anthem Blue Cross Life and Health Company	Anthem Blue Cross	\$5,736
Blue Shield of California Life & Health Insurance Company	Blue Shield	\$1,397
Connecticut General Life Insurance Company*	CIGNA	\$876
Health Net Life Insurance Company	Health Net	\$1,121
Kaiser Permanente Insurance Company	Kaiser	\$164
PacifiCare Life and Health Insurance Company	PacifiCare	\$68
UnitedHealthcare Insurance Company	UHC	\$1,860

*Wholly owned subsidiary of CIGNA.

Notes: Selected insurers include CDI-regulated companies selling accident and health insurance (A&H), with California direct accident and health premiums greater than \$700 million in 2011; also shown: PacifiCare, which has the same ultimate parent as UnitedHealthcare; Kaiser Permanente Insurance Company. Products sold include comprehensive major medical insurance, in addition to other products, such as dental, Medicare supplement, Part D – standalone, and stop-loss.

Source: California Department of Insurance (CDI) Insurers' Annual Statements, Schedule T.

Appendix E: Financial Summary, DMHC-Regulated Health Plans

RANK / HEALTH PLAN NAME	FISCAL YEAR END	REPORT TYPE	STATEMENT DATE	NET INCOME /LOSS (IN MILLIONS)	TOTAL REVENUE (IN MILLIONS)	TANGIBLE NET EQUITY (IN MILLIONS)	NET INCOME (AS SHARE OF REVENUE)	MEDICAL LOSS RATIO	ADMIN. COST RATIO	TNE TO REQUIRED	CURRENT ASSETS: CURRENT LIABILITIES	PLAN TYPE	ENROLLEES (AT STATEMENT DATE)
6 Aetna	Dec	Annual	12/31/11	\$101.21	\$1,800.94	\$194.10	5.6%	82.4%	9.8%	564%	0.68	B	806,970
25 Alameda Alliance [†]	June	Annual	6/30/11	\$6.60	\$273.97	\$29.61	2.4%	89.7%	8.0%	234%	1.44	C	128,575
		YTD	6/30/12	-\$9.16	\$368.91	\$20.20	-2.5%	95.9%	7.0%	123%	1.12		146,580
2 Anthem Blue Cross	Dec	Annual	12/31/11	\$507.66	\$11,118.91	\$1,188.89	4.6%	84.2%	9.0%	392%	1.36	B	3,327,808
20 Arcadian	Dec	Annual	12/31/11	-\$5.34	\$408.63	\$41.63	-1.3%	84.0%	17.9%	215%	1.03	M	40,978
53 Arta	Dec	Annual	12/31/11	\$0.05	\$3.62	—	1.4%	97.9%	1.1%	0%	0.00	M	1
4 Blue Shield	Dec	Annual	12/31/11	\$78.04	\$8,334.76	\$3,253.47	0.9%	89.0%	12.5%	1456%	1.14	B	2,457,425
9 CalOptima [†]	June	Annual	6/30/11	\$4.27	\$1,472.58	\$153.32	0.3%	93.9%	4.2%	315%	0.92	C/B	433,737
		YTD	6/30/12	\$2.66	\$1,500.85	\$155.98	0.2%	93.7%	4.6%	319%	0.91		424,274
44 CalViva Health [†]	June	Annual	6/30/11	\$0.46	\$97.43	\$3.41	0.5%	88.4%	9.0%	176%	1.07	C	161,786
			6/30/12	\$4.91	\$360.99	\$8.35	1.4%	89.0%	7.2%	158%	1.20		186,496
13 Care 1st	Dec	Annual	12/31/11	\$12.29	\$763.90	\$97.13	1.6%	91.8%	10.0%	498%	1.50	O	365,933
14 CareMore	Dec	Annual	12/31/11	\$35.34	\$720.74	\$64.01	4.9%	80.8%	11.0%	235%	1.17	M	46,507
21 CenCal [†]	June	Annual	6/30/11	\$6.70	\$371.53	\$20.92	1.8%	91.6%	4.6%	128%	1.35	C	106,358
		YTD	6/30/12	\$0.70	\$329.82	\$21.62	0.2%	93.0%	4.7%	125%	1.34		99,205
16 Central California Alliance for Health [†]	Dec	Annual	12/31/11	\$31.30	\$582.68	\$159.59	5.4%	89.9%	5.0%	602%	2.39	C	210,353
42 Central Health Plan	Dec	Annual	12/31/11	\$4.00	\$104.38	\$4.21	3.8%	82.8%	12.8%	134%	1.34	M	11,017
39 Chinese Community Health Plan	Dec	Annual	12/31/11	\$2.83	\$114.71	\$18.61	2.5%	85.9%	12.7%	838%	2.35	O	14,572
47 Choice Physicians Network	Dec	Annual	12/31/11	\$0.47	\$41.22	\$2.40	1.1%	94.2%	4.0%	186%	0.65	M	4,640
11 CIGNA	Dec	Annual	12/31/11	-\$0.44	\$944.47	\$41.81	-0.05%	96.0%	4.4%	149%	1.43	O	230,399
35 Citizens Choice	Dec	Annual	12/31/11	\$4.80	\$159.38	\$5.82	3.0%	87.7%	9.3%	117%	1.15	M	13,475

*Limited or restricted license. Permitted to assume full risk for physician and hospital services, but contracts with other health plans for enrollment.

†County-based plans.

Notes: Rank based on 2011 revenues. Most recent annual figures shown. Year-to-date figures shown for plans with fiscal year-end other than December. Tangible net equity (TNE) is a measure of the physical worth of a company and excludes the value of intangible assets.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on December 2011 enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

NOT SHOWN: Plans with no enrollment as of December 2011: San Miguel Health Plan.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data, wps.dmhc.ca.gov.

Appendix E: Financial Summary, DMHC-Regulated Health Plans, *continued*

RANK / HEALTH PLAN NAME	FISCAL YEAR END	REPORT TYPE	STATEMENT DATE	NET INCOME /LOSS (IN MILLIONS)	TOTAL REVENUE (IN MILLIONS)	TANGIBLE NET EQUITY (IN MILLIONS)	NET INCOME (AS SHARE OF REVENUE)	MEDICAL LOSS RATIO	ADMIN. COST RATIO	TNE TO REQUIRED	CURRENT ASSETS: CURRENT LIABILITIES	PLAN TYPE	ENROLLEES (AT STATEMENT DATE)
28 Community Health Group	Dec	Annual	12/31/11	\$6.42	\$237.55	\$52.49	2.7%	91.4%	6.0%	404%	2.30	C	139,222
24 Community Health Plan [†]	June	Annual	6/30/11	\$18.27	\$306.92	\$18.45	6.0%	85.3%	8.9%	404%	1.47	C	208,324
		YTD	6/30/12	\$34.33	\$188.53	\$52.78	18.2%	76.8%	5.5%	1,565%	11.43		11,541
26 Contra Costa Health Plan [†]	June	Annual	6/30/11	\$0.74	\$266.00	\$8.09	0.3%	119.6%	3.2%	187%	1.11	C	98,654
		YTD	6/30/12	\$3.95	\$324.32	\$12.04	1.2%	122.0%	2.9%	167%	1.14		109,099
37 Easy Choice	Dec	Annual	12/31/11	\$3.02	\$146.74	\$8.34	2.1%	86.7%	11.2%	150%	1.40	M	15,478
50 Epic	Dec	Annual	12/31/11	-\$0.01	\$11.41	\$2.90	0%	98%	2%	290%	2.17	M	1,796
40 GEMCare	Dec	Annual	12/31/11	\$0.86	\$109.83	\$5.25	0.8%	92.1%	8.9%	151%	1.43	M	16,680
51 Golden State	Dec	Annual	12/31/11	\$0.11	\$6.61	\$1.36	1.6%	86.2%	12.9%	136%	5.59	M	631
3 Health Net	Dec	Annual	12/31/11	\$181.08	\$9,467.78	\$1,106.17	1.9%	87.2%	10.5%	503%	2.08	B	2,311,982
34 Health Plan of San Joaquin [†]	June	Annual	6/30/11	\$6.87	\$166.01	\$49.60	4.1%	89.4%	7.1%	585%	2.74	C	117,151
		YTD	6/30/12	\$0.77	\$210.18	\$50.37	0.4%	92.5%	7.7%	442%	2.01		129,812
19 Health Plan of San Mateo [†]	Dec	Annual	12/31/11	\$4.01	\$457.08	\$75.81	0.9%	92.6%	7.4%	344%	1.61	C	81,931
7 Heritage*	Dec	Annual	12/31/11	\$2.18	\$1,639.02	\$53.20	0.1%	93.7%	7.9%	125%	1.16	B	459,439
46 Humana	Dec	Annual	12/31/11	-\$1.83	\$45.91	\$2.50	-4.0%	86.9%	19.4%	186%	1.61	M	6,210
12 Inland Empire [†]	June	Annual	6/30/11	\$27.02	\$868.61	\$70.59	3.1%	78.1%	4.8%	271%	1.63	C/B	500,542
		YTD	6/30/12	\$37.07	\$991.59	\$107.66	3.7%	89.1%	5.2%	331%	1.73		568,731
33 Inter Valley	Mar	Annual	3/31/12	\$2.48	\$201.78	\$21.34	1.2%	89.4%	9.5%	607%	1.39	M	18,341
			3/31/11	\$0.58	\$170.00	\$18.70	0.3%	89.2%	10.5%	585%	2.65		16,558
1 Kaiser ¹	Dec	Annual	12/31/11	\$2,013.15	\$48,404.57	\$12,444.62	4.2%	94.6%	4.3%	1,023%	0.90	B	6,938,003
31 Kern Family Health Care [†]	Dec	Annual	12/31/11	\$10.67	\$219.69	\$97.92	4.9%	105.3%	6.9%	731%	4.24	C	114,381

1. Kaiser financial figures reflect multi-state activity.

*Limited or restricted license. Permitted to assume full risk for physician and hospital services, but contracts with other health plans for enrollment.

†County-based plans.

Notes: Rank based on 2011 revenues. Most recent annual figures shown. Year-to-date figures shown for plans with fiscal year-end other than December. Tangible net equity (TNE) is a measure of the physical worth of a company and excludes the value of intangible assets.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on December 2011 enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

NOT SHOWN: Plans with no enrollment as of December 2011: San Miguel Health Plan.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data, wps.dmhc.ca.gov.

Appendix E: Financial Summary, DMHC-Regulated Health Plans, *continued*

RANK / HEALTH PLAN NAME	FISCAL YEAR END	REPORT TYPE	STATEMENT DATE	NET INCOME /LOSS (IN MILLIONS)	TOTAL REVENUE (IN MILLIONS)	TANGIBLE NET EQUITY (IN MILLIONS)	NET INCOME (AS SHARE OF REVENUE)	MEDICAL LOSS RATIO	ADMIN. COST RATIO	TNE TO REQUIRED	CURRENT ASSETS: CURRENT LIABILITIES	PLAN TYPE	ENROLLEES (AT STATEMENT DATE)
10 L.A. Care [†]	Sept	Annual YTD	9/30/11 6/30/12	\$5.22 -\$20.10	\$1,370.86 \$1,411.61	\$150.72 \$130.61	0.4% -1.4%	95.3% 97.4%	4.6% 4.3%	611% 1,015%	1.65 1.65	C/B	941,520 1,055,667
32 MD Care	Dec	Annual	12/31/11	-\$23.81	\$176.99	\$13.03	-13.5%	101.3%	12.2%	157%	1.17	M	15,283
17 Molina	Dec	Annual	12/31/11	\$8.81	\$568.26	\$31.77	1.6%	87.3%	9.1%	179%	1.45	C	354,828
41 Monarch*	Dec	Annual	12/31/11	\$3.34	\$107.15	\$7.23	3.1%	93.5%	2.9%	176%	1.50	M	11,412
43 On Lok	June	Annual	6/30/11 6/30/12	\$11.45 \$1.56	\$100.77 \$95.80	\$82.06 \$82.05	11.4% 1.6%	91.5% 89.4%	7.9% 9.1%	2,628% 2,561%	2.29 1.69	M/C	1,108 1,176
15 Partnership [†]	June	Annual YTD	6/30/11 6/30/12	\$50.21 \$51.48	\$698.29 \$907.77	\$122.63 \$174.11	7.2% 5.7%	85.9% 88.1%	4.8% 4.3%	466% 518%	1.83 2.07	C	167,265 203,881
23 Positive Healthcare	Dec	Annual	12/31/11	\$40.59	\$328.76	\$94.44	12.3%	300.1%	15.7%	3,144%	2.46	O	1,696
52 Premier	June	Annual YTD	6/30/11 6/30/12	\$0.02 \$0.58	\$4.12 \$17.28	\$1.51 \$2.10	0.4% 3.4%	88.5% 81.1%	11.0% 13.0%	151% 210%	1.77 1.55	M	1,790 2,014
18 Primecare*	Dec	Annual	12/31/11	\$24.91	\$514.32	\$19.67	4.8%	80.2%	12.2%	163%	1.22	O	190,760
38 San Francisco [†]	June	Annual YTD	6/30/11 6/30/12	-\$0.41 -\$4.45	\$142.51 \$201.61	\$30.15 \$26.51	-0.3% -2.2%	92.1% 89.8%	14.9% 12.6%	1,141% 628%	1.08 0.98	C	64,373 76,878
27 Santa Clara Family Health Plan [†]	June	Annual YTD	6/30/11 6/30/12	\$10.99 \$0.00	\$255.01 \$0.28	\$36.09 \$26.59	4.3% 0.2%	86.5% 92.5%	23.8% 17.5%	724% 724%	2.44 1.76	C	131,329 140,034
8 SCAN	Dec	Annual	12/31/11	-\$178.06	\$1,615.85	\$435.00	-11.0%	89.8%	20.1%	1,981%	1.78	M	114,080
29 Scripps*	Sept	Annual YTD	9/30/11 6/30/12	\$0.50 \$0.14	\$236.80 \$178.83	\$8.82 \$7.95	0.2% 0.1%	100.0% 100.1%	4.0% 4.6%	126% 117%	1.28 1.28	M	26,984 26,788
30 Sharp	Sept	Annual YTD	9/30/11 6/30/12	\$3.79 \$4.77	\$226.62 \$205.23	\$34.18 \$38.94	1.7% 2.3%	89.8% 90.9%	8.4% 7.6%	871% 1,194%	1.63 1.57	O	54,446 63,002
48 SIMNSA	Dec	Annual	12/31/11	\$1.11	\$36.72	\$5.77	3.0%	66.1%	29.8%	332%	1.85	O	28,532

*Limited or restricted license. Permitted to assume full risk for physician and hospital services, but contracts with other health plans for enrollment.

[†]County-based plans.

Notes: Rank based on 2011 revenues. Most recent annual figures shown. Year-to-date figures shown for plans with fiscal year-end other than December. Tangible net equity (TNE) is a measure of the physical worth of a company and excludes the value of intangible assets.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on December 2011 enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

NOT SHOWN: Plans with no enrollment as of December 2011: San Miguel Health Plan.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data, wps.dmhc.ca.gov.

Appendix E: Financial Summary, DMHC-Regulated Health Plans, *continued*

RANK / HEALTH PLAN NAME	FISCAL YEAR END	REPORT TYPE	STATEMENT DATE	NET INCOME /LOSS (IN MILLIONS)	TOTAL REVENUE (IN MILLIONS)	TANGIBLE NET EQUITY (IN MILLIONS)	NET INCOME (AS SHARE OF REVENUE)	MEDICAL LOSS RATIO	ADMIN. COST RATIO	TNE TO REQUIRED	CURRENT ASSETS: CURRENT LIABILITIES	PLAN TYPE	ENROLLEES (AT STATEMENT DATE)
5 UnitedHealthcare	Dec	Annual	12/31/11	\$269.39	\$6,419.72	\$565.26	4.2%	86.1%	7.5%	771%	1.59	B	856,174
49 Universal Care	June	Annual YTD	6/30/11	-\$0.92	\$35.90	\$1.44	-2.6%	82.9%	18.2%	141%	0.80	C	17,233
			6/30/12	-\$0.34	\$39.57	\$1.35	-0.9%	87.9%	12.6%	124%	0.96		4,924
36 Valley Health Plan [†]	June	Annual YTD	6/30/11	\$6.36	\$159.12	\$14.78	4.0%	90.1%	6.1%	479%	2.42	C	77,858
			6/30/12	\$7.07	\$182.97	\$21.53	3.9%	90.9%	5.4%	647%	2.77		85,199
45 Ventura County Health Plan [†]	June	Annual YTD	6/30/11	\$0.11	\$46.52	\$7.51	0.2%	94.5%	5.7%	230%	1.54	O	23,429
			6/30/12	\$1.17	\$53.98	\$8.68	2.2%	90.3%	8.1%	233%	1.58		24,697
22 Western	June	Annual	6/30/11	\$2.25	\$344.27	\$16.97	0.7%	91.6%	7.8%	344%	1.51	O	88,224
			6/30/12	\$1.49	\$398.33	\$18.46	0.4%	92.4%	7.2%	337%	1.52		91,236

*Limited or restricted license. Permitted to assume full risk for physician and hospital services, but contracts with other health plans for enrollment.

[†]County-based plans.

Notes: Rank based on 2011 revenues. Most recent annual figures shown. Year-to-date figures shown for plans with fiscal year-end other than December. Tangible net equity (TNE) is a measure of the physical worth of a company and excludes the value of intangible assets.

KEY TO PLAN TYPES: B (Big): 400,000+ enrollees; C (Medi-Cal): 70%+ enrollees in Medi-Cal, Healthy Families, AIM; M (Medicare): 70%+ enrollees in Medicare; O (Other). Plan Type determination based on December 2011 enrollment reports, disclosures, and footnotes in plan financial filings with DMHC.

NOT SHOWN: Plans with no enrollment as of December 2011: San Miguel Health Plan.

Source: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data, wps.dmhc.ca.gov.

Appendix F: Financial Summary, Selected CDI-Regulated Insurers

	YEAR	AETNA*	ANTHEM BLUE CROSS	BLUE SHIELD	CIGNA*	HEALTH NET*	KAISER*	PACIFICARE*	UNITED HEALTHCARE*	
Income and Revenue (in millions)										
Revenue	2011	\$12,412	\$5,753	\$1,393	\$7,394	\$1,307	\$272	\$350	\$42,321	
	2010	15,002	4,939	1,369	9,634	1,294	250	382	40,366	
	2009	16,393	4,250	1,231	7,435	1,292	214	480	36,342	
Net Income	2011	1,001	204	-41	590	23	3	87	2,430	
	2010	1,193	206	7	676	27	4	118	2,259	
	2009	883	171	-63	647	58	2	121	1,994	
Business and Spending Metrics										
Margin (net income as percentage of revenue)	2011	8.1%	3.5%	-3.0%	8.0%	1.7%	1.2%	25.0%	5.7%	
Loss Ratio (A&H)	2011	82.3%	82.6%	82.8%	82.2%	84.0%	82.4%	82.6%	80.5%	
Administrative Percentage (A&H)	2011	7.0%	12.4%	23.7%	9.1%	15.8%	6.3%	21.4%	11.6%	
Commissions (as percentage of premium, A&H)	2011	0.8%	n/a	7.7%	1.6%	-2.7%	n/a	5.8%	3.3%	
Non-Federal Taxes/Licenses/Fees (as percentage of revenue)	2011	4.1%	n/a	2.4%	3.2%	3.0%	n/a	2.7%	1.6%	
Federal Tax (as percentage of revenue)	2011	4.4%	1.2%	-1.7%	1.9%	0.6%	1.2%	13.1%	2.9%	
Premium (as percentage of capital and surplus)	2011	385%	502%	596%	233%	334%	384%	32%	949%	
Distribution of A&H Business										
California's Share of Company Business	2011	11.6%	100.0%	100.0%	10.0%	56.5%	60.1%	32.5%	—	
	2010	11.5%	100.0%	100.0%	9.6%	56.0%	45.8%	44.1%	5.0%	
Annual Growth/Decline										
Revenue	2011	-17%	16%	2%	-23%	1%	9%	-8%	5%	
	2010	-8%	16%	11%	30%	0%	17%	-20%	11%	
	2009	13%	10%	61%	-9%	-7%	—	-18%	10%	
Net Income	2011	-16%	-1%	-717%	-13%	-16%	-16%	-26%	8%	
	2010	35%	21%	-111%	5%	-54%	143%	-3%	13%	
	2009	-7%	-12%	-2,231%	66,047%	313%	-55%	-19%	7%	
California Premium Revenue (A&H)	2011	0%	16%	5%	4%	3%	43%	-40%	5%	
	2010	5%	15%	9%	42%	0%	—	-58%	6%	
	2009	23%	12%	61%	-13%	4%	—	-34%	17%	

*Figures reflect multi-state data.

Notes: A&H refers to accident and health, the line of business encompassing comprehensive major medical insurance and other products such as dental insurance and Medicare Part D standalone coverage.

Source: California Department of Insurance (CDI), Insurers' Annual Statements, 2008-2011.

Appendix G: Medical Loss Ratios, 2011

COMPANY NAME	MEDICAL LOSS RATIOS			AVERAGE AMOUNT PAID			TOTAL REBATE PAID			TOTAL
	INDIVIDUAL	SMALL GROUP	LARGE GROUP	INDIVIDUAL	SMALL GROUP	LARGE GROUP	INDIVIDUAL	SMALL GROUP	LARGE GROUP	
DMHC-Regulated Health Plans and Insurers										
Aetna	N/A	84.6%	85.2%	—	—	—	—	—	—	—
Anthem Blue Cross	80.9%	77.5%	89.8%	—	\$212	—	—	\$38,562,392	—	—
Blue Shield	83.7%	82.6%	91.6%	—	—	—	—	—	—	—
CIGNA	N/A	N/A	97.5%	—	—	—	—	—	—	—
Health Net	105.3%	80.6%	90.8%	—	—	—	—	—	—	—
Kaiser	99.9%	93.8%	92.9%	—	—	—	—	—	—	—
Universal Healthcare	80.1%	77.7%	88.6%	—	\$173	—	—	\$3,857,554	—	—
CDI-Regulated Health Plans and Insurers										
Aetna	82.2%	82.0%	84.6%	—	—	\$40	—	—	\$3,419,151	—
Anthem Blue Cross	79.9%	82.9%	86.0%	\$3	—	—	\$1,286,556	—	—	—
Blue Shield	78.2%	83.7%	87.2%	\$42	—	—	\$10,818,579	—	—	—
CIGNA	87.3%	N/A	84.5%	—	—	\$38	—	—	\$3,377,153	—
Health Net	88.2%	85.2%	89.4%	—	—	—	—	—	—	—
Kaiser	79.6%	N/A	119.9%	\$7	—	—	\$277,034	—	—	—
PacificCare	92.9%	N/A	81.0%	—	—	\$12	—	—	\$789,615	—
Universal Healthcare	N/A	85.3%	88.7%	—	—	—	—	—	—	—
Totals							\$20,506,850	\$42,256,439	\$11,141,991	\$73,905,280

Notes: Blank cells in the table indicate that no rebate was owed by that carrier for that line of business. Rebates were computed and paid in 2012 for coverage in 2011. Totals also include smaller carriers not shown here.

Sources: US Department of Health and Human Services, Medical Loss Ratio (MLR) Filings, companyprofiles.healthcare.gov. Centers for Medicare and Medicaid Services (CMS), Center for Consumer Information and Insurance Oversight (CCIIO), List of Health Insurers Owing Rebates in 2012, www.cciio.cms.gov. CMS, CCIIO, MLR Filings, www.cciio.cms.gov.

Appendix H: Medicare Advantage Enrollment, June 2012

PLAN NAME	ENROLLMENT	PLAN NAME	ENROLLMENT	PLAN NAME	ENROLLMENT
Aetna	30,158	Consolidated Association of Railroad Employees [†]	17	MD Care	11,159
Alameda Alliance	4,675	Contra Costa Health Plan	488	Medical Associates Health Plan, Inc.	12
AltaMed Health Services Corporation*	832	Deseret Healthcare Employee Benefits Trust	132	Molina	6,863
Anthem Blue Cross	57,476	Easy Choice	30,428	MVP Health Plan, Inc.	563
Arcadian	1,516	Empire HealthChoice Assurance, Inc.	133	On Lok*	1,106
Arizona Physicians	25	GEMCare	8,036	Partnership	7,423
Blue Cross Blue Shield of Michigan	791	Golden State	769	Positive Healthcare	802
Blue Shield	61,397	Health Net	139,616	Pyramid Life Insurance Company	484
CalOptima	13,664	Health Plan of Nevada	64	Rocky Mountain Hospital and Medical Services	56
Care 1st	23,177	Health Plan of San Mateo	8,366	Santa Fe Employees Hospital Association	236
CareMore	48,983	HealthNow New York Inc.	12	SCAN	114,940
Center For Elders Independence*	439	HealthSpring Life and Health Insurance Company, Inc.	11	Sutter Health Sacramento Sierra Region*	198
Central Health Plan	12,160	Highmark, Inc	675	Union Pacific Railroad Employees Health Systems [†]	475
Chinese Community Health Plan	8,426	Humana	15,387	United Mine Workers of America Health and Retirement [†]	13
CIGNA	23	Inland Empire	7,535	UnitedHealthcare	334,358
Citizen's Choice	11,892	Inter Valley	18,325	Universal Care	2,166
Community Eldercare of San Diego*	138	Kaiser	841,791		
Community Health Group	1,126	L.A. Care	3,027		
Community Insurance Company	772			Total	1,833,336

*National Program of All-Inclusive Care for the Elderly (PACE), an alternative to nursing home care for certain individuals eligible for both Medicare and Medicaid. Plans receive a monthly capitation from Medicare and Medicaid.

[†]Operates under a contract with CMS which does not involve capitation for services, including 1833 Cost Contract and 1876 Cost Contract.

Notes: Under Medicare Advantage, health plans provide all Medicare benefits in exchange for a capitated payment. CMS reporting of Medicare Advantage counts includes 741 enrollees in 1833 Cost Contracts, which do not capitate payments, 2,713 enrollees in National PACE, and 500 enrollees in 1876 Cost Contracts.

Source: Centers for Medicare and Medicaid Services (CMS), Monthly MA Enrollment by State/County/Contract, June 2012, www.cms.gov.

Appendix I: Medi-Cal Enrollment, by Health Plan, December 2011 and June 2012

PLAN NAME	ENROLLMENT		CHANGE [†]		AS A SHARE OF...		COUNTIES OF OPERATION 2011 AND 2012
	DEC. 2011	JUNE 2012	ANNUAL	YTD	ALL BENEFICIARIES	MANAGED CARE	
Alameda Alliance For Health*	118,863	126,054	15%	6%	2%	3%	Alameda
Anthem Blue Cross	442,453	450,642	6%	2%	6%	9%	Alameda, Contra Costa, Fresno, Sacramento, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare
CalOptima *	382,644	391,643	3%	2%	5%	8%	Orange
CalViva Health*	177,615	190,067	—	7%	3%	4%	Fresno, Kings, Madera
Care 1st Health Plan	25,487	28,421	62%	12%	—	1%	San Diego
CenCal*	93,416	96,075	1%	3%	1%	2%	San Luis Obispo, Santa Barbara
Central California Alliance For Health*	182,160	189,907	1%	4%	3%	4%	Merced, Monterey, Santa Cruz
Community Health Group	115,733	121,786	10%	5%	2%	2%	San Diego
Contra Costa Health Plan*	72,497	77,329	15%	7%	1%	2%	Contra Costa
Family Mosaic Project	127	133	2%	5%	—	—	San Francisco
Gold Coast Health Plan*	104,900	105,368	—	—	1%	2%	Ventura
Health Net	677,902	717,718	-8%	6%	10%	15%	Fresno, Kern, Los Angeles, Sacramento, San Diego, Stanislaus, Tulare
Health Plan Of San Joaquin*	92,845	100,169	17%	8%	1%	2%	San Joaquin
Health Plan Of San Mateo*	62,055	64,193	3%	3%	1%	1%	San Mateo
Inland Empire Health Plan*	470,162	500,133	14%	6%	7%	10%	Riverside, San Bernardino
Kaiser Foundation Health Plan	41,969	42,509	—	1%	1%	1%	Marin, Sacramento, San Diego
Kern Family Health Care*	114,385	116,425	5%	2%	2%	2%	Kern
L.A. Care*	956,239	995,128	12%	4%	13%	20%	Los Angeles
Molina	200,976	201,260	4%	—	3%	4%	Riverside, San Bernardino, Sacramento, San Diego
Partnership*	196,376	201,692	26%	3%	3%	4%	Marin, Mendocino, Napa, Solano, Sonoma, Yolo
Positive Healthcare	874	886	13%	1%	—	—	Los Angeles
San Francisco*	50,819	56,396	26%	11%	1%	1%	San Francisco
Santa Clara Family Health Plan*	112,348	117,176	9%	4%	2%	2%	Santa Clara
Total Managed Care Enrollment	4,692,845	4,891,110	13%	4%	66%	100%	Number of counties with managed care: 30
Total Fee-For-Service Beneficiaries	2,886,858	2,504,113	-13%	-13%	34%		
Total Medi-Cal Beneficiaries	7,579,703	7,395,223	2%	-2%	100%		

*County-based plans. Gold Coast Health Plan is regulated only by the Department of Health Care Services.

†Annual reflects change from December 2010 to December 2011; YTD reflects change from December 2011 to June 2012.

Note: Figures here reflect contracts between plans and the state. Some Medi-Cal managed care plans contract their enrollees out to other managed care plans.

Source: California Department of Health Care Services, Medi-Cal Managed Care Enrollment Reports; Research and Analytical Studies Section Beneficiary Data Files, www.dhcs.ca.gov.

Appendix J: Healthy Families and AIM Enrollment, December 2011 and June 2012

COMPANY NAME	HEALTHY FAMILIES					AIM				
	ENROLLMENT		CHANGE [†]		MARKET SHARE 2012	ENROLLMENT		CHANGE [†]		MARKET SHARE 2012
	DEC. 2011	JUNE 2012	ANNUAL	YTD		DEC. 2011	JUNE 2012	ANNUAL	YTD	
Alameda Alliance*	10,566	10,355	-4%	-2%	1%	—	—	—	—	—
Anthem Blue Cross EPO	72,690	72,457	-7%	—	8%	2,402	2,483	31%	3%	34%
Anthem Blue Cross HMO	121,396	124,347	—	2%	14%	2,698	3,454	5%	28%	48%
Blue Shield EPO	5,390	5,153	16%	-4%	1%	—	—	—	—	—
Blue Shield HMO	28,588	26,547	-15%	-7%	3%	—	—	—	—	—
CalOptima*	37,318	36,633	-3%	-2%	4%	—	—	—	—	—
CARE 1st Health Plan	12,483	12,704	4%	2%	2%	—	—	—	—	—
CenCal*	8,921	9,109	5%	2%	1%	65	78	-16%	20%	1%
Central California Alliance for Health*	23,648	23,773	12%	1%	3%	446	396	10%	-11%	5%
Community Health Group	24,534	24,566	-2%	—	3%	—	—	—	—	—
Community Health Plan*	12,378	11,416	-14%	-8%	1%	—	—	—	—	—
Contra Costa Health Plan*	4,959	4,798	-6%	-3%	1%	25	30	19%	20%	—
Health Net	136,118	137,531	-1%	1%	16%	554	11	-61%	-98%	—
Health Plan San Joaquin*	24,738	24,111	-2%	-3%	3%	136	143	14%	5%	2%
Health Plan San Mateo*	6,132	6,132	1%	—	1%	—	—	—	—	—
Inland Empire*	57,704	57,679	-1%	—	7%	—	—	—	—	—
Kaiser	189,982	192,839	7%	2%	22%	578	638	9%	10%	9%
Kern Family Health Care*	10,962	10,820	-3%	-1%	1%	—	—	—	—	—
LA Care*	11,004	11,305	8%	3%	1%	—	—	—	—	—
Molina	33,762	32,875	-8%	-3%	4%	—	—	—	—	—
Partnership*	1,582	2,190	146%	38%	—	—	—	—	—	—
San Francisco*	7,399	7,265	-4%	-2%	1%	—	—	—	—	—
Santa Clara Family Health Plan*	17,437	17,134	-2%	-2%	2%	—	—	—	—	—
Ventura County Health Plan*	11,090	11,227	—	1%	1%	38	25	8%	-34%	—
Total	870,781	872,966	—	—	100%	6,942	7,258	-1%	5%	100%

*County-based plans.

†Annual reflects change from December 2010 to December 2011; YTD reflects change from December 2011 to June 2012.

Notes: Healthy Families provides low cost coverage to uninsured children in working families whose incomes meet federal guidelines for Healthy Families, but are not eligible for Medi-Cal. The Access for Infants and Mothers (AIM) program provides low cost health coverage to uninsured, middle income pregnant women at a cost of 1.5% of the subscribers adjusted annual household income. Effective 2013, Healthy Families enrollees are being transitioned to Medi-Cal as part of ACA implementation.

Sources: Major Risk Medical Insurance Board (MRMIB): Healthy Families Program Current Enrollment Distribution by County and Health Plan, www.mrmib.ca.gov; AIM Enrollment Reports, www.mrmib.ca.gov.

Appendix K: Consumer Ratings of Health Plans, 2011

ELEMENT OF SATISFACTION	WHAT WAS MEASURED
Health Care Highly Rated	What percentage of HMO/PPO members rated their health care 8, 9, or 10 on a 1 to 10 scale?
Getting Doctors and Care Easily	What percentage of HMO/PPO members highly rated the plan for helping them get the care they need?
Doctor Communicates with Patients	What percentage of HMO/PPO members highly rated their doctors' communication skills?
Patient and Doctor Share Decisions	What percentage of HMO/PPO members reported that their doctor talked with them about the pros and cons of their treatment choices and asked which choice best fit their needs?
Coordinated Care	What percentage of HMO/PPO members reported that their doctor was up-to-date about any care the patient got from other doctors?
Health Promotion	What percentage of HMO/PPO members reported that their doctor or other providers talked with them about things to do to prevent illness?
Customer Service	What percentage of members highly rated their HMO/PPO on its customer service?
Paying Claims	What percentage of HMO/PPO members highly rated their HMO/PPO on paying claims correctly and quickly?
Plan Information on What You Pay	What percentage of members got information from their HMO/PPO when they asked what they would pay for a service like a prescription or an office visit?
Member Complaints	What percentage of HMO/PPO members reported that they were satisfied with the HMO's/PPO's handling of a problem when they called or wrote to the plan?

Note: Reflects survey data collected in 2011 regarding service and experiences in 2010.

Source: Office of the Patient Advocate, Quality Report Card, 2012 edition, www.opa.ca.gov/report_card.