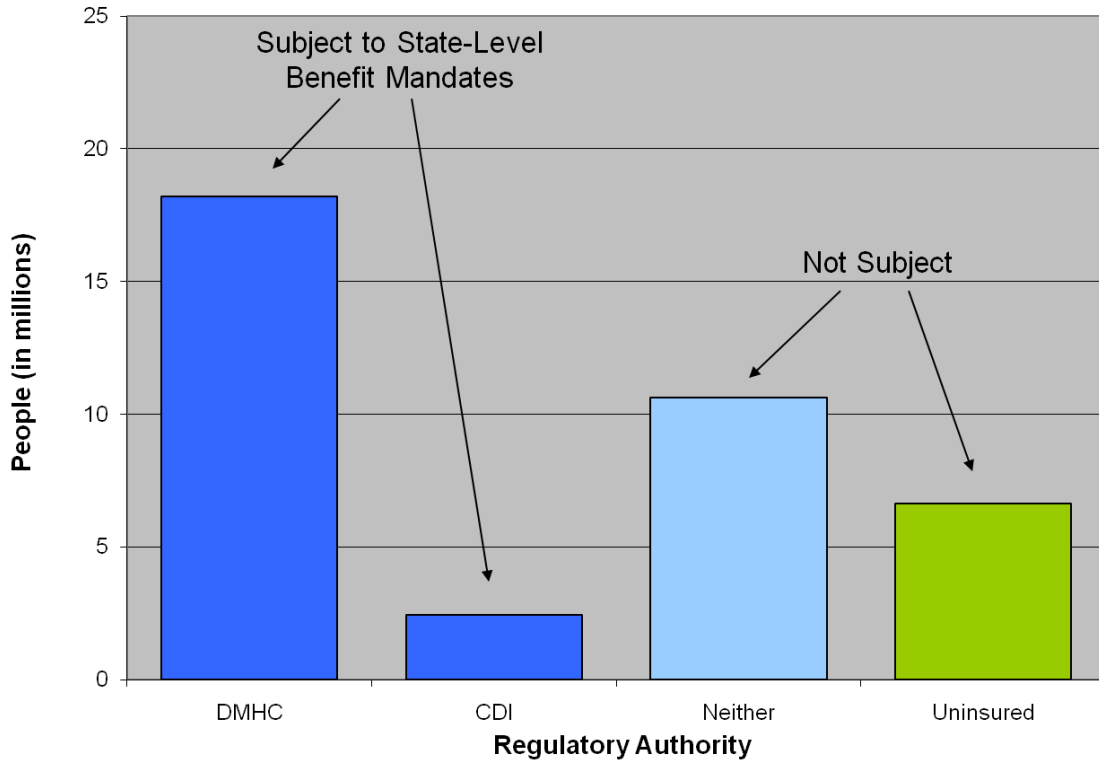


California Health Benefits Review Program Estimates of Sources of Health Insurance in California, 2010

This document has been prepared by the California Health Benefits Review Program (CHBRP). To respond to the cost and coverage evaluation provisions included in CHBRP's authorizing statute, the California Cost and Coverage Model (CCCM) was developed. Detailed descriptions of the CCCM and CHBRP's processes are available at <http://www.chbrp.org>. This document presents the estimates of health insurance sources for the California population that is used in the CCCM for CHBRP's 2010 analyses of health insurance benefit mandate bills. This document is also available on CHBRP's website.

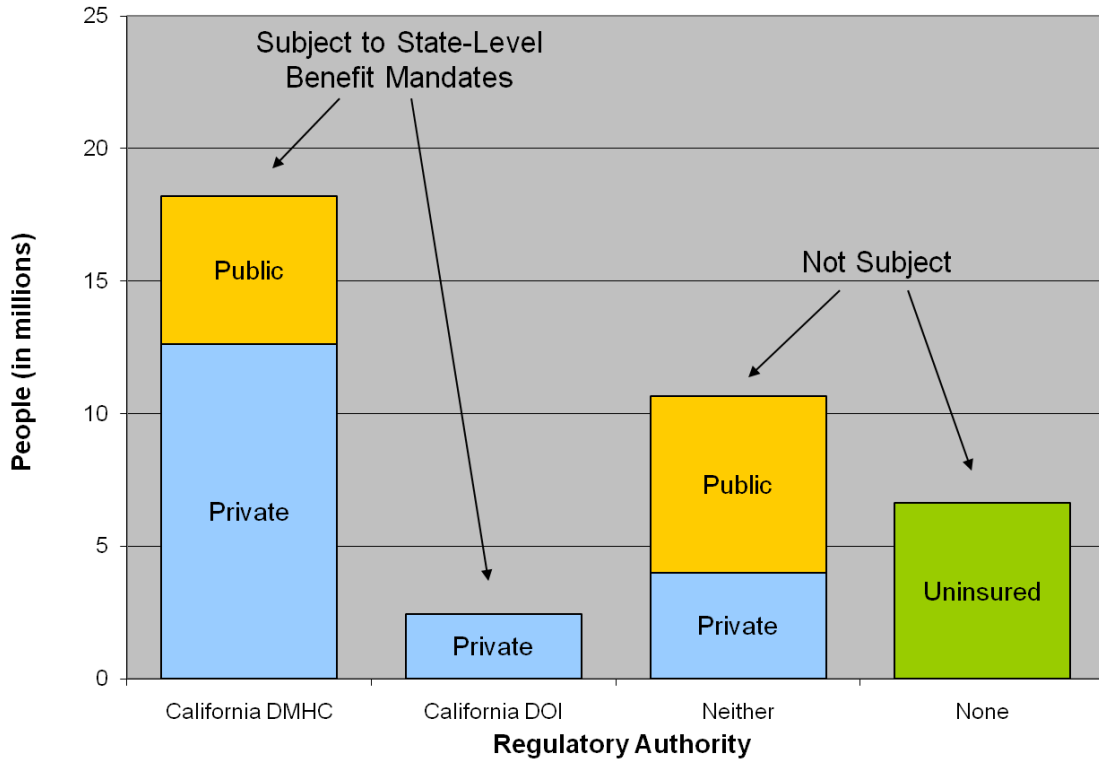
On the following pages are three figures and one table. Data sources for all four are identical and are listed with the table. An explanation of the data sources follows the third figure.

Figure 1: Sources of Health Insurance in California, 2010 – Regulatory Authority



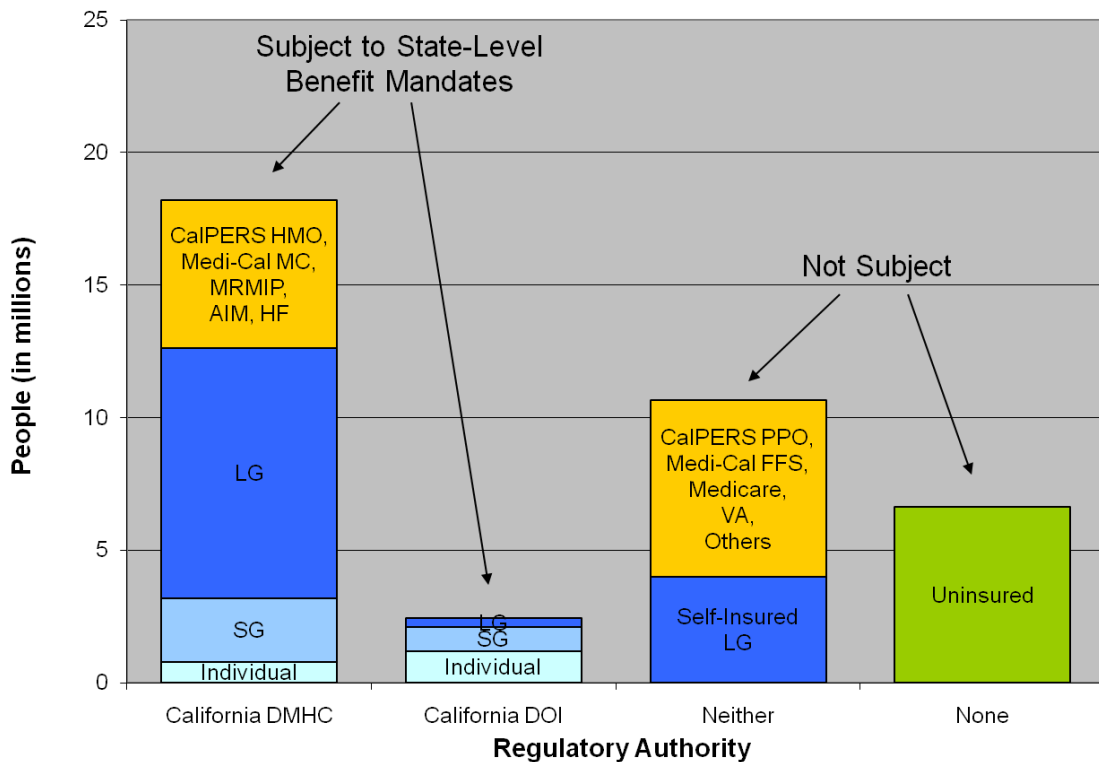
Sources: See Table 1.
Key: See Table 1.

Figure 2: Sources of Health Insurance in California, 2010 – Public/Private



Source and Key: See Table 1.

Figure 3: Sources of Health Insurance in California, 2010– Detailed View



Sources and Key: See Table 1.

Current as of 2/18/10

Data sources

The California Health Interview Survey (CHIS) is used to identify the demographic characteristics and estimate the insurance coverage of the population in the state. CHIS is a random telephone survey of over 44,000 households conducted in multiple languages by the UCLA Center for Health Policy Research. This survey allows CHBRP to estimate the number of people with public and private sources of coverage, the latter including individual insurance coverage and the employer-sponsored insurance coverage.

To obtain estimates of the percentage of employees by size of firm, CHBRP has historically used the California Employer Health Benefits Survey (CEHBS) (funded by the California Health Care Foundation and conducted by various organizations over the years including the Center for Studying Health System Change and the National Opinion Research Center). This survey of California employers is conducted annually since 2000, and the resulting data provide estimates of numbers of employees working in such firms and their types of coverage, based on a representative sample. Coverage categories include conventional fee-for-service (FFS), preferred provider organizations (PPOs), point-of-service (POS) plans, and health maintenance organizations (HMOs). Furthermore, the CEHBS also provides information on whether each health plan is self-insured or fully-insured and whether the product is a high-deductible health plan.

Data on the individual market is derived from CHIS and from CHBRP's Annual Enrollment and Premium Survey of the seven major carriers in California.

The Cost and Coverage Model includes the counts of enrollees who are subject to state regulations. The total population subject to state regulations is divided into two segments:

- those enrolled in health plan contracts regulated by the DMHC ("DMHC-regulated plans"), and
- those enrolled in health insurance policies regulated by the CDI ("CDI-regulated policies").

The portion of the population enrolled in DMHC-regulated plans is further divided into privately- and publicly-insured segments, whereas those enrolled in CDI-regulated policies are all privately-insured.

The publicly-insured population segments consist of: Medi-Cal Managed Care Plan enrollees, CalPERS HMO enrollees, and enrollees in MRMIB programs (AIM, MRMIP, and Healthy Families).

The portion of the privately-insured population enrolled in DMHC-regulated plans and CDI-regulated policies are divided into three categories of private purchasers

- large-group (51 or more employees),
- small-group (two to 50 employees), and
- individual (non-group) coverage.

The privately-insured market is divided into these purchaser types because existing laws and regulations and proposed legislation treat these markets distinctly. For example, a law requiring carriers to offer coverage for orthotics and prosthetic devices only applies to the group market.

In addition, the Cost and Coverage Model can further categorize these group or individual purchasers by whether enrollees are in "high deductible health plans" (HDHP) or not. This distinction may be necessary, as federal law defines what plans constitute HDHPs, and some legislative proposals may apply exclusively to HDHPs.

The final estimates for California's population divided by market segments are given in Table 1 and shown in graphic form in Figures 1 through 3.

Table 1: CHBRP Estimates of Sources of Health Insurance in California, 2010

Type of Coverage	Age					Total
Uninsured						
	0-17					810,000
	18-64					5,773,000
	65+					41,000
Publicly Insured						
		DMHC-Regulated Plans¹		Other Coverage²		
Medi-Cal (not Medicare)	0-17	1,704,000		802,000		2,506,000
	18-64	912,000		1,209,000		2,121,000
	65+	8,000		34,000		42,000
Medi-Cal COHS (including dual)	0-17	0		353,000		353,000
	18-64	0		256,000		256,000
	65+	0		88,000		88,000
Healthy Families Program (HFP) ³	0-17	763,000		0		763,000
	18-64	37,000		0		37,000
Major Risk Medical Insurance Program (MRMIP)	0-17	1,000		0		1,000
	18-64	6,000		0		6,000
	65+	0		0		0
Access for Infants and Mothers (AIM)	0-17	0		0		0
	18-64	7,000		0		7,000
Other Public (not Medi-Cal, HFP, Medicare, AIM, or MRMIP)	All					608,000
Dually eligible-Medicare & Medi-Cal	All	167,000		879,000		1,046,000
Medicare (not Medi-Cal)	All	1,150,000		2,136,000		3,286,000
CalPERS, Small Firm	0-17	1,000		0		1,000
	18-64	3,000		2,000		5,000
	65+	0		0		0
CalPERS, Large Firm	0-17	212,000		60,000		272,000
	18-64	589,000		212,000		801,000
	65+	15,000		9,000		24,000
Privately Insured						
		DMHC-Regulated Plans¹		CDI-Regulated Policies³		
		HDHP	Not HDHP	HDHP	Not HDHP	
Individually purchased	0-17	98,000	78,000	186,000	78,000	440,000
	18-64	335,000	267,000	637,000	268,000	1,507,000
	65+	4,000	3,000	7,000	3,000	17,000
Self-Insured	All					3,993,000
Small Group	0-17	79,000	478,000	123,000	94,000	774,000
	18-64	257,000	1,564,000	403,000	308,000	2,532,000
	65+	2,000	14,000	4,000	3,000	23,000
Large Group	0-17	8,000	2,188,000	13,000	62,000	2,271,000
	18-64	25,000	7,160,000	43,000	204,000	7,432,000
	65+	0	64,000	0	2,000	66,000
All Insured & Uninsured						
California's Population Total						37,902,000

Note: Sources and key follow on next page.

Sources: CHBRP, 2010: Analysis of 2007 California Health Interview Survey (CHIS); 2009 California Employer Health Benefits Survey (CEHBS); 2009 CHBRP Annual Enrollment and Premiums Survey; 2009 CalPERS Enrollment Data; Centers for Medicare and Medicaid Services 2005 data for Medicare; Managed Risk Medical Insurance Board (MRMIB) 2009 data for the Major Risk Medical Insurance Program (MRMIP), Access for Infants and Mothers (AIM), and Healthy Families Program (HFP); and Department of Health Care Services 2009 data for Medi-Cal.

Key: DMHC= Department of Managed Health Care. CDI= California Department of Insurance. HDHP= High Deductible Health Plan (deductible \$1150 and over). AIM= Aid for Infants and Mothers. CalPERS= California Public Employees' Retirement System. Medi-Cal COHS= Medi-Cal County Organized Health System. MRMIP= Major Risk Medical Insurance Program.

¹ DMHC-regulated plans include HMO, POS and certain PPO health plans licensed under the Knox Keene Health Care Service Plan Act of 1975 and subject to requirements under the California Health and Safety Code.

² Plans and policies under "Other Coverage" are not subject to state-level regulation by either the CDI or the DMHC.

³ Insurance Policies include PPOs and FFS health insurance products subject to the California Insurance Code which are regulated by the CDI.

³ Healthy Families 18–64-year-old category only includes those who are aged 18 years and less because those over 18 are not eligible.