

Sources of Health Insurance in California for 2027

APRIL 1, 2026

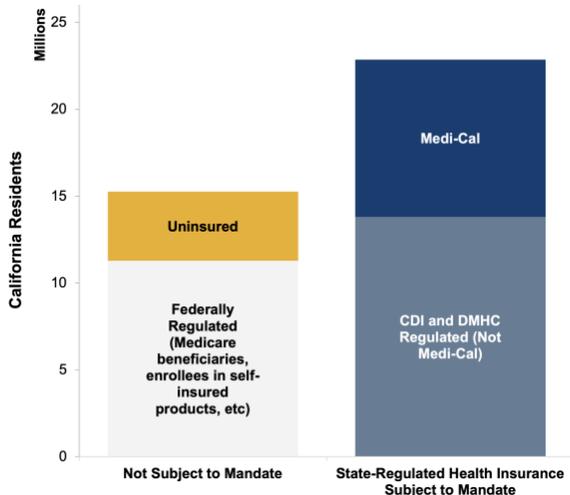


California Health Benefits Review Program (CHBRP)
University of California, Berkeley

At the request of the California State Legislature, the California Health Benefits Review Program (CHBRP)¹ provides prompt, independent, and rigorous evidence-based analyses of proposed health insurance benefit laws that would impact Californians enrolled in health care service plans regulated by the California Department of Managed Care (DMHC) or health insurance policies regulated by the California Department of Insurance (CDI). These are enrollees whose benefits are subject to state regulation and can be influenced by the proposed state-level legislation. They make up 60% of California residents.

It should be noted that not all DMHC-regulated health plans and CDI-regulated policies include a pharmacy benefit for coverage of outpatient prescription drugs. This document does not include estimates related to enrollment in plans and policies that cover outpatient prescription drugs. Please refer to CHBRP’s [resource](#), *Pharmacy Benefit Coverage in State-Regulated Health Insurance* for more on that subject.

Figure 1. Enrollment in Health Insurance by Regulator in California, 2027



Source: California Health Benefits Review Program, 2026.

*Includes Medi-Cal beneficiaries enrolled in COHS health plans.

Key: CDI = California Department of Insurance; COHS = County-Organized Health System; DMHC = California Department of Managed Health Care

In 2027, CHBRP estimates that California’s population will be approximately 38 million. Most Californians will be enrolled in health insurance regulated by either DMHC or CDI (Figure 1). Other Californians will have other types of health insurance or will remain uninsured. Figure 1 presents several key elements regarding the sources of health insurance in California for 2027:

- 60% of California residents will be enrolled in DMHC-regulated health plans or CDI-regulated policies. This figure includes beneficiaries of Medi-Cal (California’s Medicaid program), including those enrolled in County-Organized Health System (COHS) managed care plans.
- 29.6% of Californians will have health insurance associated with some other regulator. These are primarily Californians who are Medicare beneficiaries or who are enrolled in self-insured products. These Californians will have health insurance that is not subject to state-level health insurance laws.

¹CHBRP was [established](#) in 2002 by the California State Legislature.

- Approximately 10.4% of Californians will be uninsured.

CHBRP most frequently analyzes state-level health insurance laws to which only DMHC-regulated plans or CDI-regulated policies may be subject.

Estimates of Sources

CHBRP annually updates its Cost and Coverage Model to 1) estimate baseline health insurance enrollment, and 2) to project marginal, incremental impacts on benefit coverage, utilization, and cost of proposed health insurance benefit legislation.² The California Legislature generally proposes laws that would take effect in the following calendar year or later (if enacted, bills proposed in 2026 would generally take effect in 2027). For this reason, CHBRP annually projects the state's future distribution of health insurance by market segment for the calendar year in which the legislation would go into effect. For example, for analyses of legislation introduced in 2025, CHBRP would project impacts in 2026.

As noted, health insurance available through DMHC-regulated plans and CDI-regulated policies may be subject to state-level benefit-related legislation written into one or two sets of laws: the Health and Safety Code (enforced by DMHC) and/or the Insurance Code (enforced by CDI). However, such legislation may be written to exempt some health insurance market segments or to exempt health insurance associated with certain purchasers. To correctly determine the impact of proposed legislation, CHBRP determines estimates of Californians' sources of health insurance, as displayed in Appendix A.³

Although some Californians have more than one type of health insurance either at the same time or throughout the year, for analytic purposes, CHBRP identifies (excepting those dually eligible for Medi-Cal and Medicare) enrollment in the person's primary form of health insurance and presents a snapshot in time. For this reason, some estimates of sources of insurance may be different than the numbers CHBRP estimates. For example, the Department of Health Care Services (DHCS) reports every person receiving benefits through Medi-Cal at any point during the year even if the person

was only briefly associated with Medi-Cal. This measure is different from the type of estimate presented by CHBRP for the purposes of analyzing proposed health insurance benefit bills.

Enrollment by Regulator

Among Californians with health insurance coverage, CHBRP estimates:

- 12.9 million Californians will be enrolled in non-CalPERS commercial DMHC-regulated plans or CDI-regulated policies.
- 9.1 million Californians will be Medi-Cal beneficiaries, the majority of whom are enrolled in DMHC-regulated plans.
- 1.2 million Californians will have health insurance associated with CalPERS, the majority of whom are enrolled in DMHC-regulated plans. Of this population, approximately 293,000 enrollees associated with CalPERS will have health insurance that is not subject to state-level health insurance legislation.
- 5.4 million more Californians will be enrolled in self-insured products, which are also not subject to state-level health insurance legislation.
- Approximately 5.3 million Californians will be enrolled in Medicare (non-Duals) or other public coverage such as TRICARE or Veterans Affairs health care.

Enrollment by Market Segment

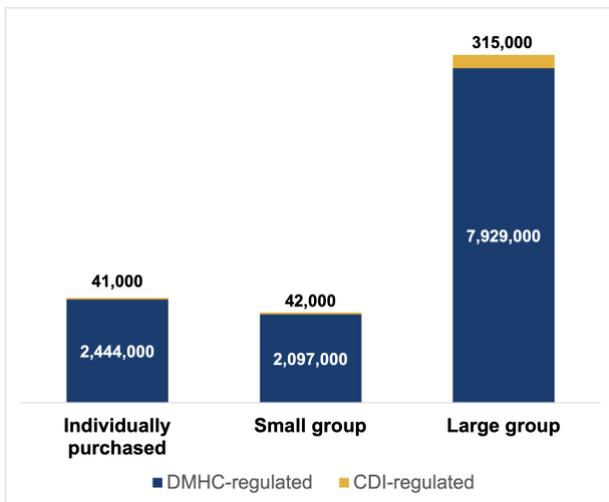
State-Regulated Insurance: DMHC and CDI

The majority of enrollees in commercial DMHC-regulated plans or CDI-regulated policies will be associated with the large group market (101+ enrollees). Most of these enrollees will be in DMHC-regulated plans (Figure 2).

² Information on the [Cost and Coverage Model](#) is available on CHBRP's website.

³ Technically, some sources of what are commonly referred to as "health insurance," such as Medicare, are actually "entitlements." For ease of communication CHBRP has grouped all sources together.

Figure 2. Enrollment in State-Regulated Health Insurance, 2027



Source: California Health Benefits Review Program, 2026.
 Key: CDI = California Department of Insurance; DMHC = California Department of Managed Health Care

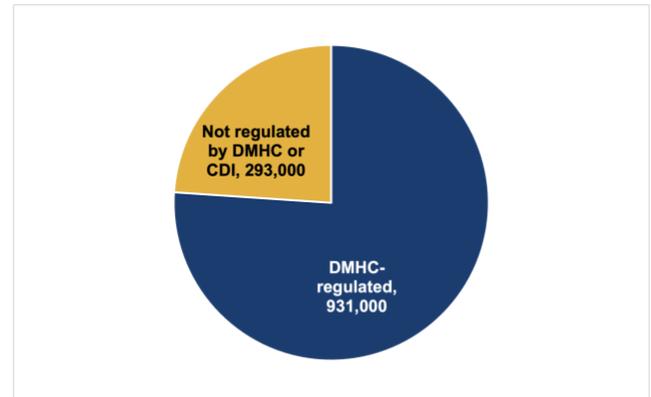
Medi-Cal

The majority of Medi-Cal beneficiaries will be enrolled in DMHC-regulated plans. With the implementation of CalAIM in 2022, CHBRP assumes that all Medi-Cal beneficiaries are enrolled in a managed care plan for the purposes of its analyses.

CalPERS

The majority of CalPERS enrollees will be enrolled in DMHC-regulated plans. The remaining CalPERS enrollees will be associated with CalPERS’ self-insured health insurance products, which are not subject to state-level health insurance legislation (Figure 3).

Figure 3. CalPERS Enrollment by Regulator, 2027



Source: California Health Benefits Review Program, 2026.
 Key: CDI = California Department of Insurance; DMHC = California Department of Managed Health Care

Grandfathered Plans and Policies

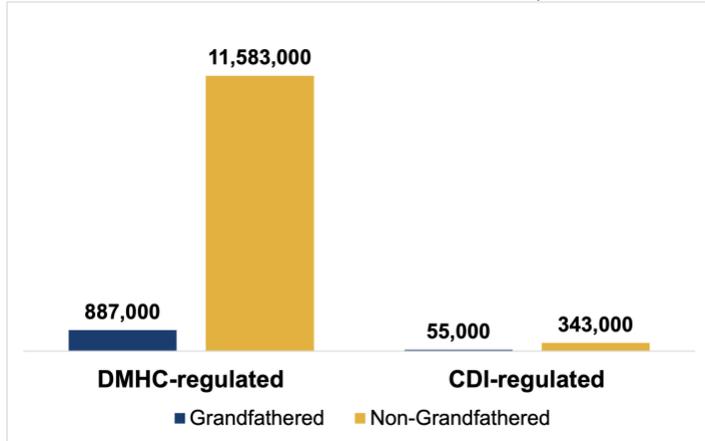
The continued presence of grandfathered plans and policies [plans and policies in existence before the Affordable Care Act (ACA) was signed] is relevant to CHBRP’s analyses of health insurance bills because these plans and policies are not subject to the same requirements as others are, and could therefore be differently affected by a new health insurance law.⁴ For example, grandfathered plans and policies are not required by the ACA to: (1) cover specific preventive services without cost sharing; (2) restrict cost sharing for emergency services; or (3) cover essential health benefits (EHBs).^{5,6} As shown in Figure 4, the majority of enrollees are in nongrandfathered plans or policies.

⁴ See definition on [healthcare.gov](https://www.healthcare.gov).

⁵ See CHBRP’s [resource](#), *Federal Recommendations and the California and Federal Preventative Services Benefit Mandates*.

⁶ See CHBRP’s [issue brief](#), *Essential Health Benefits: An Overview of Benefits, Benchmark Plan Options, and EHBs in California*.

Figure 4. Enrollment in State-Regulated Health Insurance Based on Grandfathered Status, 2027

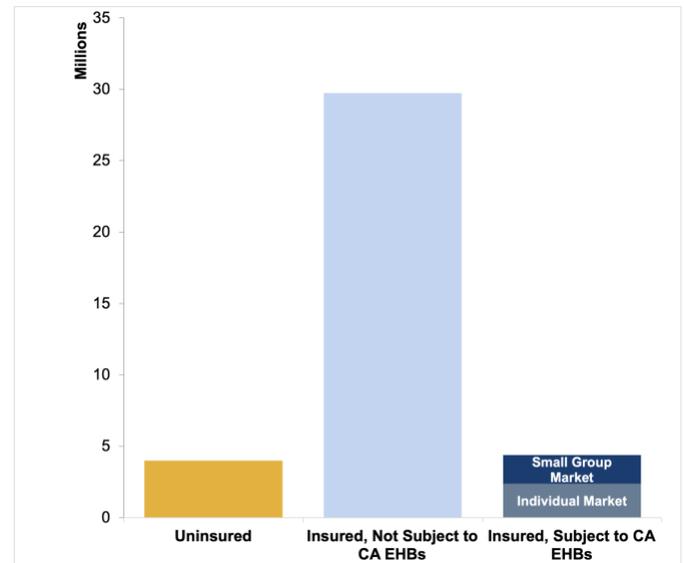


Source: California Health Benefits Review Program, 2026.
Key: DMHC = California Department of Managed Health Care; CDI = California Department of Insurance

Essential Health Benefits

The Affordable Care Act requires each state to create a set of EHBs that some state-regulated health insurance must cover.⁷ In California, nongrandfathered individual and small-group health insurance regulated by DMHC or CDI is generally required to cover EHBs.⁸ However, as noted in Figure 5, below, a limited number of Californians have health insurance required to cover EHBs.

Figure 5. Californians’ Health Insurance Status and Essential Health Benefits, 2026



Source: California Health Benefit Review Program, 2025.
Notes: “Insured (Not Small-Group or Individual Markets)” includes Medicare beneficiaries, enrollees in self-insured or large group plans/policies, and enrollees in grandfathered individual and small group plans/policies
Key: CA = California; EHBs = Essential Health Benefits

Conclusion

To estimate potential impacts of health insurance benefits legislation, CHBRP develops forward-looking estimates of health insurance enrollment in California. Annual updates to CHBRP’s Cost and Coverage Model are necessary to project insurance enrollments by market segment and associated with certain purchasers.

The resulting projections of sources of health insurance in California are key to CHBRP’s analytic work and may be of use to the Legislature and to others interested in California health policy.

⁷ [EHB](#) requirements and parameters are discussed in Section 1302 of the Affordable Care Act.

⁸ See CHBRP’s [issue brief](#), *Essential Health Benefits: An Overview of Benefits, Benchmark Plan Options, and EHBs in California*.

Appendix. Sources of CA Health Insurance, 2027

Publicly Funded Health Insurance						
	Age	DMHC-regulated		Not regulated by DMHC or CDI		Total
Medi-Cal	0-17	4,149,000		**		4,149,000
	18-64	3,475,000		**		3,475,000
	65+	65,000		**		65,000
Other Public	All	-		-		236,000
Dually eligible Medicare & Medi-Cal	All	1,354,000		42,000		1,396,000
Medicare (non Medi-Cal)	All	-		-		5,283,000
CalPERS	All	931,000		293,000		1,224,000
Privately Funded Health Insurance						
	Age	DMHC-regulated		CDI-regulated		Total
		Grandfathered	Non-Grandfathered	Grandfathered	Non-Grandfathered	
Self-insured	All	-	-	-	-	5,420,000
Individually purchased, Subsidized CovCa	0-17	-	32,000	-	0*	32,000
	18-64	-	1,138,000	-	0*	1,138,000
	65+	-	-	-	-	-
Individually purchased, Non-Subsidized CovCA and outside CovCA	0-17	12,000	204,000	7,000	0*	223,000
	18-64	59,000	978,000	33,000	0*	1,070,000
	65+	1,000	20,000	1,000	0*	22,000
Small group	0-17	28,000	417,000	0*	9,000	454,000
	18-64	101,000	1,517,000	0*	32,000	1,650,000
	65+	2,000	32,000	0*	1,000	35,000
Large group	0-17	145,000	1,536,000	3,000	64,000	1,748,000
	18-64	528,000	5,590,000	11,000	232,000	6,361,000
	65+	11,000	119,000	0*	5,000	135,000
Uninsured						
	Age					Total
	0-17					281,000
	18-64					3,671,000
	65+					29,000
California's Total Population						38,097,000

Source: California Health Benefits Review Program, 2026.

Notes: *Less than 500 enrollees.

**The implementation of CalAIM has resulted in most fee-for-service Medi-Cal beneficiaries migrating to managed care. Of those who remain in fee-for-service, the benefits are not equivalent to full-scope Medi-Cal and, for CHBRP's purposes, beneficiaries are therefore classified as uninsured or with other insurance sources, if present.

Key: CalPERS = California Public Employees' Retirement System; CovCa = Covered California; CDI = California Department of Insurance; DMHC = California Department of Managed Health Care

About CHBRP

The California Health Benefits Review Program (CHBRP) was established in 2002. As per its authorizing statute, CHBRP provides the California Legislature with independent analysis of the medical, financial, and public health impacts of proposed health insurance benefit-related legislation. The state funds CHBRP through an annual assessment on health plans and insurers in California.

An analytic staff based at the University of California, Berkeley, supports a task force of faculty and research staff from multiple University of California campuses to complete each CHBRP analysis. A strict conflict-of-interest policy ensures that the analyses are undertaken without bias. A certified, independent actuary helps to estimate the financial impact. Content experts with comprehensive subject-matter expertise are consulted to provide essential background and input on the analytic approach for each report. Detailed information on CHBRP's analysis methodology, authorizing statute, as well as all CHBRP reports and other publications are available at <http://www.chbrp.org/>.

CHBRP Staff

Garen Corbett, MS, Director
Adara Citron, MPH, Associate Director
An-Chi Tsou, PhD, Principal Policy Analyst
Anna Pickrell, MPH, Principal Policy Analyst
Karen Shore, PhD, Contractor*
Nisha Kurani, MPP, Contractor*

*Independent Contractor working with CHBRP to support analyses and other projects.

California Health Benefits Review Program
MC 3116
Berkeley, CA 94720-3116
info@chbrp.org
(510) 664-5306

CHBRP is an independent program administered and housed by the University of California, Berkeley, under the Office of the Vice Chancellor for Research.

CHBRP assumes full responsibility for the issue brief and the accuracy of its contents.

Suggested Citation

California Health Benefits Review Program (CHBRP). (2026). Resource: Sources of Health Insurance in California for 2027. Berkeley, CA