



Qualified Health Plan Issuer Recertification Application for Plan Year 2016

Information submitted in response to this application by the applicant will be held in confidence pursuant to Government Code Section 100508 or 6254(k) under the official information privilege, as applicable, unless the information submitted has already been made public. Throughout this application, any reference to the "Exchange" refers to the California Health Benefit Exchange, also known as Covered California.

The Exchange intends to make this entire application available electronically. Please complete the following:

Issuer Name

NAIC Company Code

NAIC Group Code

Regulator(s)

Federal Employer ID

HIOS/Issuer ID

Corporate Office Address

City

State

ZIP

Primary Contact Name

Contact Title

Contact Phone Number

Contact E-mail

Check all applicable categories: Individual Exchange SHOP

On behalf of the Qualified Health Plan (QHP) issuer stated above, I hereby attest that I meet the requirements in this Recertification Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate.

I understand that Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Qualified



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Health Plans offered on the Exchange should any material information provided be found to be inaccurate. I confirm that I have the capacity to bind the QHP issuer stated above to the terms of this Recertification Application.

QHP issuer agrees, through submission of this application, to negotiate a contract or contract amendment for 2016 in good faith with Covered California that will establish the terms and conditions of this business relationship.

Date: _____
Signature: _____
Printed Name: _____
Title: _____



Recertification Requirements

I. Licensed and in Good Standing

1.1 Confirm that QHP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. (See Appendix A – Definition of Good Standing.) Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for the purpose of determining Good Standing.

Yes

No

1.2 Are you seeking any material modification of an existing license from the California Department of Managed Health Care or certificate of authority from the California Department of Insurance for any individual or small group products offered or proposed to be offered through Covered California?

Yes

No

1.2.1 If yes, complete Attachment A (Regulatory Filings). Updates to Attachment A must be made on a continuous basis as issuer files amended documents related to an initial filing with the regulator.

II. Provider Network Adequacy

2.1 QHP issuer understands and agrees that provider network adequacy will be determined by the applicable state regulatory agency and confirmed by Covered California. QHP issuer agrees to maintain a legally compliant provider network for every product or plan¹ it offers which shall include a sufficient number and types of providers to ensure access to medically necessary services in a timely fashion to its Covered California enrollees. For Plan Year 2016, network adequacy standards applicable to dental provider networks will apply to the embedded pediatric dental benefit.

Yes

No

¹ As defined in Health and Safety Code 1345(f), a health care service plan may use any delivery platform (e.g., HMO, PPO or EPO). The term "plan" is defined as consistent with 45 C.F.R. 144.103.



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2.2 QHP issuer acknowledges that the contractually required quarterly provider data submissions previously supplied to Covered California may be used to conduct network review, including but not limited to Essential Community Provider network review, prior to recertification negotiations.

Yes

No

Essential Community Providers include those providers posted in the most recent version of Covered California's consolidated Essential Community Provider list available at: <http://hbex.coveredca.com/stakeholders/plan-management>

2.3 QHP issuer understands that provider network adequacy is directly related to enrollment and that membership growth may require network provider additions. Submit 2016 enrollment projections by product by region on Attachments B1 (QHP 2016 Enrollment Projections (Individual)), and if applicable B2 (QHP 2016 Enrollment Projections (SHOP)).

Please base issuer's enrollment projections on Covered California total enrollment projections for 2016 (2,040,000 total enrollment by the end of 2015-2016 Open Enrollment) and using QHP issuer's enrollment trend from 2014 to 2015.

2.4 QHP products proposed for 2016 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2016 and include any changes from your 2015 service area by completing and uploading the most current Service Area Template, located at: <http://www.serff.com>. This template must be submitted through SERFF, the System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners.

Complete Attachment C1 (Plan Type by Rating Region (Individual)), and if applicable, Attachment C2 (Plan Type by Rating Region (SHOP)).

2.4.1 For Plan Year 2016, Covered California is encouraging recertifying QHP issuers to expand coverage in geographic areas where there are fewer than three plan choices in 2015. See Appendix B (Geographic Areas with Fewer than Three Plan Choices in 2015) for zip codes identifying these geographic areas.

Does current geographic service area include zip codes identified in Appendix B?

Yes

No

2.5 For Plan Year 2016, is QHP issuer applying for any changes to 2015 service area? If yes, describe briefly.

Individual

Yes

No

SHOP

Yes

No

Not Applicable (Issuer does not offer SHOP products)

2.5.1 If QHP issuer answered yes to 2.5, indicate if proposed changes to 2015 service area include expansion to cover zip codes identified in Appendix B.

Yes

No

2.6 For Plan Year 2016, describe your plans for network development by proposed Covered California product or plan. This description of intended network development should be consistent with the network filings that will be or have been submitted to the appropriate regulator.

2.6.1 Do you anticipate making significant changes to your current network(s) that could be described as a narrow network (defined as fewer than the issuer's complete set of contracted providers in a given rating region)?

Anticipate making significant changes Yes No

2.6.2 If yes to 2.6.1, describe any plans for narrow networks, by product or plan.

2.6.3 Will Covered California enrollees in QHP issuer's PPO plans in a given rating region have access to providers in that issuer's EPO plans in an adjacent rating region at in-network cost sharing?

Yes

No



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If yes, describe Covered California enrollee access between PPO and EPO networks and indicate the geographic regions that will be affected.

2.6.4 Will Covered California enrollees in QHP issuer's EPO plans in a given rating region have access to providers in that issuer's PPO plans in an adjacent rating region at in-network cost sharing?

Yes

No

If yes, provide description of Covered California enrollee access between EPO and PPO networks and indicate the geographic regions that will be affected.

2.6.5 Describe any plans for network expansion, by proposed Covered California product or plan, including the addition of medical groups and hospital systems.

2.6.6 QHP issuer is to provide information on any known or anticipated potential network disruption that may affect the Issuer's 2016 provider networks. For example: list any pending terminations of general acute care hospitals or medical groups which can include Independent Practice Associations² (which are defined by DMHC as a Risk Bearing Organization).

2.6.7 Describe any plans for other network changes that may affect Issuer's Covered California products or enrollees.

2.7 Indicate, by rating region, the total number of participating providers available by product, as of March 31, 2015, that Issuer expects to be available to Covered California enrollees. Complete Attachments D1 (Recertification Provider Counts (Physicians)), D2 (Recertification Provider Counts (Hospitals)) and D3 (Recertification Provider Counts (Medical Groups/IPAs)). The methodology for providing these provider counts to Covered California is attached as Appendix C (Methodology for Recertification Provider Counts).

III. Quality and Delivery System Reform

3.1 Confirm that QHP will submit, upon request, to the Exchange, Healthcare Effectiveness Data Information Set (HEDIS) and Consumer Assessment of Healthcare

² An independent practice association (or IPA) is an association of independent physicians, or other organization that contracts with independent physicians, and provides services to managed care organizations on a negotiated per capita rate, flat retainer fee, or negotiated fee-for-service basis. See also 10 CCR Section 6410 for definition of medical group.

Providers and Systems (CAHPS) scores, to include the measure numerator, denominator and rates, subject to the federal Quality Rating System requirements.

Yes

No

3.2 Specify accrediting organization (National Committee on Quality Assurance, Utilization Review Accreditation Commission, Accreditation Association for Ambulatory Health Care), current accreditation status, expiration date of accreditation, next scheduled survey date(s), and proposed timeline if full accreditation has not been achieved or maintained.

_ NCQA

_ Exchange-specific accreditation (if applicable)

_ URAC

_ Exchange-specific accreditation (if applicable)

_ AAAHC

_ Exchange-specific accreditation (if applicable)

3.2.1 For QHP issuers accredited by NCQA, provide the current accreditation status.

- a. Excellent
- b. Commendable
- c. Accredited
- d. Provisional
- e. Interim
- f. Denied

3.2.2 Enter the expiration date

a. Expires: __/__/__

3.2.3 Next scheduled survey date



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a. Date: __/__/__

b. Next survey date not scheduled

3.2.4 Attach a copy of the NCQA Certificate of Accreditation. If the health plan received a rating of less than “accredited,” attach a copy of the corrective action plan (CAP).

3.2.5 For issuers accredited by URAC, provide the current accreditation status.

a. Full accreditation

b. Provisional accreditation as a start-up

c. Conditional accreditation

d. In process

3.2.6 Enter the expiration date

a. Expires: __/__/__

3.2.7 Next scheduled survey date

a. Date: __/__/__

b. Next survey date not scheduled

3.2.8 Attach a copy of the URAC Certificate of Accreditation. If the health plan received conditional accreditation, attach a copy of the corrective action plan (CAP).

3.2.9 For issuers accredited by AAAHC, provide the current accreditation status.

a. AAAHC Accredited

3.2.10 Enter the expiration date

a. Expires: __/__/__

3.2.11 Next scheduled survey date

a. Date: __/__/__

3.2.12 Attach a copy of the AAAHC Certificate of Accreditation

IV. Operational Readiness and Capacity

4.1 QHP issuer confirms that it can and will populate and submit SERFF templates in an accurate, appropriate, and timely fashion at the request of Covered California for:

- Administrative Information
- Rates
- Service Area
- Network
- Benefit Plan Designs

Yes

No

4.1.1 QHP issuer confirms that QHP will submit and upload corrections to SERFF within three (3) business days of notification by Covered California, adjusted for any SERFF downtime.

Yes

No

4.1.2 QHP issuer may not make any changes to its SERFF templates once submitted to Covered California without providing prior written notice to Covered California and only if Covered California agrees in writing with the proposed changes.

4.2 Demonstrate through existing QHP contract compliance or systems testing that QHP issuer operates systems which can report electronic data in an accurate and timely fashion to Covered California using national standards for electronic transactions.

4.3 Demonstrate, through submission of Issuer-generated March 2015 audit report that QHP issuer can accept and generate 834, 820, 999 and other standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information received and transmitted for its intended purpose (see Attachment F1 (834 Enrollment File Error Listing) & Attachment F2 (834 Effectuation File Error Listing)). Covered California reserves the right to require systems testing if it determines the March 2015 audit report to be inadequate.

4.4 QHP issuer must confirm it will implement systems in order to accept and generate TA1 and 999 acknowledgement files and other standard format electronic files in an accurate, consistent and timely fashion, and utilize the information for its intended purpose. QHP issuer must confirm that it has the capability to accept and complete non-electronic enrollment submissions and changes.

4.5 Describe how QHP issuer's computer systems can maintain an electronic interface with CalHEERS and any other eligibility and enrollment system used by the Exchange, including the system operated by Pinnacle HCMS (for SHOP plans only) in an accurate and timely fashion. QHP issuer must be prepared and able to conduct testing of data interfaces with the Exchange no later than July 1, 2015 and confirms it will plan and implement testing jointly with Covered California in order to meet system release schedules. QHP must maintain computer systems for testing any future modifications to the interface design and data interchange. Covered California requires QHPs to sign an industry-standard agreement which establishes electronic information exchange standards in order to participate in the required systems testing.

4.6 Describe the QHP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 1, 2015.

4.7 Describe QHP issuer's systems which must accept premium payments from members no later than October 1, 2015 made using paper checks, cashier's checks, money orders, EFT, web-based payment (which may include accepting online credit card payments), and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including the use of vendors for any functions related to premium payment, if applicable, and an implementation work plan with timeline. Note: QHP issuer must accept credit cards for binder payments and is encouraged, but not required, to accept credit cards for payment of ongoing invoices.

4.8 Describe how QHP issuer complies with the federal requirement to serve the unbanked, specifying the forms of payment available for this population for binder and ongoing payments for both on-Exchange and off-Exchange lines of business.

4.9 QHP issuer must confirm it can provide detailed documentation, including member level detail, to substantiate each per-member per-month (PMPM) participation fee payment in a format that is compatible with Covered California's systems.

Yes

No

4.10 QHP issuer agrees not to impose any fees or charges on any members who request paper invoices for premiums due for any individual products sold by issuer in California.

Yes

No

4.11 Describe how QHP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.

4.12 Describe QHP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.

4.13 Describe any education efforts QHP issuer provides to members to help them identify and report possible fraud scams. Describe QHP's procedures to report fraud scams to law enforcement.

4.14 Describe QHP issuer's safeguards against Social Security and identity fraud.

4.15 QHP issuer operates in compliance with applicable federal and state privacy laws and regulations, and maintains appropriate procedures to detect and respond to privacy and security incidents.

Yes

No

4.16 QHP issuer must confirm it has in place administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Protected Health Information and Personally Identifiable Information that it creates, receives, maintains, or transmits.

Yes

No

4.17 QHP issuer must adhere to Covered California naming conventions for on-Exchange plans and off-Exchange mirrored products pursuant to Government Code section 100503(f).

V. Rates for 2016

5.1 Submit premium rates for every proposed QHP by rating region for 2016 by completing and uploading through SERFF the most current Unified Rate Review Template (URRT) and the most current SERFF Rates Template located at:

http://www.serff.com/plan_management_data_templates.htm

VI. 2016 Standard Benefit Plan Design

6.1 QHP issuer must adhere to 2016 Standard Benefit Plan Designs. Alternate benefit designs will not be accepted for the individual exchange.

Yes No

6.2 QHP issuer agrees to submit its proposed 2016 plans according to submission requirements for its licensed geographic service area(s). QHP issuer can satisfy these requirements through either its life and health insurance company offerings or its Knox-Keene health care service plans. Individual exchange plan submissions must include each metal level including a catastrophic plan.

 Yes No

6.3 In addition to standard benefit design, QHP issuers applying for recertification of SHOP products may submit two (2) alternate benefit design products for the rating region. Use Attachment G (SHOP Alternate Benefit Design) to submit cost-sharing and other details for proposed alternate benefit plan designs. The Exchange is not necessarily encouraging alternate benefit plan designs and will carefully scrutinize such proposals.

 Yes, completed Attachment G to indicate benefits and cost-sharing for each alternate benefit design proposed No, not proposing alternate benefit design

6.4 Comply with California state benefit plan laws in effect for 2016, including those pertaining to plan design requirements.

 Yes No

6.5 The Exchange is encouraging the offering of plan products which include all ten Essential Health Benefits including the pediatric dental Essential Health Benefit. QHP issuer shall indicate that it is prepared to submit proposals which adhere to the 2016 standard plan design which includes all ten Essential Health Benefits. Failure to offer a product with all ten Essential Health Benefits will not be grounds for rejection of QHP issuer's recertification request.

6.5.1 Individual Exchange QHPs proposed for 2016 include all ten Essential Health Benefits.

 Yes



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No

6.5.2 SHOP Exchange QHPs, if applicable, proposed for 2016 include all ten Essential Health Benefits.

Yes

No

6.6 If QHP issuer answered yes to 6.5.1 or 6.5.2, describe how issuer intends to meet the plan design described in 6.5. Provide information about any intended subcontractor relationship, if applicable, to offer the pediatric dental Essential Health Benefit. Include a description of how QHP issuer will ensure subcontractor adheres to Covered California contractual pediatric dental quality measures.

6.7 QHP issuer must submit copies of draft disclosure documents including Evidence of Coverage, Summary of Benefits and Coverage and any member disclosure documents that describe proposed 2016 QHP benefits. These draft documents are to be submitted with the response to this application, prior to or contemporaneous to filing the documents with the applicable regulator.

6.8 QHPs are required to offer products in accordance with Covered California's Standard Benefit Plan Designs, which stipulate four tiers of drug coverage: 1) Generic, 2) Preferred Brand drugs, 3) Non-preferred Brand drugs, 4) Specialty drugs.

6.8.1 Submit a copy of the tiered formularies that will be available to Covered California enrollees, by product. Provide the most recent version of your formulary showing the effective date.

Identify medications by tiers:

- Generic Drugs
- Preferred Brand Drugs
- Non-preferred Brand Drugs
- Specialty Drugs

6.8.2 Provide definitions for each of the four tiers (e.g.: describe how QHP issuer defines a "specialty drug").

6.8.3 Describe the criteria for categorizing drugs into each of the four tiers of drug coverage.

Appendix A: Definition of Good Standing

| Definition of Good Standing | Agency |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <u>Verification that issuer holds a state health care service plan license or insurance certificate of authority.</u> | |
| • Approved for lines of business sought in the Exchange (e.g., commercial, small group, individual) | DMHC |
| • Approved to operate in what geographic service areas | DMHC |
| • Most recent financial exam and medical survey report reviewed | DMHC |
| • Most recent market conduct exam reviewed | CDI |
| <u>Affirmation of no material³ statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:</u> | |
| • Financial solvency and reserves reviewed | DMHC and CDI |
| • Administrative and organizational capacity acceptable | DMHC |
| • Benefit Design | |
| • State mandates (to cover and to offer) | DMHC and CDI |
| • Essential health benefits (State required) | DMHC and CDI |
| • Basic health care services | CDI |
| • Copayments, deductibles, out-of-pocket maximums | DMHC and CDI |
| • Actuarial value confirmation (using 2016 Federal Actuarial Value Calculator) | DMHC and CDI |
| • Network adequacy and accessibility standards are met | DMHC and CDI |
| • Provider contracts | DMHC and CDI |
| • Language Access | DMHC and CDI |
| • Uniform disclosure (summary of benefits and coverage) | DMHC and CDI |
| • Claims payment policies and practices | DMHC and CDI |
| • Provider complaints | DMHC and CDI |
| • Utilization review policies and practices | DMHC and CDI |
| • Quality assurance/management policies and practices | DMHC |
| • Enrollee/Member grievances/complaints and appeals policies and practices | DMHC and CDI |
| • Independent medical review | DMHC and CDI |
| • Marketing and advertising | DMHC and CDI |
| • Guaranteed issue individual and small group | DMHC and CDI |
| • Rating Factors | DMHC and CDI |
| • Medical Loss Ratio | DMHC and CDI |
| • Premium rate review | DMHC and CDI |
| • Geographic rating regions | |
| • Rate development and justification is consistent with ACA requirements | DMHC and CDI |

³Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.



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Appendix B: Geographic Areas with Fewer than Three Plan Choices

| Rating Region | County | Zip Code |
|-------------------------------------------|-----------|----------|
| Zip codes with one (1) plan choice | | |
| Region 1 | ALPINE | 95646 |
| Region 1 | ALPINE | 96120 |
| Region 1 | AMADOR | 95629 |
| Region 1 | AMADOR | 95644 |
| Region 1 | AMADOR | 95666 |
| Region 1 | AMADOR | 95689 |
| Region 1 | BUTTE | 95901 |
| Region 1 | BUTTE | 95914 |
| Region 1 | BUTTE | 95925 |
| Region 1 | BUTTE | 95930 |
| Region 1 | BUTTE | 95941 |
| Region 1 | BUTTE | 95942 |
| Region 1 | CALAVERAS | 95223 |
| Region 1 | CALAVERAS | 95224 |
| Region 1 | CALAVERAS | 95228 |
| Region 1 | CALAVERAS | 95229 |
| Region 1 | CALAVERAS | 95230 |
| Region 1 | CALAVERAS | 95232 |
| Region 1 | CALAVERAS | 95233 |
| Region 1 | CALAVERAS | 95236 |
| Region 1 | CALAVERAS | 95245 |
| Region 1 | CALAVERAS | 95247 |
| Region 1 | CALAVERAS | 95248 |
| Region 1 | CALAVERAS | 95251 |
| Region 1 | CALAVERAS | 95254 |
| Region 1 | CALAVERAS | 95255 |
| Region 1 | CALAVERAS | 95257 |
| Region 1 | COLUSA | 95939 |
| Region 1 | COLUSA | 95955 |
| Region 1 | COLUSA | 95957 |
| Region 1 | COLUSA | 95979 |
| Region 1 | COLUSA | 95987 |
| Region 1 | DEL NORTE | 95543 |



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| | | |
|----------|-----------|-------|
| Region 1 | DEL NORTE | 95548 |
| Region 1 | GLENN | 95920 |
| Region 1 | GLENN | 95939 |
| Region 1 | GLENN | 95951 |
| Region 1 | GLENN | 95963 |
| Region 1 | HUMBOLDT | 95514 |
| Region 1 | HUMBOLDT | 95526 |
| Region 1 | HUMBOLDT | 95528 |
| Region 1 | HUMBOLDT | 95546 |
| Region 1 | HUMBOLDT | 95549 |
| Region 1 | HUMBOLDT | 95550 |
| Region 1 | HUMBOLDT | 95552 |
| Region 1 | HUMBOLDT | 95554 |
| Region 1 | HUMBOLDT | 95555 |
| Region 1 | HUMBOLDT | 95556 |
| Region 1 | HUMBOLDT | 95558 |
| Region 1 | HUMBOLDT | 95565 |
| Region 1 | HUMBOLDT | 95569 |
| Region 1 | HUMBOLDT | 95570 |
| Region 1 | HUMBOLDT | 95571 |
| Region 1 | HUMBOLDT | 95573 |
| Region 1 | HUMBOLDT | 95589 |
| Region 1 | LAKE | 95423 |
| Region 1 | LAKE | 95469 |
| Region 1 | LASSEN | 96006 |
| Region 1 | LASSEN | 96009 |
| Region 1 | LASSEN | 96056 |
| Region 1 | LASSEN | 96068 |
| Region 1 | LASSEN | 96109 |
| Region 1 | LASSEN | 96113 |
| Region 1 | LASSEN | 96114 |
| Region 1 | LASSEN | 96117 |
| Region 1 | LASSEN | 96119 |
| Region 1 | LASSEN | 96121 |
| Region 1 | LASSEN | 96123 |
| Region 1 | LASSEN | 96128 |
| Region 1 | LASSEN | 96132 |
| Region 1 | LASSEN | 96136 |



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|----------|-----------|-------|
| Region 1 | MENDOCINO | 95410 |
| Region 1 | MENDOCINO | 95415 |
| Region 1 | MENDOCINO | 95417 |
| Region 1 | MENDOCINO | 95425 |
| Region 1 | MENDOCINO | 95427 |
| Region 1 | MENDOCINO | 95428 |
| Region 1 | MENDOCINO | 95429 |
| Region 1 | MENDOCINO | 95432 |
| Region 1 | MENDOCINO | 95445 |
| Region 1 | MENDOCINO | 95449 |
| Region 1 | MENDOCINO | 95454 |
| Region 1 | MENDOCINO | 95459 |
| Region 1 | MENDOCINO | 95463 |
| Region 1 | MENDOCINO | 95466 |
| Region 1 | MENDOCINO | 95468 |
| Region 1 | MENDOCINO | 95469 |
| Region 1 | MENDOCINO | 95488 |
| Region 1 | MENDOCINO | 95494 |
| Region 1 | MENDOCINO | 95585 |
| Region 1 | MENDOCINO | 95587 |
| Region 1 | MENDOCINO | 95589 |
| Region 1 | MODOC | 96006 |
| Region 1 | MODOC | 96015 |
| Region 1 | MODOC | 96054 |
| Region 1 | MODOC | 96056 |
| Region 1 | MODOC | 96108 |
| Region 1 | MODOC | 96110 |
| Region 1 | MODOC | 96112 |
| Region 1 | MODOC | 96116 |
| Region 1 | MODOC | 96134 |
| Region 9 | MONTEREY | 93426 |
| Region 9 | MONTEREY | 93450 |
| Region 9 | MONTEREY | 93451 |
| Region 9 | MONTEREY | 93901 |
| Region 9 | MONTEREY | 93902 |
| Region 9 | MONTEREY | 93905 |
| Region 9 | MONTEREY | 93906 |
| Region 9 | MONTEREY | 93907 |
| Region 9 | MONTEREY | 93908 |



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| Region 9 | MONTEREY | 93912 |
| Region 9 | MONTEREY | 93915 |
| Region 9 | MONTEREY | 93920 |
| Region 9 | MONTEREY | 93921 |
| Region 9 | MONTEREY | 93922 |
| Region 9 | MONTEREY | 93923 |
| Region 9 | MONTEREY | 93924 |
| Region 9 | MONTEREY | 93925 |
| Region 9 | MONTEREY | 93926 |
| Region 9 | MONTEREY | 93927 |
| Region 9 | MONTEREY | 93928 |
| Region 9 | MONTEREY | 93930 |
| Region 9 | MONTEREY | 93932 |
| Region 9 | MONTEREY | 93933 |
| Region 9 | MONTEREY | 93940 |
| Region 9 | MONTEREY | 93942 |
| Region 9 | MONTEREY | 93943 |
| Region 9 | MONTEREY | 93944 |
| Region 9 | MONTEREY | 93950 |
| Region 9 | MONTEREY | 93953 |
| Region 9 | MONTEREY | 93954 |
| Region 9 | MONTEREY | 93955 |
| Region 9 | MONTEREY | 93960 |
| Region 9 | MONTEREY | 93962 |
| Region 9 | MONTEREY | 95004 |
| Region 9 | MONTEREY | 95012 |
| Region 9 | MONTEREY | 95039 |
| Region 9 | MONTEREY | 95076 |

| | | |
|----------|--------|-------|
| Region 1 | NEVADA | 95602 |
| Region 1 | NEVADA | 95728 |
| Region 1 | NEVADA | 95959 |
| Region 1 | NEVADA | 95960 |
| Region 1 | NEVADA | 95977 |
| Region 1 | NEVADA | 95986 |
| Region 1 | NEVADA | 96162 |

| | | |
|----------|--------|-------|
| Region 1 | PLUMAS | 95915 |
| Region 1 | PLUMAS | 95947 |
| Region 1 | PLUMAS | 95980 |
| Region 1 | PLUMAS | 95981 |
| Region 1 | PLUMAS | 95983 |



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| | | |
|----------|------------|-------|
| Region 1 | PLUMAS | 96135 |
| Region 9 | SAN BENITO | 93210 |
| Region 9 | SAN BENITO | 93930 |
| Region 9 | SAN BENITO | 95004 |
| Region 9 | SAN BENITO | 95043 |
| Region 1 | SHASTA | 96008 |
| Region 1 | SHASTA | 96011 |
| Region 1 | SHASTA | 96013 |
| Region 1 | SHASTA | 96017 |
| Region 1 | SHASTA | 96022 |
| Region 1 | SHASTA | 96033 |
| Region 1 | SHASTA | 96040 |
| Region 1 | SHASTA | 96047 |
| Region 1 | SHASTA | 96051 |
| Region 1 | SHASTA | 96056 |
| Region 1 | SHASTA | 96059 |
| Region 1 | SHASTA | 96062 |
| Region 1 | SHASTA | 96065 |
| Region 1 | SHASTA | 96069 |
| Region 1 | SHASTA | 96070 |
| Region 1 | SHASTA | 96071 |
| Region 1 | SHASTA | 96076 |
| Region 1 | SHASTA | 96084 |
| Region 1 | SHASTA | 96088 |
| Region 1 | SHASTA | 96096 |
| Region 1 | SIERRA | 95960 |
| Region 1 | SIERRA | 96118 |
| Region 1 | SIERRA | 96124 |
| Region 1 | SIERRA | 96126 |
| Region 1 | SISKIYOU | 95568 |
| Region 1 | SISKIYOU | 96014 |
| Region 1 | SISKIYOU | 96023 |
| Region 1 | SISKIYOU | 96027 |
| Region 1 | SISKIYOU | 96031 |
| Region 1 | SISKIYOU | 96032 |
| Region 1 | SISKIYOU | 96034 |
| Region 1 | SISKIYOU | 96037 |



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| Region 1 | SISKIYOU | 96039 |
| Region 1 | SISKIYOU | 96044 |
| Region 1 | SISKIYOU | 96050 |
| Region 1 | SISKIYOU | 96057 |
| Region 1 | SISKIYOU | 96058 |
| Region 1 | SISKIYOU | 96064 |
| Region 1 | SISKIYOU | 96085 |
| Region 1 | SISKIYOU | 96086 |
| Region 1 | SISKIYOU | 96091 |
| Region 1 | SISKIYOU | 96094 |
| Region 1 | SISKIYOU | 96134 |

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| Region 1 | SUTTER | 95948 |
| Region 1 | SUTTER | 95953 |
| Region 1 | SUTTER | 95957 |
| Region 1 | SUTTER | 95982 |
| Region 1 | SUTTER | 95991 |
| Region 1 | SUTTER | 95992 |
| Region 1 | SUTTER | 95993 |

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|----------|--------|-------|
| Region 1 | TEHAMA | 95963 |
| Region 1 | TEHAMA | 96021 |
| Region 1 | TEHAMA | 96022 |
| Region 1 | TEHAMA | 96029 |
| Region 1 | TEHAMA | 96059 |
| Region 1 | TEHAMA | 96061 |
| Region 1 | TEHAMA | 96063 |
| Region 1 | TEHAMA | 96074 |
| Region 1 | TEHAMA | 96075 |
| Region 1 | TEHAMA | 96076 |
| Region 1 | TEHAMA | 96092 |

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|----------|---------|-------|
| Region 1 | TRINITY | 95526 |
| Region 1 | TRINITY | 95527 |
| Region 1 | TRINITY | 95543 |
| Region 1 | TRINITY | 95552 |
| Region 1 | TRINITY | 95563 |
| Region 1 | TRINITY | 95595 |
| Region 1 | TRINITY | 96041 |
| Region 1 | TRINITY | 96046 |
| Region 1 | TRINITY | 96076 |
| Region 1 | TRINITY | 96091 |



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| Region 1 | TUOLUMNE | 95230 |
| Region 1 | TUOLUMNE | 95305 |
| Region 1 | TUOLUMNE | 95311 |
| Region 1 | TUOLUMNE | 95321 |
| Region 1 | TUOLUMNE | 95329 |
| Region 1 | TUOLUMNE | 95335 |
| Region 1 | TUOLUMNE | 95364 |
| Region 1 | TUOLUMNE | 95375 |

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|----------|------|-------|
| Region 1 | YUBA | 95901 |
| Region 1 | YUBA | 95914 |
| Region 1 | YUBA | 95918 |
| Region 1 | YUBA | 95919 |
| Region 1 | YUBA | 95922 |
| Region 1 | YUBA | 95925 |
| Region 1 | YUBA | 95935 |
| Region 1 | YUBA | 95941 |
| Region 1 | YUBA | 95960 |
| Region 1 | YUBA | 95962 |
| Region 1 | YUBA | 95966 |
| Region 1 | YUBA | 95972 |
| Region 1 | YUBA | 95977 |
| Region 1 | YUBA | 95981 |

Zip codes with two (2) plan choices

| | | |
|----------|---------|-------|
| Region 6 | ALAMEDA | 94505 |
| Region 6 | ALAMEDA | 94514 |
| Region 6 | ALAMEDA | 94536 |
| Region 6 | ALAMEDA | 94538 |
| Region 6 | ALAMEDA | 94539 |
| Region 6 | ALAMEDA | 94555 |
| Region 6 | ALAMEDA | 94560 |
| Region 6 | ALAMEDA | 94586 |
| Region 6 | ALAMEDA | 94587 |
| Region 6 | ALAMEDA | 95377 |
| Region 6 | ALAMEDA | 95391 |

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| Region 1 | AMADOR | 95601 |
| Region 1 | AMADOR | 95642 |
| Region 1 | AMADOR | 95654 |
| Region 1 | AMADOR | 95665 |



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| Region 1 | AMADOR | 95669 |
| Region 1 | AMADOR | 95675 |
| Region 1 | AMADOR | 95685 |
| Region 1 | AMADOR | 95699 |
| Region 1 | BUTTE | 95916 |
| Region 1 | BUTTE | 95917 |
| Region 1 | BUTTE | 95926 |
| Region 1 | BUTTE | 95927 |
| Region 1 | BUTTE | 95928 |
| Region 1 | BUTTE | 95929 |
| Region 1 | BUTTE | 95938 |
| Region 1 | BUTTE | 95940 |
| Region 1 | BUTTE | 95948 |
| Region 1 | BUTTE | 95954 |
| Region 1 | BUTTE | 95958 |
| Region 1 | BUTTE | 95965 |
| Region 1 | BUTTE | 95966 |
| Region 1 | BUTTE | 95967 |
| Region 1 | BUTTE | 95968 |
| Region 1 | BUTTE | 95969 |
| Region 1 | BUTTE | 95973 |
| Region 1 | BUTTE | 95974 |
| Region 1 | BUTTE | 95976 |
| Region 1 | BUTTE | 95978 |
| Region 1 | CALAVERAS | 95221 |
| Region 1 | CALAVERAS | 95222 |
| Region 1 | CALAVERAS | 95225 |
| Region 1 | CALAVERAS | 95226 |
| Region 1 | CALAVERAS | 95246 |
| Region 1 | CALAVERAS | 95249 |
| Region 1 | CALAVERAS | 95252 |
| Region 1 | COLUSA | 95912 |
| Region 1 | COLUSA | 95932 |
| Region 1 | COLUSA | 95950 |
| Region 1 | COLUSA | 95970 |
| Region 1 | DEL NORTE | 95531 |
| Region 1 | DEL NORTE | 95532 |
| Region 1 | DEL NORTE | 95538 |



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| Region 1 | DEL NORTE | 95567 |
| Region 3 | EL DORADO | 95629 |
| Region 3 | EL DORADO | 95720 |
| Region 3 | EL DORADO | 95721 |
| Region 3 | EL DORADO | 95735 |
| Region 3 | EL DORADO | 96142 |
| Region 3 | EL DORADO | 96150 |
| Region 3 | EL DORADO | 96151 |
| Region 3 | EL DORADO | 96152 |
| Region 3 | EL DORADO | 96154 |
| Region 3 | EL DORADO | 96155 |
| Region 3 | EL DORADO | 96156 |
| Region 3 | EL DORADO | 96157 |
| Region 3 | EL DORADO | 96158 |
| Region 11 | FRESNO | 93210 |
| Region 11 | FRESNO | 93234 |
| Region 11 | FRESNO | 93245 |
| Region 11 | FRESNO | 93605 |
| Region 11 | FRESNO | 93608 |
| Region 11 | FRESNO | 93620 |
| Region 11 | FRESNO | 93621 |
| Region 11 | FRESNO | 93622 |
| Region 11 | FRESNO | 93628 |
| Region 11 | FRESNO | 93634 |
| Region 11 | FRESNO | 93640 |
| Region 11 | FRESNO | 93641 |
| Region 11 | FRESNO | 93642 |
| Region 11 | FRESNO | 93664 |
| Region 1 | GLENN | 95913 |
| Region 1 | GLENN | 95943 |
| Region 1 | GLENN | 95970 |
| Region 1 | GLENN | 95988 |
| Region 1 | HUMBOLDT | 95501 |
| Region 1 | HUMBOLDT | 95502 |
| Region 1 | HUMBOLDT | 95503 |
| Region 1 | HUMBOLDT | 95511 |
| Region 1 | HUMBOLDT | 95518 |
| Region 1 | HUMBOLDT | 95519 |



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| Region 1 | HUMBOLDT | 95521 |
| Region 1 | HUMBOLDT | 95524 |
| Region 1 | HUMBOLDT | 95525 |
| Region 1 | HUMBOLDT | 95534 |
| Region 1 | HUMBOLDT | 95536 |
| Region 1 | HUMBOLDT | 95537 |
| Region 1 | HUMBOLDT | 95540 |
| Region 1 | HUMBOLDT | 95542 |
| Region 1 | HUMBOLDT | 95545 |
| Region 1 | HUMBOLDT | 95547 |
| Region 1 | HUMBOLDT | 95551 |
| Region 1 | HUMBOLDT | 95553 |
| Region 1 | HUMBOLDT | 95559 |
| Region 1 | HUMBOLDT | 95560 |
| Region 1 | HUMBOLDT | 95562 |
| Region 1 | HUMBOLDT | 95564 |

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| Region 13 | IMPERIAL | 92004 |
| Region 13 | IMPERIAL | 92222 |
| Region 13 | IMPERIAL | 92225 |
| Region 13 | IMPERIAL | 92227 |
| Region 13 | IMPERIAL | 92231 |
| Region 13 | IMPERIAL | 92232 |
| Region 13 | IMPERIAL | 92233 |
| Region 13 | IMPERIAL | 92243 |
| Region 13 | IMPERIAL | 92244 |
| Region 13 | IMPERIAL | 92249 |
| Region 13 | IMPERIAL | 92250 |
| Region 13 | IMPERIAL | 92251 |
| Region 13 | IMPERIAL | 92257 |
| Region 13 | IMPERIAL | 92259 |
| Region 13 | IMPERIAL | 92266 |
| Region 13 | IMPERIAL | 92273 |
| Region 13 | IMPERIAL | 92281 |
| Region 13 | IMPERIAL | 92283 |

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| Region 13 | INYO | 92328 |
| Region 13 | INYO | 92384 |
| Region 13 | INYO | 92389 |
| Region 13 | INYO | 93513 |
| Region 13 | INYO | 93514 |
| Region 13 | INYO | 93515 |



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|-----------|--------|-------|
| Region 13 | INYO | 93522 |
| Region 13 | INYO | 93526 |
| Region 13 | INYO | 93527 |
| Region 13 | INYO | 93530 |
| Region 13 | INYO | 93542 |
| Region 13 | INYO | 93545 |
| Region 13 | INYO | 93549 |
| | | |
| Region 14 | KERN | 93527 |
| Region 14 | KERN | 93528 |
| Region 14 | KERN | 93554 |
| Region 14 | KERN | 93555 |
| Region 14 | KERN | 93556 |
| Region 14 | KERN | 93558 |
| | | |
| Region 11 | KINGS | 93202 |
| Region 11 | KINGS | 93204 |
| Region 11 | KINGS | 93212 |
| Region 11 | KINGS | 93239 |
| Region 11 | KINGS | 93245 |
| Region 11 | KINGS | 93246 |
| Region 11 | KINGS | 93266 |
| | | |
| Region 1 | LAKE | 95422 |
| Region 1 | LAKE | 95424 |
| Region 1 | LAKE | 95426 |
| Region 1 | LAKE | 95435 |
| Region 1 | LAKE | 95443 |
| Region 1 | LAKE | 95451 |
| Region 1 | LAKE | 95453 |
| Region 1 | LAKE | 95457 |
| Region 1 | LAKE | 95458 |
| Region 1 | LAKE | 95461 |
| Region 1 | LAKE | 95464 |
| Region 1 | LAKE | 95467 |
| Region 1 | LAKE | 95485 |
| Region 1 | LAKE | 95493 |
| | | |
| Region 1 | LASSEN | 96127 |
| Region 1 | LASSEN | 96130 |
| Region 1 | LASSEN | 96137 |



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| Region 11 | MADERA | 93610 |
| Region 11 | MADERA | 93620 |
| Region 11 | MADERA | 93622 |
| Region 10 | MARIPOSA | 95306 |
| Region 10 | MARIPOSA | 95311 |
| Region 10 | MARIPOSA | 95318 |
| Region 10 | MARIPOSA | 95321 |
| Region 10 | MARIPOSA | 95325 |
| Region 10 | MARIPOSA | 95329 |
| Region 10 | MARIPOSA | 95338 |
| Region 10 | MARIPOSA | 95345 |
| Region 10 | MARIPOSA | 95389 |
| Region 1 | MENDOCINO | 95418 |
| Region 1 | MENDOCINO | 95420 |
| Region 1 | MENDOCINO | 95437 |
| Region 1 | MENDOCINO | 95456 |
| Region 1 | MENDOCINO | 95460 |
| Region 1 | MENDOCINO | 95470 |
| Region 1 | MENDOCINO | 95481 |
| Region 1 | MENDOCINO | 95482 |
| Region 1 | MENDOCINO | 95490 |
| Region 1 | MODOC | 96101 |
| Region 1 | MODOC | 96104 |
| Region 1 | MODOC | 96115 |
| Region 13 | MONO | 93512 |
| Region 13 | MONO | 93514 |
| Region 13 | MONO | 93517 |
| Region 13 | MONO | 93529 |
| Region 13 | MONO | 93541 |
| Region 13 | MONO | 93546 |
| Region 13 | MONO | 96107 |
| Region 13 | MONO | 96133 |
| Region 1 | NEVADA | 95712 |
| Region 1 | NEVADA | 95724 |
| Region 1 | NEVADA | 95924 |
| Region 1 | NEVADA | 95945 |
| Region 1 | NEVADA | 95946 |



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|-----------|----------------|-------|
| Region 1 | NEVADA | 95949 |
| Region 1 | NEVADA | 95975 |
| Region 1 | NEVADA | 96111 |
| Region 1 | NEVADA | 96160 |
| Region 1 | NEVADA | 96161 |
| Region 3 | PLACER | 95701 |
| Region 3 | PLACER | 95714 |
| Region 3 | PLACER | 95715 |
| Region 3 | PLACER | 95717 |
| Region 3 | PLACER | 96140 |
| Region 3 | PLACER | 96141 |
| Region 3 | PLACER | 96143 |
| Region 3 | PLACER | 96145 |
| Region 3 | PLACER | 96146 |
| Region 3 | PLACER | 96148 |
| Region 3 | PLACER | 96161 |
| Region 1 | PLUMAS | 95923 |
| Region 1 | PLUMAS | 95934 |
| Region 1 | PLUMAS | 95956 |
| Region 1 | PLUMAS | 95971 |
| Region 1 | PLUMAS | 95984 |
| Region 1 | PLUMAS | 96020 |
| Region 1 | PLUMAS | 96103 |
| Region 1 | PLUMAS | 96105 |
| Region 1 | PLUMAS | 96106 |
| Region 1 | PLUMAS | 96122 |
| Region 1 | PLUMAS | 96129 |
| Region 1 | PLUMAS | 96137 |
| Region 17 | RIVERSIDE | 92225 |
| Region 17 | RIVERSIDE | 92226 |
| Region 17 | RIVERSIDE | 92239 |
| Region 9 | SAN BENITO | 95023 |
| Region 9 | SAN BENITO | 95024 |
| Region 9 | SAN BENITO | 95045 |
| Region 9 | SAN BENITO | 95075 |
| Region 17 | SAN BERNARDINO | 92242 |
| Region 17 | SAN BERNARDINO | 92267 |



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| Region 17 | SAN BERNARDINO | 92280 |
| Region 17 | SAN BERNARDINO | 92304 |
| Region 17 | SAN BERNARDINO | 92323 |
| Region 17 | SAN BERNARDINO | 92332 |
| Region 17 | SAN BERNARDINO | 92338 |
| Region 17 | SAN BERNARDINO | 92363 |
| Region 17 | SAN BERNARDINO | 92364 |
| Region 17 | SAN BERNARDINO | 92366 |
| Region 17 | SAN BERNARDINO | 93516 |
| Region 17 | SAN BERNARDINO | 93555 |
| Region 17 | SAN BERNARDINO | 93562 |
| Region 17 | SAN BERNARDINO | 93592 |

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| Region 12 | SAN LUIS OBISPO | 93252 |
| Region 12 | SAN LUIS OBISPO | 93401 |
| Region 12 | SAN LUIS OBISPO | 93402 |
| Region 12 | SAN LUIS OBISPO | 93403 |
| Region 12 | SAN LUIS OBISPO | 93405 |
| Region 12 | SAN LUIS OBISPO | 93406 |
| Region 12 | SAN LUIS OBISPO | 93407 |
| Region 12 | SAN LUIS OBISPO | 93408 |
| Region 12 | SAN LUIS OBISPO | 93409 |
| Region 12 | SAN LUIS OBISPO | 93410 |
| Region 12 | SAN LUIS OBISPO | 93412 |
| Region 12 | SAN LUIS OBISPO | 93420 |
| Region 12 | SAN LUIS OBISPO | 93421 |
| Region 12 | SAN LUIS OBISPO | 93422 |
| Region 12 | SAN LUIS OBISPO | 93423 |
| Region 12 | SAN LUIS OBISPO | 93424 |
| Region 12 | SAN LUIS OBISPO | 93426 |
| Region 12 | SAN LUIS OBISPO | 93428 |
| Region 12 | SAN LUIS OBISPO | 93430 |
| Region 12 | SAN LUIS OBISPO | 93432 |
| Region 12 | SAN LUIS OBISPO | 93433 |
| Region 12 | SAN LUIS OBISPO | 93435 |
| Region 12 | SAN LUIS OBISPO | 93442 |
| Region 12 | SAN LUIS OBISPO | 93443 |
| Region 12 | SAN LUIS OBISPO | 93444 |
| Region 12 | SAN LUIS OBISPO | 93445 |
| Region 12 | SAN LUIS OBISPO | 93446 |
| Region 12 | SAN LUIS OBISPO | 93447 |
| Region 12 | SAN LUIS OBISPO | 93448 |



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| Region 12 | SAN LUIS OBISPO | 93449 |
| Region 12 | SAN LUIS OBISPO | 93451 |
| Region 12 | SAN LUIS OBISPO | 93452 |
| Region 12 | SAN LUIS OBISPO | 93453 |
| Region 12 | SAN LUIS OBISPO | 93454 |
| Region 12 | SAN LUIS OBISPO | 93461 |
| Region 12 | SAN LUIS OBISPO | 93465 |
| Region 12 | SAN LUIS OBISPO | 93475 |
| Region 12 | SAN LUIS OBISPO | 93483 |
| Region 12 | SANTA BARBARA | 93013 |
| Region 12 | SANTA BARBARA | 93014 |
| Region 12 | SANTA BARBARA | 93067 |
| Region 12 | SANTA BARBARA | 93101 |
| Region 12 | SANTA BARBARA | 93102 |
| Region 12 | SANTA BARBARA | 93103 |
| Region 12 | SANTA BARBARA | 93105 |
| Region 12 | SANTA BARBARA | 93106 |
| Region 12 | SANTA BARBARA | 93107 |
| Region 12 | SANTA BARBARA | 93108 |
| Region 12 | SANTA BARBARA | 93109 |
| Region 12 | SANTA BARBARA | 93110 |
| Region 12 | SANTA BARBARA | 93111 |
| Region 12 | SANTA BARBARA | 93116 |
| Region 12 | SANTA BARBARA | 93117 |
| Region 12 | SANTA BARBARA | 93118 |
| Region 12 | SANTA BARBARA | 93120 |
| Region 12 | SANTA BARBARA | 93121 |
| Region 12 | SANTA BARBARA | 93130 |
| Region 12 | SANTA BARBARA | 93140 |
| Region 12 | SANTA BARBARA | 93150 |
| Region 12 | SANTA BARBARA | 93160 |
| Region 12 | SANTA BARBARA | 93190 |
| Region 12 | SANTA BARBARA | 93199 |
| Region 12 | SANTA BARBARA | 93252 |
| Region 12 | SANTA BARBARA | 93254 |
| Region 12 | SANTA BARBARA | 93427 |
| Region 12 | SANTA BARBARA | 93429 |
| Region 12 | SANTA BARBARA | 93434 |
| Region 12 | SANTA BARBARA | 93436 |
| Region 12 | SANTA BARBARA | 93437 |
| Region 12 | SANTA BARBARA | 93438 |



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| Region 12 | SANTA BARBARA | 93440 |
| Region 12 | SANTA BARBARA | 93441 |
| Region 12 | SANTA BARBARA | 93454 |
| Region 12 | SANTA BARBARA | 93455 |
| Region 12 | SANTA BARBARA | 93456 |
| Region 12 | SANTA BARBARA | 93457 |
| Region 12 | SANTA BARBARA | 93458 |
| Region 12 | SANTA BARBARA | 93460 |
| Region 12 | SANTA BARBARA | 93463 |
| Region 12 | SANTA BARBARA | 93464 |
| | | |
| Region 9 | SANTA CRUZ | 95006 |
| Region 9 | SANTA CRUZ | 95017 |
| Region 9 | SANTA CRUZ | 95033 |
| | | |
| Region 1 | SHASTA | 96001 |
| Region 1 | SHASTA | 96002 |
| Region 1 | SHASTA | 96003 |
| Region 1 | SHASTA | 96007 |
| Region 1 | SHASTA | 96016 |
| Region 1 | SHASTA | 96019 |
| Region 1 | SHASTA | 96025 |
| Region 1 | SHASTA | 96028 |
| Region 1 | SHASTA | 96049 |
| Region 1 | SHASTA | 96073 |
| Region 1 | SHASTA | 96079 |
| Region 1 | SHASTA | 96087 |
| Region 1 | SHASTA | 96089 |
| Region 1 | SHASTA | 96095 |
| Region 1 | SHASTA | 96099 |
| | | |
| Region 1 | SIERRA | 95910 |
| Region 1 | SIERRA | 95922 |
| Region 1 | SIERRA | 95936 |
| Region 1 | SIERRA | 95944 |
| Region 1 | SIERRA | 96105 |
| Region 1 | SIERRA | 96125 |
| | | |
| Region 1 | SISKIYOU | 96025 |
| Region 1 | SISKIYOU | 96038 |
| Region 1 | SISKIYOU | 96067 |
| Region 1 | SISKIYOU | 96097 |



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| Region 1 | SUTTER | 95626 |
| Region 1 | SUTTER | 95645 |
| Region 1 | SUTTER | 95648 |
| Region 1 | SUTTER | 95659 |
| Region 1 | SUTTER | 95668 |
| Region 1 | SUTTER | 95674 |
| Region 1 | SUTTER | 95676 |
| Region 1 | SUTTER | 95692 |
| Region 1 | SUTTER | 95836 |
| Region 1 | SUTTER | 95837 |
| Region 1 | TEHAMA | 95973 |
| Region 1 | TEHAMA | 96035 |
| Region 1 | TEHAMA | 96055 |
| Region 1 | TEHAMA | 96078 |
| Region 1 | TEHAMA | 96080 |
| Region 1 | TEHAMA | 96090 |
| Region 1 | TRINITY | 96010 |
| Region 1 | TRINITY | 96024 |
| Region 1 | TRINITY | 96048 |
| Region 1 | TRINITY | 96052 |
| Region 1 | TRINITY | 96093 |
| Region 1 | TUOLUMNE | 95309 |
| Region 1 | TUOLUMNE | 95310 |
| Region 1 | TUOLUMNE | 95327 |
| Region 1 | TUOLUMNE | 95346 |
| Region 1 | TUOLUMNE | 95347 |
| Region 1 | TUOLUMNE | 95370 |
| Region 1 | TUOLUMNE | 95372 |
| Region 1 | TUOLUMNE | 95373 |
| Region 1 | TUOLUMNE | 95379 |
| Region 1 | TUOLUMNE | 95383 |
| Region 12 | VENTURA | 93013 |
| Region 12 | VENTURA | 93023 |
| Region 12 | VENTURA | 93024 |
| Region 1 | YUBA | 95692 |



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| Region 1 | YUBA | 95903 |
| Region 1 | YUBA | 95961 |

Appendix C: Methodology for Recertification Provider Counts**Physician Counts**

Physician Counts should include California licensed medical doctors (M.D.) and doctors of osteopathy (D.O.) only.

Physicians are counted by National Provider Identifier (NPI) across all regions.

Physicians eligible for inclusion in the Primary Care Physician counts or the Specialist counts may be counted twice.

Primary Care Physicians

- Must have 1 of the following specialties: Internal Medicine, Family Practice, Obstetrics/Gynecology (OB/GYN), Pediatrics, and General Practice.

Specialists

Specialists are defined as MDs or DOs that meet the following criteria:

- Must have a medical or surgical specialty;
- Do not include hospital based specialties such as Critical Care and Emergency Medicine, Anesthesiology, Hospitalists, Hospital/Lab /Blood bank based Pathology; and
- Must provide specialty care services as defined in 28 § C.C.R. 1300.51(d)(1)(a)(iii).

Hospitals

Hospitals should be selected per the provided reference list: OSHPD California Hospital List: Acute Care Hospitals.

Medical Groups/Independent Practice Association (IPA)

- Please list all medical groups which are available to Covered California enrollees and provide your definition of a "medical group/IPA".
- Please identify the DMHC Risk Bearing Organization (RBO) number for each medical group/IPA listed, if applicable. Indicate whether each medical group/IPA you are listing is functioning as a risk bearing group for the network supporting the Exchange product you are identifying.
- Describe circumstances where listed medical groups/IPAs may not be fully accessible to Covered California enrollees.

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment A - Regulatory Filings

Issuer Name:

Instructions:

Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application. Note that updates to Attachment A must be made on a continuous basis as Applicant files amended documents with the regulator.

| Type of Filing | Regulatory Agency | Regulatory Filing Number (if applicable) | Product Filing Number (if applicable) | Date of Submission | Expected Date for Review / Approval | Amendment Number (If applicable) | Initial Filing Date (If applicable) | Comments |
|----------------|-------------------|------------------------------------------|---------------------------------------|--------------------|-------------------------------------|----------------------------------|-------------------------------------|----------|
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California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment B1 - Enrollment Projections (Individual)

Issuer Name:

Please provide enrollment projection for each product (HMO/PPO/EPO). Enrollment projections should reflect anticipated enrollment for the Plan Year 2016.

| Rating Region | County | 2016 Enrollment Projections HMO | 2016 Enrollment Projections PPO | 2016 Enrollment Projections EPO |
|---------------|-----------------|------------------------------------|------------------------------------|------------------------------------|
| Region 1 | Alpine | | | |
| Region 1 | Del Norte | | | |
| Region 1 | Siskiyou | | | |
| Region 1 | Modoc | | | |
| Region 1 | Lassen | | | |
| Region 1 | Shasta | | | |
| Region 1 | Trinity | | | |
| Region 1 | Humboldt | | | |
| Region 1 | Tehama | | | |
| Region 1 | Plumas | | | |
| Region 1 | Nevada | | | |
| Region 1 | Sierra | | | |
| Region 1 | Mendocino | | | |
| Region 1 | Lake | | | |
| Region 1 | Butte | | | |
| Region 1 | Glenn | | | |
| Region 1 | Sutter | | | |
| Region 1 | Yuba | | | |
| Region 1 | Colusa | | | |
| Region 1 | Amador | | | |
| Region 1 | Calaveras | | | |
| Region 1 | Tuolumne | | | |
| Region 2 | Napa | | | |
| Region 2 | Sonoma | | | |
| Region 2 | Solano | | | |
| Region 2 | Marin | | | |
| Region 3 | Sacramento | | | |
| Region 3 | Placer | | | |
| Region 3 | El Dorado | | | |
| Region 3 | Yolo | | | |
| Region 4 | San Francisco | | | |
| Region 5 | Contra Costa | | | |
| Region 6 | Alameda | | | |
| Region 7 | Santa Clara | | | |
| Region 8 | San Mateo | | | |
| Region 9 | Santa Cruz | | | |
| Region 9 | Monterey | | | |
| Region 9 | San Benito | | | |
| Region 10 | San Joaquin | | | |
| Region 10 | Stanislaus | | | |
| Region 10 | Merced | | | |
| Region 10 | Mariposa | | | |
| Region 10 | Tulare | | | |
| Region 11 | Fresno | | | |
| Region 11 | Kings | | | |
| Region 11 | Madera | | | |
| Region 12 | San Luis Obispo | | | |
| Region 12 | Ventura | | | |
| Region 12 | Santa Barbara | | | |
| Region 13 | Mono | | | |
| Region 13 | Inyo | | | |
| Region 13 | Imperial | | | |
| Region 14 | Kern | | | |
| Region 15 | Los Angeles | | | |
| Region 16 | Los Angeles | | | |
| Region 17 | San Bernardino | | | |
| Region 17 | Riverside | | | |
| Region 18 | Orange | | | |
| Region 19 | San Diego | | | |

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment B2 - Enrollment Projections (SHOP)

Issuer Name:

Please provide enrollment projection for each product (HMO/PPO/EPO). Enrollment projections should reflect anticipated enrollment for the Plan Year 2016.

| Rating Region | County | 2016 Enrollment Projections HMO | 2016 Enrollment Projections PPO | 2016 Enrollment Projections EPO |
|---------------|-----------------|------------------------------------|------------------------------------|------------------------------------|
| Region 1 | Alpine | | | |
| Region 1 | Del Norte | | | |
| Region 1 | Siskiyou | | | |
| Region 1 | Modoc | | | |
| Region 1 | Lassen | | | |
| Region 1 | Shasta | | | |
| Region 1 | Trinity | | | |
| Region 1 | Humboldt | | | |
| Region 1 | Tehama | | | |
| Region 1 | Plumas | | | |
| Region 1 | Nevada | | | |
| Region 1 | Sierra | | | |
| Region 1 | Mendocino | | | |
| Region 1 | Lake | | | |
| Region 1 | Butte | | | |
| Region 1 | Glenn | | | |
| Region 1 | Sutter | | | |
| Region 1 | Yuba | | | |
| Region 1 | Colusa | | | |
| Region 1 | Amador | | | |
| Region 1 | Calaveras | | | |
| Region 1 | Tuolumne | | | |
| Region 2 | Napa | | | |
| Region 2 | Sonoma | | | |
| Region 2 | Solano | | | |
| Region 2 | Marin | | | |
| Region 3 | Sacramento | | | |
| Region 3 | Placer | | | |
| Region 3 | El Dorado | | | |
| Region 3 | Yolo | | | |
| Region 4 | San Francisco | | | |
| Region 5 | Contra Costa | | | |
| Region 6 | Alameda | | | |
| Region 7 | Santa Clara | | | |
| Region 8 | San Mateo | | | |
| Region 9 | Santa Cruz | | | |
| Region 9 | Monterey | | | |
| Region 9 | San Benito | | | |
| Region 10 | San Joaquin | | | |
| Region 10 | Stanislaus | | | |
| Region 10 | Merced | | | |
| Region 10 | Mariposa | | | |
| Region 10 | Tulare | | | |
| Region 11 | Fresno | | | |
| Region 11 | Kings | | | |
| Region 11 | Madera | | | |
| Region 12 | San Luis Obispo | | | |
| Region 12 | Ventura | | | |
| Region 12 | Santa Barbara | | | |
| Region 13 | Mono | | | |
| Region 13 | Inyo | | | |
| Region 13 | Imperial | | | |
| Region 14 | Kern | | | |

| Rating Region | County | 2016 Enrollment Projections HMO | 2016 Enrollment Projections PPO | 2016 Enrollment Projections EPO |
|---------------|----------------|------------------------------------|------------------------------------|------------------------------------|
| Region 15 | Los Angeles | | | |
| Region 16 | Los Angeles | | | |
| Region 17 | San Bernardino | | | |
| Region 17 | Riverside | | | |
| Region 18 | Orange | | | |
| Region 19 | San Diego | | | |

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment C1 - Plan Type by Rating Region (Individual)

Selecting a box below means Issuer will submit a QHP bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan in order to submit an HSA Plan.

| INDIVIDUAL | | | | | | | | |
|---------------|------------|-----------------------|---------------|-----------|-------------|-------------|-------------------|-----------------|
| Rating Region | County | Partial County Yes/No | Platinum Plan | Gold Plan | Silver Plan | Bronze Plan | Catastrophic Plan | HSA Bronze Plan |
| Region 1 | Alpine | | | | | | | |
| Region 1 | Del Norte | | | | | | | |
| Region 1 | Siskiyou | | | | | | | |
| Region 1 | Modoc | | | | | | | |
| Region 1 | Lassen | | | | | | | |
| Region 1 | Shasta | | | | | | | |
| Region 1 | Trinity | | | | | | | |
| Region 1 | Humboldt | | | | | | | |
| Region 1 | Tehama | | | | | | | |
| Region 1 | Plumas | | | | | | | |
| Region 1 | Nevada | | | | | | | |
| Region 1 | Sierra | | | | | | | |
| Region 1 | Mendocino | | | | | | | |
| Region 1 | Lake | | | | | | | |
| Region 1 | Butte | | | | | | | |
| Region 1 | Glenn | | | | | | | |
| Region 1 | Sutter | | | | | | | |
| Region 1 | Yuba | | | | | | | |
| Region 1 | Colusa | | | | | | | |
| Region 1 | Amador | | | | | | | |
| Region 1 | Calaveras | | | | | | | |
| Region 1 | Tuolumne | | | | | | | |
| Region 2 | Napa | | | | | | | |
| Region 2 | Sonoma | | | | | | | |
| Region 2 | Solano | | | | | | | |
| Region 2 | Marin | | | | | | | |
| Region 3 | Sacramento | | | | | | | |

| Rating Region | County | Partial County Yes/No | Platinum Plan | Gold Plan | Silver Plan | Bronze Plan | Catastrophic Plan | HSA Bronze Plan |
|---------------|-----------------|-----------------------|---------------|-----------|-------------|-------------|-------------------|-----------------|
| Region 3 | Placer | | | | | | | |
| Region 3 | El Dorado | | | | | | | |
| Region 3 | Yolo | | | | | | | |
| Region 4 | San Francisco | | | | | | | |
| Region 5 | Contra Costa | | | | | | | |
| Region 6 | Alameda | | | | | | | |
| Region 7 | Santa Clara | | | | | | | |
| Region 8 | San Mateo | | | | | | | |
| Region 9 | Santa Cruz | | | | | | | |
| Region 9 | Monterey | | | | | | | |
| Region 9 | San Benito | | | | | | | |
| Region 10 | San Joaquin | | | | | | | |
| Region 10 | Stanislaus | | | | | | | |
| Region 10 | Merced | | | | | | | |
| Region 10 | Mariposa | | | | | | | |
| Region 10 | Tulare | | | | | | | |
| Region 11 | Fresno | | | | | | | |
| Region 11 | Kings | | | | | | | |
| Region 11 | Madera | | | | | | | |
| Region 12 | San Luis Obispo | | | | | | | |
| Region 12 | Ventura | | | | | | | |
| Region 12 | Santa Barbara | | | | | | | |
| Region 13 | Mono | | | | | | | |
| Region 13 | Inyo | | | | | | | |
| Region 13 | Imperial | | | | | | | |
| Region 14 | Kern | | | | | | | |
| Region 15 | Los Angeles | | | | | | | |
| Region 16 | Los Angeles | | | | | | | |
| Region 17 | San Bernardino | | | | | | | |
| Region 17 | Riverside | | | | | | | |
| Region 18 | Orange | | | | | | | |
| Region 19 | San Diego | | | | | | | |

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment C2 - Plan Type by Rating Region (SHOP)

Selecting a box below means Issuer will submit a QHP bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan in order to submit an HSA Plan.

| SHOP | | | | | | | | | |
|---------------|------------|-----------------------|---------------|-----------|-------------|-------------|-----------------|-----------------|----------------|
| Rating Region | County | Partial County Yes/No | Platinum Plan | Gold Plan | Silver Plan | Bronze Plan | HSA Bronze Plan | HSA Silver Plan | Alternate Plan |
| Region 1 | Alpine | | | | | | | | |
| Region 1 | Del Norte | | | | | | | | |
| Region 1 | Siskiyou | | | | | | | | |
| Region 1 | Modoc | | | | | | | | |
| Region 1 | Lassen | | | | | | | | |
| Region 1 | Shasta | | | | | | | | |
| Region 1 | Trinity | | | | | | | | |
| Region 1 | Humboldt | | | | | | | | |
| Region 1 | Tehama | | | | | | | | |
| Region 1 | Plumas | | | | | | | | |
| Region 1 | Nevada | | | | | | | | |
| Region 1 | Sierra | | | | | | | | |
| Region 1 | Mendocino | | | | | | | | |
| Region 1 | Lake | | | | | | | | |
| Region 1 | Butte | | | | | | | | |
| Region 1 | Glenn | | | | | | | | |
| Region 1 | Sutter | | | | | | | | |
| Region 1 | Yuba | | | | | | | | |
| Region 1 | Colusa | | | | | | | | |
| Region 1 | Amador | | | | | | | | |
| Region 1 | Calaveras | | | | | | | | |
| Region 1 | Tuolumne | | | | | | | | |
| Region 2 | Napa | | | | | | | | |
| Region 2 | Sonoma | | | | | | | | |
| Region 2 | Solano | | | | | | | | |
| Region 2 | Marin | | | | | | | | |
| Region 3 | Sacramento | | | | | | | | |

| Rating Region | County | Partial County Yes/No | Platinum Plan | Gold Plan | Silver Plan | Bronze Plan | HSA Bronze Plan | HSA Silver Plan | Alternate Plan |
|---------------|-----------------|-----------------------|---------------|-----------|-------------|-------------|-----------------|-----------------|----------------|
| Region 3 | Placer | | | | | | | | |
| Region 3 | El Dorado | | | | | | | | |
| Region 3 | Yolo | | | | | | | | |
| Region 4 | San Francisco | | | | | | | | |
| Region 5 | Contra Costa | | | | | | | | |
| Region 6 | Alameda | | | | | | | | |
| Region 7 | Santa Clara | | | | | | | | |
| Region 8 | San Mateo | | | | | | | | |
| Region 9 | Santa Cruz | | | | | | | | |
| Region 9 | Monterey | | | | | | | | |
| Region 9 | San Benito | | | | | | | | |
| Region 10 | San Joaquin | | | | | | | | |
| Region 10 | Stanislaus | | | | | | | | |
| Region 10 | Merced | | | | | | | | |
| Region 10 | Mariposa | | | | | | | | |
| Region 10 | Tulare | | | | | | | | |
| Region 11 | Fresno | | | | | | | | |
| Region 11 | Kings | | | | | | | | |
| Region 11 | Madera | | | | | | | | |
| Region 12 | San Luis Obispo | | | | | | | | |
| Region 12 | Ventura | | | | | | | | |
| Region 12 | Santa Barbara | | | | | | | | |
| Region 13 | Mono | | | | | | | | |
| Region 13 | Inyo | | | | | | | | |
| Region 13 | Imperial | | | | | | | | |
| Region 14 | Kern | | | | | | | | |
| Region 15 | Los Angeles | | | | | | | | |
| Region 16 | Los Angeles | | | | | | | | |
| Region 17 | San Bernardino | | | | | | | | |
| Region 17 | Riverside | | | | | | | | |
| Region 18 | Orange | | | | | | | | |
| Region 19 | San Diego | | | | | | | | |

**California Health Benefit Exchange
 QHP Issuer Recertification Application for Plan Year 2016
 Attachment D1 - Recertification Provider Counts (Physicians)**

Instructions

Physician Counts

Physician Counts should include California licensed medical doctors (M.D.) and doctors of osteopathy (D.O.) only.

Physicians are counted by National Provider Identifier (NPI) across all regions.

Physicians eligible for inclusion in the Primary Care Physician counts or the Specialist counts may be counted twice.

Primary Care Physicians

Must have 1 of the following specialties: Internal Medicine, Family Practice, Obstetrics/Gynecology (OB/GYN), Pediatrics, and General Practice.

Specialists - Specialists are defined as MDs or DOs that meet the following criteria:

- Must have a medical or surgical specialty;
- Do not include hospital based specialties such as Critical Care and Emergency Medicine, Anesthesiology, Hospitalists, Hospital/Lab /Blood bank based Pathology; and
- Must provide specialty care services as defined in 28 C.C.R. § 1300.51 (d)(1)(1)(a)(iii).

| Rating Region | PPO | | EPO | | HMO | |
|------------------|----------|-----------------|----------|-----------------|----------|-----------------|
| | PPO PCPs | PPO Specialists | EPO PCPs | EPO Specialists | HMO PCPs | HMO Specialists |
| Region 1 | | | | | | |
| Region 2 | | | | | | |
| Region 3 | | | | | | |
| Region 4 | | | | | | |
| Region 5 | | | | | | |
| Region 6 | | | | | | |
| Region 7 | | | | | | |
| Region 8 | | | | | | |
| Region 9 | | | | | | |
| Region 10 | | | | | | |
| Region 11 | | | | | | |
| Region 12 | | | | | | |
| Region 13 | | | | | | |
| Region 14 | | | | | | |
| Region 15 | | | | | | |
| Region 16 | | | | | | |
| Region 17 | | | | | | |
| Region 18 | | | | | | |
| Region 19 | | | | | | |
| Statewide | 0 | 0 | 0 | 0 | 0 | 0 |

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment D2 - Recertification Provider Counts (Hospitals)

Hospitals should be selected per the provided reference list: OSHPD California Hospital List: Acute Care Hospitals below
Please select "Yes" from the drop down list to indicate each in-network hospital in the list below for all offered products

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|-------------------------------------------------------|--------------------------|------------------|----------|---------------|----------------|----------------|----------------|----------------|
| 106164029 | 630012960 | ADVENTIST MEDICAL CENTER | 115 MALL Dr | HANFORD | 93230 | 11 | KINGS | | | |
| 106100797 | 040000124 | ADVENTIST MEDICAL CENTER - REEDLEY | 372 W CYPRESS Ave | REEDLEY | 93654 | 11 | FRESNO | | | |
| 106100793 | 040000122 | ADVENTIST MEDICAL CENTER-SELMA | 1141 ROSE Ave | SELMA | 93662 | 11 | FRESNO | | | |
| 106301098 | 060000002 | AHMC ANAHEIM REGIONAL MEDICAL CENTER | 1111 W LA PALMA Ave | ANAHEIM | 92801 | 18 | ORANGE | | | |
| 106010811 | 140000184 | ALAMEDA CO MED CTR - FAIRMONT CAMPUS | 15400 FOOTHILL Blvd | SAN LEANDRO | 94578 | 6 | ALAMEDA | | | |
| 106010846 | 140000034 | ALAMEDA CO MED CTR - HIGHLAND CAMPUS | 1411 E 31ST St | OAKLAND | 94602 | 6 | ALAMEDA | | | |
| 106010735 | 140000011 | ALAMEDA HOSPITAL | 2070 CLINTON ave | ALAMEDA | 94501 | 6 | ALAMEDA | | | |
| 206010989 | 630014635 | ALAMEDA HOSPITAL AT WATERS EDGE | 2401 BLANDING Ave | ALAMEDA | 94501 | 6 | ALAMEDA | | | |
| 206010956 | 630011864 | ALAMEDA HOSPITAL SOUTH SHORE CONVALESCENT HOSPITAL | 625 WILLOW St | ALAMEDA | 94501 | 6 | ALAMEDA | | | |
| 106190017 | 930000005 | ALHAMBRA HOSPITAL | 100 S RAYMOND Ave | ALHAMBRA | 91801 | 15 | LOS ANGELES | | | |
| 106010739 | 140000012 | ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS | 2450 ASHBY Ave | BERKELEY | 94705 | 6 | ALAMEDA | | | |
| 106010844 | 140000006 | ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS | 2001 DWIGHT WAY | BERKELEY | 94704 | 6 | ALAMEDA | | | |
| 106010937 | 140000425 | ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE | 350 HAWTHORNE Ave | OAKLAND | 94609 | 6 | ALAMEDA | | | |
| 106013626 | 140000203 | ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-SUMMIT | 3100 SUMMIT St | OAKLAND | 94609 | 6 | ALAMEDA | | | |
| 106370652 | 090000013 | ALVARADO HOSPITAL MEDICAL CENTER | 6655 ALVARADO Rd | SAN DIEGO | 92120 | 19 | SAN DIEGO | | | |
| 106374063 | 090000839 | ALVARADO HOSPITAL MEDICAL CENTER | 6645 ALVARADO Rd | SAN DIEGO | 92120 | 19 | SAN DIEGO | | | |
| 106190034 | 930000008 | ANTELOPE VALLEY HOSPITAL | 1600 W Ave J | LANCASTER | 93534 | 15 | LOS ANGELES | | | |
| 106364231 | 240000100 | ARROWHEAD REGIONAL MEDICAL CENTER | 400 N PEPPER Ave | COLTON | 92324 | 17 | SAN BERNARDINO | | | |
| 106154101 | 120001330 | BAKERSFIELD HEART HOSPITAL | 3001 SILLECT Ave | BAKERSFIELD | 93308 | 14 | KERN | | | |
| 106150722 | 120000338 | BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET | 420 34TH St | BAKERSFIELD | 93301 | 14 | KERN | | | |
| 106364121 | 240001218 | BALLARD REHABILITATION HOSP | 1760 W 16TH St | SAN BERNARDINO | 92411 | 17 | SAN BERNARDINO | | | |
| 106184008 | 230000008 | BANNER LASSEN MEDICAL CENTER | 1800 SPRING RIDGE Dr | SUSANVILLE | 96130 | 1 | LASSEN | | | |
| 106190052 | 930000014 | BARLOW RESPIRATORY HOSPITAL | 2000 STADIUM WAY | LOS ANGELES | 90026 | 16 | LOS ANGELES | | | |
| 106364430 | 240000001 | BARSTOW COMMUNITY HOSPITAL | 820 E MOUNTAIN VIEW ST | BARSTOW | 92311 | 17 | SAN BERNARDINO | | | |
| 106090793 | 030000114 | BARTON MEMORIAL HOSPITAL | 2170 South Ave | SOUTH LAKE TAHOE | 96150 | 3 | EL DORADO | | | |
| 106361110 | 240000002 | BEAR VALLEY COMMUNITY HOSPITAL | 41870 GARSTIN Dr | BIG BEAR LAKE | 92315 | 17 | SAN BERNARDINO | | | |
| 106190081 | 930000012 | BEVERLY HOSPITAL | 309 W BEVERLY Blvd | MONTEBELLO | 90640 | 15 | LOS ANGELES | | | |
| 106040802 | 230000001 | BIGGS GRIDLEY MEMORIAL HOSPITAL | 240 SPRUCE St | GRIDLEY | 95948 | 1 | BUTTE | | | |
| 206500806 | #N/A | BRANDEL MANOR - D/P SNF OF EMANUEL MEDICAL CTR | 1801 N OLIVE St | TURLOCK | 95382 | 10 | STANISLAUS | | | |
| 206413500 | 220000042 | BURLINGAME HEALTH CARE CENTER D/P SNF | 1100 TROUSDALE Dr | BURLINGAME | 94010 | 8 | SAN MATEO | | | |
| 106190125 | 930000002 | CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES | 1401 S GRAND Ave | LOS ANGELES | 90015 | 16 | LOS ANGELES | | | |
| 106380826 | 220000014 | CALIFORNIA PACIFIC MED CTR-CALIFORNIA EAST | 3698 CALIFORNIA St | SAN FRANCISCO | 94118 | 4 | SAN FRANCISCO | | | |
| 106380777 | 220000002 | CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST | 3700 CALIFORNIA St | SAN FRANCISCO | 94118 | 4 | SAN FRANCISCO | | | |
| 106380933 | 220000023 | CALIFORNIA PACIFIC MED CTR-DAVIES CAMPUS | 601 DUBOCE Ave | SAN FRANCISCO | 94117 | 4 | SAN FRANCISCO | | | |
| 106380929 | 220000022 | CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS | 2333 BUCHANAN St | SAN FRANCISCO | 94115 | 4 | SAN FRANCISCO | | | |
| 106380964 | 220000018 | CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS | 3555 CESAR CHAVEZ St | SAN FRANCISCO | 94110 | 4 | SAN FRANCISCO | | | |
| 106190137 | 930000020 | CASA COLINA HOSPITAL FOR REHAB MEDICINE | 255 E BONITA Ave | POMONA | 91767 | 15 | LOS ANGELES | | | |
| 106190045 | 930000013 | CATALINA ISLAND MEDICAL CENTER | 100 FALLS CANYON Rd | AVALON | 90704 | 15 | LOS ANGELES | | | |
| 106190555 | 930000004 | CEDARS SINAI MEDICAL CENTER | 8700 BEVERLY Blvd | LOS ANGELES | 90048 | 16 | LOS ANGELES | | | |
| 106190148 | 930000022 | CENTINELA HOSPITAL MEDICAL CENTER | 555 E HARDY St | INGLEWOOD | 90301 | 16 | LOS ANGELES | | | |
| 106160787 | 040000119 | CENTRAL VALLEY GENERAL HOSPITAL | 1025 N DOUTY St | HANFORD | 93230 | 11 | KINGS | | | |
| 106500954 | 030000129 | CENTRAL VALLEY SPECIALTY HOSPITAL | 730 17TH St | MODESTO | 95354 | 10 | STANISLAUS | | | |
| 106301140 | 060000006 | CHAPMAN MEDICAL CENTER | 2601 E CHAPMAN Ave | ORANGE | 92869 | 18 | ORANGE | | | |
| 106010776 | 140000014 | CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND | 747 52ND St | OAKLAND | 94609 | 6 | ALAMEDA | | | |
| 106304113 | 060001207 | CHILDREN'S HOSPITAL AT MISSION | 27700 MEDICAL CenTeR rd | MISSION VIEJO | 92691 | 18 | ORANGE | | | |
| 106204019 | 040000129 | CHILDREN'S HOSPITAL CENTRAL CALIFORNIA | 9300 VALLEY CHILDRENS PL | MADERA | 93638 | 11 | MADERA | | | |
| 106190170 | 930000034 | CHILDREN'S HOSPITAL OF LOS ANGELES | 4650 W SUNSET Blvd | LOS ANGELES | 90027 | 16 | LOS ANGELES | | | |
| 106300032 | 060000007 | CHILDREN'S HOSPITAL OF ORANGE COUNTY | 1201 W LA VETA Ave | ORANGE | 92868 | 18 | ORANGE | | | |
| 106434051 | 070000766 | CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA | 3777 S BASCOM Ave | CAMPBELL | 95008 | 7 | SANTA CLARA | | | |
| 106382715 | 220000003 | CHINESE HOSPITAL | 845 JACKSON St | SAN FRANCISCO | 94133 | 4 | SAN FRANCISCO | | | |
| 106361144 | 240000003 | CHINO VALLEY MEDICAL CENTER | 5451 WALNUT Ave | CHINO | 91710 | 17 | SAN BERNARDINO | | | |
| 106190413 | 930000070 | CITRUS VALLEY MEDICAL CENTER - IC CAMPUS | 210 W SAN BERNARDINO Rd | COVINA | 91723 | 15 | LOS ANGELES | | | |
| 106190636 | 930000132 | CITRUS VALLEY MEDICAL CENTER - QV CAMPUS | 1115 S SUNSET Ave | WEST COVINA | 91790 | 15 | LOS ANGELES | | | |
| 106190176 | 930000036 | CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL | 1500 DUARTE Rd | DUARTE | 91010 | 15 | LOS ANGELES | | | |
| 106100005 | 040000095 | CLOVIS COMMUNITY MEDICAL CENTER | 2755 HERNDON Ave | CLOVIS | 93611 | 11 | FRESNO | | | |
| 106100697 | 040000798 | COALINGA REGIONAL MEDICAL CENTER | 1191 PHELPS Ave | COALINGA | 93210 | 11 | FRESNO | | | |
| 106190766 | 930000038 | COAST PLAZA HOSPITAL | 13100 STUDEBAKER Rd | NORWALK | 90650 | 15 | LOS ANGELES | | | |
| 106301258 | 060000021 | COASTAL COMMUNITIES HOSPITAL | 2701 S BRISTOL St | SANTA ANA | 92704 | 18 | ORANGE | | | |

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|-----------------------------------------------------|--------------------------|-----------------|----------|---------------|-----------------|----------------|----------------|----------------|
| 106301155 | 060000008 | COLLEGE HOSPITAL COSTA MESA | 301 VICTORIA St | COSTA MESA | 92627 | 18 | ORANGE | | | |
| 106190587 | 930000114 | COLLEGE MEDICAL CENTER | 2776 PACIFIC Ave | LONG BEACH | 90806 | 15 | LOS ANGELES | | | |
| 106190477 | 930000083 | COLLEGE MEDICAL CENTER SOUTH CAMPUS D/P APH | 1725 PACIFIC Ave | LONG BEACH | 90813 | 15 | LOS ANGELES | | | |
| 106361458 | 240000034 | COLORADO RIVER MEDICAL CENTER | 1401 BAILEY Ave | NEEDLES | 92363 | 17 | SAN BERNARDINO | | | |
| 106060870 | 230000259 | COLUSA REGIONAL MEDICAL CENTER | 199 E WEBSTER St | COLUSA | 95932 | 1 | COLUSA | | | |
| 106104008 | 040000259 | COMMUNITY BEHAVIORAL HEALTH CENTER | 7171 N CEDAR Ave | FRESNO | 93720 | 11 | FRESNO | | | |
| 106270744 | 070000137 | COMMUNITY HOSPITAL MONTEREY PENINSULA | 23625 HOLMAN hwy | MONTEREY | 93940 | 9 | MONTEREY | | | |
| 106190197 | 930000040 | COMMUNITY HOSPITAL OF HUNTINGTON PARK | 2623 E S LAUSON Ave | HUNTINGTON PARK | 90255 | 16 | LOS ANGELES | | | |
| 106190475 | 930000082 | COMMUNITY HOSPITAL OF LONG BEACH | 1720 TERMINO Ave | LONG BEACH | 90804 | 15 | LOS ANGELES | | | |
| 106361323 | 240000082 | COMMUNITY HOSPITAL OF SAN BERNARDINO | 1805 MEDICAL CENTER Dr | SAN BERNARDINO | 92411 | 17 | SAN BERNARDINO | | | |
| 106560473 | 050000014 | COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA | 147 N BRENT St | VENTURA | 93003 | 12 | VENTURA | | | |
| 106100717 | 040000101 | COMMUNITY REGIONAL MEDICAL CENTER-FRESNO | 2823 FRESNO St | FRESNO | 93721 | 11 | FRESNO | | | |
| 206100718 | 040000474 | COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER | 3003 N MARIPOSA St | FRESNO | 93703 | 11 | FRESNO | | | |
| 106070924 | 140000195 | CONTRA COSTA REGIONAL MEDICAL CENTER | 2500 ALHAMBRA Ave | MARTINEZ | 94553 | 5 | CONTRA COSTA | | | |
| 106331145 | 250000007 | CORONA REGIONAL MEDICAL CENTER-MAGNOLIA | 730 MAGNOLIA Ave | CORONA | 92879 | 17 | RIVERSIDE | | | |
| 106331152 | 250000006 | CORONA REGIONAL MEDICAL CENTER-MAIN | 800 S MAIN St | CORONA | 92882 | 17 | RIVERSIDE | | | |
| 106424047 | 050000022 | COTTAGE REHABILITATION HOSPITAL | 2415 DE LA VINA St | SANTA BARBARA | 93105 | 12 | SANTA BARBARA | | | |
| 106390846 | 030000117 | DAMERON HOSPITAL | 525 W ACACIA st | STOCKTON | 95203 | 10 | SAN JOAQUIN | | | |
| 106150706 | 120000336 | DELANO REGIONAL MEDICAL CENTER | 1401 GARCES HWY | DELANO | 93215 | 14 | KERN | | | |
| 106331164 | 250000008 | DESERT REGIONAL MEDICAL CENTER | 1150 N INDIAN CANYON Dr | PALM SPRINGS | 92262 | 17 | RIVERSIDE | | | |
| 106364144 | 240001330 | DESERT VALLEY HOSPITAL | 16850 BEAR VALLEY Rd | VICTORVILLE | 92395 | 17 | SAN BERNARDINO | | | |
| 106392287 | 030000118 | DOCTORS HOSPITAL OF MANTECA | 1205 E N St | MANTECA | 95336 | 10 | SAN JOAQUIN | | | |
| 106190857 | 930000188 | DOCTORS HOSPITAL OF WEST COVINA, INC | 725 S ORANGE Ave | WEST COVINA | 91790 | 15 | LOS ANGELES | | | |
| 106500852 | 030000122 | DOCTORS MEDICAL CENTER | 1441 FLORIDA Ave | MODESTO | 95350 | 10 | STANISLAUS | | | |
| 106070904 | 110001204 | DOCTORS MEDICAL CENTER - SAN PABLO | 2000 VALE Rd | SAN PABLO | 94806 | 5 | CONTRA COSTA | | | |
| 106501016 | 030001568 | DOCTORS MEDICAL CENTER-BEHAVIORAL HEALTH DEPARTMENT | 1501 CLAUD Rd | MODESTO | 95355 | 10 | STANISLAUS | | | |
| 106440755 | 070000139 | DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL | 1555 SOQUEL Dr | SANTA CRUZ | 95065 | 9 | SANTA CRUZ | | | |
| 106196168 | 930001709 | EARL AND LORRAINE MILLER CHILDRENS HOSPITAL | 2801 ATLANTIC Ave | LONG BEACH | 90806 | 15 | LOS ANGELES | | | |
| 106190256 | 930000053 | EAST LOS ANGELES DOCTORS HOSPITAL | 4060 WHITTIER Blvd | LOS ANGELES | 90023 | 16 | LOS ANGELES | | | |
| 106190328 | 930000060 | EAST VALLEY HOSPITAL MEDICAL CENTER | 150 W ROUTE 66 | GLENDORA | 91740 | 15 | LOS ANGELES | | | |
| 206462284 | #N/A | EASTERN PLUMAS HOSPITAL-LOYALTON CAMPUS D/P SNF | 700 THIRD ST | LOYALTON | 96118 | 1 | SIERRA | | | |
| 106320859 | 230000004 | EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS | 500 1ST ave | PORTOLA | 96122 | 1 | PLUMAS | | | |
| 106014233 | 140000183 | EDEN MEDICAL CENTER | 20103 LAKE CHABOT RD | CASTRO VALLEY | 94546 | 6 | ALAMEDA | | | |
| 106331168 | 250000011 | EISENHOWER MEDICAL CENTER | 39000 BOB HOPE Dr | RANCHO MIRAGE | 92270 | 17 | RIVERSIDE | | | |
| 106430763 | 070001351 | EL CAMINO HOSPITAL | 2500 GRANT Rd | MOUNTAIN VIEW | 94040 | 7 | SANTA CLARA | | | |
| 106430743 | 070000136 | EL CAMINO HOSPITAL LOS GATOS | 815 POLLARD Rd | LOS GATOS | 95032 | 7 | SANTA CLARA | | | |
| 106130699 | 090000040 | EL CENTRO REGIONAL MEDICAL CENTER | 1415 ROSS Ave | EL CENTRO | 92243 | 13 | IMPERIAL | | | |
| 106500867 | 030000125 | EMANUEL MEDICAL CENTER, INC | 825 DELBON Ave | TURLOCK | 95382 | 10 | STANISLAUS | | | |
| 106190280 | 930000054 | ENCINO HOSPITAL MEDICAL CENTER | 16237 VENTURA Blvd | ENCINO | 91436 | 16 | LOS ANGELES | | | |
| 106040828 | 230000002 | ENLOE MEDICAL CENTER - COHASSET CAMPUS | 560 COHASSET Rd | CHICO | 95926 | 1 | BUTTE | | | |
| 106040962 | 230000013 | ENLOE MEDICAL CENTER- ESPLANADE CAMPUS | 1531 ESPLANADE | CHICO | 95928 | 1 | BUTTE | | | |
| 106044011 | 230000405 | ENLOE REHABILITATION CENTER | 340 W E Ave | CHICO | 95926 | 1 | BUTTE | | | |
| 106474007 | 230000019 | FAIRCHILD MEDICAL CENTER | 444 BRUCE St | YREKA | 96097 | 1 | SISKIYOU | | | |
| 106301781 | 170001767 | FAIRVIEW DEVELOPMENTAL CENTER | 2501 HARBOR Blvd | COSTA MESA | 92626 | 18 | ORANGE | | | |
| 206370704 | 080000053 | FALLBROOK HOSP DISTRICT SKILLED NURSING FACILITY | 325 POTTER St | FALLBROOK | 92028 | 19 | SAN DIEGO | | | |
| 106370705 | 080000043 | FALLBROOK HOSPITAL DISTRICT | 624 E ELDER St | FALLBROOK | 92028 | 19 | SAN DIEGO | | | |
| 106040875 | 230000005 | FEATHER RIVER HOSPITAL | 5974 PENTZ Rd | PARADISE | 95969 | 1 | BUTTE | | | |
| 106190298 | 930000056 | FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL | 250 S GRAND Ave | GLENDORA | 91741 | 15 | LOS ANGELES | | | |
| 106301175 | 060000011 | FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID | 17100 EUCLID St | FOUNTAIN VALLEY | 92708 | 18 | ORANGE | | | |
| 106304039 | 060000936 | FOUNTAIN VALLEY RGNL HOSP AND MED CTR - WARNER | 11250 WARNER Ave | FOUNTAIN VALLEY | 92708 | 18 | ORANGE | | | |
| 106230949 | 110000008 | FRANK R HOWARD MEMORIAL HOSPITAL | 1 MADRONE St | WILLITS | 95490 | 1 | MENDOCINO | | | |
| 106510882 | 230000260 | FREMONT MEDICAL CENTER | 970 PLUMAS St | YUBA CITY | 95991 | 1 | SUTTER | | | |
| 106400480 | 050000016 | FRENCH HOSPITAL MEDICAL CENTER | 1911 JOHNSON Ave | SAN LUIS OBISPO | 93401 | 12 | SAN LUIS OBISPO | | | |
| 106105029 | 040001397 | FRESNO HEART AND SURGICAL HOSPITAL | 15 E AUDUBON Dr | FRESNO | 93720 | 11 | FRESNO | | | |
| 106104047 | 040000254 | FRESNO SURGICAL HOSPITAL | 6125 N FRESNO St | FRESNO | 93710 | 11 | FRESNO | | | |
| 106301283 | 060000058 | GARDEN GROVE HOSPITAL AND MEDICAL CENTER | 12801 GARDEN GROVE BLVD | GARDEN GROVE | 92843 | 18 | ORANGE | | | |
| 106190315 | 930000058 | GARFIELD MEDICAL CENTER | 525 N GARFIELD Ave | MONTEREY PARK | 91754 | 15 | LOS ANGELES | | | |
| 106120981 | 110000069 | GENERAL HOSPITAL, THE | 2200 HARRISON Ave | EUREKA | 95501 | 1 | HUMBOLDT | | | |
| 106270777 | 070000141 | GEORGE L MEE MEMORIAL HOSPITAL | 300 CANAL St | KING CITY | 93930 | 9 | MONTEREY | | | |
| 106190323 | 930000059 | GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE | 1509 WILSON TER | GLENDALE | 91206 | 15 | LOS ANGELES | | | |
| 106190522 | 930000093 | GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER | 1420 S CENTRAL Ave | GLENDALE | 91204 | 15 | LOS ANGELES | | | |
| 106110889 | 230000006 | GLENN MEDICAL CENTER | 1133 W SYCAMORE St | WILLOWS | 95988 | 1 | GLENN | | | |
| 106420483 | 050001021 | GOLETA VALLEY COTTAGE HOSPITAL | 351 S PATTERSON Ave | SANTA BARBARA | 93111 | 12 | SANTA BARBARA | | | |
| 106150775 | 120000319 | GOOD SAMARITAN HOSPITAL-BAKERSFIELD | 901 OLIVE Dr | BAKERSFIELD | 93308 | 14 | KERN | | | |
| 106190392 | 930000068 | GOOD SAMARITAN HOSPITAL-LOS ANGELES | 1225 WILSHIRE Blvd | LOS ANGELES | 90017 | 16 | LOS ANGELES | | | |
| 106430779 | 070000153 | GOOD SAMARITAN HOSPITAL-SAN JOSE | 2425 SAMARITAN Dr | SAN JOSE | 95124 | 7 | SANTA CLARA | | | |
| 106154044 | 630011111 | GOOD SAMARITAN HOSPITAL-SOUTHWEST D/P APH | 5201 WHITE Ln | BAKERSFIELD | 93309 | 14 | KERN | | | |
| 106190352 | 930000062 | GREATER EL MONTE COMMUNITY HOSPITAL | 1701 SANTA ANITA Ave | SOUTH EL MONTE | 91733 | 15 | LOS ANGELES | | | |
| 106370714 | 080000045 | GROSSMONT HOSPITAL | 5555 GROSSMONT CENTER Dr | LA MESA | 91942 | 19 | SAN DIEGO | | | |

| O SHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|-------------------------------------------------|-----------------------------|---------------------|----------|---------------|----------------|----------------|----------------|----------------|
| 106350784 | 070000142 | HAZEL HAWKINS MEMORIAL HOSPITAL | 911 SUNSET Dr | HOLLISTER | 95023 | 9 | SAN BENITO | | | |
| 206351814 | 070000060 | HAZEL HAWKINS MEMORIAL HOSPITAL D/P SNF | 900 SUNSET Dr | HOLLISTER | 95023 | 9 | SAN BENITO | | | |
| 106490964 | 110000009 | HEALDSBURG DISTRICT HOSPITAL | 1375 UNIVERSITY St | HEALDSBURG | 95448 | 2 | SONOMA | | | |
| 106304159 | 060001698 | HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE | 393 S TUSTIN St | ORANGE | 92866 | 18 | ORANGE | | | |
| 106154022 | 120000555 | HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL | 5001 COMMERCE Dr | BAKERSFIELD | 93309 | 14 | KERN | | | |
| 106304079 | 060001097 | HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL | 14851 YORBA St | TUSTIN | 92680 | 18 | ORANGE | | | |
| 206334032 | #N/A | HEMET VALLEY HEALTH CARE CENTER | 371 WESTON PL | HEMET | 92543 | 17 | RIVERSIDE | | | |
| 106331194 | 250000012 | HEMET VALLEY MEDICAL CENTER | 1117 E DEVONSHIRE ave | HEMET | 92543 | 17 | RIVERSIDE | | | |
| 106190949 | 630000063 | HENRY MAYO NEWHALL MEMORIAL HOSPITAL | 23845 MCBEAN pkwy | VALENCIA | 91355 | 16 | LOS ANGELES | | | |
| 106362041 | 240000014 | HI-DESERT MEDICAL CENTER | 6601 WHITE FEATHER Rd | JOSHUA TREE | 92252 | 17 | SAN BERNARDINO | | | |
| 106304045 | 060001022 | HOAG HOSPITAL IRVINE | 16200 SAND CANYON Ave | IRVINE | 92618 | 18 | ORANGE | | | |
| 106301205 | 060000014 | HOAG MEMORIAL HOSPITAL PRESBYTERIAN | 1 HOAG Dr | NEWPORT BEACH | 92663 | 18 | ORANGE | | | |
| 106304460 | 630012891 | HOAG ORTHOPEDIC INSTITUTE | 16250 SAND CANYON Ave | IRVINE | 92618 | 18 | ORANGE | | | |
| 106190382 | 930000065 | HOLLYWOOD PRESBYTERIAN MEDICAL CENTER | 1300 N VERMONT Ave | LOS ANGELES | 90027 | 16 | LOS ANGELES | | | |
| 106301209 | 060000543 | HUNTINGTON BEACH HOSPITAL | 17772 BEACH Blvd | HUNTINGTON BEACH | 92647 | 18 | ORANGE | | | |
| 106190400 | 930000026 | HUNTINGTON MEMORIAL HOSPITAL | 100 W CALIFORNIA Blvd | PASADENA | 91105 | 15 | LOS ANGELES | | | |
| 106121031 | 110000057 | JEROLD PHELPS COMMUNITY HOSPITAL | 733 CEDAR St | GARBERVILLE | 95542 | 1 | HUMBOLDT | | | |
| 106220733 | 040000345 | JOHN C FREMONT HEALTHCARE DISTRICT | 5189 HOSPITAL RD | MARIPOSA | 95338 | 10 | MARIPOSA | | | |
| 106331216 | 250000017 | JOHN F KENNEDY MEMORIAL HOSPITAL | 47111 MONROE St | INDIO | 92201 | 17 | RIVERSIDE | | | |
| 106071018 | 140000196 | JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS | 2540 E St | CONCORD | 94520 | 5 | CONTRA COSTA | | | |
| 106070988 | 140000187 | JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS | 1601 YGNACIO VALLEY Rd | WALNUT CREEK | 94598 | 5 | CONTRA COSTA | | | |
| 106196035 | 930001543 | KAISER FND HOSP - BALDWIN PARK | 1011 BALDWIN PARK BLVD | BALDWIN PARK | 91706 | 15 | LOS ANGELES | | | |
| 106361223 | 240000024 | KAISER FND HOSP - FONTANA | 9961 SIERRA Ave | FONTANA | 92335 | 17 | SAN BERNARDINO | | | |
| 106014132 | 140001086 | KAISER FND HOSP - FREMONT | 39400 PASEO PADRE pkwy | FREMONT | 94538 | 6 | ALAMEDA | | | |
| 106104062 | 040000949 | KAISER FND HOSP - FRESNO | 7300 N FRESNO St | FRESNO | 93720 | 11 | FRESNO | | | |
| 106010858 | 140000189 | KAISER FND HOSP - HAYWARD/FREMONT | 27400 HESPERIAN Blvd | HAYWARD | 94545 | 6 | ALAMEDA | | | |
| 106190429 | 930000072 | KAISER FND HOSP - LOS ANGELES | 4867 w SUNSET Blvd | LOS ANGELES | 90027 | 16 | LOS ANGELES | | | |
| 106190646 | #N/A | KAISER FND HOSP - MENTAL HEALTH CENTER | 765 COLLEGE St | LOS ANGELES | 90012 | 16 | LOS ANGELES | | | |
| 106010856 | 140000188 | KAISER FND HOSP - OAKLAND CAMPUS | 280 W MACARTHUR Blvd | OAKLAND | 94611 | 6 | ALAMEDA | | | |
| 106304409 | 630013929 | KAISER FND HOSP - ORANGE COUNTY - ANAHEIM | 3440 E LA PALMA AVE | ANAHEIM | 92806 | 18 | ORANGE | | | |
| 106304306 | 630011745 | KAISER FND HOSP - ORANGE COUNTY - IRVINE | 6640 ALTON Pkwy | IRVINE | 92618 | 18 | ORANGE | | | |
| 106190432 | 930000050 | KAISER FND HOSP - PANORAMA CITY | 13652 CANTARA St | PANORAMA CITY | 91402 | 16 | LOS ANGELES | | | |
| 106410804 | 220000010 | KAISER FND HOSP - REDWOOD CITY | 1150 VETERANS Blvd | REDWOOD CITY | 94063 | 8 | SAN MATEO | | | |
| 106480989 | 110000011 | KAISER FND HOSP - REHABILITATION CENTER VALLEJO | 975 SERENO Dr | VALLEJO | 94589 | 2 | SOLANO | | | |
| 106074093 | 140000191 | KAISER FND HOSP - RICHMOND CAMPUS | 901 NEVIN AVE | RICHMOND | 94804 | 5 | CONTRA COSTA | | | |
| 106334025 | 250000707 | KAISER FND HOSP - RIVERSIDE | 10800 MAGNOLIA Ave | RIVERSIDE | 92505 | 17 | RIVERSIDE | | | |
| 106314024 | 030001370 | KAISER FND HOSP - ROSEVILLE | 1600 EUREKA Rd | ROSEVILLE | 95661 | 3 | PLACER | | | |
| 106340913 | 030000130 | KAISER FND HOSP - SACRAMENTO | 2025 MORSE Ave | SACRAMENTO | 95825 | 3 | SACRAMENTO | | | |
| 106370730 | 080000144 | KAISER FND HOSP - SAN DIEGO | 4647 ZION Ave | SAN DIEGO | 92120 | 19 | SAN DIEGO | | | |
| 106380857 | 220000008 | KAISER FND HOSP - SAN FRANCISCO | 2425 GEARY Blvd | SAN FRANCISCO | 94115 | 4 | SAN FRANCISCO | | | |
| 106431506 | 070000150 | KAISER FND HOSP - SAN JOSE | 250 HOSPITAL Pkwy | SAN JOSE | 95119 | 7 | SANTA CLARA | | | |
| 106210992 | 110000944 | KAISER FND HOSP - SAN RAFAEL | 99 MONTECILLO Rd | SAN RAFAEL | 94903 | 2 | MARIN | | | |
| 106434153 | 070001355 | KAISER FND HOSP - SANTA CLARA | 700 LAWRENCE EXPY | SANTA CLARA | 95051 | 7 | SANTA CLARA | | | |
| 106494019 | 110000508 | KAISER FND HOSP - SANTA ROSA | 401 BICENTENNIAL WAY | SANTA ROSA | 95403 | 2 | SONOMA | | | |
| 106190431 | 930000071 | KAISER FND HOSP - SOUTH BAY | 25825 VERMONT Ave | HARBOR CITY | 90710 | 15 | LOS ANGELES | | | |
| 106342344 | 030000133 | KAISER FND HOSP - SOUTH SACRAMENTO | 6600 BRUCEVILLE Rd | SACRAMENTO | 95823 | 3 | SACRAMENTO | | | |
| 106410806 | 220000009 | KAISER FND HOSP - SOUTH SAN FRANCISCO | 1200 EL CAMINO REAL | SOUTH SAN FRANCISCO | 94080 | 8 | SAN MATEO | | | |
| 106070990 | 140000190 | KAISER FND HOSP - WALNUT CREEK | 1425 S MAIN St | WALNUT CREEK | 94596 | 5 | CONTRA COSTA | | | |
| 106190434 | 930000076 | KAISER FND HOSP - WEST LA | 6041 CADILLAC Ave | LOS ANGELES | 90034 | 16 | LOS ANGELES | | | |
| 106191450 | 930000290 | KAISER FND HOSP - WOODLAND HILLS | 5801 DE SOTO Ave | WOODLAND HILLS | 91367 | 16 | LOS ANGELES | | | |
| 106334048 | 630011959 | KAISER FND HOSPITAL - MORENO VALLEY | 27300 IRIS Ave | MORENO VALLEY | 92555 | 17 | RIVERSIDE | | | |
| 106394009 | 030001254 | KAISER FND HOSP-MANTECA | 1777 W YOSEMITE Ave | MANTECA | 95336 | 10 | SAN JOAQUIN | | | |
| 106504042 | 630011683 | KAISER FND HOSP-MODESTO | 4601 DALE RD | MODESTO | 95356 | 10 | STANISLAUS | | | |
| 106074097 | 630011203 | KAISER FOUND HSP-ANTIOCH | 4501 SAND CREEK Rd | ANTIOCH | 94531 | 5 | CONTRA COSTA | | | |
| 106196403 | 930000074 | KAISER FOUNDATION HOSPITAL - DOWNEY | 9333 IMPERIAL Hwy | DOWNEY | 90242 | 16 | LOS ANGELES | | | |
| 106014337 | #N/A | KAISER FOUNDATION HOSPITAL - SAN LEANDRO | 2500 MERCED St | SAN LEANDRO | 94577 | 6 | ALAMEDA | | | |
| 106484044 | 630012364 | KAISER FOUNDATION HOSPITAL - VACAVILLE | 1 QUALITY Dr | VACAVILLE | 95688 | 2 | SOLANO | | | |
| 106364265 | 630013398 | KAISER ONTARIO MEDICAL CENTER CAMPUS | 2295 S VINEYARD Ave | ONTARIO | 91761 | 17 | SAN BERNARDINO | | | |
| 106544009 | 120001452 | KAWEAH DELTA MENTAL HEALTH HOSPITAL D/P APH | 1100 S AKERS St | VISALIA | 93277 | 10 | TULARE | | | |
| 106540734 | 120001444 | KAWEAH DELTA MEDICAL CENTER | 400 W MINERAL KING ave | VISALIA | 93291 | 10 | TULARE | | | |
| 106544075 | 120001451 | KAWEAH DELTA REHABILITATION HOSPITAL | 840 S AKERS St | VISALIA | 93277 | 10 | TULARE | | | |
| 106540827 | 120001449 | KAWEAH DELTA SKILLED NURSING FACILITY | 1633 S COURT St | VISALIA | 93277 | 10 | TULARE | | | |
| 106194219 | 930000912 | KECK HOSPITAL OF USC | 1500 SAN PABLO St | LOS ANGELES | 90033 | 16 | LOS ANGELES | | | |
| 106210993 | 110000946 | KENTFIELD REHABILITATION & SPECIALTY HOSPITAL | 1125 SIR FRANCIS DRAKE BLVD | KENTFIELD | 94904 | 2 | MARIN | | | |
| 106150736 | 120000342 | KERN MEDICAL CENTER | 1700 MOUNT VERNON Ave | BAKERSFIELD | 93306 | 14 | KERN | | | |
| 106150737 | 120000344 | KERN VALLEY HEALTHCARE DISTRICT | 8412 LAUREL Ave | LAKE ISABELLA | 93240 | 14 | KERN | | | |
| 106190449 | 930000089 | KINDRED HOSPITAL - LA MIRADA | 14900 IMPERIAL Hwy | LA MIRADA | 90637 | 15 | LOS ANGELES | | | |
| 106190305 | 930000088 | KINDRED HOSPITAL - LOS ANGELES | 5525 W SLAUSON Ave | LOS ANGELES | 90056 | 16 | LOS ANGELES | | | |
| 106370721 | 090000048 | KINDRED HOSPITAL - SAN DIEGO | 1940 EL CAJON Blvd | SAN DIEGO | 92104 | 19 | SAN DIEGO | | | |

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|----------------------------------------------------------|----------------------------|------------------|----------|---------------|-----------------|----------------|----------------|----------------|
| 106010887 | 140000148 | KINDRED HOSPITAL - SAN FRANCISCO BAY AREA | 2800 BENEDICT Dr | SAN LEANDRO | 94577 | 6 | ALAMEDA | | | |
| 106190458 | 930000042 | KINDRED HOSPITAL - SAN GABRIEL VALLEY | 845 N LARK ELLEN Ave | WEST COVINA | 91791 | 15 | LOS ANGELES | | | |
| 106301167 | 930001607 | KINDRED HOSPITAL - SANTA ANA | 1901 COLLEGE Ave | SANTA ANA | 92706 | 18 | ORANGE | | | |
| 106190049 | 930000144 | KINDRED HOSPITAL BALDWIN PARK | 14148 FRANCISQUITO Ave | BALDWIN PARK | 91706 | 15 | LOS ANGELES | | | |
| 106301127 | 060001360 | KINDRED HOSPITAL BREA | 875 N BREA Blvd | BREA | 92621 | 18 | ORANGE | | | |
| 106361274 | 240000040 | KINDRED HOSPITAL ONTARIO | 550 N MONTEREY Ave | ONTARIO | 91764 | 17 | SAN BERNARDINO | | | |
| 106364188 | 240001515 | KINDRED HOSPITAL RANCHO | 10841 WHITE OAK Ave | RANCHO CUCAMONGA | 91730 | 17 | SAN BERNARDINO | | | |
| 106332172 | 250000004 | KINDRED HOSPITAL RIVERSIDE | 2224 MEDICAL CENTER Dr | PERRIS | 92571 | 17 | RIVERSIDE | | | |
| 106190196 | 930000039 | KINDRED HOSPITAL SOUTH BAY | 1246 W 155TH St | GARDENA | 90247 | 16 | LOS ANGELES | | | |
| 106301380 | 060000017 | KINDRED HOSPITAL WESTMINSTER | 200 HOSPITAL CIR | WESTMINSTER | 92683 | 18 | ORANGE | | | |
| 106301234 | 060000944 | LA PALMA INTERCOMMUNITY HOSPITAL | 17001 WALKER St | LA PALMA | 90623 | 18 | ORANGE | | | |
| 106191227 | 060000697 | LAC/HARBOR-UCLA MEDICAL CENTER | 1000 W CARSON St | TORRANCE | 90502 | 16 | LOS ANGELES | | | |
| 106191306 | 060000028 | LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER | 7601 IMPERIAL Hwy | DOWNEY | 90242 | 16 | LOS ANGELES | | | |
| 106191228 | 060000700 | LAC+USC MEDICAL CENTER | 1200 N STATE St | LOS ANGELES | 90033 | 16 | LOS ANGELES | | | |
| 106380865 | 220000012 | LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER | 375 LAGUNA HONDA Blvd | SAN FRANCISCO | 94116 | 4 | SAN FRANCISCO | | | |
| 106190240 | 930000047 | LAKEWOOD REGIONAL MEDICAL CENTER | 3700 E S St | LAKEWOOD | 90712 | 15 | LOS ANGELES | | | |
| 106191014 | 170001771 | LANTERMAN DEVELOPMENTAL CENTER | 3530 POMONA Blvd | POMONA | 91768 | 15 | LOS ANGELES | | | |
| 106390923 | 030000139 | LODI MEMORIAL HOSPITAL | 975 S FAIRMONT Ave | LODI | 95240 | 10 | SAN JOAQUIN | | | |
| 106390922 | 100000190 | LODI MEMORIAL HOSPITAL - WEST | 800 S LOWER SACRAMENTO Rd | LODI | 95242 | 10 | SAN JOAQUIN | | | |
| 106361245 | 240000025 | LOMA LINDA UNIV. MED. CENTER EAST CAMPUS HOSPITAL | 25333 BARTON Rd | LOMA LINDA | 92354 | 17 | SAN BERNARDINO | | | |
| 106364268 | 630012294 | LOMA LINDA UNIVERSITY HEART AND SURGICAL HOSPITAL | 26780 BARTON Rd | REDLANDS | 92373 | 17 | SAN BERNARDINO | | | |
| 106361246 | 240000027 | LOMA LINDA UNIVERSITY MEDICAL CENTER | 11234 ANDERSON St | LOMA LINDA | 92354 | 17 | SAN BERNARDINO | | | |
| 106334589 | 630012971 | LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA | 28062 BAXTER Rd | MURRIETA | 92563 | 17 | RIVERSIDE | | | |
| 106420491 | 050000018 | LOMPOC VALLEY MEDICAL CENTER | 1515 E OCEAN Ave | LOMPOC | 93436 | 12 | SANTA BARBARA | | | |
| 206420552 | #N/A | LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER D | 216 N THIRD St | LOMPOC | 93436 | 12 | SANTA BARBARA | | | |
| 106190525 | 930001709 | LONG BEACH MEMORIAL MEDICAL CENTER | 2801 ATLANTIC Ave | LONG BEACH | 90806 | 15 | LOS ANGELES | | | |
| 106301248 | 060000714 | LOS ALAMITOS MEDICAL CENTER | 3751 KATELLA Ave | LOS ALAMITOS | 90720 | 18 | ORANGE | | | |
| 106190198 | 930000085 | LOS ANGELES COMMUNITY HOSPITAL | 4081 E OLYMPIC Blvd | LOS ANGELES | 90023 | 16 | LOS ANGELES | | | |
| 106191231 | 060000631 | LAC/OLIVE VIEW-UCLA MEDICAL CENTER | 14445 OLIVE VIEW Dr | SYLMAR | 91342 | 16 | LOS ANGELES | | | |
| 106560492 | 050000020 | LOS ROBLES HOSPITAL & MEDICAL CENTER | 215 W JANSN Rd | THOUSAND OAKS | 91360 | 12 | VENTURA | | | |
| 106564018 | 050001173 | LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS | 150 VIA MERIDA | WESTLAKE VILAGE | 91362 | 16 | VENTURA | | | |
| 106434040 | 070001349 | LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD | 725 WELCH Rd | PALO ALTO | 94304 | 7 | SANTA CLARA | | | |
| 106121002 | 070001143 | MAD RIVER COMMUNITY HOSPITAL | 3800 JANES Rd | ARCATA | 95521 | 1 | HUMBOLDT | | | |
| 106201281 | 040000111 | MADERA COMMUNITY HOSPITAL | 1250 E ALMOND Ave | MADERA | 93637 | 11 | MADERA | | | |
| 106260011 | 240000005 | MAMMOTH HOSPITAL | 85 SIERRA PARK Rd | MAMMOTH LAKES | 93546 | 13 | MONO | | | |
| 106420493 | 050000021 | MARIAN REGIONAL MEDICAL CENTER | 1400 E CHURCH St | SANTA MARIA | 93454 | 12 | SANTA BARBARA | | | |
| 106400466 | 050000009 | MARIAN REGIONAL MEDICAL CENTER, ARROYO GRANDE | 345 S HALCYON Rd | ARROYO GRANDE | 93420 | 12 | SAN LUIS OBISPO | | | |
| 106211006 | 110000955 | MARIN GENERAL HOSPITAL | 250 BON AIR Rd | GREENBRAE | 94904 | 2 | MARIN | | | |
| 106190500 | 930000044 | MARINA DEL REY HOSPITAL | 4650 LINCOLN Blvd | MARINA DEL REY | 90292 | 16 | LOS ANGELES | | | |
| 106050932 | 030000120 | MARK TWAIN MEDICAL CENTER | 768 MOUNTAIN RANCH Rd | SAN ANDREAS | 95249 | 1 | CALAVERAS | | | |
| 106090933 | 030001064 | MARSHALL MEDICAL CENTER (1-RH) | 1100 MARSHALL WAY | PLACERVILLE | 95667 | 3 | EL DORADO | | | |
| 106450936 | 230000009 | MAYERS MEMORIAL HOSPITAL | 43563 STATE HWY 299 E | FALL RIVER MILLS | 96028 | 1 | SHASTA | | | |
| 106240924 | 040000110 | MEMORIAL HOSPITAL LOS BANOS | 520 W I St | LOS BANOS | 93635 | 10 | MERCED | | | |
| 106500939 | 030000123 | MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO | 1700 COFFEE Rd | MODESTO | 95355 | 10 | STANISLAUS | | | |
| 106190521 | 930000092 | MEMORIAL HOSPITAL OF GARDENA | 1145 W REDONDO BEACH BLVD | GARDENA | 90247 | 16 | LOS ANGELES | | | |
| 106231013 | 110000023 | MENDOCINO COAST DISTRICT HOSPITAL | 700 RIVER Dr | FORT BRAGG | 95437 | 1 | MENDOCINO | | | |
| 106334018 | 250000727 | MENIFEE VALLEY MEDICAL CENTER | 28400 MCCALL Blvd | SUN CITY | 92585 | 17 | RIVERSIDE | | | |
| 106414018 | 220000716 | MENLO PARK SURGICAL HOSPITAL | 570 WILLOW Rd | MENLO PARK | 94025 | 8 | SAN MATEO | | | |
| 106340947 | 030000124 | MERCY GENERAL HOSPITAL | 4001 J St | SACRAMENTO | 95819 | 3 | SACRAMENTO | | | |
| 106150761 | 120000404 | MERCY HOSPITAL - BAKERSFIELD | 2215 TRUXTUN Ave | BAKERSFIELD | 93301 | 14 | KERN | | | |
| 106344029 | 030000901 | MERCY HOSPITAL - FOLSOM | 1650 CREEKSIDE Dr | FOLSOM | 95630 | 3 | SACRAMENTO | | | |
| 106240942 | 040000113 | MERCY MEDICAL CENTER - MERCED | 333 MERCY Ave | MERCED | 95340 | 10 | MERCED | | | |
| 106450949 | 230000010 | MERCY MEDICAL CENTER - REDDING | 2175 ROSALINE Ave | REDDING | 96001 | 1 | SHASTA | | | |
| 106470871 | 100001760 | MERCY MEDICAL CENTER MT. SHASTA | 914 PINE St | MOUNT SHASTA | 96067 | 1 | SISKIYOU | | | |
| 106340950 | 030000127 | MERCY SAN JUAN HOSPITAL | 6501 COYLE Ave | CARMICHAEL | 95608 | 3 | SACRAMENTO | | | |
| 106154108 | 120000701 | MERCY SOUTHWEST HOSPITAL | 400 OLD RIVER RD | BAKERSFIELD | 93311 | 14 | KERN | | | |
| 106340951 | 030000037 | METHODIST HOSPITAL OF SACRAMENTO | 7500 HOSPITAL Dr | SACRAMENTO | 95823 | 3 | SACRAMENTO | | | |
| 106190529 | 930000096 | METHODIST HOSPITAL OF SOUTHERN CALIFORNIA | 300 W HUNTINGTON Dr | ARCADIA | 91007 | 15 | LOS ANGELES | | | |
| 106410742 | 220000004 | MILLS HEALTH CENTER | 100 S SAN MATEO Dr | SAN MATEO | 94401 | 8 | SAN MATEO | | | |
| 106410852 | 220000017 | MILLS-PENINSULA MEDICAL CENTER | 1501 TROUSDALE Dr | BURLINGAME | 94010 | 8 | SAN MATEO | | | |
| 106190681 | 930000158 | MIRACLE MILE MEDICAL CENTER | 6000 SAN VICENTE Blvd | LOS ANGELES | 90036 | 16 | LOS ANGELES | | | |
| 106190524 | 930000027 | MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS | 14850 ROSCOE Blvd | PANORAMA CITY | 91402 | 16 | LOS ANGELES | | | |
| 106301337 | 060000690 | MISSION HOSPITAL LAGUNA BEACH | 31872 COAST Hwy | LAGUNA BEACH | 92651 | 18 | ORANGE | | | |
| 106301262 | 060001207 | MISSION HOSPITAL REGIONAL MEDICAL CENTER | 27700 MEDICAL CENTER Rd | MISSION VIEJO | 92691 | 18 | ORANGE | | | |
| 106430915 | 070001410 | MISSION OAKS HOSPITAL | 15891 LOS GATOS ALMADEN Rd | LOS GATOS | 95032 | 7 | SANTA CLARA | | | |
| 106250956 | 230000011 | MODOC MEDICAL CENTER | 228 W MCDOWELL Ave | ALTURAS | 96101 | 1 | MODOC | | | |
| 106190541 | 930000107 | MONROVIA MEMORIAL HOSPITAL | 323 S HELIOTROPE Ave | MONROVIA | 91016 | 15 | LOS ANGELES | | | |
| 106361166 | 240000009 | MONTCLAIR HOSPITAL MEDICAL CENTER | 5000 SAN BERNARDINO St | MONTCLAIR | 91763 | 17 | SAN BERNARDINO | | | |
| 106190547 | 930000108 | MONTEREY PARK HOSPITAL | 800 S ATLANTIC Blvd | MONTEREY PARK | 91754 | 15 | LOS ANGELES | | | |

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|------------------------------------------------------------|----------------------------|-----------------|----------|---------------|----------------|----------------|----------------|----------------|
| 106190552 | 930000109 | MOTION PICTURE AND TELEVISION HOSPITAL | 23388 MULHOLLAND Dr | WOODLAND HILLS | 91364 | 16 | LOS ANGELES | | | |
| 106361266 | 240000052 | MOUNTAINS COMMUNITY HOSPITAL | 29101 HOSPITAL Rd | LAKE ARROWHEAD | 92352 | 17 | SAN BERNARDINO | | | |
| 106274043 | 070000306 | NATIVIDAD MEDICAL CENTER | 1441 CONSTITUTION Blvd | SALINAS | 93906 | 9 | MONTEREY | | | |
| 106481357 | 110000010 | NORTH BAY MEDICAL CENTER | 1200 B GALE WILSON BLVD | FAIRFIELD | 94533 | 2 | SOLANO | | | |
| 106494001 | 110000378 | NORTH BAY VACAVALLEY HOSPITAL | 1000 NUT TREE Rd | VACAVILLE | 95687 | 2 | SOLANO | | | |
| 106141273 | 240000037 | NORTHERN INYO HOSPITAL | 150 PIONEER Ln | BISHOP | 93514 | 13 | INYO | | | |
| 106190568 | 930000111 | NORTHBRIDGE HOSPITAL MEDICAL CENTER | 18300 ROSCOE Blvd | NORTHBRIDGE | 91325 | 16 | LOS ANGELES | | | |
| 106190570 | 930000112 | NORWALK COMMUNITY HOSPITAL | 13222 BLOOMFIELD Ave | NORWALK | 90650 | 15 | LOS ANGELES | | | |
| 106214034 | 110000982 | NOVATO COMMUNITY HOSPITAL | 180 ROWLAND WAY | NOVATO | 94945 | 2 | MARIN | | | |
| 206501352 | 030000079 | OAK VALLEY CARE CENTER D/P SNF | 275 S OAK ave | OAKDALE | 95361 | 10 | STANISLAUS | | | |
| 106500967 | 030000131 | OAK VALLEY DISTRICT HOSPITAL (2-RH) | 350 S OAK ave | OAKDALE | 95361 | 10 | STANISLAUS | | | |
| 106430837 | 070000868 | O'CONNOR HOSPITAL - SAN JOSE | 2105 FOREST Ave | SAN JOSE | 95128 | 7 | SANTA CLARA | | | |
| 206560500 | 050000141 | OJAI MANOR CONVALESCENT HOSPITAL | 1306 MARICOPA Hwy | OJAI | 93023 | 12 | VENTURA | | | |
| 106560501 | 050000141 | OJAI VALLEY COMMUNITY HOSPITAL | 1306 MARICOPA Hwy | OJAI | 93023 | 12 | VENTURA | | | |
| 106190534 | 930000105 | OLYMPIA MEDICAL CENTER | 5900 W OLYMPIC BLVD | LOS ANGELES | 90036 | 16 | LOS ANGELES | | | |
| 106300225 | 060000208 | ORANGE COAST MEMORIAL MEDICAL CENTER | 9920 TALBERT Ave | FOUNTAIN VALLEY | 92708 | 18 | ORANGE | | | |
| 106040937 | 230000014 | OROVILLE HOSPITAL | 2767 OLIVE Hwy | OROVILLE | 95966 | 1 | BUTTE | | | |
| 106190307 | 930000057 | PACIFIC ALLIANCE MEDICAL CENTER, INC. | 531 W COLLEGE St | LOS ANGELES | 90012 | 16 | LOS ANGELES | | | |
| 106190696 | 930000133 | PACIFICA HOSPITAL OF THE VALLEY | 9449 SAN FERNANDO Rd | SUN VALLEY | 91362 | 16 | LOS ANGELES | | | |
| 106196405 | 930000077 | PALMDALE REGIONAL MEDICAL CENTER | 38600 MEDICAL CENTER Dr | PALMDALE | 93551 | 15 | LOS ANGELES | | | |
| 106331288 | 250000042 | PALO VERDE HOSPITAL | 250 N 1st St | BLYTHE | 92225 | 17 | RIVERSIDE | | | |
| 106370755 | 080000477 | PALOMAR HEALTH DOWNTOWN CAMPUS | 555 E VALLEY Pkwy | ESCONDIDO | 92025 | 19 | SAN DIEGO | | | |
| 106374382 | 630013873 | PALOMAR MEDICAL CENTER | 2185 W CITRACADO Pkwy | ESCONDIDO | 92025 | 19 | SAN DIEGO | | | |
| 106370759 | 090000338 | PARADISE VALLEY HOSPITAL | 2400 E 4th St | NATIONAL CITY | 91950 | 19 | SAN DIEGO | | | |
| 106370775 | 090001561 | PARADISE VALLEY HSP D/P APH BAYVIEW BEH HLTH | 330 MOSS St | CHULA VISTA | 91911 | 19 | SAN DIEGO | | | |
| 106331293 | 250000044 | PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER | 3865 JACKSON St | RIVERSIDE | 92503 | 17 | RIVERSIDE | | | |
| 106454013 | 230000444 | PATIENTS' HOSPITAL OF REDDING | 2900 EUREKA WAY | REDDING | 96001 | 1 | SHASTA | | | |
| 106491001 | 110000040 | PETALUMA VALLEY HOSPITAL | 400 N MCDOWELL Blvd | PETALUMA | 94954 | 2 | SONOMA | | | |
| 106190243 | 930000052 | Downey Regional Medical Center | 11500 BROOKSHIRE Ave | DOWNEY | 90241 | 16 | LOS ANGELES | | | |
| 106130760 | 090000146 | PIONEERS MEMORIAL HEALTHCARE DISTRICT | 207 W LEGION Rd | BRAWLEY | 92227 | 13 | IMPERIAL | | | |
| 106301297 | 060000062 | PLACENTIA LINDA HOSPITAL | 1301 N ROSE Dr | PLACENTIA | 92670 | 18 | ORANGE | | | |
| 106320986 | 230000015 | PLUMAS DISTRICT HOSPITAL | 1065 BUCKS LAKE Rd | QUINCY | 95971 | 1 | PLUMAS | | | |
| 106370977 | 080000679 | POMERADO HOSPITAL | 15615 POMERADO Rd | POWAY | 92064 | 19 | SAN DIEGO | | | |
| 106190630 | 930000123 | POMONA VALLEY HOSPITAL MEDICAL CENTER | 1798 N GAREY Ave | POMONA | 91767 | 15 | LOS ANGELES | | | |
| 106541123 | 170001874 | PORTERVILLE DEVELOPMENTAL CENTER | 26501 Ave 140 | PORTERVILLE | 93258 | 10 | TULARE | | | |
| 106190631 | 930000099 | PRESBYTERIAN INTERCOMMUNITY HOSPITAL | 12401 WASHINGTON BLVD | WHITTIER | 90602 | 15 | LOS ANGELES | | | |
| 106190468 | 930000003 | PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS | 443 S SOTO St | LOS ANGELES | 90033 | 16 | LOS ANGELES | | | |
| 106190599 | 930000033 | PROMISE HOSPITAL OF EAST LOS ANGELES-SUBURBAN CAMPUS | 16453 COLORADO Ave | PARAMOUNT | 90723 | 15 | LOS ANGELES | | | |
| 106370787 | 090000155 | PROMISE HOSPITAL OF SAN DIEGO | 5550 UNIVERSITY Ave | SAN DIEGO | 92105 | 19 | SAN DIEGO | | | |
| 106190385 | 930000066 | PROVIDENCE HOLY CROSS MEDICAL CENTER | 15031 RINALDI St | MISSION HILLS | 91345 | 16 | LOS ANGELES | | | |
| 106190680 | 930000157 | PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO | 1300 W 7th St | SAN PEDRO | 90732 | 15 | LOS ANGELES | | | |
| 106190470 | 930000081 | PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE | 4101 TORRANCE Blvd | TORRANCE | 90503 | 16 | LOS ANGELES | | | |
| 206190362 | 930000436 | PROVIDENCE LITTLE COMPANY OF MARY SUBACUTE CARE CENTER | 1322 W 6TH St | SAN PEDRO | 90732 | 15 | LOS ANGELES | | | |
| 206190702 | 930000773 | PROVIDENCE LITTLE COMPANY OF MARY TRANSITIONAL CARE CENTER | 4320 MARICOPA St | TORRANCE | 90503 | 16 | LOS ANGELES | | | |
| 106190758 | 930000101 | PROVIDENCE SAINT JOSEPH MEDICAL CENTER | 501 S BUENA VISTA st | BURBANK | 91505 | 15 | LOS ANGELES | | | |
| 106190517 | 930000091 | PROVIDENCE TARZANA MEDICAL CENTER | 18321 CLARK St | TARZANA | 91356 | 16 | LOS ANGELES | | | |
| 106281047 | 110000041 | QUEEN OF THE VALLEY HOSPITAL - NAPA | 1000 TRANCAS St | NAPA | 94558 | 2 | NAPA | | | |
| 106370673 | 080000035 | RADY CHILDREN'S HOSPITAL - SAN DIEGO | 3020 CHILDRENS WAY | SAN DIEGO | 92123 | 19 | SAN DIEGO | | | |
| 106361308 | 240000046 | REDLANDS COMMUNITY HOSPITAL | 350 TERRACINA Blvd | REDLANDS | 92373 | 17 | SAN BERNARDINO | | | |
| 106121051 | 110000045 | REDWOOD MEMORIAL HOSPITAL | 3300 RENNERT Dr | FORTUNA | 95540 | 1 | HUMBOLDT | | | |
| 106430705 | 070000133 | REGIONAL MEDICAL OF SAN JOSE | 225 N JACKSON Ave | SAN JOSE | 95116 | 7 | SANTA CLARA | | | |
| 106580996 | 230000261 | RIDEOUT MEMORIAL HOSPITAL | 726 4th St | MARYSVILLE | 95901 | 1 | YUBA | | | |
| 106150782 | 120000409 | RIDGECREST REGIONAL HOSPITAL | 1081 N CHINA LAKE BLVD | RIDGECREST | 93555 | 14 | KERN | | | |
| 106331312 | 250000049 | RIVERSIDE COMMUNITY HOSPITAL | 4445 MAGNOLIA Ave | RIVERSIDE | 92501 | 17 | RIVERSIDE | | | |
| 106334487 | 250000050 | RIVERSIDE COUNTY REGIONAL MEDICAL CENTER | 26520 CACTUS Ave | MORENO VALLEY | 92555 | 17 | RIVERSIDE | | | |
| 106331314 | 250000500 | RIVERSIDE COUNTY REGIONAL MEDICAL CENTER - D/P APH | 9990 COUNTY FARM Rd | RIVERSIDE | 92503 | 17 | RIVERSIDE | | | |
| 106190796 | 930000162 | UNIVERSITY OF CALIFORNIA LOS ANGELES RONALD REAGAN MEDICAL | 757 WESTWOOD PLZ | LOS ANGELES | 90095 | 16 | LOS ANGELES | | | |
| 106301317 | 060000063 | SADDLEBACK MEMORIAL MEDICAL CENTER | 24451 HEALTH CENTER Dr | LAGUNA HILLS | 92653 | 18 | ORANGE | | | |
| 106301325 | 060000064 | SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE | 654 CAMINO DE LOS MARES | SAN CLEMENTE | 92673 | 18 | ORANGE | | | |
| 106270875 | 070000147 | SALINAS VALLEY MEMORIAL HOSPITAL | 450 E ROMIE Ln | SALINAS | 93901 | 9 | MONTEREY | | | |
| 106361318 | 240000053 | SAN ANTONIO COMMUNITY HOSPITAL | 999 SAN BERNARDINO Rd | UPLAND | 91786 | 17 | SAN BERNARDINO | | | |
| 106190673 | 930000125 | SAN DIMAS COMMUNITY HOSPITAL | 1350 W COVINA Blvd | SAN DIMAS | 91773 | 15 | LOS ANGELES | | | |
| 106380939 | 220000531 | SAN FRANCISCO GENERAL HOSPITAL | 1001 POTRERO Ave | SAN FRANCISCO | 94110 | 4 | SAN FRANCISCO | | | |
| 106190200 | 930000041 | SAN GABRIEL VALLEY MEDICAL CENTER | 438 W LAS TUNAS Dr | SAN GABRIEL | 91776 | 15 | LOS ANGELES | | | |
| 106331326 | 250000101 | SAN GORCONIO MEMORIAL HOSPITAL | 600 N HIGHLAND SPRINGS Ave | BANNING | 92220 | 17 | RIVERSIDE | | | |
| 106150788 | 120000411 | SAN JOAQUIN COMMUNITY HOSPITAL | 2615 CHESTER Ave | BAKERSFIELD | 93301 | 14 | KERN | | | |
| 106391010 | 030000135 | SAN JOAQUIN GENERAL HOSPITAL | 500 W HOSPITAL Rd | FRENCH CAMP | 95231 | 10 | SAN JOAQUIN | | | |
| 106104023 | 040000613 | SAN JOAQUIN VALLEY REHABILITATION HOSPITAL | 7173 N SHARON Ave | FRESNO | 93720 | 11 | FRESNO | | | |
| 106013619 | 630013913 | SAN LEANDRO HOSPITAL | 13855 E 14TH St | SAN LEANDRO | 94578 | 6 | ALAMEDA | | | |

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
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| 106410782 | 220000218 | SAN MATEO MEDICAL CENTER | 222 W 39TH Ave | SAN MATEO | 94403 | 8 | SAN MATEO | | | |
| 106074017 | 140000704 | SAN RAMON REGIONAL MEDICAL CENTER | 6001 NORRIS CANYON Rd | SAN RAMON | 94583 | 5 | CONTRA COSTA | | | |
| 106074011 | 140000885 | SAN RAMON REGIONAL MEDICAL CENTER SOUTH BUILDING | 7777 NORRIS CANYON Rd | SAN RAMON | 94583 | 5 | CONTRA COSTA | | | |
| 106420514 | 050001293 | SANTA BARBARA COTTAGE HOSPITAL | 400 W PUEBLO St | SANTA BARBARA | 93102 | 12 | SANTA BARBARA | | | |
| 106430883 | 070000290 | SANTA CLARA VALLEY MEDICAL CENTER | 751 S BASCOM Ave | SAN JOSE | 95128 | 7 | SANTA CLARA | | | |
| 106190687 | 930000049 | UNIVERSITY OF CALIFORNIA LOS ANGELES MEDICAL CENTER SANTA M | 1250 16TH St | SANTA MONICA | 90404 | 16 | LOS ANGELES | | | |
| 106491064 | 140001268 | SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY | 1165 MONTGOMERY Dr | SANTA ROSA | 95405 | 2 | SONOMA | | | |
| 106490907 | 140001278 | SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME | 151 SOTOYOME St | SANTA ROSA | 95405 | 2 | SONOMA | | | |
| 106420522 | 050000030 | SANTA YNEZ VALLEY COTTAGE HOSPITAL | 2050 VIBORG Rd | SOLVANG | 93463 | 12 | SANTA BARBARA | | | |
| 106371256 | 080000022 | SCRIPPS GREEN HOSPITAL | 10666 N TORREY PINES Rd | LA JOLLA | 92037 | 19 | SAN DIEGO | | | |
| 106371394 | 080000150 | SCRIPPS MEMORIAL HOSPITAL - ENCINITAS | 354 SANTA FE Dr | ENCINITAS | 92024 | 19 | SAN DIEGO | | | |
| 106370771 | 080000149 | SCRIPPS MEMORIAL HOSPITAL - LA JOLLA | 9888 GENESEE Ave | LA JOLLA | 92037 | 19 | SAN DIEGO | | | |
| 106370744 | 090000347 | SCRIPPS MERCY HOSPITAL | 4077 5th Ave | SAN DIEGO | 92103 | 19 | SAN DIEGO | | | |
| 106370658 | 090000016 | SCRIPPS MERCY HOSPITAL - CHULA VISTA | 435 H St | CHULA VISTA | 91910 | 19 | SAN DIEGO | | | |
| 106321016 | 230000227 | SENECA HEALTHCARE DISTRICT | 130 BRENTWOOD Dr | CHESTER | 96020 | 1 | PLUMAS | | | |
| 106410891 | 220000025 | SEQUOIA HOSPITAL | 170 ALAMEDA DE LAS PULGAS | REDWOOD CITY | 94062 | 8 | SAN MATEO | | | |
| 106410828 | 220000349 | SETON COASTSIDE | 600 MARINE Blvd | MOSS BEACH | 94038 | 8 | SAN MATEO | | | |
| 106410817 | 220000415 | SETON MEDICAL CENTER | 1900 SULLIVAN Ave | DALY CITY | 94015 | 8 | SAN MATEO | | | |
| 106370875 | 090000416 | SHARP CHULA VISTA MEDICAL CENTER | 751 MEDICAL CENTER CI | CHULA VISTA | 91911 | 19 | SAN DIEGO | | | |
| 106370689 | 090000033 | SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER | 250 PROSPECT PL | CORONADO | 92118 | 19 | SAN DIEGO | | | |
| 106370695 | 080001470 | SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS | 3003 HEALTH CENTER Dr | SAN DIEGO | 92123 | 19 | SAN DIEGO | | | |
| 106370694 | 080000036 | SHARP MEMORIAL HOSPITAL | 7901 FROST St | SAN DIEGO | 92123 | 19 | SAN DIEGO | | | |
| 106450940 | 230000016 | SHASTA REGIONAL MEDICAL CENTER | 1100 BUTTE St | REDDING | 96001 | 1 | SHASTA | | | |
| 106190708 | 930000140 | SHERMAN OAKS HOSPITAL | 4929 VAN NUYS Blvd | SHERMAN OAKS | 91403 | 16 | LOS ANGELES | | | |
| 106190712 | 930000141 | SHRINERS HOSPITAL FOR CHILDREN - L.A. | 3160 GENEVA St | LOS ANGELES | 90020 | 16 | LOS ANGELES | | | |
| 106344114 | 030001506 | SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF. | 2425 STOCKTON BLVD | SACRAMENTO | 95817 | 3 | SACRAMENTO | | | |
| 106291023 | 230000268 | SIERRA NEVADA MEMORIAL HOSPITAL | 155 GLASSON WAY | GRASS VALLEY | 95945 | 1 | NEVADA | | | |
| 106540798 | 120001466 | SIERRA VIEW DISTRICT HOSPITAL | 465 W PUTNAM Ave | PORTERVILLE | 93257 | 10 | TULARE | | | |
| 106400524 | 050000031 | SIERRA VISTA REGIONAL MEDICAL CENTER | 1010 MURRAY ave | SAN LUIS OBISPO | 93405 | 12 | SAN LUIS OBISPO | | | |
| 106190661 | 630011144 | SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS | 1711 W TEMPLE St | LOS ANGELES | 90026 | 16 | LOS ANGELES | | | |
| 106190410 | 930000161 | SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS | 7500 HELLMAN Ave | ROSEMEAD | 91770 | 15 | LOS ANGELES | | | |
| 106560525 | 050000455 | SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE | 2975 SYCAMORE Dr | SIMI VALLEY | 93065 | 12 | VENTURA | | | |
| 106491267 | 150000229 | SONOMA DEVELOPMENTAL CENTER | 15000 Arnold Dr | ELDRIDGE | 95431 | 2 | SONOMA | | | |
| 106491076 | 110000233 | SONOMA VALLEY HOSPITAL | 347 ANDRIEUX St | SONOMA | 95476 | 2 | SONOMA | | | |
| 106552209 | 030000365 | SONORA REGIONAL MEDICAL CENTER - FAIRVIEW | 179 FAIRVIEW Ln | SONORA | 95370 | 1 | TUOLUMNE | | | |
| 106554011 | 030001799 | SONORA REGIONAL MEDICAL CENTER - GREENLEY | 1000 GREENLEY Rd | SONORA | 95370 | 1 | TUOLUMNE | | | |
| 206551035 | 030000365 | SONORA REGIONAL MEDICAL CENTER D/P SNF (UNIT 6 AND 7) | 179 FAIRVIEW Ln | SONORA | 95370 | 1 | TUOLUMNE | | | |
| 106190110 | 930000015 | SOUTHERN CALIFORNIA HOSPITAL AT CULVER CITY | 3828 DELMAS TER | CULVER CITY | 90231 | 16 | LOS ANGELES | | | |
| 106190380 | 930000064 | SOUTHERN CALIFORNIA HOSPITAL AT HOLLYWOOD | 6245 DE LONGPRE Ave | HOLLYWOOD | 90028 | 16 | LOS ANGELES | | | |
| 106190814 | 930000186 | SOUTHERN CALIFORNIA HOSPITAL AT VAN NUYS D/P APH | 14433 EMLITA St | VAN NUYS | 91401 | 16 | LOS ANGELES | | | |
| 106141338 | 240000102 | SOUTHERN INYO HOSPITAL | 501 E LOCUST St | LONE PINE | 93545 | 13 | INYO | | | |
| 106334068 | 250000507 | SOUTHWEST HEALTHCARE SYSTEM-MURRIETA | 25500 MEDICAL CENTER Dr | MURRIETA | 92562 | 17 | RIVERSIDE | | | |
| 106334001 | 250000344 | SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR | 36485 INLAND VALLEY dr | WILDOMAR | 92595 | 17 | RIVERSIDE | | | |
| 106100899 | 040000126 | ST. AGNES MEDICAL CENTER | 1303 E HERNDON Ave | FRESNO | 93720 | 11 | FRESNO | | | |
| 106361339 | 240000103 | ST. BERNARDINE MEDICAL CENTER | 2101 N WATERMAN Ave | SAN BERNARDINO | 92404 | 17 | SAN BERNARDINO | | | |
| 106521041 | 230000020 | ST. ELIZABETH COMMUNITY HOSPITAL | 2550 SISTER MARY COLUMBA Dr | RED BLUFF | 96080 | 1 | TEHAMA | | | |
| 106190754 | 930000128 | ST. FRANCIS MEDICAL CENTER | 3630 E IMPERIAL Hwy | LYNWOOD | 90262 | 16 | LOS ANGELES | | | |
| 106380960 | 220000234 | ST. FRANCIS MEMORIAL HOSPITAL | 900 HYDE St | SAN FRANCISCO | 94109 | 4 | SAN FRANCISCO | | | |
| 106281078 | 110000360 | ST. HELENA HOSPITAL - Napa Valley | 10 WOODLAND RD | ST. HELENA | 94574 | 2 | NAPA | | | |
| 106171049 | 110000044 | ST. HELENA HOSPITAL - CLEARLAKE | 15630 18TH AVE | CLEARLAKE | 95422 | 1 | LAKE | | | |
| 106190756 | 930000100 | ST. JOHN'S HEALTH CENTER | 2121 SANTA MONICA BLVD | SANTA MONICA | 90404 | 16 | LOS ANGELES | | | |
| 106560508 | 050000248 | ST. JOHN'S PLEASANT VALLEY HOSPITAL | 2309 ANTONIO Ave | CAMARILLO | 93010 | 12 | VENTURA | | | |
| 106560529 | 050000035 | ST. JOHN'S REGIONAL MEDICAL CENTER | 1600 N ROSE Ave | OXNARD | 93030 | 12 | VENTURA | | | |
| 106121080 | 110000067 | ST. JOSEPH HOSPITAL - EUREKA | 2700 DOLBEER St | EUREKA | 95501 | 1 | HUMBOLDT | | | |
| 106301340 | 060000673 | ST. JOSEPH HOSPITAL - ORANGE | 1100 W STEWART Dr | ORANGE | 92868 | 18 | ORANGE | | | |
| 106391042 | 030000143 | ST. JOSEPH'S MEDICAL CENTER OF STOCKTON | 1800 N CALIFORNIA St | STOCKTON | 95204 | 10 | SAN JOAQUIN | | | |
| 106301342 | 060000068 | ST. JUDE MEDICAL CENTER | 101 E VALENCIA MESA Dr | FULLERTON | 92835 | 18 | ORANGE | | | |
| 106434138 | 070000635 | ST. LOUISE REGIONAL HOSPITAL | 9400 NO NAME UNO | GILROY | 95020 | 7 | SANTA CLARA | | | |
| 106361343 | 240000104 | ST. MARY MEDICAL CENTER - APPLE VALLEY | 18300 US HIGHWAY 18 | APPLE VALLEY | 92307 | 17 | SAN BERNARDINO | | | |
| 106190053 | 930000103 | ST. MARY MEDICAL CENTER - LONG BEACH | 1050 LINDEN Ave | LONG BEACH | 90813 | 15 | LOS ANGELES | | | |
| 106380965 | 220000225 | ST. MARY'S MEDICAL CENTER, SAN FRANCISCO | 450 STANYAN St | SAN FRANCISCO | 94117 | 4 | SAN FRANCISCO | | | |
| 106010967 | 140000273 | ST. ROSE HOSPITAL | 27200 CALAROGA Ave | HAYWARD | 94545 | 6 | ALAMEDA | | | |
| 106190762 | 930000104 | ST. VINCENT MEDICAL CENTER | 2131 W 3RD St | LOS ANGELES | 90057 | 16 | LOS ANGELES | | | |
| 106430905 | 070001359 | STANFORD HOSPITAL | 300 PASTEUR Dr | PALO ALTO | 94305 | 7 | SANTA CLARA | | | |
| 106504038 | 030001661 | STANISLAUS SURGICAL HOSPITAL | 1421 OAKDALE Rd | MODESTO | 95355 | 10 | STANISLAUS | | | |
| 106250955 | 230000144 | SURPRISE VALLEY COMMUNITY HOSPITAL | 741 N main st | CEDARVILLE | 96104 | 1 | MODOC | | | |
| 106034002 | 030000108 | SUTTER AMADOR HOSPITAL | 200 MISSION BLVD | JACKSON | 95642 | 1 | AMADOR | | | |
| 106310791 | 030000109 | SUTTER AUBURN FAITH HOSPITAL | 11815 EDUCATION St | AUBURN | 95602 | 3 | PLACER | | | |
| 106084001 | 110000049 | SUTTER COAST HOSPITAL | 800 E WASHINGTON Blvd | CRESCENT CITY | 95531 | 1 | DEL NORTE | | | |

| OSHPD ID | CA Facility ID | Hospital Name | Address | City | Zip Code | Rating Region | County | In Network PPO | In Network EPO | In Network HMO |
|-----------|----------------|--------------------------------------------------------------|---------------------------|------------------|----------|---------------|-----------------|----------------|----------------|----------------|
| 106574010 | 030000149 | SUTTER DAVIS HOSPITAL | 2000 SUTTER PL | DAVIS | 95616 | 3 | YOLO | | | |
| 106070934 | 630002981 | SUTTER DELTA MEDICAL CENTER | 3901 LONE TREE WAY | ANTIOCH | 94509 | 5 | CONTRA COSTA | | | |
| 106341051 | 030000151 | SUTTER GENERAL HOSPITAL | 2801 L St | SACRAMENTO | 95816 | 3 | SACRAMENTO | | | |
| 106171395 | 110000019 | SUTTER LAKESIDE HOSPITAL | 5176 HILL Rd E | LAKEPORT | 95453 | 1 | LAKE | | | |
| 106444012 | 070000959 | SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ | 2900 CHANTICLEER Ave | SANTA CRUZ | 95065 | 9 | SANTA CRUZ | | | |
| 106490919 | 110000332 | SUTTER MEDICAL CENTER OF SANTA ROSA | 3325 CHANATE Rd | SANTA ROSA | 95404 | 2 | SONOMA | | | |
| 106341052 | 030000112 | SUTTER MEMORIAL HOSPITAL | 5151 F St | SACRAMENTO | 95819 | 3 | SACRAMENTO | | | |
| 106311000 | 630011336 | SUTTER ROSEVILLE MEDICAL CENTER | 1 MEDICAL Plaza dr | ROSEVILLE | 95661 | 3 | PLACER | | | |
| 106481094 | 110000088 | SUTTER SOLANO MEDICAL CENTER | 300 HOSPITAL Dr | VALLEJO | 94590 | 2 | SOLANO | | | |
| 106514030 | 630011844 | SUTTER SURGICAL HOSPITAL-NORTH VALLEY | 455 PLUMAS Blvd | YUBA CITY | 95991 | 1 | SUTTER | | | |
| 106391056 | 030000141 | SUTTER TRACY COMMUNITY HOSPITAL | 1420 N TRACY Blvd | TRACY | 95376 | 10 | SAN JOAQUIN | | | |
| 106291053 | 230000334 | TAHOE FOREST HOSPITAL | 10121 PINE AVE | TRUCKEE | 96161 | 1 | NEVADA | | | |
| 106150808 | 120000413 | TEHACHAPI HOSPITAL | 115 W E St | TEHACHAPI | 93561 | 14 | KERN | | | |
| 106334564 | 630014442 | TEMECULA VALLEY HOSPITAL | 31700 TEMECULA PKWY | TEMECULA | 92592 | 17 | RIVERSIDE | | | |
| 106190784 | 930000143 | TEMPLE COMMUNITY HOSPITAL | 235 N HOOVER St | LOS ANGELES | 90004 | 16 | LOS ANGELES | | | |
| 106564121 | 050001468 | THOUSAND OAKS SURGICAL HOSPITAL, A CAMPUS OF LOS ROBLES HO | 401 ROLLING OAKS Dr | THOUSAND OAKS | 91361 | 16 | VENTURA | | | |
| 106190422 | 930000127 | TORRANCE MEMORIAL MEDICAL CENTER | 3330 LOMITA Blvd | TORRANCE | 90505 | 16 | LOS ANGELES | | | |
| 106370780 | 080000387 | TRI-CITY MEDICAL CENTER | 4002 VISTA WAY | OCEANSIDE | 92056 | 19 | SAN DIEGO | | | |
| 106190159 | 930000032 | TRI-CITY REGIONAL MEDICAL CENTER | 21530 PIONEER Blvd | HAWAIIAN GARDENS | 90716 | 15 | LOS ANGELES | | | |
| 106531059 | 230000022 | TRINITY HOSPITAL | 60 EASTER Ave | WEAVERVILLE | 96093 | 1 | TRINITY | | | |
| 106540816 | 120001467 | TULARE REGIONAL MEDICAL CENTER | 869 N CHERRY st | TULARE | 93274 | 10 | TULARE | | | |
| 106400548 | 050000037 | TWIN CITIES COMMUNITY HOSPITAL | 1100 LAS TABLAS Rd | TEMPLETON | 93465 | 12 | SAN LUIS OBISPO | | | |
| 106374141 | 090001116 | UCSD-LA JOLLA, JOHN M/SALLY B THORNTON HOSP & SULPIZO CARDIO | 9300 CAMPUS POINT Dr | LA JOLLA | 92037 | 19 | SAN DIEGO | | | |
| 106381154 | 220000031 | UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER | 505 PARNASSUS Ave | SAN FRANCISCO | 94143 | 4 | SAN FRANCISCO | | | |
| 106380895 | 220000015 | UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER AT MT | 1600 DIVISADERO St | SAN FRANCISCO | 94115 | 4 | SAN FRANCISCO | | | |
| 106231396 | 110000070 | UKIAH VALLEY MEDICAL CENTER - HOSPITAL DRIVE | 275 HOSPITAL Dr | UKIAH | 95482 | 1 | MENDOCINO | | | |
| 106341006 | 030000113 | UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER | 2315 STOCKTON Blvd | SACRAMENTO | 95817 | 3 | SACRAMENTO | | | |
| 106301279 | 060000787 | UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER | 101 the CITY Dr S | ORANGE | 92868 | 18 | ORANGE | | | |
| 106370782 | 080001621 | UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER | 200 W ARBOR Dr | SAN DIEGO | 92103 | 19 | SAN DIEGO | | | |
| 106191216 | 930000163 | USC KENNETH NORRIS, JR. CANCER HOSPITAL | 1441 EASTLAKE Ave | LOS ANGELES | 90033 | 16 | LOS ANGELES | | | |
| 106190818 | 930000187 | USC VERDUGO HILLS HOSPITAL | 1812 VERDUGO Blvd | GLENDALE | 91208 | 15 | LOS ANGELES | | | |
| 106010983 | 140000626 | VALLEY MEMORIAL HOSPITAL - LIVERMORE | 1111 E STANLEY Blvd | LIVERMORE | 94550 | 6 | ALAMEDA | | | |
| 106190812 | 930000129 | VALLEY PRESBYTERIAN HOSPITAL | 15107 VANOWEN St | VAN NUYS | 91405 | 16 | LOS ANGELES | | | |
| 106014050 | 140000797 | VALLEYCARE MEDICAL CENTER | 5555 W LAS POSITAS BLVD | PLEASANTON | 94588 | 6 | ALAMEDA | | | |
| 106560481 | 050000039 | VENTURA COUNTY MEDICAL CENTER | 3291 LOMA VISTA Rd | VENTURA | 93003 | 12 | VENTURA | | | |
| 106560521 | 630010957 | VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSPITAL | 825 N 10TH St | SANTA PAULA | 93060 | 12 | VENTURA | | | |
| 106454012 | 230000422 | VIBRA HOSPITAL OF NORTHERN CALIFORNIA | 2801 EUREKA WAY | REDDING | 96001 | 1 | SHASTA | | | |
| 106344035 | 030000907 | VIBRA HOSPITAL OF SACRAMENTO | 330 MONROSE Dr | FOLSOM | 95630 | 3 | SACRAMENTO | | | |
| 106374094 | 090000977 | VIBRA HOSPITAL OF SAN DIEGO | 555 WASHINGTON St | SAN DIEGO | 92103 | 19 | SAN DIEGO | | | |
| 106361370 | 240000054 | VICTOR VALLEY GLOBAL MEDICAL CENTER | 15248 ELEVENTH St | VICTORVILLE | 92395 | 17 | SAN BERNARDINO | | | |
| 206374321 | 090000324 | VILLA CORONADO CONVALESCENT (DP/SNF) | 233 PROSPECT PI | CORONADO | 92118 | 19 | SAN DIEGO | | | |
| 106010987 | 140001294 | WASHINGTON HOSPITAL - FREMONT | 2000 MOWRY Ave | FREMONT | 94538 | 6 | ALAMEDA | | | |
| 106444013 | 070000155 | WATSONVILLE COMMUNITY HOSPITAL | 75 NIELSON St | WATSONVILLE | 95076 | 9 | SANTA CRUZ | | | |
| 106301379 | 060001201 | WEST ANAHEIM MEDICAL CENTER | 3033 W ORANGE Ave | ANAHEIM | 92804 | 18 | ORANGE | | | |
| 106190859 | 930000028 | WEST HILLS HOSPITAL AND MEDICAL CENTER | 7300 MEDICAL CENTER Dr | CANOGA PARK | 91307 | 16 | LOS ANGELES | | | |
| 106301566 | 060000073 | WESTERN MEDICAL CENTER - SANTA ANA | 1001 N TUSTIN Ave | SANTA ANA | 92705 | 18 | ORANGE | | | |
| 106301188 | 060000855 | WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM | 1025 S ANAHEIM BLVD | ANAHEIM | 92805 | 18 | ORANGE | | | |
| 106190878 | 930000822 | WHITE MEMORIAL MEDICAL CENTER | 1720 E CESAR E CHAVEZ Ave | LOS ANGELES | 90033 | 16 | LOS ANGELES | | | |
| 106190883 | 930001410 | WHITTIER HOSPITAL MEDICAL CENTER | 9080 COLIMA Rd | WHITTIER | 90605 | 15 | LOS ANGELES | | | |
| 106571086 | 030000301 | WOODLAND MEMORIAL HOSPITAL | 1325 COTTONWOOD St | WOODLAND | 95695 | 3 | YOLO | | | |

California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment D3 - Recertification Provider Counts (Medical Groups/IPAs)

Please list all medical groups which are available to Covered California enrollees and provide your definition of a "medical group/IPA." Add rows as needed.

Please identify the DMHC Risk Bearing Organization (RBO) number for each medical group/IPA listed, if applicable. Indicate whether each medical group/IPA you are listing is functioning as a risk bearing group for the network supporting the Exchange product you are identifying.

| Item | Medical Group/IPA | DMHC ID | Region |
|------|-------------------|---------|--------|
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California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment F1 - 834 Enrollment File Error Listing

| March 2015 834 Enrollment File Error Listing | | | | |
|---------------------------------------------------|---------------------------|--------------------------------------------|-------------------------------------------------------------|------------|
| 834 Enrollment Files Sent to Carrier - File Names | Number of Members in File | Carrier 999 Response File Sent to CalHEERS | No. of Rejected Files in 999 Response Due to Carrier Issues | Error Rate |
| ex: TO_999999_IND_2014030515897.edi | 500 | ex: FROM_999999_IND_2014030565 | 4 | 0.8% |
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California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment F2 - 834 Effectuation File Error Listing

| March 2015 834 Effectuation File Error Listing | | | | |
|------------------------------------------------------------------|----------------------------------|----------------------------------------------------|--------------------------------------------------------------------|-------------------|
| 834 Effectuation Files Sent from the Carrier - File Names | Number of Members in File | CalHEERS 999 Response File Sent to CalHEERS | No. of Rejected Files in 999 Response Due to Carrier Issues | Error Rate |
| ex: FROM_99999_IND_2014030515897.edi | 500 | ex:TO_99999_IND_201403056577899.edi | 4 | 0.8% |
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California Health Benefit Exchange
QHP Issuer Recertification Application for Plan Year 2016
Attachment G - SHOP Alternate Benefit Design

Input the cost sharing amounts that describe the enrollee's out-of-pocket costs for each benefit category. List any exclusions in the column on the right.
 Applicant is offering a Standard Plan across all metal levels.

Yes
 No

| | | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Single pull-down list Offered Not Offered | Provide additional detail including any exclusions |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| | | Silver Alternate Plan | Silver Alternate Plan | Platinum Alternate Plan (Optional) | Platinum Alternate Plan (Optional) | Gold Alternate Plan (Optional) | Gold Alternate Plan (Optional) | Bronze Alternate Plan (Optional) | Bronze Alternate Plan (Optional) | | | | |
| | | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | | | | |
| 12/28/2012 | | | | | | | | | | | | | |
| Estimated Actuarial Value | | % | % | % | % | % | % | % | % | | | | |
| Overall deductible | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Other deductibles for specific services | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Facility-related Services | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Brand Drugs | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Dental | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Out-of-pocket limit on expenses | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | | |
| Service Type | Professional Hospital | Member Cost Share | Member Cost Share | Member Cost Share | Member Cost Share | Member Cost Share | Member Cost Share | Member Cost Share | Member Cost Share | Provide additional detail including any exclusions | | | |
| Visit to a health care provider's office or clinic | | | | | | | | | | | | | |
| Primary care visit to treat an injury or illness (deductible waived for first visit except Non-Par Providers or HSA plans-- see footnote) | | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | Drop down - Value entered as % or \$ | text box 100 words - replicate below | | | |
| Specialist visit | | Repeat below | Repeat below | Repeat below | Repeat below | Repeat below | Repeat below | Repeat below | Repeat below | | | | |
| Other practitioner office visit | | | | | | | | | | | | | |
| Preventive care/ screening/ immunization | | | | | | | | | | | | | |
| Tests | | | | | | | | | | | | | |
| Diagnostic test (x-ray, blood work) | | | | | | | | | | | | | |
| Imaging (CT/PET scans, MRIs) | | | | | | | | | | | | | |
| Drugs to treat illness or condition | | | | | | | | | | | | | |
| Generic drugs | | | | | | | | | | | | | |
| Preferred brand drugs | | | | | | | | | | | | | |
| Non-preferred brand drugs | | | | | | | | | | | | | |
| Specialty drugs | | | | | | | | | | | | | |
| Outpatient surgery | | | | | | | | | | | | | |
| Facility fee (e.g., ambulatory surgery center) | | | | | | | | | | | | | |

| | Silver Alternate Plan | Silver Alternate Plan | Platinum Alternate Plan (Optional) | Platinum Alternate Plan (Optional) | Gold Alternate Plan (Optional) | Gold Alternate Plan (Optional) | Bronze Alternate Plan (Optional) | Bronze Alternate Plan (Optional) | Provide additional detail including any exclusions |
|--------------------------------------------------------------------------|-------------------------|-----------------------------|------------------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|----------------------------------|----------------------------------------------------|
| | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | Participating Providers | Non-Participating Providers | |
| Physician/surgeon fees | | | | | | | | | |
| Need immediate attention | | | | | | | | | |
| Emergency room services | | | | | | | | | |
| Emergency medical transportation | | | | | | | | | |
| Urgent care | | | | | | | | | |
| Hospital stay | | | | | | | | | |
| Facility fee (e.g., hospital room) | | | | | | | | | |
| Physician/surgeon fee | | | | | | | | | |
| Mental health, behavioral health, or substance abuse needs | | | | | | | | | |
| Mental/Behavioral health outpatient services | | | | | | | | | |
| Mental/Behavioral health inpatient services | | | | | | | | | |
| Substance use disorder outpatient services | | | | | | | | | |
| Substance use disorder inpatient services | | | | | | | | | |
| Prenatal | | | | | | | | | |
| Prenatal and postnatal care | | | | | | | | | |
| Delivery and all inpatient services | Professional | | | | | | | | |
| Delivery and all inpatient services | Hospital | | | | | | | | |
| Help recovering or other special health needs | | | | | | | | | |
| Home health care | | | | | | | | | |
| Rehabilitation services | | | | | | | | | |
| Habilitation services | | | | | | | | | |
| Skilled nursing care | | | | | | | | | |
| Durable medical equipment | | | | | | | | | |
| Hospice service | | | | | | | | | |
| Child needs dental or eye care | | | | | | | | | |
| Eye exam (deductible waived) | | | | | | | | | |
| Glasses | | | | | | | | | |
| Dental check-up - Preventive and Diagnostic Services (deductible waived) | | | | | | | | | |
| Dental Basic Services | | | | | | | | | |
| Dental Restorative and Orthodontia Services | | | | | | | | | |