

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of August 31, 2025)

Total CalOptima Health Membership	Program	Members
	Medi-Cal	873,410
	OneCare (HMO D-SNP)	17,873
	Program of All-Inclusive Care for the Elderly (PACE)	529

*Based on unaudited financial report and includes prior period adjustments.

Key Financial Indicators (for the month ended August 31, 2025)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$30.4M	\$23.0M	311.7%
Non-Operating Income/(Loss)	●	\$21.7M	\$5.3M	32.4%
Covered California Start-up Expenses	●	(\$0.7M)	\$0.8M	52.1%
Bottom Line (Change in Net Assets)	●	\$51.3M	\$29.1M	131.0%
<i>Medical Loss Ratio (MLR)</i> (Percent of every dollar spent on member care)	●	91.0%	---	(2.0%)
<i>Administrative Loss Ratio (ALR)</i> (Percent of every dollar spent on overhead costs)	●	5.3%	---	1.0%

Notes:

- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 86.5%.

Reserve Summary (as of August 31, 2025)

	Amount (in millions)
Board Designated Reserves*	\$1,599.1
Statutory Designated Reserves	\$133.7
Capital Assets (Net of depreciation)	\$102.4
Unspent Balance of Allocated Resources	\$396.8
Unspent Balance of Board Approved Provider Rate Increase**	\$280.6
Unallocated Resources*	\$339.2
Total Net Assets	\$2,851.9

* Total of Board-designated reserves and unallocated resources can support approximately 177 days of CalOptima Health's current operations.

** 5/5/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24–12/31/26.

**Total Annual
Budgeted Revenue**

\$4.7 Billion

Note: CalOptima Health receives its funding from state and federal revenues only and does not receive any of its funding from the County of Orange.

CalOptima Health Fast Facts

October 2025

Personnel Summary (as of September 6, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,353.5	81.75	36.67%	63.33%	5.7%
Supervisor	85	2	0%	100%	2.3%
Manager	111	15	20%	80%	11.9%
Director	74	12.5	20%	80%	12.5%
Executive	21	1	---%	100%	4.55%
Total FTE Count	1,644.5	112.3	32.48%	67.52%	6.39%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of September 22, 2025)

	Number of Providers
Primary Care Providers	1,290
Specialists	7,657
Pharmacies	496
Acute and Rehab Hospitals	43
Community Health Centers	71
Long-Term Care Facilities	225

Treatment Authorizations (as of July 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	36.59 hours
Prior Authorization – Urgent	72 hours	12.23 hours
Prior Authorization – Routine	5 days	1.56 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of August 31, 2025)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Expansion	38%
6 to 18	22%	Spanish	31%	Temporary Assistance for Needy Families	37%
19 to 44	34%	Vietnamese	9%	Seniors	12%
45 to 64	20%	Other	2%	Optional Targeted Low-Income Children	7%
65 +	16%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	1%	Other	<1%
		Arabic	<1%		
		Russian	<1%		