CalOptima Health

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

Membership Data* (as of December 31, 2025)

Total CalOptima Health Membership

865,746

Prior month: 877,271

Program	Members
Medi-Cal	846,603
OneCare (HMO D-SNP)	18,599
Program of All-Inclusive Care for the Elderly (PACE)	544

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

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

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	🟢	$62.4M	$48.8M	359.4%
Non-Operating Income/(Loss)	🟢	$59.2M	$10.0M	20.4%
Covered California Start-up Expenses	🟢	($2.3M)	$2.9M	56.5%
Bottom Line (Change in Net Assets)	🟢	$119.3M	$61.8M	107.3%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	🟢	92.5%	---	(0.7%)
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	🟢	5.1%	---	1.3%

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 88.3%.

Reserve Summary (as of December 31, 2025)

	Amount (in millions)
Board Designated Reserves*	**$1,623.6**
Statutory Designated Reserves	**$135.8**
Capital Assets (Net of depreciation)	**$111.8**
Unspent Balance of Allocated Resources	**$349.4**
Unspent Balance of Board Approved Provider Rate Increase**	**$210.5**
Unallocated Resources*	**$488.9**
Total Net Assets	**$2,919.9**

* Total of Board-designated reserves and unallocated resources can support approximately 194 days of CalOptima Health's current operations.

** 5/2/24 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
February 2026

Personnel Summary (as of January 10, 2026, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	**1,347.25**	**86**	**38.77%**	**61.23%**	**6%**
Supervisor	**82**	**5**	**60%**	**40%**	**5.75%**
Manager	**114**	**12**	**16.67%**	**83.33%**	**9.52%**
Director	**80**	**8.5**	**29.41%**	**70.59%**	**9.60%**
Executive	**21**	**1**	**---%**	**100%**	**4.55%**
Total FTE Count	**1,644.25**	**112.5**	**28.97%**	**71.03%**	**6.40%**

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

Provider Network Data (as of January 23, 2026)

	Number of Providers
Primary Care Providers	**1,307**
Specialists	**7,994**
Pharmacies	**493**
Acute and Rehab Hospitals	**42**
Community Health Centers	**71**
Long-Term Care Facilities	**243**

Treatment Authorizations (as of November 30, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	**72 hours**	**38.71 hours**
Prior Authorization – Urgent	**72 hours**	**6.02 hours**
Prior Authorization – Routine	**5 days**	**0.74 days**

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

Member Demographics (as of December 31, 2025)

Member Age

0 to 5	8%
6 to 18	22%
19 to 44	34%
45 to 64	20%
65 +	16%

Language Preference

English	56%
Spanish	29%
Vietnamese	9%
Korean	2%
Other	2%
Farsi	1%
Chinese	<1%
Arabic	<1%
Russian	<1%

Medi-Cal Aid Category

Expansion	37%
Temporary Assistance for Needy Families	36%
Seniors	13%
Optional Targeted Low-Income Children	8%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%