



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

Membership Data* (as of January 31, 2026)

Total CalOptima Health Membership 857,663 Prior month: 865,746	Program	Members
	Medi-Cal	838,509
	OneCare (HMO D-SNP)	18,617
	Program of All-Inclusive Care for the Elderly (PACE)	537

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

Key Financial Indicators (for the month ended January 31, 2026)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$89.1M	\$77.0M	636.0%
Non-Operating Income/(Loss)	●	\$64.2M	\$6.8M	11.9%
Covered California Start-up Expenses	●	(\$2.4M)	\$3.7M	60.8%
Bottom Line (Change in Net Assets)	●	\$150.9M	\$87.5M	138.1%
<i>Medical Loss Ratio (MLR)</i> <i>(Percent of every dollar spent on member care)</i>	●	91.9%	---	(1.4%)
<i>Administrative Loss Ratio (ALR)</i> <i>(Percent of every dollar spent on overhead costs)</i>	●	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 87.8%.

Reserve Summary (as of January 31, 2026)

	Amount (in millions)
Board Designated Reserves*	\$1,627.7
Statutory Designated Reserves	\$136.0
Capital Assets (Net of depreciation)	\$111.2
Unspent Balance of Allocated Resources	\$343.5
Unspent Balance of Board Approved Provider Rate Increase**	\$192.9
Unallocated Resources*	\$540.1
Total Net Assets	\$2,951.5

* Total of Designated Reserves and Unallocated Resources can support approximately 199 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

March 2026

Personnel Summary (as of February 7, 2026, pay period)

	Filled	Open	Vacancy % Administrative	Vacancy % Medical	Vacancy % Combined
Staff	1,361	72.25	59.73%	40.27%	5.04%
Supervisor	82	5	40%	60%	5.75%
Manager	115	10	80%	20%	8%
Director	81	8.50	70.59%	29.41%	9.50%
Executive	21	1	100%	---%	4.55%
Total FTE Count	1,660	96.8	70.06%	29.94%	5.51%

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

Provider Network Data (as of February 23, 2026)

	Number of Providers
Primary Care Providers	1,307
Specialists	8,145
Pharmacies	493
Acute and Rehab Hospitals	42
Community Health Centers	72
Long-Term Care Facilities	244

Treatment Authorizations (as of December 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	34.05 hours
Prior Authorization – Urgent	72 hours	3.52 hours
Prior Authorization – Routine	5 days	0.38 days

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

Member Demographics (as of January 31, 2026)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	56%	Expansion	37%
6 to 18	22%	Spanish	29%	Temporary Assistance for Needy Families	36%
19 to 44	34%	Vietnamese	9%	Seniors	13%
45 to 64	20%	Korean	2%	Optional Targeted Low-Income Children	8%
65 +	16%	Other	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		
		Russian	<1%		