California Plain-Language Rate Filing Description

Company Name: Kaiser Foundation Health Plan, Inc.

SERFF Tracking Number: KHPI-134650032

1) Actual Allowed Costs by Aggregate Benefit Category for the most recently completed calendar year in PMPM:

Service Category	Allowed Cost PMPM	Cost as % of Medicare
Hospital Inpatient	$165.54	220.3%
Hospital Outpatient (including ER)	$135.98	268.6%
Physician/Other Professional Services		
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Capitation (professional)	$212.50	
Capitation (institutional)		
Capitation (other)		
Other (describe here)	$15.05	
Medical Services	**$529.08**	
Rx	$60.50	
Medical Services + Rx	**$589.58**	

2) Projected Annual Medical Services + Rx trend assumptions for all benefits

8.0%

3) Projected Medical Services + Rx Allowed Trend, by Aggregate Benefit Category, Attributable to Use of Services, Price Inflation, Fees and Risk

Service Category	Trend attributable to: Use of Services	Trend attributable to: Price Inflation	Trend attributable to: Fees and Risk	Overall Trend
Hospital Inpatient	0.0%	4.1%	0.5%	4.7%
Hospital Outpatient (including ER)	0.0%	4.0%	0.5%	4.5%
Physician/Other Professional Services	0.0%	0.0%	0.0%	0.0%
Laboratory (other than inpatient)	0.0%	0.0%	0.0%	0.0%
Radiology (other than inpatient)	0.0%	0.0%	0.0%	0.0%
Capitation (professional)	0.0%	10.2%	0.5%	10.8%
Capitation (institutional)	0.0%	0.0%	0.0%	0.0%
Capitation (other)	0.0%	0.0%	0.0%	0.0%
Other (describe here)	0.0%	5.9%	0.5%	6.4%
Medical Services	**0.0%**	**6.7%**	**0.5%**	**7.2%**
Rx	5.5%	8.1%	0.5%	14.5%
Medical Services + Rx	**2.2%**	**5.2%**	**0.5%**	**8.0%**

4) Other Information

Please provide any needed comments below