

**California Plain-Language Rate Filing Description**

Company Name: Kaiser Foundation Health Plan, Inc.  
 SERFF Tracking Number: KHPI-133356457

1) Justification for any unreasonable rate increases  
*(Include all information as to why the rate increase is justified. Attach supporting documentation.)*

2) 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	\$169.84	273.6%
Hospital Outpatient (including ER)	\$125.30	278.1%
Physician/Other Professional Services	\$0.00	
Prescription Drug	\$83.81	
Laboratory (other than inpatient)	\$0.00	
Radiology (other than inpatient)	\$0.00	
Capitation (professional)	\$127.16	
Capitation (institutional)	\$0.00	
Capitation (other)	\$73.12	
Other (describe here)	\$16.92	

3) Overall annual medical trend assumptions for all benefits  
 4.7%

4) Amount of Projected Medical 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
Hospital Inpatient	-1.2%	4.0%	0.0%
Hospital Outpatient (including ER)	4.0%	2.9%	0.0%
Physician/Other Professional Services	0.0%	0.0%	0.0%
Prescription Drug	0.0%	5.0%	0.0%
Laboratory (other than inpatient)	0.0%	0.0%	0.0%
Radiology (other than inpatient)	0.0%	0.0%	0.0%
Capitation (professional)	3.5%	0.8%	0.0%
Capitation (institutional)	0.0%	0.0%	0.0%
Capitation (other)	2.8%	2.3%	0.0%
Other (describe here)	3.2%	1.0%	0.0%

5) Other Information  
*Place any needed comments in a separate document.*

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