

California Plain-Language Rate Filing Description

Company Name: Kaiser Foundation Health Plan, Inc.
 SERFF Tracking Number: KHPI-134023144

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	\$151.88	174.0%
Hospital Outpatient (including ER)	\$96.90	265.5%
Physician/Other Professional Services	\$0.00	
Laboratory (other than inpatient)	\$0.00	
Radiology (other than inpatient)	\$0.00	
Capitation (professional)	\$178.46	
Capitation (institutional)	\$0.00	
Capitation (other)	\$77.87	
Other (describe here)	\$11.52	
Medical Services	\$516.63	
Rx	\$62.90	
Medical Services + Rx	\$579.53	

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

8.0%

4) 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	-0.4%	8.1%	0.0%	7.7%
Hospital Outpatient (including ER)	-0.1%	8.7%	0.0%	8.5%
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%	7.1%	0.0%	7.2%
Capitation (institutional)	0.0%	0.0%	0.0%	0.0%
Capitation (other)	-0.2%	5.9%	0.0%	5.7%
Other (describe here)	0.0%	7.9%	0.0%	7.9%
Medical Services	0.0%	7.4%	0.0%	7.4%
Rx	3.1%	9.3%	0.0%	12.7%
Medical Services + Rx	1.2%	6.7%	0.0%	8.0%

5) Other Information

Please provide any needed comments below