

**California Plain-Language Rate Filing Description**

Company Name: Kaiser Foundation Health Plan  
 SERFF Tracking Number: KHPI-134595414

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	\$159.58	250.5%
Hospital Outpatient (including ER)	\$113.67	272.4%
Physician/Other Professional Services	\$0.00	
Laboratory (other than inpatient)	\$0.00	
Radiology (other than inpatient)	\$0.00	
Capitation (professional)	\$184.98	
Capitation (institutional)	\$0.00	
Capitation (other)	\$82.99	
Other (describe here)	\$12.70	
<b>Medical Services</b>	<b>\$553.92</b>	
Rx	\$70.60	
<b>Medical Services + Rx</b>	<b>\$624.52</b>	

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

5.3%

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	-0.1%	1.6%	0.0%	1.5%
Hospital Outpatient (including ER)	0.3%	1.3%	0.0%	1.6%
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)	0.2%	7.0%	0.0%	7.3%
Capitation (institutional)	0.0%	0.0%	0.0%	0.0%
Capitation (other)	0.2%	8.0%	0.0%	8.3%
Other (describe here)	0.0%	5.7%	0.0%	5.7%
<b>Medical Services</b>	<b>0.2%</b>	<b>4.3%</b>	<b>0.0%</b>	<b>4.6%</b>
Rx	5.5%	5.2%	0.0%	11.0%
<b>Medical Services + Rx</b>	<b>2.4%</b>	<b>2.9%</b>	<b>0.0%</b>	<b>5.3%</b>

5) Other Information

Please provide any needed comments below