

**California Plain-Language Rate Filing Description**

Company Name:

Kaiser Foundation Health Plan, Inc.

SERFF Tracking Number:

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	\$140.71	273.8%
Hospital Outpatient (including ER)	\$86.32	277.0%
Physician/Other Professional Services	\$0.00	
Prescription Drug	\$38.90	
Laboratory (other than inpatient)	\$0.00	
Radiology (other than inpatient)	\$0.00	
Capitation (professional)	\$89.68	
Capitation (institutional)	\$0.00	
Capitation (other)	\$55.96	
Other (describe here)	\$10.34	

3) Overall annual medical trend assumptions for all benefits

2.4%

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	-2.6%	3.7%	0.0%
Hospital Outpatient (including ER)	1.4%	2.7%	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)	1.6%	0.6%	0.0%
Capitation (institutional)	0.0%	0.0%	0.0%
Capitation (other)	0.6%	1.4%	0.0%
Other (describe here)	1.4%	0.6%	0.0%

5) Other Information

***Place any needed comments in a separate document.***

