

California Plain-Language Rate Filing Description

Company Name: Kaiser Foundation Health Plan, Inc.
 SERFF Tracking Number: KHPI-132513752

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

2) Actual Costs by Aggregate Benefit Category for experience period in PMPM:

	Dollar Cost:	Cost as a Percentage of Medicare:
Hospital Inpatient	\$139.60	280.0%
Hospital Outpatient (including ER)	\$89.75	286.4%
Physician/Other Professional Services		
Prescription Drug	\$46.32	
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Capitation (professional)	\$151.28	1.999008933
Capitation (institutional)		
Capitation (other)		
Other (describe here)	\$10.59	

3) Overall annual medical assumptions for all benefits

5.2%

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

	Trend attributable to: Use of Services	Trend attributable to: Price Inflation	Trend attributable to: Fees and Risk
Hospital Inpatient	0.1%	1.0%	
Hospital Outpatient (including ER)	3.4%	1.5%	
Physician/Other Professional Services			
Prescription Drug	0.0%	5.0%	
Laboratory (other than inpatient)			
Radiology (other than inpatient)			
Capitation (professional)	3.5%	5.3%	
Capitation (institutional)			
Capitation (other)			
Other (describe here)	3.1%	0.4%	

5) Other Information

Place any needed comments in a separate document.