

**California Plain-Language Rate Filing Description**

Company Name: Kaiser Permanente Insurance Company  
 SERFF Tracking Number: KSPM-132829766

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

1) 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	\$194.58	321.0%
Hospital Outpatient (including ER)	\$219.55	544.6%
Physician/Other Professional Services	\$122.58	195.4%
Prescription Drug	\$94.48	
Laboratory (other than inpatient)	\$27.26	170.3%
Radiology (other than inpatient)	\$57.35	281.6%
Capitation (professional)	\$0.00	
Capitation (institutional)	\$0.00	
Capitation (other)	\$0.00	
Other (DME, Home Health, Ambulance, etc.)	\$18.29	

3) Overall annual medical assumptions for all benefits

10.9%
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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	5.1%	2.5%	0.0%
Hospital Outpatient (including ER)	10.6%	3.2%	0.0%
Physician/Other Professional Services	2.5%	7.9%	0.0%
Prescription Drug	5.7%	4.7%	0.0%
Laboratory (other than inpatient)	2.5%	7.9%	0.0%
Radiology (other than inpatient)	2.5%	7.9%	0.0%
Capitation (professional)	0.0%	0.0%	0.0%
Capitation (institutional)	0.0%	0.0%	0.0%
Capitation (other)	0.0%	0.0%	0.0%
Other (describe here)	2.5%	7.9%	0.0%

5) Other Information

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