DEPARTMENT OF INSURANCE

Legal Division 45 Fremont Street, 24th Floor San Francisco CA 94105



California Plain-Language

Rate Filing Description
[for Web site posting, Health & Safety
Code 1385.07(d), Insurance Code 10181.7(d)]

Company Name:
SERFF Tracking Number
Department File Number: (will be completed by Department)

(Include all information as to why the rate increase is justified. Attach supporting documentation to this PDF file.)	

Overall annual medical	trend factor assumptions for all benefits
Actual Costs by Aggre	gate Benefit Category
Hospital Inpatient	Dollar Cost:
	Cost as Percentage of Medicare:
Hospital Outpatient	Dollar Cost:
(including ER)	
	Cost as Percentage of Medicare:
Physician/other professional services	Dollar Cost:

Cost as Percentage of Medicare:

Cost as Percentage of Medicare:

Cost as Percentage of Average Wholesale Price:

Dollar Cost:

Dollar Cost:

Prescription Drug

Laboratory (other than inpatient)

Radiology (other than inpatient)	Dollar Cost: Cost as Percentage of Medicare:
Other (describe)	Dollar Cost and Description:

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

Hospital Inpatient	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:
Hospital Outpatient (including ER)	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:

Physician/other professional services	Trend attributable to use of services:	
	Trend attributable to price inflation:	
	Trend attributable to fees and risk:	
Prescription Drug	Trend attributable to use of services:	
	Trend attributable to price inflation:	
	Trend attributable to fees and risk:	
Laboratory (other than inpatient)	Trend attributable to use of services:	
	Trend attributable to price inflation:	
	Trend attributable to fees and risk:	
Radiology (other than inpatient)	Trend attributable to use of services:	
	Trend attributable to price inflation:	
	Trend attributable to fees and risk:	
Other (describe)		

5) Other Information
Complete and submit the CA Plain Language Spreadsheet.

#630302v7

CA PLAIN LANGUAGE SPREADSHEET v. 1

Company Name: Company ID number for this filing: SERFF ID number for this filing:

For the expense period on which the rates are based, premium attributed to:

		Medical Costs prior	Medical Costs after	Administrative costs	Administrative costs	Profit/margin projected	Profit/margin projected	
Policy Form Numbers	Marketing Names	to rate increase ⁽¹⁾	rate increase ⁽²⁾	prior to rate increase ⁽³⁾	after rate increase	prior to rate increase	after rate increase	Comments
	Small Group PPO	81.4%	81.4%	18.6%	18.6%	0.0%	0.0%	

- (1) "Prior to rate increase" refers to the projected experience period for Q3 2020 filed rates (2) "After rate increase" refers to the projected experience period for renewal months in Q3 2021 (3) Included in the Administrative costs are the following taxes and fees:

Taxes and Fees	Prior to rate increase	After rate increase
Exchange Fee	0.4%	3.2%
Risk Adjustment Fee	0.4%	0.0%
Premium Tax	2.6%	0.0%
Insurer's Fee	0.9%	0.0%
PCORI	0.0%	0.0%
Income Tax	0.2%	0.0%
Total	4.6%	3.3%