

**DEPARTMENT OF INSURANCE**

**Legal Division**

45 Fremont Street, 24<sup>th</sup> 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)

**1. Justification for any unreasonable rate increases.**

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



**2) Overall annual medical trend factor assumptions for all benefits**

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**3) Actual Costs by Aggregate Benefit Category**

Hospital Inpatient	Dollar Cost:
	Cost as Percentage of Medicare:
Hospital Outpatient (including ER)	Dollar Cost:
	Cost as Percentage of Medicare:
Physician/other professional services	Dollar Cost:
	Cost as Percentage of Medicare:
Prescription Drug	Dollar Cost:
	Cost as Percentage of Average Wholesale Price:
Laboratory (other than inpatient)	Dollar Cost:
	Cost as Percentage of Medicare:

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:**

<b>Policy Form Numbers</b>	<b>Marketing Names</b>	<b>Medical Costs prior to rate increase<sup>(1)</sup></b>	<b>Medical Costs after rate increase<sup>(2)</sup></b>	<b>Administrative costs prior to rate increase<sup>(3)</sup></b>	<b>Administrative costs after rate increase</b>	<b>Profit/margin projected prior to rate increase</b>	<b>Profit/margin projected after rate increase</b>	<b>Comments</b>
	Small Group PPO, EPO	80.2%	85.0%	17.0%	15.0%	2.8%	0.0%	

*(1) "Prior to rate increase" refers to the projected experience period for 2016 Q2 filed rates*

*(2) "After rate increase" refers to the projected experience period for renewal months in 2016 Q3*

*(3) Included in the Administrative costs are the following taxes and fees:*

<b>Taxes and Fees</b>	<b>Prior to rate increase</b>	<b>After rate increase</b>
Exchange Fee	0.2%	0.4%
Risk Adjustment Fee	0.0%	0.0%
Reinsurer's Fee	0.1%	0.0%
Premium Tax	0.0%	0.0%
Insurer's Fee	0.8%	0.0%
Income Tax	2.0%	0.0%
PCORI / Risk Adj	0.0%	0.0%
<b>Total</b>	<b>3.2%</b>	<b>0.5%</b>