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

Company Name:

California Physician's Service, dba Blue Shield of California

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.)

N/A

2) Overall annual medical trend factor assumptions for all benefits

8.2%

3) Actual Costs by Aggregate Benefit Category

Hospital Inpatient	Dollar Cost: $1,422,981,661
	Cost as Percentage of Medicare: 211%
Hospital Outpatient (including ER)	Dollar Cost: $1,341,135,847
	Cost as Percentage of Medicare: 350%
Physician/other professional services	Dollar Cost: $1,133,565,170
	Cost as Percentage of Medicare: 110%
Prescription Drug	Dollar Cost: $1,023,263,813
	Cost as Percentage of Medicare: 56%
Laboratory (other than inpatient)	Dollar Cost: $414,453,471
	Cost as Percentage of Medicare: 110%

Radiology (other than inpatient)	Dollar Cost: Please refer to Laboratory
	Cost as Percentage of Medicare: Please refer to Laboratory
Capitation (professional)	Dollar Cost and Description: $302,908,079
Capitation (institutional)	Dollar Cost and Description: $54,966,681
Capitation (other)	Dollar Cost and Description: N/A
Other (describe)	Dollar Cost and Description: N/A

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: 5.4%
	Trend attributable to price inflation: 3.3%
	Trend attributable to fees and risk:
Hospital Outpatient (including ER)	Trend attributable to use of services: 5.0%
	Trend attributable to price inflation: 3.0%
	Trend attributable to fees and risk:

Physician/other professional services	Trend attributable to use of services: 6.6%
	Trend attributable to price inflation: 1.3%
	Trend attributable to fees and risk:
Prescription Drug	Trend attributable to use of services: 5.7%
	Trend attributable to price inflation: 6.1%
	Trend attributable to fees and risk:
Laboratory (other than inpatient)	Trend attributable to use of services: -0.9%
	Trend attributable to price inflation: -2.3%
	Trend attributable to fees and risk:
Radiology (other than inpatient)	Trend attributable to use of services: Please refer to Laboratory
	Trend attributable to price inflation: Please refer to Laboratory
	Trend attributable to fees and risk:

Capitation (professional)	Trend attributable to use of services: 0.0%
	Trend attributable to price inflation: 7.4%
	Trend attributable to fees and risk:
Capitation (institutional)	Trend attributable to use of services: 0.0%
	Trend attributable to price inflation: 7.4%
	Trend attributable to fees and risk:
Capitation (other)	Trend attributable to use of services: N/A
	Trend attributable to price inflation: N/A
	Trend attributable to fees and risk:
Other (describe)	Trend attributable to use of services: N/A
	Trend attributable to price inflation: N/A
	Trend attributable to fees and risk:

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

CA PLAIN LANGUAGE SPREADSHEET v. 1

Company Name: California Physicians' Service, dba Blue Shield of California

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:

Plan Contract Form Numbers	Marketing Names	Medical Costs(1) prior to rate increase	Medical Costs(1) after rate increase	Administrative costs(2) prior to rate increase	Administrative costs(2) after rate increase	Profit/margin projected prior to rate increase	Profit/margin projected after rate increase
N/A	Blue Shield Platinum 90 PPO	946.10	607.50	136.32	118.29	-141.57	184.96
N/A	Blue Shield Gold 80 PPO	623.10	568.59	103.87	90.41	-10.08	37.49
N/A	Blue Shield Silver 70 PPO	599.22	606.59	108.99	93.51	43.99	20.23
N/A	Blue Shield Bronze 60 PPO	434.31	464.79	82.60	71.95	53.18	17.94
N/A	Blue Shield Bronze 60 HDHP PPO	462.61	494.36	82.41	73.06	23.76	-4.19
N/A	Blue Shield Minimum Coverage PPO	94.09	105.93	44.71	38.59	169.76	153.85
N/A	Silver 70 Off Exchange PPO	498.71	499.14	82.85	72.54	-9.75	-12.44
N/A	Silver 2600 HDHP PPO	0.00	471.39	0.00	71.53	0.00	8.58
N/A	Silver 1950 PPO	448.76	467.72	77.23	68.47	7.01	-8.22
N/A	Blue Shield Platinum Trio HMO	482.71	-536.94	118.48	102.95	216.51	1,226.87
N/A	Blue Shield Gold Trio HMO	473.37	328.23	90.50	74.68	60.73	172.78
N/A	Blue Shield Silver Trio HMO	471.78	479.99	83.74	72.31	22.42	5.17
N/A	Silver 70 Off Exchange Trio HMO	419.63	424.13	66.78	56.04	-25.55	-47.67

Comments/Footnotes:

(1) Medical Cost reflects post risk adjustment. This applies to each of the plans shown.

(2) Administrative costs include HCR and Exchange Fees. This applies to each of the plans shown.