

California Plain-Language Rate Filing Description

Company Name: California Physicians' Service dba Blue Shield of California
 SERFF Tracking Number: BCCA-132907860

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	\$157.41	211.0%
Hospital Outpatient (including ER)	\$148.02	350.0%
Physician/Other Professional Services	\$127.01	110.0%
Prescription Drug	\$131.77	56.0%
Laboratory (other than inpatient)	\$8.57	110.0%
Radiology (other than inpatient)	\$8.17	110.0%
Capitation (professional)	\$19.30	
Capitation (institutional)	\$6.55	
Capitation (other)	\$13.39	
Other (Dental,Vision, miscellaneous)	\$24.47	

3) Overall annual medical assumptions for all benefits
 4.9%

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	-2.2%	2.6%	
Hospital Outpatient (including ER)	2.0%	3.3%	
Physician/Other Professional Services	2.7%	1.9%	
Prescription Drug	3.8%	8.7%	
Laboratory (other than inpatient)	-6.6%	0.9%	
Radiology (other than inpatient)	-6.6%	0.9%	
Capitation (professional)		7.5%	
Capitation (institutional)		7.5%	
Capitation (other)		7.5%	
Other (describe here)	-6.6%	0.9%	

5) Other Information
Place any needed comments in a separate document.

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For the expense period on which the rates are based, premium attributed to **(in percentage)**:

Plan Contract Form Numbers	Marketing Names	Medical Costs ⁽¹⁾ prior to rate increase	Medical Costs ⁽¹⁾ after rate increase	Administrative costs ⁽²⁾ (exclude taxes, fees or profit margin) prior to rate increase	Administrative costs ⁽²⁾ (exclude taxes, fees or profit margin) after rate increase	Profit/margin projected prior to rate increase	Profit/margin projected after rate increase
PPO	Platinum 90 PPO	66.7%	50.5%	13.0%	15.0%	20.3%	34.5%
PPO	Gold 80 PPO	81.6%	80.4%	13.0%	15.0%	5.4%	4.5%
PPO	Silver 70 PPO	84.2%	84.9%	13.0%	15.0%	2.8%	0.1%
PPO	Bronze 60 PPO	83.8%	82.6%	13.0%	15.0%	3.2%	2.4%
PPO	Bronze 60 HSA PPO	87.8%	89.9%	13.0%	15.0%	-0.7%	-4.9%
PPO	Minimum Coverage PPO	35.5%	4.4%	12.9%	15.0%	51.6%	80.6%
PPO	Silver 70 Off Exchange PPO	89.3%	84.6%	13.0%	15.0%	-2.2%	0.4%
PPO	Silver 2600 HSA PPO	85.5%	73.6%	13.0%	15.0%	1.6%	11.4%
PPO	Silver 1750 PPO	88.6%	83.3%	13.0%	15.0%	-1.6%	1.7%
HMO	Blue Shield Platinum HMO	-67.7%	-77.4%	13.0%	15.0%	154.7%	162.3%
HMO	Blue Shield Gold HMO	57.0%	78.8%	13.0%	15.0%	30.0%	6.2%
HMO	Blue Shield Silver HMO	86.1%	90.2%	13.0%	15.0%	0.9%	-5.2%
HMO	Silver 70 Off Exchange HMO Trio	98.1%	106.9%	13.0%	15.0%	-11.0%	-21.9%
HMO	Bronze 7500 Trio HMO	N/A	90%	N/A	15%	N/A	5%

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.