Rate Increase Justification

Today's Date: February 16, 2023

Issuer: California Physicians' Service, dba Blue Shield of California

Rate Change Effective Date: July 1, 2023

Market: Small Group

1. **Scope and range of the rate increase** — Provide the number of individuals impacted by the rate increase. Explain any variation in the increase among affected individuals (e.g., describe how any changes to the rating structure impact premium).

Blue Shield of California's premium rate changes for ACA-compliant plans effective July 1, 2023 include an average annual rate increase of 9.1% with plan level annual rate increases ranging between 7.1% and 12.5%. This increase will impact approximately 66,716 policy holders in the third quarter of 2023.

2. **Financial experience of the product** — Describe the overall financial experience of the product, including historical summary-level information on historical premium revenue, claims expenses, and profit. Discuss how the rate increase will affect the projected financial experience of the product.

The proposed rate increase will cover projected medical trends and yield a medical loss ratio (MLR) of 83.2% for the Q3 2023 cohort, meaning 83.2 cents of each premium dollar is expected to go toward members' medical expenses and improving health care quality. This projected MLR of 83.2% exceeds the minimum MLR requirement of 80.0% as defined in the Affordable Care Act.

3. Changes in Medical Service Costs — Describe how changes in medical service costs are contributing to the overall rate increase. Discuss cost and utilization changes as well as any other relevant factors that are impacting overall service costs.

The main cause of this rate increase is the continuing increase in the cost of health care coupled with increases in the consumption of services, or utilization, by members.

The cost of health care continues to rise for services, or unit costs, primarily from hospitals, physicians and pharmaceutical companies. This is primarily because of advances in technology, general inflationary pressures, and new medications. Changes in utilization of services can be driven by the aging of the population, as well as other factors.

4. Changes in benefits — Describe any changes in benefits and explain how benefit changes affect the rate increase. Issuers should explain whether the applicable benefit changes are required by law.

Although it can lead to changes in utilization of services, no current changes in benefit design are leading to increased costs of any significance for this plan year.

5. Administrative costs and anticipated margins — Identify the main drivers of changes in administrative costs. Discuss how changes in anticipated administrative costs and underwriting gain/loss are impacting the rate increase.

No current increases in administrative costs and anticipated margins are leading to increased costs of any significance for this plan year.



Gavin Newsom, Governor State of California Health and Human Services Agency DEPARTMENT OF MANAGED HEALTH CARE 980 9th Street, Suite 500 Sacramento, CA 95814

Phone: 916-324-8176 | Fax: 916-255-5241 www.HealthHelp.ca.gov

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		

Revised: July 8, 2019

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

2) Overall annual medical trend factor assumptions for all benefits	
3) Actual Costs by Aggr	egate Benefit Category
Hospital Inpatient	Dollar Cost:
	Cost as Percentage of Medicare:
	Cost as Percentage of Medicare.
Hospital Outpatient (including ER)	Dollar Cost:
(morading Litt)	
	Cost as Percentage of Medicare:
Physician/other	Dollar Cost:
professional services	
	Cost as Percentage of Medicare:
Prescription Drug	Dollar Cost:
	Cost as Percentage of Medicare:
Laboratory (other than inpatient)	Dollar Cost:
	Cost as Percentage of Medicare:

Radiology (other than inpatient)	Dollar Cost:
	Cost as Percentage of Medicare:
Capitation (professional)	Dollar Cost and Description:
Capitation (institutional)	Dollar Cost and Description:
Capitation (other)	Dollar Cost and Description:
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:

Capitation (professional)	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:
Capitation (institutional)	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:
Capitation (other)	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:
Other (describe)	Trend attributable to use of services:
	Trend attributable to price inflation:
	Trend attributable to fees and risk:

5) Other InformationComplete and submit the CA Plain Language Spreadsheet.