

**California Plain-Language Rate Filing Description**

Company Name:

Kaiser Permanente Insurance Company

SERFF Tracking Number:

KSPM-133280361

1) Justification for any unreasonable rate increases

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

2) Actual Allowed Costs by Aggregate Benefit Category for the most recently completed calendar year in PMPM:

| <b>Service Category</b>               | <b>Allowed Cost PMPM</b> | <b>Cost as % of Medicare</b> |
|---------------------------------------|--------------------------|------------------------------|
| Hospital Inpatient                    | \$257.47                 | 444.6%                       |
| Hospital Outpatient (including ER)    | \$108.97                 | 558.7%                       |
| Physician/Other Professional Services | \$199.63                 | 158.4%                       |
| Prescription Drug                     | \$129.58                 |                              |
| Laboratory (other than inpatient)     | \$38.36                  | 169.8%                       |
| Radiology (other than inpatient)      | \$60.03                  | 195.1%                       |
| Capitation (professional)             | \$0.00                   |                              |
| Capitation (institutional)            | \$0.00                   |                              |
| Capitation (other)                    | \$0.00                   |                              |
| Other (describe here)                 | \$1.24                   | 158.6%                       |

3) Overall annual medical trend assumptions for all benefits

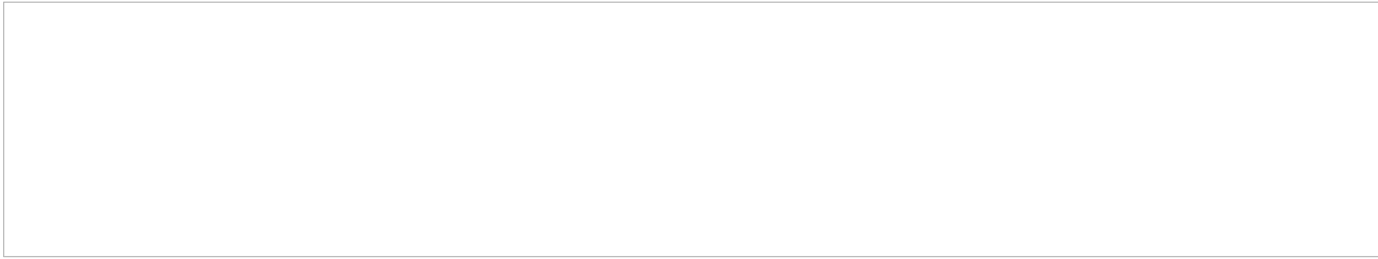
|      |
|------|
| 6.9% |
|------|

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

| <b>Service Category</b>               | <b>Trend attributable to:<br/>Use of Services</b> | <b>Trend attributable to:<br/>Price Inflation</b> | <b>Trend attributable to:<br/>Fees and Risk</b> |
|---------------------------------------|---|---|---|
| Hospital Inpatient                    | 3.0%  | 3.0%  | 0.0%  |
| Hospital Outpatient (including ER)    | 3.0%  | 10.0%   | 0.0%  |
| Physician/Other Professional Services | 1.0%  | 5.0%  | 0.0%  |
| Prescription Drug                     | 1.4%  | 3.5%  | 0.0%  |
| Laboratory (other than inpatient)     | 1.0%  | 5.0%  | 0.0%  |
| Radiology (other than inpatient)      | 1.0%  | 5.0%  | 0.0%  |
| Capitation (professional)             | 0.0%  | 0.0%  | 0.0%  |
| Capitation (institutional)            | 0.0%  | 0.0%  | 0.0%  |
| Capitation (other)                    | 0.0%  | 0.0%  | 0.0%  |
| Other (describe here)                 | 1.0%  | 5.0%  | 0.0%  |

5) Other Information

***Place any needed comments in a separate document.***

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