

DEPARTMENT OF MANAGED HEALTH CARE

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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:

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.)

A large, empty rectangular box with a thin black border, intended for the user to provide justification for any unreasonable rate increases and attach supporting documentation. The box is currently blank.

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 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 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	982.58	946.10	105.43	136.32	-227.49	-141.57
N/A	Blue Shield Gold 80 PPO	600.72	623.10	80.69	103.87	-22.80	-10.08
N/A	Blue Shield Silver 70 PPO	610.02	599.22	89.45	108.99	30.62	43.99
N/A	Blue Shield Bronze 60 PPO	382.82	434.31	61.98	82.60	61.08	53.18
N/A	Blue Shield Bronze 60 HDHP PPO	396.39	462.61	63.52	82.41	58.51	23.76
N/A	Blue Shield Minimum Coverage PPO	107.99	94.09	32.59	44.71	125.44	169.76
N/A	Silver 70 Off Exchange PPO	471.02	498.71	62.99	82.85	-19.90	-9.75
N/A	New for 2020 - Silver 2600 HDHP PPO	0.00	433.76	0.00	74.32	0.00	4.84
N/A	Silver 1950 PPO	406.07	448.76	63.19	77.23	46.52	7.01
N/A	Blue Shield Platinum HMO	736.57	482.71	93.07	118.48	-69.98	216.51
N/A	Blue Shield Gold HMO	462.47	473.37	68.92	90.50	31.16	60.73
N/A	Blue Shield Silver HMO	476.43	471.78	70.18	83.74	26.20	22.42
N/A	Silver 70 Off Exchange HMO Trio	414.53	419.63	57.89	66.78	0.05	-25.55

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.