

**California Plain-Language Rate Filing Description**

Company Name: Anthem Blue Cross  
 SERFF Tracking Number: AWLP-133065672

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	\$121.68	\$2.16
Hospital Outpatient (including ER)	\$127.28	\$2.89
Physician/Other Professional Services	\$149.85	\$1.29
Prescription Drug	\$123.13	\$1.01
Laboratory (other than inpatient)	\$26.01	\$1.61
Radiology (other than inpatient)	\$26.52	\$3.14
Capitation (professional)		
Capitation (institutional)		
Capitation (other)		
Other (describe here)		

3) Overall annual medical assumptions for all benefits  
 7.1%

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	2.9%	4.3%	
Hospital Outpatient (including ER)	2.9%	4.3%	
Physician/Other Professional Services	2.9%	4.3%	
Prescription Drug	3.8%	2.9%	
Laboratory (other than inpatient)	2.9%	4.3%	
Radiology (other than inpatient)	2.9%	4.3%	
Capitation (professional)		3.2%	
Capitation (institutional)		3.2%	
Capitation (other)			
Other (describe here)			

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