

**California Plain-Language Rate Filing Description**

Company Name: Anthem Blue Cross  
 SERFF Tracking Number: AWLP-133469190

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:

Service Category	Allowed Cost PMPM	Cost as % of Medicare
Hospital Inpatient	\$127.34	215.0%
Hospital Outpatient (including ER)	\$135.50	282.8%
Physician/Other Professional Services	\$156.38	132.1%
Prescription Drug	\$133.17	105.0%
Laboratory (other than inpatient)	\$29.67	154.7%
Radiology (other than inpatient)	\$27.02	308.7%
Capitation (professional)		
Capitation (institutional)		
Capitation (other)		
Other (describe here)		

3) Overall annual medical trend assumptions for all benefits  
 7.5%

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	1.9%	5.3%	0.0%
Hospital Outpatient (including ER)	1.9%	5.3%	0.0%
Physician/Other Professional Services	1.9%	5.3%	0.0%
Prescription Drug	5.5%	3.4%	0.0%
Laboratory (other than inpatient)	1.9%	5.3%	0.0%
Radiology (other than inpatient)	1.9%	5.3%	0.0%
Capitation (professional)	0.0%	3.9%	0.0%
Capitation (institutional)	0.0%	3.9%	0.0%
Capitation (other)	0.0%	0.0%	0.0%
Other (describe here)	0.0%	0.0%	0.0%

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