

**California Plain-Language Rate Filing Description**

Company Name: Anthem Blue Cross  
 SERFF Tracking Number: AWLP-133166327

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                    | \$125.04          | \$2.15                |
| Hospital Outpatient (including ER)    | \$128.70          | \$2.83                |
| Physician/Other Professional Services | \$153.51          | \$1.32                |
| Prescription Drug                     | \$119.61          | \$1.05                |
| Laboratory (other than inpatient)     | \$26.91           | \$1.55                |
| Radiology (other than inpatient)      | \$26.96           | \$3.09                |
| Capitation (professional)             |                   |                       |
| Capitation (institutional)            |                   |                       |
| Capitation (other)                    |                   |                       |
| Other (describe here)                 |                   |                       |

3) Overall annual medical 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:<br>Use of Services | Trend attributable to:<br>Price Inflation | Trend attributable to:<br>Fees and Risk |
|---------------------------------------|---|---|---|
| Hospital Inpatient                    | 2.8%                                      | 4.8%                                      |   |
| Hospital Outpatient (including ER)    | 2.8%                                      | 4.8%                                      |   |
| Physician/Other Professional Services | 2.8%                                      | 4.8%                                      |   |
| Prescription Drug                     | 4.1%                                      | 2.8%                                      |   |
| Laboratory (other than inpatient)     | 2.8%                                      | 4.8%                                      |   |
| Radiology (other than inpatient)      | 2.8%                                      | 4.8%                                      |   |
| Capitation (professional)             |   | 3.4%                                      |   |
| Capitation (institutional)            |   | 3.4%                                      |   |
| Capitation (other)                    |   |   |   |
| Other (describe here)                 |   |   |   |

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