## California Plain-Language Rate Filing Description

Company Name: Sharp Health Plan SERFF Tracking Number: SHHP-133140306

## 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	\$8.50	160.1%
Hospital Outpatient (including ER)	\$7.49	335.1%
Physician/Other Professional Services	\$6.48	118.4%
Prescription Drug	\$43.13	N/A
Laboratory (other than inpatient)	\$0.87	145.6%
Radiology (other than inpatient)	\$0.16	247.0%
Capitation (professional)	\$151.99	
Capitation (institutional)	\$140.25	
Capitation (other)	\$7.56	
Other (Other Medical such as Ambulance, DME, Prost	\$1.34	484.4%

3) Overall annual medical assumptions for all benefits

3.9%

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

## Service Category Hospital Inpatient Hospital Outpatient (including ER) Physician/Other Professional Services Prescription Drug Laboratory (other than inpatient) Radiology (other than inpatient) Capitation (institutional)

Capitation (professional)
Capitation (institutional)
Capitation (other)

Other (Other Medical such as Ambulance, DME,

Trend attributable to:	Trend attributable to:	Trend attributable to:
Use of Services	Price Inflation	Fees and Risk
9.0%	13.3%	
9.0%	13.3%	
9.0%	13.3%	
2.6%	5.3%	
9.0%	13.3%	
9.0%	13.3%	
	0.4%	
0.5%	1.6%	
0.5%	2.8%	
9.0%	13.3%	

5) (	Other	Inform	ation
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Place any needed comments in a separate document.