

**California Plain-Language Rate Filing Description**

Company Name: Local Initiative Health Authority for Los Angeles County  
 SERFF Tracking Number: LACH-132913180

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	\$68.12	124.1%
Hospital Outpatient (including ER)	\$27.22	134.2%
Physician/Other Professional Services	\$0.00	134.2%
Prescription Drug	\$72.54	N/A
Laboratory (other than inpatient)	\$0.00	134.2%
Radiology (other than inpatient)	\$0.00	134.2%
Capitation (professional)	\$154.47	N/A
Capitation (institutional)	\$0.00	N/A
Capitation (other)	\$0.00	N/A
Other (describe here)	\$0.00	N/A

3) Overall annual medical assumptions for all benefits

2.9%
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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	2.7%	3.9%	0.0%
Hospital Outpatient (including ER)	7.7%	4.2%	0.0%
Physician/Other Professional Services	4.8%	2.3%	0.0%
Prescription Drug	1.4%	3.5%	0.0%
Laboratory (other than inpatient)	4.8%	2.3%	0.0%
Radiology (other than inpatient)	4.8%	2.3%	0.0%
Capitation (professional)	0.0%	-3.3%	0.0%
Capitation (institutional)	0.0%	-3.3%	0.0%
Capitation (other)	0.0%	-3.3%	0.0%
Other (describe here)	0.0%	0.0%	0.0%

5) Other Information

*Place any needed comments in a separate document.*