

Western Health Advantage

Rate filing disclosures for premium rate increases effective in the **2017** reporting year
For renewing **Large Group** plans.

Information required by California Health & Safety Code Section 1385.07(d)

- (1) Justification for any unreasonable rate increase: **N/A**
 (2) Overall medical trend factor assumptions for all benefits: **5 %**
 (3) Actual costs by aggregate benefit Category:

Benefit Category ^{1,2}	Actual Dollar Costs
Hospital Inpatient	
Hospital Outpatient	
Physician Services	
Prescription Drugs	66.10
Other Ancillary Services, Laboratory and Radiology	20.34
Other (includes Capitation and Out of Area Emergencies)	381.37
Overall	467.81

- (4) Amount of projected trend by aggregate benefit category:

Benefit Category	Use of Services	Price Inflation
Hospital Inpatient		
Hospital Outpatient		
Physician Services		
Prescription Drugs		5%
Other Ancillary Services, Laboratory and Radiology		5%
Other (includes Capitation and Out of Area Emergencies)		5%
Overall		5%

¹This information pertains to **January 1, 2017 through December 31, 2017**.

²Because the Plan pays a flat, per-member per-month rate (known as “capitation”) to its contracted medical groups / IPAs for the vast majority of medical services, the Plan does not have cost data in these categories. The Plan directly pays claims only for out-of-area emergencies and prescription drugs.