

Western Health Advantage

CA Plain-Language Rate Filing Disclosure*

- Premium rates effective: **October 1, 2023 through December 31, 2023**
- New and renewing **Small Group** plans

(1) Justification for any unreasonable rate increase: **N/A**

(2) Actual Allowed Costs by Aggregate Benefit Category for the most recently completed calendar year in Per Member Per Month (PMPM):

Service Category**	Allowed Cost PMPM	Cost as % of Medicare
Hospital Inpatient		
Hospital Outpatient (including ER)		
Physician/Other Professional Services		
Prescription Drugs	\$77.74	100%
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Capitation (professional)	\$124.87	
Capitation (institutional)	\$207.27	
Capitation (Other)	\$9.21	
Other (OON care, consistent without URRT definition)	\$25.16	140%
Medical Services	\$444.25	
RX	\$77.74	100%
Medical Services + RX	\$522.00	

(3) Projected annual medical services + RX trend assumptions for all benefits: 5.0%

(4) Projected Medical Services + Rx 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	Overall Trend
Hospital Inpatient	0%	0%	0%	0%
Hospital Outpatient (including ER)	0%	0%	0%	0%
Physician/Other Professional Services	0%	0%	0%	0%
Laboratory (other than inpatient)	0%	0%	0%	0%
Radiology (other than inpatient)	0%	0%	0%	0%
Capitation (professional)	0.2%	3.5%	0%	3.7%
Capitation (institutional)	0.2%	3.5%	0%	3.7%
Capitation (other)	0.2%	3.5%	0%	3.7%

*California Health & Safety Code Section 1385.07(d)

**Because 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.

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Other (describe here)	0.2%	3.5%	0%	3.7%
Medical Services	0.2%	3.5%	0%	3.7%
RX	2.7%	5.7%	0%	8.6%
Medical Services + RX	0.9%	4.1%	0%	5.0%

(5) Other Information: Pharmacy claims are net of rebates.

*California Health & Safety Code Section 1385.07(d)

08.2021

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- Premium rates effective: **January 1, 2024 through December 31, 2024**
- New and renewing **Small Group** plans.

(1) Justification for any unreasonable rate increase: **N/A**

(2) Actual Allowed Costs by Aggregate Benefit Category for the most recently completed calendar year in Per Member Per Month (PMPM):

Service Category**	Allowed Cost PMPM	Cost as % of Medicare
Hospital Inpatient	\$0	
Hospital Outpatient (including ER)	\$0	
Prescription Drugs	\$0	
Laboratory (other than inpatient)	\$0	
Radiology (other than inpatient)	\$0	
Capitation (professional)	\$124.87	
Capitation (institutional)	\$207.27	
Capitation (Other)	\$9.21	
Other (OON care, consistent without URRT definition)	\$25.16	140%
Medical Services	\$366.51	
RX	\$77.74	
Medical Services + RX	\$444.25	

(3) Projected annual medical services + RX trend assumptions for all benefits: 5.0%

(4) Projected Medical Services + Rx 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	Overall Trend
Hospital Inpatient	0%	0%	0%	0%
Hospital Outpatient (including ER)	0%	0%	0%	0%
Physician/Other Professional Services	0%	0%	0%	0%
Laboratory (other than inpatient)	0%	0%	0%	0%
Radiology (other than inpatient)	0%	0%	0%	0%
Capitation (professional)	0%	4.4%	0%	4.4%
Capitation (institutional)	0%	4.4%	0%	4.4%
Capitation (other)	0%	4.4%	0%	4.4%
Other (describe here)	0%	4.4%	0%	4.4%

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Medical Services	0%	4.4%	0%	4.4%
RX	2.1%	5.8%	0%	8.0%
Medical Services + RX	0.4%	4.6%	0%	5.0%

(5) Other Information: Pharmacy claims are net of rebates.

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08.2023

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