California Plain-Language Spreadsheet

Company Name:	Sharp Health Plan	
SERFF Tracking Number:	SHHP-134225025	
	From	То
After Rate Change	01/2025	12/2025
Prior to Rate Change	01/2024	12/2024

						For the expense period on which the rates are based, premium attributed to (in percentage):							
Plan Contract Form Numbers (Product Type)	Marketing Names (Product Name)	Enrollee Months Prior to Rate Change	Enrollee Months After Rate Change	Premium PMPM Prior to Rate Change	Premium PMPM After Rate Change	Medical Costs Prior to Rate Change	Medical Costs After Rate Change	Administrative Costs Prior to Rate Change ¹	Administrative Costs After Rate Change ¹	Taxes and Fees Prior to Rate Change	Taxes and Fees Prior After Rate Change	After-tax Profit/Margin Prior to Rate Change	After-tax Profit/Margin After Rate Change
Health Maintenance Organization													
	Group 2025 HMO Plans	680,820	689,340	\$577.56	\$590.45	88.1%	87.4%	8.8%	9.4%	0.0%	0.1%	3.0%	3.0%
	Sharp Health Plan Large												
	Group 2025 POS Plans	4,752	4,786	\$1,328.79	\$1,060.94	88.1%	87.4%	8.8%	9.4%	0.0%	0.1%	3.0%	3.0%
	Sharp Health Plan Large												
	Group 2025 HDHP Plans	48,708	49,682	\$363.46	\$387.01	88.1%	87.4%	8.8%	9.4%	0.0%	0.1%	3.0%	3.0%
	Sharp Health Plan Large												
(PPO)	Group 2025 PPO Plans	0	171	\$0.00	\$906.86	0.0%	87.4%	0.0%	9.4%	0.0%	0.1%	0.0%	3.0%
Total		734,280	743,979	\$568.22	\$579.97	88.1%	87.4%	8.8%	9.4%	0.0%	0.1%	3.0%	3.0%

¹Administrative expenses, i.e., non-claims costs other than taxes and regulatory fees, includes the following:

(i) Cost containment and quality improvement expenses - § 158.150 and § 158.151.

(ii) Loss adjustment expenses not classified as a cost containment expense.

(iii) Direct sales salaries, workforce salaries and benefits.

(iv) Agent and brokers fees and commissions.

(v) General and administrative expenses.

(vi) Community benefit expenditures.

(vii) Beginning with the 2022 MLR reporting year, prescription drug rebates and other price concessions that are received and retained by an entity providing pharmacy benefit management services to the issuer and are associated with administering the issuer's prescription drug benefits.

Please provide any needed comments below

The above values necessarily include projections, as they apply to a future year (2025) and an incomplete current year (2024). Actual results could deviate from these expectations.