

**PENNSYLVANIA PROFESSIONAL LIABILITY JOINT
UNDERWRITING ASSOCIATION**

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SECTION I – General Rules

A. Eligibility

Primary coverage is made available by the Association to those individuals and entities that qualify for such coverage from the Association under Section 732 of the Medical Care Availability and Reduction of Error Act ("The Act").

B. Manual Rules

Coverage is written in accordance with the rules, specialty classifications, territorial location and basic rates as set forth in this manual. Any exceptions are subject to Individual Risk Filing Rules of the Commonwealth of Pennsylvania.

C. Procedures

1. Distribution System

Any eligible health care provider may apply directly to the Association for professional liability insurance. This will not preclude the applicant retaining a licensed agent or broker to submit an application on their behalf. In such cases, the agent or broker submitting the application will be considered as the representative of the applicant since the Association does not license or have any agents or brokers representing it.

2. Application

A completed and signed application shall be submitted to the Association. The application will include an authorization for the Association to obtain underwriting and claim information from prior carriers as well as any information concerning prior professional activities from any hospital, medical staff, licensure board or other professional practice data source. A completed and signed renewal application shall be submitted to the Association prior to each policy renewal.

3. Rating Information

The Association shall rely on the information developed from the application including supplemental application information and from its claims and underwriting investigations for the purposes of determining the required premium. Coverage may not be made effective until the completed application including supplemental information is received, the necessary investigation is completed and the required premium is paid. However, subject to the payment of premium, a short term binder may be offered to allow the applicant to develop and submit the required information and allow the Association to determine the final premium based on the information submitted.

4. Policy

Policies on forms approved by the Insurance Department will be issued to applicants upon acceptance by the Association. Certificates evidencing insurance coverage will be issued to interested parties upon request of the insured. An interested party is considered to be a hospital, nursing home, HMO, PPO and any other practice or managed care program which the Association deems to have a legitimate interest in the coverage of the insured. A certificate will not be issued directly to the insured or any agent thereof.

5. Administrative Fee

If the insured elects to submit an application through a licensed agent or broker representing the insured, the Association will allow a handling fee equal to:

5% of the premium not to exceed \$10,000. for each policy issued to Hospital or Nursing Home health care providers; or

5% of the premium not to exceed \$1000 for all other health care providers.

If coverage is cancelled during a binder period, the premium upon which the administrative fee is computed is the premium for the binder period.

SECTION II - SCOPE OF COVERAGE, POLICY PERIOD AND LIMIT OF LIABILITY

Each policy is written for a period of one year. Short term policies may be issued to insureds who have received policy extensions from other carriers, or change coverage, classifications or territories mid-term or for which must be written to cover an eligible health care provider who needs coverage for only a specific period of time. Examples include those health care providers who are entering the Commonwealth of Pennsylvania for a specific assignment involving a specific period of time less than one year.

Limits of Insurance are provided in accordance with statutory requirements.

The scope of coverage is determined by policy provisions. The policy may be renewed by a renewal certificate.

A. Coverage Forms and Declarations:

1. Non-Institutional Coverage

Occurrence Coverage:

- Coverage Form PPLJUA OCC-P-001
- Declarations PPLJUA OCC-D-001
- Renewal Certificate PPLJUA OCC-P-002

Claims Made Coverage:

- Coverage Form PPLJUA CM-P-001
- Declarations PPLJUA CMD -P-001
- Renewal Certificate PPLJUA CMD -002

2. Institutional Coverage

Occurrence Coverage:

- Coverage Form PPLJUA OCC-H-001
- Declarations PPLJUA OCC-H-001
- Renewal Certificate PPLJUA OCC-H-002

Claims Made Coverage:

- Coverage Form PPLJUA CM-H-001
- Declarations PPLJUA CMD -H-001
- Renewal Certificate PPLJUA CMD-H -002

B. Endorsements

1. Specified Incident Exclusion

If a claims-made policy provides prior acts coverage, specific known incidents specified on the application that might lead to a claim are excluded using Exclusion – Specified Incident PPLJUA END-004.

2. Applicable only to non-institutional coverage

Scope of Duties Limitation

An insured may specify coverage to be limited to Scope of Duties (in which case premium is calculated in accordance with the number of hours the employee

works for the named entity in accordance with rules elsewhere in this manual)
Use endorsement Limitation – Scope of Duties PPLJUA END-001.

Named Entity Exclusion

An insured may indicate coverage is not to include work performed for a specified entity (in which case premium is calculated in accordance with the number of hours worked outside of the work to be excluded). Use endorsement Exclusion – Named Entity PPLJUA END-003.

SECTION III - RATES AND PREMIUM CALCULATIONS

A. Surcharge Plan – All Health Care Providers, Except Hospitals (2 through 5 apply to Individuals only).

All premiums shall be subject to surcharges based on disciplinary actions during the exposure period as indicated below. Within each of Categories 1 through 5 the highest single applicable surcharge shall be used.

1. Licensing Board Disciplinary Procedure or Practicing/Operating without Insurance

- a. Disciplinary procedure within the past 10 years, any:
 - 1) License revoked in any State - surcharge 100%
 - 2) License suspended in any State - surcharge 75%
 - 3) Probation invoked in any State - surcharge 50%
 - 4) Publicly reprimanded in any State - surcharge 50%
 - 5) Subjected to Fine in any State - surcharge 25%
- b. During the past 5 years, any individual practicing or institution operating without insurance in Pennsylvania:
 - 1) If such period is less than 1 year (cumulative for all such periods) – surcharge 15%
 - 2) If such period is greater than 1 year but less than 2 years (cumulative for all such periods) – surcharge 25%
 - 3) If such period is greater than 2 years (cumulative for all such periods) – surcharge 50%

2. Hospital Disciplinary Proceedings

Disciplinary proceedings within the past 10 years.

- a. Privileges revoked by any hospital - surcharge 100%
- b. Privileges restricted or suspended by any hospital - 50%.

3. Medicare or Medicaid Action

Action within the past 10 years:

Ability to participate revoked, suspended, placed on probation or voluntarily surrendered - surcharge 50%.

4. Federal Drug Enforcement Administration Action

Action within the past 10 years:

License to dispense and/or prescribe drugs revoked, suspended or voluntarily surrendered - surcharge 50%.

5. Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act Action

Action within the past 10 years:

Guilty verdict or plea for violation of above act including nolo contendere plea - surcharge 50%.

6. Claims (Not applicable to Hospitals)

a. Surcharges are developed by determining the number of points assigned for all claims with incident dates in the eight years prior to the effective date.

b. Surcharge points shall be assigned as follows:

- 1) Claims closed with an indemnity loss payment less than \$20,000 (including closed without payment) 0.25
- 2) Open or closed claim with an indemnity loss payment greater than or equal to \$20,000 2.00
- 3) All other open claims 1.00

Points shall be determined based on the status of claims at the time of the evaluation date. For example, premiums will not be changed mid-term based on a closing of a claim or reporting of a new claim.

The following table determines the amount of the surcharge relating to claims or suits:

<i>Number of Points</i>	<i>Surcharge Percentage</i>
1	11% *
2	22%
3	33%
4	66%
5	100%
6	150%
7	190%

For fractional points between 1 and 7, the surcharge is assigned by interpolation. For each $\frac{1}{4}$ point in excess of 7, add 7.5% to the 7 point surcharge.

* 0% if the points is the result of one open claim.

7. Cumulative Impact of Two or More Applicable Surcharges

If surcharges from two or more sections are applicable, they will be added together to develop the total surcharge to be used.

Surcharge premium shall not be adjusted in the event of a change in indemnity loss payments or reserves.

B. Non-Institutional Professional Liability

The fixed cost charge referenced in this rule is shown on the page titled Physicians, Surgeons And Other Health Care Professionals (Uncapped Occurrence Loss Costs).

1. Procedure

Determine the proper rate classification, territory and claims-made year, if applicable, for the applicant. This determines the rate for the insured. All such rates are on an annual basis.

If the insured qualifies for a short term policy as described in Section II above, the premium is calculated as below except that the underlying premium will be adjusted by the subtraction of the fixed costs from the base premium prior to the application of a pro-rata factor. The fixed cost charge will be added to the final premium developed for the insured.

The fixed cost charge is shown on the page titled Physicians, Surgeons And Other Health Care Professionals (Uncapped Occurrence Loss Costs).

2. Whole Dollar Premium Rule.

The premium shall be rounded to the nearest whole dollar. A premium involving \$.50 or over shall be rounded to the next higher whole dollar. This procedure applies to endorsements or cancellations, as well as initial or renewal premiums.

3. Multiple Classifications or Territories.

When two or more classification/territory combinations are applicable to an insured, the rate for the highest classification and the highest territory will apply.

4. Part-Time.

Health care providers who advise the Association in writing prior to the effective date of coverage or during the policy term that they:

- a. practice an average of 16 or less hours per week, or
- b. work within their specialties (for which they are covered by another carrier) and only wish coverage for an average of 16 hours or less per week of their practice;

shall be charged a premium equal to 75% of the premium they would otherwise be charged for their classification. The average number of hours will be based on the practice for the entire policy term.

5. Classification/Territory/Hours of Work Change.

- a. An insured who advises the Association of a change in classification and/or territory during a policy term, may have the in force policy endorsed, the appropriate premium change calculated reflecting the change in classification and/or territory issued.

No such action will be taken if a change to a lower rated classification and/or territory is for a period of less than 3 months. If the policy is so rated, and a request is made to return to the prior classification or rating territory within 3 months, the change will be made retroactive to the effective date of the endorsement.

Midterm changes in hours are handled as above in rule 4.

- b. Claims Made Coverage Options

If the insured changes to a different territory, specialty or hours of work, the insured may optionally elect one of the following options:

- 1) Purchase a tail for the expiring exposure and purchase a new policy starting at a one year claims made basis. If the new policy is a short-term policy, the rates used will be those applicable to the original policy.

- 2) Pay premium on a blended premium reflecting the 2 different exposures. The blended premium will be calculated by:
 - a) Determining the premium for the new exposure assuming a retroactive date equal to the change date, plus
 - b) The premium developed using the prior exposure at the current claims made year minus the premium developed from the prior exposure using the claims made year equal to the date of change.

6. Cancellation

The Association may only cancel for nonpayment of premium or if the insured becomes ineligible for coverage due to the revocation or suspension of license to practice medicine.

The insured may request cancellation at any time. Cancellation will be effective no earlier than the date the Association receives written notice of the requested cancellation.

In the event of cancellation, the insured will be entitled to a refund equal to the paid premium less the retained premium.

- a. The retained premium is the sum of:
 - 1) the pro-rated earned premium;
 - 2) the short rate penalty;
 - 3) the excess administrative fee, if any; and
 - 4) Association service charges.

However, in no event shall the sum of a. and b. above be less than the minimum premium.

- b. The short rate penalty is the lesser of the following:
 - 1) 5% of the pro-rated unearned premium; or
 - 2) \$1,000.
- c. The excess administrative fee is:
 - 1) the actual administrative fee paid;
less
 - 2) the administrative fee that would have been earned on the sum of the:
 - a) pro-rated earned premium; and
 - b) short rate penalty.

7. Premium Changes

- a. Prorate premium for all changes requiring additional or return premium, subject to any applicable policy minimum premium. Apply the rates and rules in effect at the inception of the current policy period.
- b. Waive additional or return premium of \$25.00 or less. Grant any return premium due if requested by the insured. This waiver applies only to cash exchange due on an endorsement effective date.

8. Minimum Premium.

The lowest premium amount for which insurance coverage may be written is \$1,000, regardless of the policy term or the classification or territory of the insured.

9. Professional Corporation, Professional Association or Partnership Coverage.

A separate policy will be issued to cover the liability of the entity to be insured. Coverage for the individual liability of each member of the Corporation, Association or Partnership must be separately obtained.

The premium to be charged for each entity will be equal to the sum of 15% of the underlying premium for each Officer, Member, Principal, Employed Health Care Provider and independent contractor health care provider who provides professional services under contract to the insured entity, insured by the JUA.

If such individual is not insured by the JUA, 30% of the premium that would have been charged by the JUA will be added to the total. All underlying premium will include the basic premium as well as any surcharge applicable to the individual.

The underlying premium for each health care provider will be adjusted by the subtraction of the fixed costs from the base premium prior to the application of the 15% or 30% factor. A single fixed cost charge will be added to the total premium developed for the insured entity.

As used herein, an independent contractor includes any party providing professional medical services out of your office whether or not providing services directly on your behalf.

10. Professional Corporations, Professional Associations, Partnerships and Other Third Party Entities that Provide Health Care or Professional Medical Services to Inmates of Prisons and Other Detention Facilities

A separate policy will be issued to cover the liability of the entity to be insured.

Coverage must be separately obtained for the individual liability of each officer, member, principal, partner, employed health care provider or independent contractor health care provider of the professional corporation, professional association, partnership and other third party entity.

The premium to be charged for each insured professional corporation, professional association, partnership and other third party entity shall be equal to the sum of 15% of the separately purchased underlying primary premium for each officer, member, principal, employed health care provider and independent contractor health care provider who provides under contract with the insured entity professional medical services at a prison site(s), or other detention facility(ies), for a weekly average of 8 or more hours, measured over the policy term, subject to the following adjustments:

- a. If an officer, member, principal, partner, employed health care provider or independent contractor health care provider who contracts with the insured entity is not insured by the Association, 30% of the separately purchased underlying primary premium that would have been charged by the Association shall apply in lieu of 15%.
- b. The 15% or 30% charge of separately purchased underlying premium, referred to in this rule, shall be applied on a pro-rata basis for each independent contractor health care provider who provides such professional medical services for less than a weekly average of 40 hours, measured over the policy term. For example, the premium

charged for each contractor health care provider insured by the Association working an average of 30 weekly hours shall be 11.25% of the separately purchased full time underlying primary premium (30 hours / 40 hours = .75 X 15% = 11.25%)

- c. The underlying premium for each health care provider will be adjusted by the subtraction of the fixed costs from the base premium prior to the application of the 15% or 30% factor. A single fixed cost charge will be added to the total premium developed for the insured entity.

All applicable surcharges described in this manual shall be added to the basic premium calculated in accordance with this rule, whenever appropriate.

As used herein, an independent contractor includes any party providing professional medical services out of your office whether or not providing services directly on your behalf.

11. Birth Centers.

The rate for a Birth Center will be calculated by computing the sum of 25% of the applicable premium for all health care providers who use the facility or who have an ownership interest if such provider is individually insured by the Association. If the individual provider is not insured by the Association, 50% of the applicable premium will be charged.

The underlying premium for each health care provider will be adjusted by the subtraction of the fixed costs from the base premium prior to the application of the 25% or 50% factor. A single fixed cost charge will be added to the total premium developed for the birth center.

12. New Physician, New Podiatrist, Resident and Fellow Discounts

- a. The rates for New Physicians, New Podiatrist, Residents or Fellows shall be determined by applying the following factors to the medical specialty rates otherwise applicable:

	Factor
First year of coverage	25%
Second year of coverage	50%
Third year of coverage	75%
Fourth and subsequent year	100%
Resident or Fellow *	50%

* During their term in a medical residency or fellowship program

- b. Definitions

- 1) New Physician, New Podiatrist:

The first year of coverage for a new physician or podiatrist begins on the date medical liability coverage is first secured if such coverage is secured within six months after:

- a) the completion of (i) a residency program, or (ii) a fellowship program in their medical specialty; or
- b) the fulfillment of a military obligation in remuneration for medical school tuition.

Such physician or podiatrist must be either joining a medical group or opening their own medical practice.

If coverage is first secured more than six months after a) or b) above first occurs, the physician or podiatrist will be considered to be in the year of coverage that would apply if coverage had first been secured in accordance with the above.

- 2) Resident or Fellow is a physician or podiatrist participating in a medical, osteopathic or podiatry residency or fellowship program who:
 - a) has successfully completed the prescribed period of post graduate education that is necessary under applicable law to become eligible for unrestricted medical, osteopathic or podiatry licensure in the Commonwealth of Pennsylvania; and
 - b) has never been a licensed physician or podiatrist.

13. Claim Free Credit

The rates for individual health care providers that are claim free shall be determined by applying a factor of .85 (15% credit) to the medical specialty rates otherwise applicable. To qualify for this credit, the health care provider must qualify under all of the following rules:

- a. no other rating plan surcharges apply under the Surcharge Plan listed under Section III;
- b. documented claim free experience for the past 8 years; documentation can be in the form of:
 - 1) a report from the prior carrier or,
 - 2) if such report is unavailable because the health care provider was employed by others and covered under a policy providing coverage for a group of health care providers, documentation may be in the form of a letter or report from the employer;
- c. health care provider had continuous in-force coverage for past 8 years (including period of residency, if applicable); and
- d. Rule 4. Part time does not apply.

14. Definitions.

For classification assignment purposes, the following definitions apply:

- a. *Major Surgery*: Includes operations in or upon any body cavity, including but not limited to the cranium, thorax, abdomen, or pelvis; any other operation which, because of the condition of the patient, or the length or circumstances of the operation, presents a distinct hazard to life. It also includes treating ulcers exceeding Wagner Grade II, including those with localized infection; removal of tumors, open bone fractures, amputations; the removal of any gland or organ, plastic surgery, any other operation performed under general anesthesia and other procedures determined by the Association to be considered major surgery.
- b. *Minor Surgery*: Any operation not defined as Major surgery. Minor surgery also includes specialists who assist in major surgery on their own patients and any procedure determined by the Association to be extra hazardous.
- c. *Surgery (Podiatrist)*: Surgery is any procedure that requires any form of anesthesia (topical, local, regional, general, or I.V. gaseous sedation). Surgical debridement of ligaments, tendons and/or bone are surgical procedures. Procedures listed below under *No Surgery (Podiatrist)* are not surgical procedures.
- d. *No Surgery*: The term no surgery applies to general practitioners and specialists who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses, or suturing of skin and superficial fascia), and who do not

ordinarily assist in surgical procedures and do not perform any of the procedures determined to be extra-hazardous by the Association.

- e. *No Surgery (Podiatrist)*: nail surgery or excise superficial skin lesions, as long as an incision below the dermis is not required. Therefore, the excision of warts, molluscum, contagiosum and papilloma is covered. Treating ulcers (not exceeding Wagner Grade II), including those with localized infection is a non-surgical procedure.

Post-operative treatment is considered part of a surgical procedure.

C. Institutional Professional Liability – Hospital, Nursing Home and Primary Health Center

1. Basis of Premium

Each basis of premium is defined below and the unit of exposure indicated. Basis of premium is indicated under each manual classification.

Beds means the daily average number of occupied beds, cribs and bassinets used for patients during the policy period. The unit of exposure is each bed, computed by dividing the sum of the daily numbers of beds, cribs and bassinets used for patients for each day of the policy period, by the number of days in such period.

Visits means the total number of visits to the institution (regardless of the number of visits to particular departments within such institution) by outpatients (patients not receiving bed and board services), during the policy period. The unit of exposure is each 100 visits.

The rates in the rating tables develop the Occurrence Premium. If the policy is on a Claims-Made basis, apply rule 2, otherwise continue to step 3.

2. Claims Made Coverage

Apply the following factors to the Occurrence Premium based on the year of risk:

Year of Coverage Factor	
1	19.1%
2	47.3%
3	86.2%
4	92.4%
5+	94.4%

3. Advance Premium and Audit

Advance Premium is computed by multiplying the rates in effect at policy inception by exposures and includes any applicable additional charges. The resulting premium for each coverage is then multiplied by a composite modification, if applicable, computed by multiplying the experience modification by the IRPM (if applicable).

The Association may audit the policy premium at policy expiration. Premium is then computed based on actual units of exposure for the policy period. If the total earned premium is less than the advance premium paid by the insured for the annual period, the Association returns the difference to the insured; otherwise, the Association bills the insured for the difference. Payment is due upon notice of the Association's billing.

4. Premium Changes

- a. Prorate premium for all changes requiring additional or return premium, subject to any applicable policy minimum premium. Apply the rates and rules in effect at the inception of the current policy period.
- b. Waive additional or return premium of \$25.00 or less. Grant any return premium due if requested by the insured. This waiver applies only to cash exchange due on an endorsement effective date.

5. Minimum Premium

The minimum policy-writing premium is the lowest amount for which coverage may be written.

<i>Minimum Premium</i>	<i>Facility</i>
\$8,000	Hospital
\$3,000	All Other

6. Cancellations

The Association may only cancel for nonpayment of premium or if the license to provide medical care is suspended or revoked.

The insured may request cancellation at any time. Cancellation will be effective no earlier than the date the Association receives written notice of the requested cancellation.

In the event of cancellation, the insured will be entitled to a refund equal to the paid premium less the retained premium.

- a. The retained premium is the sum of:
 - 1) the pro-rated earned premium;
 - 2) the excess administrative fee, if any; and
 - 3) Association service charges.

However, in no event shall a. above be less than the minimum premium.

- b. The earned premium is determined by multiplying the sum of the units of exposure for the period in force by the applicable rates.
- c. The excess administrative fee is:
 - 1) the actual administrative fee paid;
less
 - 2) the administrative fee that would have been earned on the pro-rated earned premium.

7. Whole Dollar Premium Rule

The premium for each separate exposure is rounded to the nearest whole dollar. A premium of .50 or over is rounded the next higher whole dollar. This rule applies to all interim premium adjustments, including endorsements or cancellations.

8. Experience Rating Plan - Hospitals

- a. Eligibility

This plan may be applied to policies affording Institutional Professional Liability (IPL) coverage for Hospitals.

b. Determination of Experience Modification

- 1) Experience Period. The experience period is the five policy years ending at least one year prior to the policy effective date or, if the experience for such period is not available, the total experience available, subject to a minimum of one complete policy year. Experience data from other companies or self-insurance may be used if it is considered reliable.
- 2) Premium. The experience period premium (EPP) is the sum of the premiums computed by extending the present exposures for IPL at present occurrence rates for limits of \$100,000 per medical incident or occurrence (no aggregate), regardless of the limits of liability used in rating during the experience period. This experience period premium is then modified by trend factors (TF). The premium is also modified by claims-made factors (CMF) for years under a claims-made policy, if any.
 - a) Trend Factor (TF): Multiply premium by the factors shown in Table I at the end of this section.
 - b) Claims-Made Factor (CMF): If any of the experience periods were under claims-made coverage; multiply premium by the factors shown in Table I.
- 3) Losses. The experience period losses are the sum of the paid and outstanding losses (Indemnity) and allocated loss adjustment expenses for all policy years. Indemnity for any single claim is limited to \$100,000; allocated loss adjustment expense (ALAE) for any single claim is limited to \$50,000. Each policy year's losses are modified to reflect the ultimate level of losses. The loss development amount added to the limited reported losses is determined by multiplying each year's earned premium by the applicable loss percent unreported factor (PUF) shown in Table I.
- 4) Actual Loss Ratio. The actual loss ratio is determined by dividing the total of losses subject to experience rating (as determined in 3) above) by the total of the experience period premium (EPP) subject to experience rating (as determined in 2) above).
- 5) Credibility. The credibility factor (CF) is displayed in the table in Table I and is based upon the total of the experience period premium (EPP) subject to experience rating.

9. Nursing Home Surcharge Plan

a. Applicability

Nursing homes that fail to obtain Commercial General Liability Insurance (CGL) providing unrestricted coverage for injury to patients or residents, at limits of insurance equal to or exceeding those provided by the Association, shall be subject to the following Nursing Home Surcharge Plan.

b. Steps

Step 1 Obtain documentation of unrestricted CGL coverage. The applicant shall submit a certificate of insurance from the CGL insurer containing a provision promising thirty (30) days advance notice to the Association prior to the termination of coverage, or similar documentation acceptable to the Association.

Steps 2 through 6 shall be followed for those applicants failing to submit documentation of unrestricted CGL coverage (including coverage for injury to patients or residents.)

Step 2 Determine Surcharge rating territory from Table II at the end of this section

Step 3 Determine Loss Costs from Table II

Step 4 Determine Annual Gross Sales

Gross Sales means:

1. The gross amount charged by the named insured, concessionaries of the named insured or by others trading under the insureds name for:
 - a. Operations performed during the policy period;
 - b. All charitable donations and contributions;
 - c. All goods or products sold or distributed;
 - d. Rentals; and
 - e. Dues and fees.

Step 5 Determine Surcharge

The surcharge shall be determined by application of the following:

Loss Costs (Step 3) times each 1000 unit of Gross Sales (Step 4) equals Surcharge

Formula: Loss Costs X Gross Sales = Surcharge

10. Definitions

a. Hospital

Hospitals are facilities treating all general or special medical and surgical cases, including sanitariums with surgical operating room facilities.

b. Mental Health / Mental Rehabilitation

Mental Health and Mental Rehabilitation are facilities that provide non-surgical medical intervention for:

- 1) short term crisis stabilization for mental health and substance abuse; and
- 2) long-term mental health rehabilitation.

This includes facilities that assist individuals to develop or improve task and role-related skills, and social and environmental supports needed to perform as successfully and independently as possible at home, family, school, work, socialization, recreations and other community living roles and environments).

c. Extended Care

All beds located within a hospital, licensed by the state and utilized for patients requiring either skilled nursing care or the supervision of skilled nursing care on a continuous and extended basis.

d. Outpatient Surgical

Outpatient Surgical Facilities are facilities that provide surgical procedures on an outpatient (same day) basis. Beds are used primarily for recovery purposes, and overnight stays, if any, are the exception.

e. Health Institutions

Health Institutions are facilities that provide non-surgical medical treatment other than as described above under Mental Health / Mental Rehabilitation.

f. Home Health Care

Home Health Care Services are organizations which provide nursing, physical therapy, housekeeping and related services to patients at their residences.

g. Convalescent Facilities

Convalescent Facilities are free-standing facilities which provide skilled nursing care and treatment for patients requiring continuous health care, but do not provide any hospital services (such as surgery); and 50% or more of their patients are under 65.

h. Skilled Nursing Facilities

Skilled Nursing Facilities are free-standing facilities which provide the same service as a Convalescent Facility, except that more of their patients are over 65.

i. Personal Care Facilities

Personal Care Facilities are free-standing facilities which provide health-related personal care, residential and social care with some routine health care, but not continuous skilled nursing care. Residents are primarily or exclusively over 65. Personal care facilities are not eligible for coverage.

j. Sanitariums or Health Institutions – Not Hospital or Mental-Psychopathic Institutions.

Sanitariums or Health Institutions – not hospitals or mental psychopathic institutions are facilities with regular bed and board accommodations, and with laboratory or medical departments, but not risks with surgical operating room facilities even though designated as sanitariums or health institutions.

k. Primary Health Center

Primary Health Center means a community-based non-profit corporation meeting standards prescribed by the Department of Health, which provides preventive, diagnostic, therapeutic, and basic emergency health care by licensed practitioners who are employees of the corporation or under contract to the corporation.

TABLE I - EXPERIENCE RATING PLAN – HOSPITALS

Trend Factor (TF)

<i>Experience Period Year</i>	<i>IPL Factor</i>
Latest Policy Year	0.89
Second Latest Policy Year	0.84
Third Latest Policy Year	0.79
Fourth Latest Policy Year	0.75
Fifth Latest Policy Year	0.70

Claims-Made Factor (CMF):

<i>Year Under Claims-Made Coverage</i>	<i>IPL Factor</i>
<i>First</i>	.225
<i>Second</i>	.495
<i>Third</i>	.868
<i>Fourth</i>	.927
<i>Fifth</i>	.946

Loss Percentage Unreported Factor (PUF)

<i>MONTHS</i>	PUF <i>OCC</i>	PUF <i>C-M</i>	<i>MONTHS</i>	PUF <i>OCC</i>	PUF <i>C-M</i>
18	0.772	0.317	48	0.105	0.018
21	0.737	0.220	51	0.086	0.016
24	0.701	0.122	54	0.066	0.014
27	0.621	0.101	57	0.047	0.011
30	0.541	0.079	60	0.027	0.009
33	0.461	0.058	63	0.023	0.007
36	0.381	0.036	66	0.018	0.005
39	0.312	0.031	69	0.013	0.002
42	0.243	0.027	72	0.009	0.000
45	0.174	0.023			

**Territories 1 and 4
Credibility Factor Table**

Experience Period Premium	Credibility	Experience Period Premium	Credibility	Experience Period Premium	Credibility
\$ 4,954	0.01	\$ 264,108	0.35	\$ 1,091,729	0.69
\$ 10,010	0.02	\$ 275,899	0.36	\$ 1,144,469	0.70
\$ 15,170	0.03	\$ 288,064	0.37	\$ 1,200,847	0.71
\$ 20,437	0.04	\$ 300,621	0.38	\$ 1,261,252	0.72
\$ 25,815	0.05	\$ 313,590	0.39	\$ 1,326,131	0.73
\$ 31,308	0.06	\$ 326,991	0.40	\$ 1,396,001	0.74
\$ 36,918	0.07	\$ 340,847	0.41	\$ 1,471,460	0.75
\$ 42,651	0.08	\$ 355,180	0.42	\$ 1,553,208	0.76
\$ 48,510	0.09	\$ 370,016	0.43	\$ 1,642,064	0.77
\$ 54,499	0.10	\$ 385,382	0.44	\$ 1,738,999	0.78
\$ 60,622	0.11	\$ 401,307	0.45	\$ 1,845,164	0.79
\$ 66,885	0.12	\$ 417,822	0.46	\$ 1,961,947	0.80
\$ 73,291	0.13	\$ 434,960	0.47	\$ 2,091,022	0.81
\$ 79,847	0.14	\$ 452,757	0.48	\$ 2,234,440	0.82
\$ 86,556	0.15	\$ 471,252	0.49	\$ 2,394,729	0.83
\$ 93,426	0.16	\$ 490,487	0.50	\$ 2,575,055	0.84
\$ 100,461	0.17	\$ 510,507	0.51	\$ 2,779,425	0.85
\$ 107,668	0.18	\$ 531,361	0.52	\$ 3,012,990	0.86
\$ 115,052	0.19	\$ 553,102	0.53	\$ 3,282,488	0.87
\$ 122,622	0.20	\$ 575,789	0.54	\$ 3,596,903	0.88
\$ 130,383	0.21	\$ 599,484	0.55	\$ 3,968,484	0.89
\$ 138,342	0.22	\$ 624,256	0.56	\$ 4,414,381	0.90
\$ 146,509	0.23	\$ 650,180	0.57	\$ 4,959,366	0.91
\$ 154,891	0.24	\$ 677,339	0.58	\$ 5,640,598	0.92
\$ 163,496	0.25	\$ 705,822	0.59	\$ 6,516,467	0.93
\$ 172,333	0.26	\$ 735,730	0.60	\$ 7,684,293	0.94
\$ 181,413	0.27	\$ 767,172	0.61	\$ 9,319,248	0.95
\$ 190,745	0.28	\$ 800,268	0.62	\$ 11,771,682	0.96
\$ 200,340	0.29	\$ 835,153	0.63	\$ 15,859,072	0.97
\$ 210,209	0.30	\$ 871,976	0.64	\$ 24,033,851	0.98
\$ 220,364	0.31	\$ 910,904	0.65	\$ 48,558,189	0.99
\$ 230,817	0.32	\$ 952,121	0.66	\$ >48,558,189	1.00
\$ 241,583	0.33	\$ 995,837	0.67		
\$ 252,675	0.34	\$ 1,042,284	0.68		

Territories 2 and 3

Credibility Factor Table

Experience Period Premium	Credibility	Experience Period Premium	Credibility	Experience Period Premium	Credibility
\$ 2,623	0.01	\$ 139,814	0.35	\$ 577,939	0.69
\$ 5,299	0.02	\$ 146,055	0.36	\$ 605,859	0.70
\$ 8,031	0.03	\$ 152,495	0.37	\$ 635,704	0.71
\$ 10,819	0.04	\$ 159,143	0.38	\$ 667,681	0.72
\$ 13,666	0.05	\$ 166,008	0.39	\$ 702,027	0.73
\$ 16,574	0.06	\$ 173,102	0.40	\$ 739,014	0.74
\$ 19,544	0.07	\$ 180,437	0.41	\$ 778,961	0.75
\$ 22,579	0.08	\$ 188,025	0.42	\$ 822,237	0.76
\$ 25,680	0.09	\$ 195,879	0.43	\$ 869,275	0.77
\$ 28,850	0.10	\$ 204,014	0.44	\$ 920,590	0.78
\$ 32,092	0.11	\$ 212,444	0.45	\$ 976,792	0.79
\$ 35,407	0.12	\$ 221,186	0.46	\$ 1,038,615	0.80
\$ 38,799	0.13	\$ 230,259	0.47	\$ 1,106,945	0.81
\$ 42,269	0.14	\$ 239,680	0.48	\$ 1,182,867	0.82
\$ 45,821	0.15	\$ 249,471	0.49	\$ 1,267,721	0.83
\$ 49,458	0.16	\$ 259,654	0.50	\$ 1,363,182	0.84
\$ 53,182	0.17	\$ 270,252	0.51	\$ 1,471,371	0.85
\$ 56,997	0.18	\$ 281,292	0.52	\$ 1,595,016	0.86
\$ 60,906	0.19	\$ 292,801	0.53	\$ 1,737,682	0.87
\$ 64,913	0.20	\$ 304,811	0.54	\$ 1,904,127	0.88
\$ 69,022	0.21	\$ 317,355	0.55	\$ 2,100,834	0.89
\$ 73,236	0.22	\$ 330,468	0.56	\$ 2,336,883	0.90
\$ 77,559	0.23	\$ 344,192	0.57	\$ 2,625,387	0.91
\$ 81,996	0.24	\$ 358,569	0.58	\$ 2,986,018	0.92
\$ 86,551	0.25	\$ 373,648	0.59	\$ 3,449,685	0.93
\$ 91,230	0.26	\$ 389,481	0.60	\$ 4,067,908	0.94
\$ 96,036	0.27	\$ 406,125	0.61	\$ 4,933,420	0.95
\$ 100,976	0.28	\$ 423,646	0.62	\$ 6,231,689	0.96
\$ 106,056	0.29	\$ 442,113	0.63	\$ 8,395,470	0.97
\$ 111,280	0.30	\$ 461,607	0.64	\$ 12,723,031	0.98
\$ 116,656	0.31	\$ 482,214	0.65	\$ 25,705,716	0.99
\$ 122,190	0.32	\$ 504,034	0.66	\$ >25,705,716	1.00
\$ 127,889	0.33	\$ 527,176	0.67		
\$ 133,761	0.34	\$ 551,764	0.68		

TABLE II Nursing Home Surcharge Plan

Surcharge Rating Territory

ALLEGHENY COUNTY REMAINDER territory comprises the remainder of Allegheny County outside of the city of Pittsburgh	003
ERIE territory comprises the entire city of Erie and all territory within five miles of the city limits including all of the following townships in Erie County: Greene Millcreek Harborcreek Summit and also the borough of Wesleyville	009
HARRISBURG territory comprises the entire city of Harrisburg and all territory within five miles of the city limits, including all of the following townships in Dauphin County: Londonderry Susquehanna Lower Paxton Swatara Lower Swatara and also the following boroughs Highspire Paxtang Steelton Middletown Penbrook Uniontown Royalton and all of the following townships in Cumberland County East Pennsboro Lower Allen Hampden and also the following boroughs: Camp Hill New Cumberland West Fairview Lemoyne Shiremanstown Wormleysburg and the township of Fairview in York County	010
LACKAWANNA COUNTY	004
LEHIGH COUNTY	005
LUZERNE COUNTY	004
NORTHAMPTON COUNTY	005
PENNSYLVANIA DUTCH COUNTY territory comprises the following counties: Adams Juniata Bedford Lancaster Berks (excluding area in Reading territory) Lebanon Cumberland (excluding area in Harrisburg territory) Mifflin Perry Dauphin (excluding area in Harrisburg territory) Snyder Union Franklin York (excluding area in Fulton Harrisburg territory) Huntingdon	012
PHILADELPHIA territory comprises all of Philadelphia County	001

PHILADELPHIA SUBURBAN territory comprises all of the following townships in Bucks County: 007

Bensalem	Lower Makefield	Middletown
Bristol	Lower Southampton	Upper
Falls		Southampton

and also the following boroughs

Bristol	Morrisville	Tullytown
Hulmeville	Penndel (formerly	Yardley
Langhorne	So. Langhorne)	

all of the following townships in Montgomery County

Abington	Lower Moreland	Upper Merion
Bridgeport	Norristown	West Norriton
Cheltenham	Plymouth	Whitemarsh
East Norriton	Springfield	Whitpain
Lower Merion	Upper Dublin	

and also the following boroughs

Ambler	Conshohocken	Narberth
Bryn Athyn	Jenkintown	Rockledge
		West
		Conshohocken

the townships of Treddyffrin and Easttown in Chester County and all of Delaware County except the townships of

Birmingham	Edgemont
Concord	Thornbury

PITTSBURGH territory comprises all area within the limits of the city of Pittsburgh 002

READING territory comprises the entire city of Reading and all territory within five miles of the city limits including all of the following townships in Berks County 010

Alsace	Exeter	Robeson
Bern	Lower Alsace	South Heidelberg
Cumru	Lower Heidelberg	Spring
	Muhlenberg	

and also the following boroughs

Birdsboro	Shilington	West Lawn
Kenhorst	Sinking Spring	West Leesport
Laureldale	St. Lawrence	West Reading
Mohnton	Temple	Wyomissing
Mount Penn	Wernersville	Wyomissing Hills

WASHINGTON COUNTY 011

WESTMORELAND COUNTY 011

REMAINDER OF STATE 013

Surcharge Loss Costs

<i>Territory</i>	<i>Effective Loss Costs</i>
001	10.19
002	3.89
003	5.03
004	3.87
005	2.74
007	5.67
009	3.03
010	1.60
011	3.31
012	1.66
013	3.33

D. Individual Risk Premium Modification Plan (IRPM)

1. Applicable to Podiatrists, Physicians & Surgeons

The individual risk Premium Modification Plan (IRPM) may be used to recognize individual risk characteristics identified through the experience and judgment of the underwriter that are expected to influence the probability of future losses. The modification must acknowledge risk characteristics, especially recent improvements or increased exposures not considered in or recognized by the manual rates, including experience rating.

The professional liability premium resulting after the application of all other modifications will be multiplied by the credit or debit produced by the application of this plan. The maximum net credit or debit is 50%.

The underwriting file will include specific criteria and document particular circumstances to support the resulting modification.

Criteria	Modification	
	Credit	Debit
A. Record Keeping	25%	25%
1. Quality – detail, legibility		
2. Length of time records have been kept		
3. Record retention policies		
B. Procedures	25%	25%
Procedures differ from those anticipated by class		
C. Patient Procedures	25%	25%
1. Phone call follow-ups		
2. Referrals to others – procedures, enforcement		
3. Informed consent procedures		
4. Patient education		
5. Procedures to avoid drug interaction		
6. Discharge instructions		
D. Continuing Education	15%	15%
Participation in continuing education programs which include risk management topics		
E. Risk Management Techniques	20%	20%
Implementation of risk management techniques consistent with specialty		
F. Telephone Protocol	5%	5%
G. Cooperation	10%	10%
1. With insurance carrier		
2. Coordination with other physicians		
3. Business reputation		
H. Staffing (adequacy, employee selection, specialties [licensed recreational and/or physical therapists] qualifications, training, supervision and experience)	10%	10%
I. Incomplete Information or Prior Loss History	0%	50%
Incomplete Information or Loss history not documented by loss runs from prior carrier(s).		

2. Applicable to Certified Nurse Midwives

The individual risk Premium Modification Plan (IRPM) may be used to recognize individual risk characteristics identified through the experience and judgment of the underwriter that are expected to influence the probability of future losses. The modification must acknowledge risk characteristics, especially recent improvements or increased exposures not considered in or recognized by the manual rates, including experience rating.

The professional liability premium resulting after the application of all other modifications will be multiplied by the credit or debit produced by the application of this plan. The maximum net credit or debit is 50%.

The underwriting file will include specific criteria and document particular circumstances to support the resulting modification.

Criteria	Modification	
	Credit	Debit
A. Procedures	25%	25%
Procedures differ from those anticipated by class		
B. Incomplete Information or Prior Loss History	0%	50%
Incomplete information or loss history not documented by loss runs from prior carrier(s).		

3. Applicable to Hospital, Nursing Home and Primary Health Center Health Care Providers

The individual risk Premium Modification Plan (IRPM) may be used to recognize individual risk characteristics identified through the experience and judgment of the underwriter that are expected to influence the probability of future losses. The modification must acknowledge risk characteristics, especially recent improvements or increased exposures not considered in or recognized by the manual rates, including experience rating.

The institutional professional liability premium resulting after the application of all other modifications will be multiplied by the credit or debit produced by the application of this plan. The maximum net credit or debit is 50%.

The underwriting file will include specific criteria and document particular circumstances to support the resulting modification.

INDIVIDUAL RISK PREMIUM MODIFICATION PLAN
 INSTITUTIONAL PROFESSIONAL LIABILITY
 Hospital or Health Care Center Professional Liability

Criteria	Range of Modification	
	<i>Credit</i>	<i>Debit</i>
A. Management	25%	25%
1. Quality/Consistency/Stability		
2. Cooperation with insurer		
3. Safety/Loss Control/Equipment/Maintenance		
4. Security		
5. Financial Condition		
B. Risk Management Program	25%	25%
1. Administrative and Medical Staff commitment/involvement as exhibited by an established and enforced policy statement.		
2. Existence of an effective management-level risk management committee and/or position.		
3. Utilization of an incident/event reporting/trending/analysis system in all high risk areas of the facility including surgical, obstetrical, and emergency services to generate data for use in the medical staff reappointment process and quality assurance/risk management efforts.		
4. Institution/Patient Interaction.		
a. Utilization of satisfaction surveys;		
b. Existence of patient dispute resolution program.		
C. Professional Services/Operations	25%	25%
D. Continuing Education	5%	5%
Existence of continuing education programs which include risk management topics for nursing, physicians, administration, governing board and department heads.		
E. Compliance with Applicable Regulations	10%	10%
1. OSHA regulations regarding employee exposure to blood-borne pathogens (e.g., Hepatitis B vaccination, protective barrier equipment).		
2. CLIA regulation for on-site laboratory testing.		
3. Federal regulations regarding mammography testing (including training and credentialing of technicians).		
F. Medical Professional Staffing (including qualifications /continuing education)	25%	25%
G. Other Staffing (employee selection, training, supervision and experience)	15%	15%
H. Incomplete information or loss history not documented by loss runs from prior carrier(s).	0%	50%

INDIVIDUAL RISK PREMIUM MODIFICATION PLAN
NURSING HOME PROFESSIONAL LIABILITY

Criteria	Range of Modification	
	<i>Credit</i>	<i>Debit</i>
A. Management	25%	25%
1. Quality/Consistency/Stability		
2. Cooperation with insurer		
3. Safety/Loss Control/Equipment/Maintenance		
4. Security		
5. Financial Condition		
B. Risk Management Program	25%	25%
1. Administrative and Medical Staff commitment/involvement as exhibited by an established and enforced policy statement.		
2. Existence of an effective management-level risk management committee and/or position.		
3. Utilization of an incident/event reporting/trending/analysis system to generate data for use in quality assurance/risk management efforts.		
4. Institution/Resident Interaction.		
a. Assessments (initial and regular updates);		
b. Utilization of satisfaction surveys;		
c. Existence of resident complaint resolution program.		
C. Continuing Education	15%	15%
Existence of continuing education programs which include risk management topics for nursing staff, administration, governing board and department heads.		
D. Compliance with Applicable Regulations	35%	35%
1. OSHA regulations regarding employee exposure to blood-borne pathogens (e.g., Hepatitis B vaccination, protective barrier equipment).		
2. Federal and state regulations regarding review of drug regimens, and procurement, storage, distribution, use and disposal of drugs.		
E. Staffing (adequacy, employee selection, specialties [licensed recreational and/or physical therapists] qualifications, training, supervision and experience)	25%	25%
F. Incomplete information or loss history not documented by loss runs from prior carrier(s).	0%	50%

PHYSICIANS, SURGEONS AND OTHER HEALTH CARE PROFESSIONALS CLASSIFICATIONS

CLASS 005 - Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
00534	Administrative Medicine - No Surgery
00508	Hematology - No Surgery
00582	Pharmacology – Clinical
00537	Physicians – Practice Limited to Acupuncture (other than acupuncture anesthesia)
00556	Utilization Review
00599	Physicians Not Otherwise Classified – No Surgery (NOC)

CLASS 006 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
00689	Aerospace Medicine
00602	Allergy/Immunology – No Surgery
00688	Independent Medical Examiner
00609	Industrial/Occupational Medicine – No Surgery
00687	Laryngology – No Surgery
00649	Nuclear Medicine – No Surgery
00685	Nutrition
00624	Occupational Medicine – Including MRO or Employment Physicals
00612	Ophthalmology – No Surgery
00613	Orthopedics – No Surgery
00665	Otolaryngology or Otorhinolaryngology – No Surgery
00684	Otology – No Surgery
00617	Preventive Medicine – No Surgery
00618	Proctology – No Surgery
00619	Psychiatry – No Surgery, including Psychoanalysts who treat physical ailments, perform electro-convulsive procedures or employ extensive drug therapy.
00650*	Psychoanalysts who do not treat physical ailments
00621	Rehabilitation/Physiatry – No Surgery
00645	Rheumatology – No Surgery

- 00681 Rhinology – No Surgery
- 00623 Urology – No Surgery
- 00699 Physicians Not Otherwise Classified - No Surgery (NOC)

* This classification applies to physicians who do not perform electro-convulsive procedures and whose use of medication is minimal in order to support the analytic treatment and is never the primary or sole form of treatment shall be eligible for this classification. Except, practitioners of this medical specialty are ineligible for this classification if 25% or more of their patients receive medication

CLASS 007 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (Other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
00758	Hematology/Oncology – No Surgery
00786	Neoplastic Diseases – No Surgery
00743	Oncology – No Surgery
00715	Pathology – No Surgery
00799	Physicians Not Otherwise Classified - No Surgery (NOC)

CLASS 010 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
01035	Bariatrics – No Surgery
01004	Dermatology – Excluding Major Surgery
01037	Endocrinology – No Surgery
01074	Geriatrics – No Surgery
01007	Gynecology – No Surgery
01067	Pediatrics – No Surgery
01098	Physicians - Practice limited to Hair Transplants (Plug or Flap Technique or Split Mini Grafts)
01089	Psychosomatic Medicine
01020	Public Health – No Surgery
01059	Radiation Oncology Excluding Deep Radiation – No Surgery
01088	Reproductive Endocrinology – No Surgery – No Obstetrical Delivery
01005	Sports Medicine - No Surgery
01099	Physicians Not Otherwise Classified - No Surgery (NOC)

CLASS 011 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
01142	Nephrology – No Surgery
01144	Pulmonary Medicine – No Surgery
01199	Physicians Not Otherwise Classified - No Surgery (NOC)

CLASS 012 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
01206	Gastroenterology – No Surgery
01253	Radiology excluding Deep Radiation –No Surgery
01299	Physicians Not Otherwise Classified - No Surgery (NOC)

CLASS 015 Physicians-No Surgery

This classification generally applies to specialists hereafter listed who do not perform obstetrical procedures or surgery (other than incision of boils and superficial abscesses or suturing of skin and superficial fascia), who do not assist in surgical procedures, and who do not perform any of the procedures determined to be extra-hazardous by the Association.

JUA Codes	Specialty Description
01582	Anesthesiology - Pain Management Only - No Surgery
01520	General or Family Practice – No Surgery
01522	Hospitalist - No Surgery
01540	Infectious Diseases – No Surgery
01589	Intensive Care Medicine
01510	Internal Medicine – No Surgery
01541	Neonatology – No Surgery
01559	Radiation Oncology – including Deep Radiation – No Surgery
01599	Physicians Not Otherwise Classified - No Surgery (NOC)

CLASS 017 – Physicians – Surgeons - Specialists

This classification generally applies to specialists hereafter listed who perform minor surgery; who perform extra-hazardous medical techniques as determined by the Association; or who assist in major surgery on their own patients.

JUA Codes	Specialty Description
01755	Ophthalmology – Surgery
01799	Physicians Not Otherwise Classified – Excluding major surgery (NOC)

CLASS 020 Physicians Surgeons – Specialists

This classification generally applies to specialists hereafter listed who perform minor surgery; who perform extra-hazardous medical techniques as determined by the Association; or who assist in major surgery on their own patients.

JUA Codes	Specialty Description
02002	Allergy – Excluding Major Surgery
02083	Anesthesiology - Other than Pain Management only - Excluding Major Surgery
02022	Cardiology – No Surgery or Excluding major surgery - No Catheterization Other than Swan-Ganz
02037	Endocrinology – Excluding Major Surgery
02006	Gastroenterology – Excluding Major Surgery
02038	Geriatrics – Excluding Major Surgery
02007	Gynecology – Excluding Major Surgery
02008	Hematology – Excluding Major Surgery
02009	Industrial Medicine – Excluding Major Surgery
02089	Neoplastic Diseases – Excluding Major Surgery
02042	Nephrology – Excluding Major Surgery
02049	Nuclear Medicine – Excluding Major Surgery
02028	Obstetrics – Excluding Major Surgery
02029	Obstetrics/Gynecology, No Obstetrical Delivery – Excluding Major Surgery
02043	Oncology – Excluding Major Surgery
02013	Orthopedics – Excluding Major Surgery
02065	Otolaryngology/Otorhinolaryngology – Excluding Major Surgery
02087	Otology – Excluding Major Surgery
02015	Pathology – Excluding Major Surgery
02016	Pediatrics – Excluding Major Surgery
02017	Preventive Medicine – Excluding Major Surgery
02018	Proctology – Excluding Major Surgery
02019	Psychiatry – Excluding Major Surgery
02020	Public Health – Excluding Major Surgery
02044	Pulmonary Medicine – Excluding Major Surgery
02069	Pulmonary Medicine – No Surgery except Bronchoscopy
02053	Radiology including Deep Radiation – No Surgery

02021	Rehabilitation/Physiatry – Excluding Major Surgery
02086	Reproductive Endocrinology – Excluding Major Surgery – No Obstetrical Delivery
02085	Rhinology – Excluding Major Surgery
02023	Urology – Excluding Major Surgery
02068	Wound Care Physician - Excluding Major Surgery
02099	Physicians Not Otherwise Classified - Excluding major surgery (NOC)

CLASS 022 - Physicians - Surgeons - Specialists

This classification generally applies to specialists hereafter listed who perform minor surgery; who perform extra-hazardous medical techniques as determined by the Association; or who assist in major surgery on their own patients.

JUA Codes	Specialty Description
02223	Cardiology – Including Right Heart or Left Heart Catheterization
02221	General or Family Practice – Excluding Major Surgery
02210	Internal Medicine – Excluding major surgery
02259	Radiation Oncology – Excluding Major Surgery
02260	Radiology including interventional radiology – Excluding Major Surgery
02299	Physicians Not Otherwise Classified- Excluding major surgery (NOC)

CLASS 025 – Physicians – Surgeons - Specialists

This classification generally applies to specialists hereafter listed who perform minor surgery; who perform extra-hazardous medical techniques as determined by the Association; or who assist in major surgery on their own patients.

JUA Codes	Specialty Description
02540	Infectious Diseases – Excluding Major Surgery
02511	Neurology – Excluding Major Surgery
02599	Physicians Not Otherwise Classified – Excluding major surgery (NOC)

CLASS 030 - Physicians - Surgeons - Specialists

This classification generally applies to specialists hereafter listed; and to other specialists who assist in major surgery on other than their own patients; who perform normal obstetrical deliveries; or who perform extra-hazardous medical techniques as determined by the Association.

JUA Codes	Specialty Description
03017	General or Family Practice – Assist in Major Surgery on Other Than Their Own Patients or Performing Normal Obstetrical Deliveries
03007 *	Gynecology – Assist in Major Surgery on other than own patients
03010	Internal Medicine – Assist in Major Surgery on other than own patients
03029	Obstetrics/Gynecology, Assist in Major Surgery on Other Than Their Own Patients - No obstetrical delivery
03043	Oncology – Including Major Surgery
03018	Proctology – Major Surgery
03045	Urological Surgery
03099	Surgeons Not Otherwise Classified (NOC)

* Obstetrical delivery is rated as Class 08029.

CLASS 035 - Physicians – Surgeons – Specialists

This classification generally applies to Urgent Care physicians and other specialists who work in an urgent care environment more than eight (8) hours per week or 50% or more of medical practice insured by the JUA, physicians who work in a prison environment more than eight (8) hours per week or 50% or more of medical practice insured by the JUA; or to specialists hereafter listed.

JUA Codes	Specialty Description
03591	Laryngology – Including Major Surgery
03590	Otology – Including Major Surgery
03565	Otorhinolaryngology or Otolaryngology – Including Major Surgery
03586	Prison Physicians – Excluding major surgery
03570	Rhinology – Including Major Surgery
03531	Urgent Care incl. Emergency Medicine, Fast Track and similar services - Excluding Major Surgery
03599	Physicians Not Otherwise Classified (NOC)

CLASS 050 Surgeons - Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
05015	Colon-Rectal Surgery if 75% or more of total Surgical Practice
05004	Dermatology – Major Surgery (including such plastic and cosmetic surgery that is consistent with the Dermatology medical specialty)
05007	Gynecology – Major Surgery
05089	Reproductive Endocrinology – Major Surgery – No Obstetrical Delivery
05099	Surgeons Not Otherwise Classified (NOC)

CLASS 060 Surgeons - Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
06047	Colon-Rectal Surgery when 26% or more of the physician's surgical practice is for non colon-rectal surgery
06030	Plastic Surgery
06099	Surgeons Not Otherwise Classified (NOC)

CLASS 070 Surgeons - Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
07089	Abdominal – Major Surgery
07003	Cardiac Surgery
07053	Cardio-thoracic Surgery
07046	Cardiovascular Surgery
07048	Cardio-Vascular-Thoracic Surgery
07088	Endocrinology – Major Surgery

07087	Gastroenterology – Major Surgery
07017	General or Family Practice - Major Surgery
07001	General Practice – Major Surgery
07043	General Surgery and Internal Medicine - Major Surgery
07086	Geriatrics – Major Surgery
07085	Peripheral Vascular Surgery
07025	Thoracic Surgery
07084	Trauma – Major Surgery
07054	Vascular and Thoracic Surgery
07026	Vascular Surgery
07099	Surgeons Not Otherwise Classified (NOC)

CLASS 080 Surgeons - Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
08001	General Practice – Major Surgery
08028	Obstetrics – Major Surgery
08029	Obstetrics/Gynecology, Full Range of Procedures
08089	Perinatology, including C-sections, Amniocentesis and Episiotomies
08087	Reproductive Endocrinology – Major Surgery – Including Obstetrical Delivery
08099	Surgeons Not Otherwise Classified (NOC)

CLASS 090 - Surgeons – Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
09013	Orthopedic Surgery
09099	Surgeons Not Otherwise Classified (NOC)

CLASS 100 - Surgeons - Specialists

This classification generally applies to specialists hereafter listed.

JUA Codes	Specialty Description
10011	Neurosurgery
10099	Surgeons Not Otherwise Classified (NOC)

CLASS 120 - Podiatrists-Non-Surgical

JUA Codes	Specialty Description
12001	Podiatry – No Surgery (Mcare Fund Code 80993)

CLASS 130 - Podiatrists - Surgical

JUA Codes	Specialty Description
13001	Podiatry – Surgery (Mcare Fund Code 80994)

CLASS 802 - Additional Charges: Other

JUA Codes	Specialty Description
80402	Birth Centers
80250	Corporate/Association/Partnership Liability (Mcare Fund Code 80999)
80289	Prison Corporate/Association/Partnership/Other Third Party Entities Liability (Mcare Fund Code 80999)

CLASS 900 - Certified Nurse Midwives

JUA Codes	Specialty Description
90009	Certified Nurse Midwife (CNM) (Mcare Fund Code 80116)

SECTION IV – Special Coverage Options

A. All Options

For all of the special coverage options, the premium is determined as follows:

1. Non-Institutional Professional Liability
 - a. If the insured is not a Professional Corporation, Professional Association, Partnership or Birth Center, apply the applicable factor from the Tail and Gap Factors table to the Annual Uncapped Occurrence Loss Costs shown in the Rate Pages.
 - b. If the insured is a Professional Corporation, Professional Association, Partnership or Birth Center, apply the applicable factor in the rules above to the Annual Uncapped Occurrence Loss Costs shown in the Rate Pages for each individual to be rated. Total the results.
 - c. Divide the result of a. or b. by 1.00 minus the Variable Expense Load shown in the Rate Pages.
 - d. Add the Fixed Cost Load to the result in c. to determine the premium.
 - e. If the result in d. is below the minimum premium, the minimum premium applies.
2. Institutional Professional Liability
Apply the applicable factor from the Tail and Gap Factors table to the premium determined in the rules above. If the result of this calculation is below the minimum premium, the minimum premium applies.
3. None of the special coverage options may be cancelled after the coverage is bound unless it is later determined that the insured was not eligible for the coverage.

B. Extended Reporting Period Coverage

If the Association restricts an insured's coverage, the insured cancels the policy, or the insured does not renew coverage with the Association, the insured will be given the opportunity to purchase Extended Reporting Period coverage.

Policyholders of another carrier (including an insolvent carrier) may also be eligible for claims made insurance for claims arising out of patient injury that, subject to the terms and conditions of the Associations' coverage, would have been covered under the insolvent carrier's policy, had the insolvent carrier's policy been in effect at the time the claim was made.

1. The policyholder must have been insured by the JUA within the past 60 days, another solvent carrier or an insolvent carrier until within 60 days of the carrier's liquidation order; and
2. The policyholder must currently:
 - a. have coverage with another carrier, or
 - b. if an individual, be retired, or
 - c. if an institution, partnership or corporation, no longer be in business or be dissolved.
3. The factor for this coverage is determined based on the months since 1st covered accident date using the column for months since last accident date equal to 0.
4. For non-institutional risks, use Coverage Form PPLJUA ERP-P 001 with Declarations PPLJUA ERD-P 001.
5. For Institutional risks, use Declarations and Coverage Form PPLJUA ERP-H 001.

C. Tail Replacement Coverage

1. Those former policyholders of an insolvent carrier may be eligible for claims made insurance for claims arising out patient injury that, subject to the terms and conditions of

the Associations' coverage, would have been covered under the insolvent carrier's policy extension had that policy extension continued in effect until its expiration.

The factor for this coverage is determined based on the months since 1st covered accident date and the months since last covered accident date.

2. For non-institutional risks, use Coverage Form PPLJUA RTC-P 001 with Declarations PPLJUA RTD-P 001.
3. For Institutional risks, use Declarations and Coverage Form PPLJUA RTC-H 001.

D. Excess Insurance Coverage

1. Those former policyholders of an insolvent carrier may be eligible for excess claims made insurance for claims arising from professional health care services rendered by the former policyholder while insured by the insolvent carrier during a prior time period for which the policyholder had an occurrence policy with the insolvent carrier. Subject to the terms and conditions of the Associations' coverage, coverage applies to patient injury that would have been covered under the insolvent carrier's policy had that policy been in effect when the claim was made.

The insurance is excess over \$300,000 and applies to the layer of coverage the insured had remaining under the prior insurance.

The factor for this coverage is determined as follows:

For each different layer of coverage required,

- a. Determine the factor based on the months since 1st covered accident date and the months since last covered accident date.
- b. multiply the factor determined in a. above by the following factor based on the layer of coverage:

\$ 100,000 excess of \$ 300,000 .10

\$ 200,000 excess of \$ 300,000 .19

- c. add the amounts determined in a. and b. above for each layer required

2. For non-institutional risks, use Coverage Form PPLJUA EXC-P 001 with Declarations PPLJUA EXC-P 001.
3. For Institutional risks, use Declarations and Coverage Form PPLJUA EXC-H 001.

E. Prior Acts Coverage

1. Those former policyholders of an insolvent carrier to which the Pennsylvania Insurance Guarantee Association does not apply may be eligible for claims made insurance for claims arising from professional health care services rendered by the former policyholder while insured by the insolvent carrier during a prior time period for which the policyholder had an occurrence policy with the insolvent carrier. Subject to the terms and conditions of the Associations' coverage, coverage applies to patient injury that would have been covered under the insolvent carrier's policy had that policy been in effect when the claim was made.
2. The factor for this coverage is determined based on the months since 1st covered accident date and the months since last covered accident date.
3. For non-institutional risks, use Coverage Form PPLJUA EXC-P 001 with Declarations PPLJUA EXC-P 001.
4. For Institutional risks, use Declarations and Coverage Form PPLJUA EXC-H 001.

RATE PAGES

Physicians, Surgeons And Other Health Care Professionals (Occurrence)

MEDICAL PROFESSIONAL LIABILITY

Annual Occurrence Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	6,468	2,911	3,365	4,379	5,201	3,933
006	8,632	3,702	4,201	5,515	6,634	5,233
007	18,779	7,896	9,347	11,705	14,245	11,161
010	12,945	5,563	6,547	8,146	9,869	7,777
011	15,465	6,564	7,448	9,684	11,759	9,239
012	30,789	12,700	15,112	19,031	23,252	18,127
015	23,343	9,722	11,538	14,489	17,667	13,808
017	29,018	11,992	14,262	17,951	21,924	17,100
020	32,219	13,272	15,798	19,903	24,324	18,956
022	38,666	15,851	18,893	23,836	29,160	22,696
025	33,558	13,808	16,441	20,720	25,329	19,733
030	40,596	16,623	19,819	25,013	30,607	23,815
035	55,897	22,743	27,164	34,347	42,083	32,689
050	55,647	22,643	27,044	34,195	41,895	32,544
060	69,291	28,101	33,593	42,517	52,128	40,458
070	107,180	43,256	51,780	65,630	80,545	62,433
080	119,484	48,178	57,686	73,135	89,773	69,570
090	81,436	32,959	39,423	49,926	61,237	47,502
100	188,633	75,838	90,877	115,316	141,635	109,676
120	6,294	2,895	3,286	4,089	4,880	3,919
130	31,651	13,045	15,526	19,557	23,899	18,627
900	32,537	13,399	15,951	20,097	24,563	19,140

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
- Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland
- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

**Physicians, Surgeons And Other Health Care Professionals
(1st Year Claims Made)**

MEDICAL PROFESSIONAL LIABILITY

Annual 1st Year Claims Made Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	2,141	1,075	1,162	1,449	1,721	1,280
006	2,171	1,225	1,375	1,574	1,788	1,528
007	4,864	2,057	2,334	3,293	3,910	2,908
010	3,605	1,583	1,771	2,440	2,898	2,156
011	3,796	1,776	2,003	2,570	3,052	2,287
012	8,085	3,420	3,881	5,474	6,500	4,835
015	6,391	2,703	3,068	4,327	5,139	3,822
017	8,468	3,582	4,065	5,733	6,809	5,064
020	8,468	3,582	4,065	5,733	6,809	5,064
022	11,185	4,731	5,368	7,572	8,992	6,688
025	8,468	3,582	4,065	5,733	6,809	5,064
030	11,843	5,009	5,685	8,018	9,522	7,082
035	14,815	6,267	7,111	10,030	11,911	8,859
050	16,298	6,894	7,823	11,033	13,103	9,746
060	20,343	8,605	9,765	13,772	16,356	12,165
070	31,572	13,355	15,155	21,374	25,384	18,880
080	35,215	14,896	16,903	23,841	28,313	21,059
090	23,941	10,127	11,492	16,208	19,249	14,317
100	50,407	21,322	24,195	34,125	40,527	30,143
120	1,723	958	1,088	1,301	1,452	1,268
130	8,730	3,693	4,190	5,910	7,019	5,221
900	8,551	3,617	4,105	5,789	6,875	5,114

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
- Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland
- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

**Physicians, Surgeons And Other Health Care Professionals
(2nd Year Claims Made)**

MEDICAL PROFESSIONAL LIABILITY

Annual Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	3,570	1,715	1,930	2,417	2,871	2,199
006	4,423	2,043	2,319	2,948	3,478	2,835
007	9,226	4,075	4,762	5,878	7,080	5,620
010	6,465	2,970	3,436	4,193	5,009	4,019
011	7,658	3,448	4,009	4,921	5,903	4,711
012	14,911	6,349	7,490	9,346	11,343	8,917
015	11,386	4,939	5,799	7,216	8,700	6,873
017	14,122	6,014	7,088	9,561	11,354	8,445
020	15,588	6,620	7,815	9,758	11,851	9,310
022	18,652	7,890	9,280	12,628	14,996	11,154
025	16,222	6,873	8,120	10,145	12,327	9,678
030	19,750	8,354	9,719	13,371	15,879	11,810
035	26,795	11,103	13,195	16,726	20,257	15,810
050	27,179	11,497	13,138	18,400	21,852	16,253
060	33,925	14,351	16,284	22,968	27,276	20,288
070	52,652	22,272	25,273	35,646	42,333	31,486
080	58,728	24,842	28,189	39,759	47,217	35,119
090	39,926	16,889	19,165	27,030	32,101	23,876
100	89,624	36,234	43,353	56,910	67,586	52,251
120	3,316	1,598	1,814	2,273	2,648	2,193
130	15,319	6,512	7,686	9,857	11,706	9,154
900	15,738	6,680	7,888	9,850	11,964	9,397

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
- Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland
- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

**Physicians, Surgeons And Other Health Care Professionals
(3rd Year Claims Made)**

MEDICAL PROFESSIONAL LIABILITY

Annual Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	5,533	2,598	2,989	3,625	4,310	3,478
006	7,167	3,032	3,441	4,842	5,763	4,286
007	16,275	6,887	7,815	10,177	12,366	9,708
010	11,246	4,883	5,731	7,110	8,595	6,792
011	12,709	5,376	6,100	8,435	10,218	7,599
012	26,625	11,035	12,991	16,491	20,129	15,712
015	20,208	8,468	10,033	12,577	15,316	11,990
017	25,099	10,424	12,381	15,560	18,985	14,827
020	27,858	11,528	13,607	17,243	21,054	16,427
022	33,415	13,751	16,372	20,633	25,221	19,650
025	28,349	11,990	13,607	17,948	21,920	16,952
030	35,078	14,416	17,171	21,648	26,469	20,614
035	48,266	19,691	23,501	29,692	36,360	28,263
050	48,051	19,605	23,398	29,561	36,198	28,139
060	59,810	24,309	29,042	36,734	45,018	34,959
070	92,467	37,371	44,718	56,655	69,511	53,900
080	103,072	41,613	49,808	63,124	77,464	60,051
090	70,279	28,496	34,067	43,120	52,869	41,031
100	162,672	65,453	78,416	99,480	122,165	94,619
120	5,513	2,371	2,691	3,613	4,295	3,352
130	27,369	11,332	13,470	16,945	20,687	16,143
900	28,132	11,637	13,741	17,410	21,259	16,586

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
- Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland
- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

**Physicians, Surgeons And Other Health Care Professionals
(4th Year Claims Made)**

MEDICAL PROFESSIONAL LIABILITY

Annual Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	5,884	2,738	3,157	3,919	4,655	3,682
006	7,832	3,313	3,760	5,144	6,177	4,683
007	17,397	7,343	8,540	10,862	13,208	10,360
010	12,008	5,188	6,097	7,575	9,166	7,234
011	13,888	5,875	6,666	8,995	10,912	8,305
012	28,492	11,781	14,009	17,630	21,529	16,794
015	21,613	9,030	10,707	13,434	16,370	12,805
017	26,856	11,127	13,224	16,632	20,302	15,846
020	29,813	12,310	14,643	18,436	22,520	17,561
022	35,769	14,692	17,502	22,069	26,987	21,015
025	30,979	12,805	14,870	19,191	23,448	18,278
030	37,552	15,405	18,358	23,156	28,324	22,049
035	51,687	21,059	25,143	31,779	38,925	30,247
050	51,456	20,967	25,032	31,638	38,752	30,114
060	64,060	26,009	31,082	39,327	48,205	37,424
070	99,062	40,009	47,883	60,678	74,457	57,725
080	110,429	44,556	53,339	67,612	82,982	64,318
090	75,280	30,497	36,468	46,171	56,620	43,932
100	174,310	70,109	84,002	106,579	130,893	101,369
120	5,863	2,591	2,941	3,826	4,557	3,663
130	29,289	12,100	14,392	18,116	22,127	17,257
900	30,107	12,427	14,784	18,615	22,740	17,731

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
- Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland
- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

**Physicians, Surgeons And Other Health Care Professionals
(5th Year Claims Made)**

MEDICAL PROFESSIONAL LIABILITY

Annual Rates

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
005	5,997	2,783	3,212	4,002	4,754	3,748
006	7,999	3,383	3,840	5,241	6,297	4,783
007	17,760	7,489	8,721	11,084	13,480	10,570
010	12,254	5,286	6,215	7,725	9,351	7,376
011	14,183	6,000	6,808	9,175	11,134	8,481
012	29,095	12,022	14,299	17,998	21,981	17,144
015	22,067	9,211	10,925	13,711	16,710	13,068
017	27,423	11,354	13,496	16,978	20,728	16,175
020	30,444	12,562	14,947	18,821	22,994	17,927
022	36,529	14,996	17,867	22,533	27,557	21,456
025	31,637	13,068	15,185	19,592	23,942	18,660
030	38,351	15,725	18,742	23,644	28,923	22,513
035	52,792	21,501	25,673	32,453	39,754	30,888
050	52,556	21,407	25,560	32,309	39,577	30,752
060	65,433	26,558	31,741	40,164	49,235	38,220
070	101,193	40,862	48,906	61,978	76,055	58,961
080	112,806	45,507	54,480	69,062	84,765	65,697
090	76,896	31,143	37,243	47,157	57,832	44,869
100	178,070	71,612	85,807	108,873	133,713	103,550
120	5,976	2,646	3,003	3,895	4,642	3,735
130	29,909	12,348	14,689	18,494	22,592	17,616
900	30,744	12,682	15,091	19,004	23,219	18,101

RATING TERRITORY – County

- Territory 1: Philadelphia
- Territory 2: Remainder of State
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- Territory 4: Bucks, Chester, Fayette, Montgomery
- Territory 5: Delaware
- Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

Institutions (Occurrence Rates)

Annual Rates

Hospitals

(\$500,000 / \$2,500,000 Limits) Class Code 80612		Territory			
Exposure Base	Classification	1	2	3	4
Per Occupied Bed	Hospital (acute care)	7,848.48	3,484.72	4,363.75	6,977.31
Per Occupied Bed	Mental Health/Mental Rehabilitation	3,927.60	1,743.86	2,183.74	3,491.63
Per Occupied Bed	Extended Care	349.42	155.13	194.27	310.62
Per Occupied Bed	Outpatient Surgical	7,848.48	3,484.72	4,363.75	6,977.31
Per Occupied Bed	Health Institution	1,572.39	698.14	874.25	1,397.84
Per 100 Visits	Emergency	784.52	348.33	436.19	697.44
Per 100 Visits	Other	313.81	139.34	174.48	278.99
Per 100 Visits	Mental Health/Mental Rehabilitation	196.14	87.08	109.03	174.35
Per 100 Visits	Extended Care	17.42	7.74	9.67	15.50
Per 100 Visits	Outpatient Surgical	784.52	348.33	436.19	697.44
Per 100 Visits	Health Institution	117.66	52.25	65.43	104.61
Per 100 Visits	Home Health Care	196.14	87.08	109.03	174.35

Nursing Homes

(\$500,000 / \$1,500,000 Limits)

Exposure Base*		Territory			
Exposure Base*	Classification	1	2	3	4
Per Occupied Bed	80924 Convalescent Facilities	533.69	236.96	296.74	474.46
Per Occupied Bed	80923 Skilled Nursing Facilities	439.51	195.15	244.38	390.74

* Co-mingled personal care beds that are not separated (by floor, wing, building or otherwise sectioned off) from skilled or convalescence beds will be rated in accordance with the appropriate facility.

Primary Health Centers

(\$500,000 / \$1,500,000 Limits)

(\$500,000 / \$1,500,000 Limits)			Territory			
Exposure Base	Classification	Classification Code	1	2	3	4
Per 100 Visits	Emergency	80614	771.99	342.75	429.23	686.29
Per 100 Visits	Other	80614	308.80	137.09	171.69	274.52
Per 100 Visits	Mental Health/Mental Rehabilitation	80614	193.01	85.71	107.32	171.61
Per 100 Visits	Outpatient Surgical	80614	771.99	342.75	429.23	686.29
Per 100 Visits	Home Health Care	80614	193.01	85.71	107.32	171.61

RATING TERRITORY - County

Territory 1: Delaware, Philadelphia

Territory 2: Remainder of State

Territory 3: Allegheny, Crawford, Erie, Lackawanna, Lawrence, Luzerne, Mercer

Territory 4: Bucks, Chester, Montgomery

**Physicians, Surgeons And Other Health Care Professionals
(Uncapped Occurrence Loss Costs)**

MEDICAL PROFESSIONAL LIABILITY

FIXED COST LOAD: \$642

Variable Expense Load: JUA Insureds: .0450; Other Insureds: .0664

\$ 500,000 per occurrence / \$ 1,500,000 per annual aggregate

Class	Territory					
	1	2	3	4	5	6
5	5,314	2,126	2,551	3,241	3,985	3,082
6	7,482	2,993	3,591	4,564	5,611	4,339
7	16,983	6,793	8,152	10,359	12,737	9,850
10	11,520	4,608	5,530	7,027	8,640	6,682
11	13,880	5,552	6,662	8,467	10,410	8,050
12	28,227	11,291	13,549	17,218	21,170	16,371
15	21,255	8,502	10,202	12,966	15,941	12,328
17	26,569	10,628	12,753	16,207	19,927	15,410
20	29,566	11,826	14,192	18,035	22,174	17,148
22	35,602	14,241	17,089	21,717	26,702	20,649
25	30,820	12,328	14,793	18,800	23,115	17,875
30	37,409	14,964	17,956	22,819	28,057	21,697
35	51,735	20,694	24,833	31,558	38,801	30,006
50	51,501	20,600	24,720	31,416	38,626	29,871
60	64,275	25,710	30,852	39,208	48,206	37,280
70	99,750	39,900	47,880	60,847	74,812	57,855
80	111,270	44,508	53,410	67,875	83,452	64,537
90	75,647	30,259	36,310	46,144	56,735	43,875
100	176,013	70,405	84,486	107,368	132,009	102,087
120	5,292	2,117	2,540	3,228	3,969	3,070
130	29,034	11,614	13,936	17,711	21,776	16,840
900	29,863	11,945	14,334	18,217	22,397	17,321

RATING TERRITORY – County

Territory 1: Philadelphia

Territory 2: Remainder of State

Territory 3: Allegheny, Armstrong, Jefferson, Washington, Westmoreland

Territory 4: Bucks, Chester, Fayette, Montgomery

Territory 5: Delaware

Territory 6: Blair, Columbia, Crawford, Dauphin, Erie, Lackawanna, Lawrence, Lehigh, Luzerne, Mercer, Monroe, Northampton, Schuylkill

Tail and Gap Factors

Numbers below are percentages to be applied to Annual Uncapped Occurrence Loss Costs

Months Since 1 st Accident Date Covered	Months Since Last Accident Date Covered												
0	1	2	3	4	5	6	7	8	9	10	11	12	
0	0.0%	—	—	—	—	—	—	—	—	—	—	—	—
1	6.5%	0.0%	—	—	—	—	—	—	—	—	—	—	—
2	12.9%	6.5%	0.0%	—	—	—	—	—	—	—	—	—	—
3	19.4%	12.9%	6.5%	0.0%	—	—	—	—	—	—	—	—	—
4	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—	—	—	—	—	—
5	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—	—	—	—	—
6	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—	—	—	—
7	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—	—	—
8	51.6%	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—	—
9	58.1%	51.6%	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—	—
10	64.5%	58.1%	51.6%	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—	—
11	71.0%	64.5%	58.1%	51.6%	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%	—
12	77.4%	71.0%	64.5%	58.1%	51.6%	45.2%	38.7%	32.3%	25.8%	19.4%	12.9%	6.5%	0.0%
13	81.3%	74.9%	68.4%	62.0%	55.5%	49.1%	42.6%	36.1%	29.7%	23.2%	16.8%	10.3%	3.9%
14	85.2%	78.7%	72.3%	65.8%	59.4%	52.9%	46.5%	40.0%	33.6%	27.1%	20.7%	14.2%	7.8%
15	89.1%	82.6%	76.2%	69.7%	63.3%	56.8%	50.4%	43.9%	37.5%	31.0%	24.6%	18.1%	11.7%
16	93.0%	86.5%	80.1%	73.6%	67.2%	60.7%	54.3%	47.8%	41.4%	34.9%	28.5%	22.0%	15.6%
17	96.9%	90.4%	84.0%	77.5%	71.1%	64.6%	58.2%	51.7%	45.3%	38.8%	32.3%	25.9%	19.4%
18	100.8%	94.3%	87.9%	81.4%	74.9%	68.5%	62.0%	55.6%	49.1%	42.7%	36.2%	29.8%	23.3%
19	104.6%	98.2%	91.7%	85.3%	78.8%	72.4%	65.9%	59.5%	53.0%	46.6%	40.1%	33.7%	27.2%
20	108.5%	102.1%	95.6%	89.2%	82.7%	76.3%	69.8%	63.4%	56.9%	50.5%	44.0%	37.6%	31.1%
21	112.4%	106.0%	99.5%	93.1%	86.6%	80.2%	73.7%	67.3%	60.8%	54.4%	47.9%	41.5%	35.0%
22	116.3%	109.9%	103.4%	97.0%	90.5%	84.1%	77.6%	71.1%	64.7%	58.2%	51.8%	45.3%	38.9%
23	120.2%	113.7%	107.3%	100.8%	94.4%	87.9%	81.5%	75.0%	68.6%	62.1%	55.7%	49.2%	42.8%

Numbers below are percentages to be applied to Annual Uncapped Occurrence Loss Costs

Months
Since 1st
Accident
Date
Covered

Months Since Last Accident Date Covered

	0	1	2	3	4	5	6	7	8	9	10	11	12
24	124.1%	117.6%	111.2%	104.7%	98.3%	91.8%	85.4%	78.9%	72.5%	66.0%	59.6%	53.1%	46.7%
25	124.7%	118.3%	111.8%	105.4%	98.9%	92.5%	86.0%	79.6%	73.1%	66.7%	60.2%	53.8%	47.3%
26	125.4%	118.9%	112.5%	106.0%	99.6%	93.1%	86.7%	80.2%	73.8%	67.3%	60.9%	54.4%	48.0%
27	126.0%	119.6%	113.1%	106.7%	100.2%	93.8%	87.3%	80.8%	74.4%	67.9%	61.5%	55.0%	48.6%
28	126.7%	120.2%	113.7%	107.3%	100.8%	94.4%	87.9%	81.5%	75.0%	68.6%	62.1%	55.7%	49.2%
29	127.3%	120.8%	114.4%	107.9%	101.5%	95.0%	88.6%	82.1%	75.7%	69.2%	62.8%	56.3%	49.9%
30	127.9%	121.5%	115.0%	108.6%	102.1%	95.7%	89.2%	82.8%	76.3%	69.9%	63.4%	57.0%	50.5%
31	128.6%	122.1%	115.7%	109.2%	102.8%	96.3%	89.9%	83.4%	77.0%	70.5%	64.1%	57.6%	51.2%
32	129.2%	122.8%	116.3%	109.9%	103.4%	97.0%	90.5%	84.1%	77.6%	71.1%	64.7%	58.2%	51.8%
33	129.9%	123.4%	116.9%	110.5%	104.0%	97.6%	91.1%	84.7%	78.2%	71.8%	65.3%	58.9%	52.4%
34	130.5%	124.0%	117.6%	111.1%	104.7%	98.2%	91.8%	85.3%	78.9%	72.4%	66.0%	59.5%	53.1%
35	131.1%	124.7%	118.2%	111.8%	105.3%	98.9%	92.4%	86.0%	79.5%	73.1%	66.6%	60.2%	53.7%
36	131.8%	125.3%	118.9%	112.4%	106.0%	99.5%	93.1%	86.6%	80.2%	73.7%	67.3%	60.8%	54.4%
37	131.9%	125.5%	119.0%	112.6%	106.1%	99.7%	93.2%	86.8%	80.3%	73.9%	67.4%	61.0%	54.5%
38	132.1%	125.6%	119.2%	112.7%	106.3%	99.8%	93.4%	86.9%	80.5%	74.0%	67.6%	61.1%	54.6%
39	132.2%	125.8%	119.3%	112.9%	106.4%	100.0%	93.5%	87.1%	80.6%	74.1%	67.7%	61.2%	54.8%
40	132.4%	125.9%	119.5%	113.0%	106.6%	100.1%	93.7%	87.2%	80.7%	74.3%	67.8%	61.4%	54.9%
41	132.5%	126.1%	119.6%	113.2%	106.7%	100.3%	93.8%	87.3%	80.9%	74.4%	68.0%	61.5%	55.1%
42	132.7%	126.2%	119.8%	113.3%	106.8%	100.4%	93.9%	87.5%	81.0%	74.6%	68.1%	61.7%	55.2%
43	132.8%	126.4%	119.9%	113.4%	107.0%	100.5%	94.1%	87.6%	81.2%	74.7%	68.3%	61.8%	55.4%
44	133.0%	126.5%	120.0%	113.6%	107.1%	100.7%	94.2%	87.8%	81.3%	74.9%	68.4%	62.0%	55.5%
45	133.1%	126.6%	120.2%	113.7%	107.3%	100.8%	94.4%	87.9%	81.5%	75.0%	68.6%	62.1%	55.7%
46	133.2%	126.8%	120.3%	113.9%	107.4%	101.0%	94.5%	88.1%	81.6%	75.2%	68.7%	62.3%	55.8%
47	133.4%	126.9%	120.5%	114.0%	107.6%	101.1%	94.7%	88.2%	81.8%	75.3%	68.9%	62.4%	56.0%
48+	133.5%	127.1%	120.6%	114.2%	107.7%	101.3%	94.8%	88.4%	81.9%	75.5%	69.0%	62.6%	56.1%

Tail and Gap Factors (continued)

Months Since 1 st Accident Date Covered	Numbers below are percentages to be applied to occurrence base premium												
	Months Since Last Accident Date Covered												
	13	14	15	16	17	18	19	20	21	22	23	24	25
13	0.0%	—	—	—	—	—	—	—	—	—	—	—	—
14	3.9%	0.0%	—	—	—	—	—	—	—	—	—	—	—
15	7.8%	3.9%	0.0%	—	—	—	—	—	—	—	—	—	—
16	11.7%	7.8%	3.9%	0.0%	—	—	—	—	—	—	—	—	—
17	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—	—	—	—	—	—
18	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—	—	—	—	—
19	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—	—	—	—
20	27.2%	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—	—	—
21	31.1%	27.2%	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—	—
22	35.0%	31.1%	27.2%	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—	—
23	38.9%	35.0%	31.1%	27.2%	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—	—
24	42.8%	38.9%	35.0%	31.1%	27.2%	23.3%	19.4%	15.6%	11.7%	7.8%	3.9%	0.0%	—
25	43.4%	39.5%	35.6%	31.8%	27.9%	24.0%	20.1%	16.2%	12.3%	8.4%	4.5%	0.6%	0.0%
26	44.1%	40.2%	36.3%	32.4%	28.5%	24.6%	20.7%	16.8%	12.9%	9.1%	5.2%	1.3%	0.6%
27	44.7%	40.8%	36.9%	33.0%	29.1%	25.3%	21.4%	17.5%	13.6%	9.7%	5.8%	1.9%	1.3%
28	45.3%	41.5%	37.6%	33.7%	29.8%	25.9%	22.0%	18.1%	14.2%	10.3%	6.5%	2.6%	1.9%
29	46.0%	42.1%	38.2%	34.3%	30.4%	26.5%	22.6%	18.8%	14.9%	11.0%	7.1%	3.2%	2.6%
30	46.6%	42.7%	38.8%	35.0%	31.1%	27.2%	23.3%	19.4%	15.5%	11.6%	7.7%	3.8%	3.2%
31	47.3%	43.4%	39.5%	35.6%	31.7%	27.8%	23.9%	20.0%	16.1%	12.3%	8.4%	4.5%	3.8%
32	47.9%	44.0%	40.1%	36.2%	32.3%	28.5%	24.6%	20.7%	16.8%	12.9%	9.0%	5.1%	4.5%
33	48.5%	44.7%	40.8%	36.9%	33.0%	29.1%	25.2%	21.3%	17.4%	13.5%	9.7%	5.8%	5.1%
34	49.2%	45.3%	41.4%	37.5%	33.6%	29.7%	25.8%	22.0%	18.1%	14.2%	10.3%	6.4%	5.8%
35	49.8%	45.9%	42.0%	38.2%	34.3%	30.4%	26.5%	22.6%	18.7%	14.8%	10.9%	7.0%	6.4%
36	50.5%	46.6%	42.7%	38.8%	34.9%	31.0%	27.1%	23.2%	19.4%	15.5%	11.6%	7.7%	7.0%

Months
Since 1st
Accident
Date
Covered

Numbers below are percentages to be applied to occurrence base premium

Months Since Last Accident Date Covered

	13	14	15	16	17	18	19	20	21	22	23	24	25
37	50.6%	46.7%	42.8%	38.9%	35.1%	31.2%	27.3%	23.4%	19.5%	15.6%	11.7%	7.8%	7.2%
38	50.8%	46.9%	43.0%	39.1%	35.2%	31.3%	27.4%	23.5%	19.6%	15.8%	11.9%	8.0%	7.3%
39	50.9%	47.0%	43.1%	39.2%	35.3%	31.5%	27.6%	23.7%	19.8%	15.9%	12.0%	8.1%	7.5%
40	51.1%	47.2%	43.3%	39.4%	35.5%	31.6%	27.7%	23.8%	19.9%	16.1%	12.2%	8.3%	7.6%
41	51.2%	47.3%	43.4%	39.5%	35.6%	31.8%	27.9%	24.0%	20.1%	16.2%	12.3%	8.4%	7.8%
42	51.3%	47.5%	43.6%	39.7%	35.8%	31.9%	28.0%	24.1%	20.2%	16.3%	12.5%	8.6%	7.9%
43	51.5%	47.6%	43.7%	39.8%	35.9%	32.0%	28.2%	24.3%	20.4%	16.5%	12.6%	8.7%	8.1%
44	51.6%	47.8%	43.9%	40.0%	36.1%	32.2%	28.3%	24.4%	20.5%	16.6%	12.8%	8.9%	8.2%
45	51.8%	47.9%	44.0%	40.1%	36.2%	32.3%	28.5%	24.6%	20.7%	16.8%	12.9%	9.0%	8.4%
46	51.9%	48.0%	44.2%	40.3%	36.4%	32.5%	28.6%	24.7%	20.8%	16.9%	13.0%	9.2%	8.5%
47	52.1%	48.2%	44.3%	40.4%	36.5%	32.6%	28.7%	24.9%	21.0%	17.1%	13.2%	9.3%	8.7%
48+	52.2%	48.3%	44.5%	40.6%	36.7%	32.8%	28.9%	25.0%	21.1%	17.2%	13.3%	9.5%	8.8%

Tail and Gap Factors (continued)

Months Since 1 st Accident Date Covered	Numbers below are percentages to be applied to occurrence base premium											
	Months Since Last Accident Date Covered											
	26	27	28	29	30	31	32	33	34	35	36	37
26	0.0%	—	—	—	—	—	—	—	—	—	—	—
27	0.6%	0.0%	—	—	—	—	—	—	—	—	—	—
28	1.3%	0.6%	0.0%	—	—	—	—	—	—	—	—	—
29	1.9%	1.3%	0.6%	0.0%	—	—	—	—	—	—	—	—
30	2.6%	1.9%	1.3%	0.6%	0.0%	—	—	—	—	—	—	—
31	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—	—	—	—	—	—
32	3.8%	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—	—	—	—	—
33	4.5%	3.8%	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—	—	—	—
34	5.1%	4.5%	3.8%	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—	—	—
35	5.8%	5.1%	4.5%	3.8%	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—	—
36	6.4%	5.8%	5.1%	4.5%	3.8%	3.2%	2.6%	1.9%	1.3%	0.6%	0.0%	—
37	6.5%	5.9%	5.3%	4.6%	4.0%	3.3%	2.7%	2.1%	1.4%	0.8%	0.1%	0.0%
38	6.7%	6.1%	5.4%	4.8%	4.1%	3.5%	2.9%	2.2%	1.6%	0.9%	0.3%	0.1%
39	6.8%	6.2%	5.6%	4.9%	4.3%	3.6%	3.0%	2.4%	1.7%	1.1%	0.4%	0.3%
40	7.0%	6.4%	5.7%	5.1%	4.4%	3.8%	3.2%	2.5%	1.9%	1.2%	0.6%	0.4%
41	7.1%	6.5%	5.9%	5.2%	4.6%	3.9%	3.3%	2.7%	2.0%	1.4%	0.7%	0.6%
42	7.3%	6.6%	6.0%	5.4%	4.7%	4.1%	3.4%	2.8%	2.2%	1.5%	0.9%	0.7%
43	7.4%	6.8%	6.2%	5.5%	4.9%	4.2%	3.6%	3.0%	2.3%	1.7%	1.0%	0.9%
44	7.6%	6.9%	6.3%	5.7%	5.0%	4.4%	3.7%	3.1%	2.5%	1.8%	1.2%	1.0%
45	7.7%	7.1%	6.4%	5.8%	5.2%	4.5%	3.9%	3.2%	2.6%	2.0%	1.3%	1.2%
46	7.9%	7.2%	6.6%	6.0%	5.3%	4.7%	4.0%	3.4%	2.8%	2.1%	1.5%	1.3%
47	8.0%	7.4%	6.7%	6.1%	5.5%	4.8%	4.2%	3.5%	2.9%	2.3%	1.6%	1.5%
48+	8.2%	7.5%	6.9%	6.2%	5.6%	5.0%	4.3%	3.7%	3.0%	2.4%	1.8%	1.6%

Tail and Gap Factors (continued)

Months Since 1 st Accident Date Covered	Numbers below are percentages to be applied to occurrence base premium										
	Months Since Last Accident Date Covered										
	38	39	40	41	42	43	44	45	46	47	48
38	0.0%	—	—	—	—	—	—	—	—	—	—
39	0.1%	0.0%	—	—	—	—	—	—	—	—	—
40	0.3%	0.1%	0.0%	—	—	—	—	—	—	—	—
41	0.4%	0.3%	0.1%	0.0%	—	—	—	—	—	—	—
42	0.6%	0.4%	0.3%	0.1%	0.0%	—	—	—	—	—	—
43	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%	—	—	—	—	—
44	0.9%	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%	—	—	—	—
45	1.0%	0.9%	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%	—	—	—
46	1.2%	1.0%	0.9%	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%	—	—
47	1.3%	1.2%	1.0%	0.9%	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%	—
48+	1.5%	1.3%	1.2%	1.0%	0.9%	0.7%	0.6%	0.4%	0.3%	0.1%	0.0%