

LOUISIANA PATIENT'S COMPENSATION FUND

Proposed Surcharge Rates

effective January 1, 2010

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	2,590	4,321	5,069	5,468	5,755	6,260	6,260
Class 1	3,499	5,829	6,842	7,386	7,769	8,448	8,448
Class 2A	3,946	6,654	7,719	8,333	8,764	9,530	9,530
Class 2	5,297	8,827	10,352	11,173	11,767	12,787	12,787
Class 3	7,116	11,851	13,909	15,011	15,808	17,180	17,180
Class 4*	11,018	18,356	21,525	23,244	24,471	26,589	26,589
Class 5*	10,213	17,015	19,967	21,551	22,690	24,656	24,656
Class 6	13,672	22,778	26,730	28,866	30,385	33,031	33,031
Class 7	19,512	32,514	38,155	41,178	43,351	47,120	47,120
Class 8A	26,574	44,297	51,970	56,105	59,062	64,187	64,187
Class 8	29,736	49,559	58,146	62,774	66,094	71,821	71,821

Dentist	285	434	510	551	579	628	628
Oral Surgeon	1,873	2,853	3,350	3,616	3,805	4,135	4,135

*see notes for special "per patient visit" rates for ER physicians

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	3,140	5,229	6,141	6,627	6,971	7,582	7,582

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
HOSPITALS**	1,415	2,361	2,765	2,978	3,141	3,414	3,414

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
NURSING HOMES							
SKILLED BED	282	471	552	596	629	684	684
INTERMEDIATE	197	330	387	418	440	477	477
OTHER	144	238	276	296	315	342	342

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	140	233	272	293	310	337	337
DIALYSIS CENTER	29	49	59	62	66	71	71

(Both per 100 procedures)

BLOOD BANK (per draw)	0.19	0.30	0.37	0.39	0.41	0.44	0.44
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ALL OTHER PROVIDERS: 0.93 of basic limits coverage premiums (\$250 minimum)

** HOSPITAL EXPOSURE $\frac{\text{Outpatients Visits}}{4000.00}$ plus # occupied beds=EXPOSURE
BASE

ADVANCED PRACTICE REGISTERED NURSES

SURCHARGE RATES EFF JANUARY 1, 2010

CLASS	CLAIMS MADE MATURITY YEAR					OCC	S.I.
	1	2	3	4	5		
PHY ASSISTANT	1,224	2,040	2,396	2,586	2,718	2,956	2,956
SUR ASSISTANT	1,224	2,040	2,396	2,586	2,718	2,956	2,956
CLINICAL NURSE SPEC	700	1,166	1,369	1,477	1,554	1,690	1,690
NURSE PRACTITIONER	700	1,166	1,369	1,477	1,554	1,690	1,690
NURSE MIDWIFE	2,624	4,373	5,132	5,540	5,826	6,336	6,336

LOUISIANA PATIENT'S COMPENSATION FUND

Proposed Tail Rates

effective January 1, 2010

CLASS	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
Class 1A	4,609	6,567	7,300	7,599	7,599
Class 1	6,223	8,861	9,852	10,264	10,264
Class 2A	7,021	9,996	11,116	11,581	11,581
Class 2	9,431	13,416	14,907	15,532	15,532
Class 3	12,668	18,015	20,030	20,867	20,867
Class 4*	19,614	27,900	31,001	32,311	32,311
Class 5*	18,176	25,865	28,752	29,956	29,956
Class 6	24,336	34,636	37,173	40,122	40,122
Class 7	34,728	49,421	54,943	57,238	57,238
Class 8A	47,303	67,328	74,837	77,987	77,987
Class 8	52,932	75,328	83,732	87,256	87,256
Dentist	446	678	796	859	859
Oral Surgeon	2,878	4,378	5,140	5,545	5,545

*see notes for special "per patient visit" rates for ER physicians

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
CRNA	5,587	7,949	8,841	9,213	9,213

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
HOSPITALS**	2,518	3,589	3,977	4,143	4,143

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
NURSING HOMES					
SNF	504	717	795	828	828
INTERMEDIATE	353	501	557	579	579
OTHER	251	358	398	414	414

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
SURGICAL CENTER	249	353	394	410	410
DIALYSIS CENTER	53	76	84	87	87
(Both per 100 procedures)					
BLOOD BANK (per draw)	0.34	0.46	0.51	0.54	0.54

ALL OTHER PROVIDERS: 0.93 of basic limits coverage premiums (\$250 minimum)

** HOSPITAL EXPOSURE BASE $\frac{\text{Outpatients Visits}}{4000.00}$ plus # occupied beds=EXPOSURE

ADVANCED PRACTICE REGISTERED NURSES

TAIL COVERAGE RATES EFF JANUARY 1, 2010

CLASS	CLAIMS MADE MATURITY YEAR				
	1	2	3	4	5
PHY ASSISTANT	2,178	3,102	3,449	3,593	3,593
SUR ASSISTANT	2,178	3,102	3,449	3,593	3,593
CLINICAL NURSE SPEC	1,244	1,773	1,971	2,053	2,053
NURSE PRACTITIONER	1,244	1,773	1,971	2,053	2,053
NURSE MIDWIFE	4,668	6,645	7,389	7,698	7,698

Proposed 2010 Rates

per patient visit are as follows:

CLASS	CLAIMS MADE MATURITY YEAR					
Regular Coverage:						
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	OCC
4	1.62	2.68	3.19	3.38	3.61	3.92
5	1.53	2.52	2.99	3.19	3.39	3.66
“Tail” Coverage:						
4	2.87	4.10	4.57	4.72	4.74	
5	2.74	3.90	4.29	4.49	4.49	