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|  |  | ***NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.*** |
|  |  | **HEALTH CARE AGENCY PROFESSIONAL LIABILITY** |
|  |  | **RATE SHEET** |
|  |  | **NEBRASKA** |
| I. | **OCCURRENCE RATES** | |
| Charge per: $100,000/$300,000 $300,000/$300,000 $500,000/$500,000 $1,000,000/$1,000,000 $1,000,000/$3,000,000 | | |
| **A. Agency** $1,976 $2,331 $2,529 $2,885 $3,062 | | |
| **B. Full Time Equivalent Employee:** | | |
|  |  | Home Health Aide $139 $164 $177 $202 $215 |
|  |  | Nurse Aide/Sitter/Companion/ $102 $121 $131 $149 $159 |
|  |  | Clerical/Administrative/ |
|  |  | Bereaval Therapist/Homemaker |
|  |  | Dietician/Nutritionist $165 $194 $211 $241 $255 |
|  |  | LPN/Dental Hygenist/Pharmacy $221 $260 $282 $322 $342 |
|  |  | Ass't/Lab Tech/EKG-Ultrasound |
|  |  | Tech/Medical Tech/Echocardiogram |
|  |  | Tech/X-Ray Tech/Radiology Tech/ |
|  |  | Certified Medical Ass't. |
|  |  | Nurse/Enterstomal Therapist/ $272 $321 $349 $398 $422 |
|  |  | Social Worker/Dialysis Tech |
|  |  | Occupational Therapist/Speech $324 $383 $415 $474 $503 |
|  |  | Pathologist |
|  |  | Pharmacist $484 $571 $619 $706 $750 |
|  |  | Physical Therapist/Respiratory $630 $743 $806 $920 $976 |
|  |  | Therapist/Phlebotomist/Clergy/ |
|  |  | Nuclear Medicine Tech/Radiation |
|  |  | Therapist |
|  |  | Psychologist $1,037 $1,223 $1,327 $1,514 $1,607 |
|  |  | Nurse Practitioner/Physician $1,358 $1,603 $1,739 $1,984 $2,105 |
|  |  | Ass't/Paramedic/EMT |
|  |  | Medical Director $371 $438 $475 $542 $575 |
|  | **C.** | **Non Medical Office Staff (Rates per $1,000 payroll):** |
|  |  | $0-$500,000 $1.68 $1.98 $2.15 $2.46 $2.61 |
|  |  | $500,001-$2,000,000 $0.84 $0.99 $1.07 $1.22 $1.30 |
|  |  | $2,000,001-$7,000,000 $0.58 $0.68 $0.74 $0.85 $0.90 |
|  |  | $7,000,001-$20,000,000 $0.26 $0.30 $0.33 $0.37 $0.40 |
|  |  | Over $20,000,000 $0.13 $0.16 $0.17 $0.19 $0.21 |
|  |  | The above rates are based on the total payroll of the insured's non medical office staff. Each individual payroll layer should be rated separately |
|  |  | and added together, in order to determine the total premium. This premium includes the payroll of all non medical office staff. |
| II. | **RATING METHODOLOGY** | |
|  | A. | Agency Rate-The rate indicated applies to every risk written under this program. |
|  | B. | Employee Rates-The rate indicated for each category is applied to the number of Full Time Equivalent Employees (FTE's) in each category. The number of FTE's |
|  |  | is calculated as follows: |
|  |  | 1. FTE's/Hours-The annual number of hours worked by all employees in each category is divided by 2,000. The number obtained is then multiplied by the rate |
|  |  | indicated for that category of employee. |
|  |  | 2. FTE's/Payroll-When the number of hours worked is unavailable or invalid, the number of FTE's is determined using payroll information. The total annual payroll |
|  |  | for each category is divided by the estimated average payroll for that category. This number is then multiplied by the rate for that category. |
|  |  | Average Salaries:\* |
|  |  | Nurse (RN) $26,145 \*Salaries are based on Home Health Agency Compensation Survey Report, |
|  |  | Licensed Prac Nurse $20,062 Washington, DC, National Association of Home Care (NAHC). Salaries |
|  |  | Physical Ther. $47,376 used to calculate FTE's will be revised as the report is updated. Average |
|  |  | Occupational Ther. $36,887 salaries for categories not listed at the left will be estimated by comparing the |
|  |  | Speech Therapist $26,208 educational requirements for unlisted categories with those categories listed. |
|  |  | Social Worker $27,046 |
|  |  | Home Health Aide $14,180 |
|  | C. For agencies that use independent contractors, the number of FTE's are calculated as described above. If the independent contractors are not to be covered, | |
|  | i | ndividually, 50% of the rate indicated under I.B is charged. If independent contractors are to be covered individually, 100% of the rate indicated is charged. |

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**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM NEBRASKA**

# SURCHARGES, CREDITS AND DEBITS

* 1. **Surcharges**
     1. Malplacement- A malplacement surcharge of 25% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.
     2. Registry- A registry surcharge of 25% of the developed premium, before credits and debits, will apply to agencies that do supplemental staffing. This is in addition to the malplacement surcharge.
     3. Background Check- A surcharge of 10% to agencies not performing background checks on their employees and independent contractors.
     4. Nrsng Hms/Asstd Lvng Ctrs/Lng Trm Care Fac- A surcharge of 25% of the developed premium, before debits and credits, will apply to agencies that do

staffing of Nursing Home Facilities, Assisted Living Centers, or Long Term Care Facilities.

* + 1. High Tech/Crtcl Care- A malplacement Surcharge of 25% of the developed premium, before credits and debits, will apply to Agencies engaged in High Tech/Critical Care services including Surgical, Pediatric, Infusion Therapy, and Tracheotomy/Ventilator Care.

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| **B. Credits/Debits** |  | | | | |
|  | Debits | Claims History Credit | Debits | Nature of Operations | Credit |
|  | 10% | Loss ratios greater than 35% | 5% | In operation between 3-5 years |  |
|  | 15% | Loss ratios greater than 50% | 10% | In operation between 1-3 years |  |
|  | 25% | Loss ratios greater than 100% | 10% | In operation between 1-3 years |  |
|  |  | 3 years loss free histor 10% |  | In operation more than 25 years | 5% |
|  |  | 5 years loss free histor 15% |  | In operation more than 35 years | 10% |
|  |  | 10 years loss free histo 25% |  | In operation more than 50 years | 15% |

10% Operations include rehabilitation, infusion therapy, respiratory therapy (other than ventilator care or tracheotomy care), or radiation therapy services

# ADDITIONAL INSUREDS

For each additional insured charge 25% of the developed premium, before debits/credits are applied; maximum $1,000.

# MINIMUM PREMIUMS

Home Health Agency in business less than 3 yrs $3,000

Home Health Agency $1,000

Hospice $500

Pure Registry $2,500

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| VI. **ADDITIONAL LIMITS AND DEDUCTIBLES** |  | | |
| A. **Increased Limits Factors** |  | **B. Deductible** |  |
| $1,000,000/$1,000,000 | 1.000 | Deductible | Discount |
| $2,000,000/$2,000,000 | 1.183 | $1,000 | 1% |
| $2,000,000/$4,000,000 | 1.372 | $2,500 | 2.5% |
| $3,000,000/$3,000,000 | 1.326 | $5,000 | 5% |
| $3,000,000/$5,000,000 | 1.486 | $10,000 | 10% |
| $4,000,000/$4,000,000 | 1.444 | $25,000 | 15% |
| $4,000,000/$5,000,000 | 1.511 | $50,000 | 35% |
| $5,000,000/$5,000,000 | 1.550 | $100,000 | 50% |

# CLAIMS MADE CONVERSION FACTORS & EXTENDED REPORTING PERIOD

* 1. **Claims Made Factors** % of Occurrence Premium 1 year 0.55

2 year 0.79

3 year 0.91

4 year 0.96

5 year 0.98

* 1. **Extended Reporting Period Endorsement**

One Year Option at 55% of mature claims made rate Two Year Option at 85% of mature claims made rate Three Year Option at 100% of mature claims made rate Unlimited Option at 110% of mature claims made rate

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