***NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.***

**HEALTH CARE AGENCY PROFESSIONAL LIABILITY**

## RATE SHEET LOUISIANA

1. **OCCURRENCE RATES**

Charge per:

## A.Agency

**B. Full Time Equivalent Employee:**

s100 *0001poo* ooo $300 000/$300 000 500 000/$500 000 I 000 000/$1 000 000 $1 000 000/$3 000 000

$1,339 $1,580 $1,714 $1,956 $2,075

## C.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Health Aide | $127 | $150 | $163 | $186 | $197 |
| Nurse Aide/Sitter/Companion/ | $95 | $112 | $122 | $139 | $147 |
| Clerical/Administrative/ |  |  |  |  |  |
| Bereaval Ther!E,ist/Homemaker |  |  |  |  |  |
| Dietician/Nutritionist | $153 | $180 | $196 | $223 | $237 |
| LPN/Dental Hygenist/Pharmacy | $205 | $242 | $262 | $299 | $317 |
| Ass't/Lab Tech/EKG-Ultrasound |  |  |  |  |  |
| Tech/Medical Tech/Echocardiograrn |  |  |  |  |  |
| Tech/X-Ray Tech/Radiology Tech/ |  |  |  |  |  |
| Certified Medical Asst |  |  |  |  |  |
| Nurse/Enterstomal Therapist/ | $253 | $298 | $324 | $369 | $392 |
| Social Worker/Dialysis Tech |  |  |  |  |  |
| Occupational Therapist/Speech | $301 | $355 | $385 | $439 | $466 |
| Pathologist |  |  |  |  |  |
| Pharmacist | $449 | $530 | $575 | $656 | $696 |
| Physical Therapist/Respiratory | $585 | $690 | $748 | $854 | $906 |
| Therapist/Phlebotomist/Clergy/ |  |  |  |  |  |
| Nuclear Medicine Tech/Radiation |  |  |  |  |  |
| Therapist |  |  |  |  |  |
| Psychologist | $962 | $1)35 | $1,231 | $1405 | $1491 |
| Nurse Practitioner/Physician | $1,260 | $1,487 | $1,613 | $1,841 | $1,953 |
| Ass't/Paramedic/EMT |  |  |  |  |  |
| Medical Director | $344 | $406 | $440 | $503 | $533 |
| **Non Medical Office Staff (Rates per $1,000 payroll):** | | | | | |
| $0-$500,000 | $1.83 | $2.15 | $2.34 | $2.67 | $2.83 |
| $500,001-$2,000,000 | $0.91 | $1.07 | $1.16 | $1.33 | $1.41 |
| $2,000,001-$7,000,000 | $0.63 | $0.74 | $0.81 | $0.92 | $0.97 |
| $7,000,001-$20,000,000 | $0.28 | $0.33 | $0.36 | $0.41 | $0.43 |
| Over $20,000,000 | $0.14 | $0.17 | $0.18 | $0.21 | $0.22 |

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

## RATING METHODOLOGY

* 1. Agency Rate-The rate indicated applies to every risk written under this program.
  2. 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 ofFTE's is calculated as follows:
     1. FTE's/Hours-Theannual 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 ofFTE'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) | $34,337 | \*Salaries are based on Home Health Agency Compensation Survey Report, |
| Licensed Prac Nurse | $29,546 | Washington, DC, National Association of Home Care (NAHC). Salaries |
| Physical Ther. | $48,944 | used to calculate FI'E's will be revised as the report is updated. Average |
| Occupational Tuer. | $43,917 | salaries for categories not listed at the left will be estimated by comparing the |
| Speech Therapist | $36,473 | educational requirements for unlisted categories with those categories listed. |
| Social Worker | $31,193 |  |
| Home Health Aide | $17,556 |  |

* 1. For agencies that use independent contractors, the number of FfE's are calculated as described above. If the independent contractors are not to be covered, individually, 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.

Page 1 Rev 6/15/2009

**HEALTHCARE AGENCY PROFESSIONAL LIABILITY PROGRAM LOUISIANA**

# SURCHARGES. CREDITS AND DEBITS

* 1. **Surcharges**
     1. Malplacement-

1. Registry-
2. Background Check-
3. Nrsng Hms/Asstd Lvng Ctrs/Lng Trm Care Fac-
4. High Tech/Crtcl Care-

A malplacement surcharge of25% of the developed premium, before credits and debits, will apply to agencies engaged in supplemental staffing.

A registry surcharge of25% of the developed premium, before credits and debits, will apply to agencies

that do supplemental staffing. This is in addition to the malplacement surcharge.

A surcharge of I0% to agencies not performing background checks on their employees and independent contractors.

A surcharge of25% 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.

A malplacement Surcharge of25% 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.

* 1. **Credits/Debits {The policy premium. at total limits. after schedule rating is applied must be at least $6,000}**

Debits Credit

0-10% Claims History 0-10%

0-10% Risk Management 0-10%

0-10% Nature of Operations 0-10%

**MAXIMUM DEBIT/CREDIT +/-25%**

1. **ADDITIONAL INSUREDS**

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

1. **MINIMUM PREMIUMS**

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

Home Health Agency $1,000

Hospice $500

Pure Registry $2,500

|  |  |  |  |
| --- | --- | --- | --- |
| 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% |

VIL **CLAIMS MADE CONVERSION FACTORS** & **EXTENDED REPORTING PERIOD**

1. **Claims Made Factors** % of Occurrence Premium I 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 I00% of mature claims made rate Unlimited Option at 110% of mature claims made rate

Page2 Rev 6/15/2009