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|  |  | ***NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.*** |
|  |  | **HEALTH CARE AGENCY PROFESSIONAL LIABILITY** |
|  |  | **RATE SHEET** |
|  |  | **GEORGIA** |
| 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** $1,134 $1,338 $1,452 $1,656 $1,758 | | |
| **B. Full Time Equivalent Employee:** | | |
|  |  | Home Health Aide $71 $83 $90 $103 $110 |
|  |  | Nurse Aide/Sitter/Companion/ $70 $83 $90 $103 $109 |
|  |  | Clerical/Administrative/ |
|  |  | Bereaval Therapist/Homemaker |
|  |  | Dietician/Nutritionist $113 $134 $145 $166 $176 |
|  |  | LPN/Dental Hygenist/Pharmacy $152 $179 $194 $222 $235 |
|  |  | Ass't/Lab Tech/EKG-Ultrasound |
|  |  | Tech/Medical Tech/Echocardiogram |
|  |  | Tech/X-Ray Tech/Radiology Tech/ |
|  |  | Certified Medical Ass't. |
|  |  | Nurse/Enterstomal Therapist/ $188 $221 $240 $274 $291 |
|  |  | Social Worker/Dialysis Tech |
|  |  | Occupational Therapist/Speech $223 $263 $286 $326 $346 |
|  |  | Pathologist |
|  |  | Pharmacist $333 $393 $426 $486 $516 |
|  |  | Physical Therapist/Respiratory $434 $512 $555 $633 $672 |
|  |  | Therapist/Phlebotomist/Clergy/ |
|  |  | Nuclear Medicine Tech/Radiation |
|  |  | Therapist |
|  |  | Psychologist $714 $842 $913 $1,042 $1,106 |
|  |  | Nurse Practitioner/Physician $935 $1,103 $1,197 $1,365 $1,449 |
|  |  | Ass't/Paramedic/EMT |
|  |  | Medical Director $255 $301 $327 $373 $396 |
|  | **C.** | **Non Medical Office Staff (Rates per $1,000 payroll):** |
|  |  | $0-$500,000 $2.00 $2.36 $2.56 $2.92 $3.10 |
|  |  | $500,001-$2,000,000 $0.99 $1.17 $1.27 $1.45 $1.54 |
|  |  | $2,000,001-$7,000,000 $0.69 $0.81 $0.88 $1.01 $1.07 |
|  |  | $7,000,001-$20,000,000 $0.30 $0.36 $0.39 $0.45 $0.47 |
|  |  | Over $20,000,000 $0.16 $0.19 $0.20 $0.23 $0.24 |
|  |  | 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) $29,650 \*Salaries are based on Home Health Agency Compensation Survey Report, |
|  |  | Licensed Prac Nurse $24,066 Washington, DC, National Association of Home Care (NAHC). Salaries |
|  |  | Physical Ther. $51,175 used to calculate FTE's will be revised as the report is updated. Average |
|  |  | Occupational Ther. $45,901 salaries for categories not listed at the left will be estimated by comparing the |
|  |  | Speech Therapist $39,757 educational requirements for unlisted categories with those categories listed. |
|  |  | Social Worker $29,924 |
|  |  | Home Health Aide $14,867 |
|  | 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 GEORGIA**

# 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 contractor
     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 en in High Tech/Critical Care services including Surgical, Pediatric, Infusion Therapy, and Tracheotomy/Ventilator C

# Credits/Debits

1. **ADDITIONAL INSUREDS**

Debits Credit

0-25% Claims History 0-25%

0-20% Risk Management 0-20%

0-15% Nature of Operations 0-15%

# MAXIMUM DEBIT/CREDIT +/-25%

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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