

LOUISIANA PATIENT'S COMPENSATION FUND

Surcharge Rates

effective September 2, 2015

CLASS	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
Class 1A	1,376	2,297	2,694	2,907	3,059	3,327	3,327
Class 1	2,057	3,427	4,022	4,342	4,566	4,967	4,967
Class 2A	2,561	4,318	5,008	5,407	5,687	6,184	6,184
Class 2	3,114	5,189	6,086	6,569	6,918	7,518	7,518
Class 3	4,395	7,321	8,592	9,275	9,766	10,614	10,614
Class 4*	7,149	11,910	13,967	15,082	15,878	17,252	17,252
Class 5*	6,004	10,002	11,737	12,669	13,339	14,495	14,495
Class 6	9,094	15,149	17,780	19,198	20,209	21,969	21,969
Class 7	11,179	18,626	21,858	23,589	24,833	26,993	26,993
Class 8	17,918	29,863	35,037	37,826	39,826	43,277	43,277

Dentist	255	317	373	403	424	459	459
Oral Surgeon	1,372	2,092	2,455	2,649	2,790	3,030	3,030
Physician Assistant	720	1,199	1,408	1,520	1,598	1,739	1,739
Surgeon Assistant	720	1,199	1,408	1,520	1,598	1,739	1,739
Clinical Nurse Specialist	411	686	805	868	913	993	993
Nurse Practitioner	411	686	805	868	913	993	993
Nurse Midwife	1,542	2,570	3,017	3,257	3,424	3,724	3,724
Chiropractor	823	1,371	1,609	1,737	1,826	1,987	1,987
Pharmacist	250	250	250	250	250	250	250
Optometrist	257	428	503	543	570	621	621
Optometrist - Surgery	515	857	1,006	1,085	1,141	1,241	1,241

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
CRNA	1,152	1,918	2,253	2,432	2,558	2,782	2,782

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
HOSPITALS**	1,240	2,068	2,422	2,608	2,750	2,990	2,990

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

NURSING HOMES	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SKILLED BED	206	345	403	435	458	498	498
INTERMEDIATE	145	241	282	304	321	348	348
ASSISTED LIVING ONLY	105	173	200	215	229	249	249

	CLAIMS-MADE MATURITY YEAR					OCCURRENCE	SELF INSURED
	1	2	3	4	5		
SURGICAL CENTER	122	203	238	256	270	295	295
DIALYSIS CENTER	25	44	51	54	57	62	62

(Both per 100 procedures)

BLOOD BANK (per draw)	0.16	0.26	0.33	0.34	0.36	0.39	0.39
-----------------------	------	------	------	------	------	------	------

ALL OTHER PROVIDERS: **0.84 of basic** limits coverage premiums (\$250 minimum)