



Pennsylvania Compensation Rating Bureau

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November 28, 2012

PCRB CIRCULAR NO. 1609

To All Members of the PCRB:

Re: **APPROVAL OF PCRB FILING NO. 248**

- 1) **Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Percentages and Factors – NCCI Item B-1425, Related Manual Rule Housekeeping Revisions – EFFECTIVE APRIL 1, 2013**
- 2) **Statistical Plan Revisions Related to NCCI Item B-1425 and Additional Revisions – EFFECTIVE APRIL 1, 2013**
(And Specified Items Effective April 1, 2013 on an Optional Basis, January 1, 2014 on a Mandatory Basis)

The PCRB has filed and the Insurance Commissioner has approved revisions to the Basic Manual and Statistical Plan Manual to reflect countrywide changes in line with National Council on Compensation Insurance, Inc. (NCCI) Item B-1425, which proposes revised employer liability increased limit factors. Additionally, housekeeping revisions to both Manuals and revisions to the Statistical Plan Manual as outlined below have been approved.

- 1) **Basic Manual – these changes are effective April 1, 2013**
 - Revisions to Section 1, Rule VIII – Table for Increased Limits
 - Miscellaneous housekeeping changes

NCCI Item B-1425 provides two sets of employers liability increased factors, the choice of lower or higher tables of factors being based on each state's portion of employers liability losses relative to total workers compensation losses in that state. For Pennsylvania, the PCRB chose the higher tables which still represent significant reductions to Pennsylvania's existing factors.

Exhibit 1 attached shows the Manual changes to Rule VIII.

Questions about the Basic Manual should be directed to Betty Ann Campbell, Director, Rating Rules & Policy Reporting Department at Extension 4425.

2) Statistical Plan Manual

Changes effective April 1, 2013

- Revisions to Employers Liability and Admiralty or FELA Coverage Increased Limits Table

Changes effective on an OPTIONAL basis April 1, 2013 – on a MANDATORY basis January 1, 2014

- Housekeeping revisions to include typographical errors and language standardization
- Addition to and deletion of certain data elements
- Addition of new code values
- Clarification of language for reporting instructions and code values
- Updated example forms (there is no material change to reporting requirements)

Exhibit 2 attached encompasses all of the above referenced revisions.

Questions about the Statistical Plan Manual should be directed to Bonnie Piacentino, Vice President – Data Management at Extension 4456.

Both Manuals will be updated on our website (www.pcrb.com) at a future date.

Timothy L. Wisecarver
President

kg
Attachment

Remember to visit our website at www.pcrb.com for more information about this and other topics.

RULE VIII – LIMITS OF LIABILITY
Item 3-B of the Information Page

A. WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

1. Part One – Workers Compensation

There is no limit of liability in the standard policy for Part One – Workers Compensation. The policy provides all benefits required by the Pennsylvania Workers Compensation Law and Occupational Disease Act stated in Item 3-A of the Information Page.

2. Part Two – Employers Liability

a. Standard Limits

The standard limits of liability under Part Two are:

- Bodily Injury by Accident: **\$100,000** – each accident
- Bodily Injury by Disease: **\$100,000** – each employee
- Bodily Injury by Disease: **\$500,000** – policy limit.

b. Increased Limits

The limits under Part Two may be increased, subject to the following:

- (1) The limits of liability shall be the same for all states specified in Item 3-A of the Information Page.
- (2) The additional premium for increased limits shall be determined by multiplying the total premium by the percentage in the following Table for Increased Limits. For this purpose, total premium shall be computed after application of any carrier rate but before application of experience rating modification or retrospective rating adjustment.

TABLE FOR INCREASED LIMITS

Classification Statistical Codes	Limits of Liability	Percentage
	(000s omitted)	
9803	100 / 100 / 1,000	<u>.70%</u> <u>0.2%</u>
<u>9804</u>	<u>100/100/2,500</u>	<u>1.20%</u>
9805	100 / 100 / 5,000	<u>1.70%</u> <u>1.0%</u>
9806	100 / 100 / 10,000	<u>2.40%</u> <u>2.0%</u>
9807	500 / 500 / 500	<u>1.90%</u> <u>1.1%</u>
9808	500 / 500 / 1,000	<u>2.20%</u> <u>1.3%</u>
<u>9809</u>	<u>500/500/2,500</u>	<u>2.70%</u>
9810	500 / 500 / 5,000	<u>3.20%</u> <u>2.1%</u>
9811	500 / 500 / 10,000	<u>3.90%</u> <u>3.1%</u>
9812	1,000 / 1,000 / 1,000	<u>3.30%</u> <u>1.4%</u>
<u>9813</u>	<u>1,000/1000,2,500</u>	<u>3.80%</u>
9814	1,000 / 1,000 / 5,000	<u>4.40%</u> <u>2.2%</u>
9815	1,000 / 1,000 / 10,000	<u>5.00%</u> <u>3.2%</u>

9816	Over 1,000 / 1,000 / 10,000	(a)
<u>9837</u>	<u>All other</u>	<u>Refer to Table 1</u>
	<u>(a) Apply to PCRБ for higher limit charges</u>	

Table 1

Bodily Injury by Disease: Policy Limit (\$000 Omitted)

<u>Loss Limit</u>	<u>500</u>	<u>1,000</u>	<u>2,000</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>6,000</u>	<u>7,000</u>	<u>8,000</u>	<u>9,000</u>	<u>10,000</u>	
<u>Bodily Injury by Accident</u>	<u>100</u>	<u>0.0%</u>	<u>0.2%</u>	<u>0.4%</u>	<u>0.6%</u>	<u>0.8%</u>	<u>1.0%</u>	<u>1.2%</u>	<u>1.4%</u>	<u>1.6%</u>	<u>1.8%</u>	<u>2.0%</u>
	<u>200</u>	<u>0.4%</u>	<u>0.6%</u>	<u>0.8%</u>	<u>1.0%</u>	<u>1.2%</u>	<u>1.4%</u>	<u>1.6%</u>	<u>1.8%</u>	<u>2.0%</u>	<u>2.2%</u>	<u>2.4%</u>
	<u>300</u>	<u>0.7%</u>	<u>0.9%</u>	<u>1.1%</u>	<u>1.3%</u>	<u>1.5%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>2.1%</u>	<u>2.3%</u>	<u>2.5%</u>	<u>2.7%</u>
<u>Each Accident Limit and</u>	<u>400</u>	<u>0.9%</u>	<u>1.1%</u>	<u>1.3%</u>	<u>1.5%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>2.1%</u>	<u>2.3%</u>	<u>2.5%</u>	<u>2.7%</u>	<u>2.9%</u>
	<u>500</u>	<u>1.1%</u>	<u>1.3%</u>	<u>1.5%</u>	<u>1.7%</u>	<u>1.9%</u>	<u>2.1%</u>	<u>2.3%</u>	<u>2.5%</u>	<u>2.7%</u>	<u>2.9%</u>	<u>3.1%</u>
	<u>1,000</u>	<u>-</u>	<u>1.4%</u>	<u>1.6%</u>	<u>1.9%</u>	<u>2.0%</u>	<u>2.2%</u>	<u>2.4%</u>	<u>2.6%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.2%</u>
<u>Bodily Injury by Disease</u>	<u>2,000</u>	<u>-</u>	<u>-</u>	<u>1.8%</u>	<u>2.0%</u>	<u>2.2%</u>	<u>2.4%</u>	<u>2.6%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.2%</u>	<u>3.4%</u>
	<u>3,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2.2%</u>	<u>2.4%</u>	<u>2.6%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.2%</u>	<u>3.4%</u>	<u>3.6%</u>
	<u>4,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2.6%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.2%</u>	<u>3.4%</u>	<u>3.6%</u>	<u>3.8%</u>
<u>Each Employee Limit (\$000 Omitted)</u>	<u>5,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3.0%</u>	<u>3.2%</u>	<u>3.4%</u>	<u>3.6%</u>	<u>3.8%</u>	<u>4.0%</u>
	<u>6,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3.4%</u>	<u>3.6%</u>	<u>3.8%</u>	<u>4.0%</u>	<u>4.2%</u>
	<u>7,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3.7%</u>	<u>3.9%</u>	<u>4.1%</u>	<u>4.3%</u>
	<u>8,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4.0%</u>	<u>4.2%</u>	<u>4.4%</u>
	<u>9,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4.3%</u>	<u>4.5%</u>
	<u>10,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4.6%</u>

(3) The premium for increased limits shall be subject to any experience rating modification, merit rating, deductible credit or -and retrospective rating. The premium for increased limits on non-ratable classifications is not subject to any experience rating modifications, merit rating and retrospective rating.

No Change

B. VOLUNTARY COMPENSATION INSURANCE

1. Standard Limits

The standard limits of liability under Part Two Employers Liability Insurance for employees subject to voluntary compensation insurance are:

Bodily Injury by Accident: **\$100,000** – each accident

Bodily Injury by Disease: **\$100,000** – each employee

Bodily Injury by Disease: **\$500,000** – policy limit

The limit of liability for Bodily Injury by Accident applies to all bodily injury arising out of any one accident. The limit of liability for Bodily Injury by Disease – each employee – applies as a separate limit to bodily injury by disease to any one employee and the limit of liability for Bodily Injury by Disease – policy limit – applies as an aggregate limit for all bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease.

2. Increased Limits

- (a) The standard limits under Part Two Employers Liability for employees subject to voluntary compensation insurance may be increased.
- (b) The premium for the increased limits shall be determined by using on the basis of the Table factors in Rule A.2. b. the following table:

Limit of Liability	Factor
000s omitted	
100 / 100 / 1,000	1.053
100 / 100 / 2,500	1.127
100 / 100 / 5,000	1.225
100 / 100 / 10,000	1.284
500 / 500 / 500	1.186
500 / 500 / 1,000	1.206
500 / 500 / 2,500	1.286
500 / 500 / 5,000	1.368
500 / 500 / 10,000	1.424
1,000 / 1,000 / 1,000	1.280
1,000 / 1,000 / 2,500	1.357
1,000 / 1,000 / 5,000	1.436
1,000 / 1,000 / 10,000	1.509
Over 1,000 / 1,000 / 10,000	(a)
(a) Apply to Bureau for higher limit factor	

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

SECTION I - GENERAL RULES/DEFINITIONS

A. Scope of Report

A report must be filed for every policy insuring liability under Pennsylvania Workers' Compensation and Occupational Disease Acts, as well as for every voluntary compensation policy providing coverage in Pennsylvania. All reports must be filed with the **Pennsylvania Compensation Rating Bureau, The Widener United Plaza Building, 6th Floor Suite 1500, One South Penn Square 30 South 17th Street, Philadelphia, PA 1910719103-35774007.**

Item **B** remains unchanged.

C. Fine System for Statistical Reporting

Items Number **1 through 5** remain unchanged.

6. Appeal of Assessments

PCRB
 Statistical Reporting – Appeals
~~The Widener Building, 6th Floor~~ United Plaza Building, Suite 1500
~~One South Penn Square~~ 30 South 17th Street
 Philadelphia, PA ~~19107~~ 19103-4007

Items **D through K** remain unchanged.

L. Loss Rules

Items Number **1 through 7** remain unchanged.

8. Correction and Subsequent Reports

Item **a.** remains unchanged.

b. Correction Reports

(1) A correction report must be filed when any of the following occur between valuation dates:

Item **(a)** remains unchanged.

(b) The claim, or any part thereof, is declared non-compensable (as defined in ~~an the~~ experience-Experience rating-Rating planPlan).

Item **(c)** remains unchanged.

(d) The claim's ~~should have been reported with a catastrophe code~~ catastrophe code values are found to have been included or excluded in error.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

If the claim was declared non-compensable, a Code "05" must be reported in the Type of Settlement portion of the Loss Conditions field. In the case of recovery against a third party, a Code "03" must be reported in the Type of Recovery portion of the Loss Conditions field, etc. (See Section IV, Codes, ~~Item C, Loss Information Codes, Number 3, Loss Conditions, Type of Recovery for a complete list of codes.~~)

Items **(2) through (3)** remain unchanged.

Item **c.** remains unchanged.

Items Number **9 through 10** remain unchanged.

Item **M** remains unchanged.

N. General Rules and Definitions

Items Number **1 through 9** remain unchanged.

10. Type of Claim

Items **a. through c.** remain unchanged.

~~d. *Liability Over.* Refers to a particular Employers Liability coverage situation where a third party, who is being sued by an employee, in turn sues the employer. Any damages incurred to the employer are classified as liability over and are in addition to compensation payments made to the injured employee.~~

Items Number **11 through 14** remain unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

SECTION II – REPORTING REQUIREMENTS

A. Rules Common to Premiums and Losses

Item Number 1 remains unchanged.

2. Estimated Audits

If for any reason data is unavailable to the carrier before the filing date, an estimated audit must be filed with the Bureau and the Policy Conditions fField "Estimated ExposuresAudit Code" shall be marked with the symbol "Y"appropriate code.

Items Number 3 through 6 remain unchanged.

7. Policy Conditions

Report the 1-position code indicator or code for each policy condition which is indicated by a "Y" in the appropriate box for each condition that applies: three-year fixed rate indicator, multistate policy indicator, estimated exposure indicatoraudit code, retrospective rated indicator, canceled mid-term indicator and managed care organization indicator.

Item Number 8 remains unchanged.

9. Deductible Type Codes

Report the two 2-digit4-digit codes that identify the type of deductible being reported.

First Two Positions Losses Subject to Deductible Code

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses
<u>00</u>	<u>No Deductible</u>

Second Two Positions Basis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Limit</u>
07	<u>Benefits</u> Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	<u>Per Accident</u> Coinsurance <u>Percent with Per Accident Amount and Coinsurance Limit</u>
09	Per <u>Policy &</u> Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per</u> Policy Aggregate <u>Limit</u>
11	Coinsurance Percent With <u>Per</u> Claim <u>Amount Limit</u> and <u>Per</u> Policy Aggregate Limits
12	Variable

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

Items Number **10 through 12** remain unchanged.

B. Exposure Information

Items Number **1 through 3** remain unchanged.

4. Exposure Amount

Item **a.** remains unchanged.

- b. Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated **Exposures Audit Code** should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

Items **c. through f.** remain unchanged.

- g. The Manual rules provide that the payroll of all employees exposed to or engaged in the following hazards will have a mandatory catastrophe reserve rate which is not subject to experience or retrospective rating in addition to the Bureau Loss Cost. Such payroll, together with the manual premium from the mandatory catastrophe reserve rate charge, shall be assigned to the appropriate code:

Class	Hazard	Code
0615	Tunneling and Shaft Sinking	0152
0810	Truck deliveries of coal from a mine or tippie/hauling of coal	0162
<u>4771</u>	<u>Manufacturing of Explosives or Ammunition</u>	<u>0771</u>
<u>4773</u>	<u>Manufacturing of high explosives</u>	<u>0773</u>
<u>4774</u>	<u>Manufacturing of high explosives</u>	<u>0774</u>
<u>4775</u>	<u>Handling of explosives or mixing of fulminate</u>	<u>0775</u>
<u>4776</u>	<u>Handling of explosives or mixing of fulminate</u>	<u>0776</u>
<u>4779</u>	<u>Mixing and/or loading of charges</u>	<u>0779</u>
<u>7323</u>	<u>Stevedoring – handling of ammunition</u>	<u>0763</u>
7405	All members of the flying crew of scheduled and supplemental air carriers	7445
7413	All members of the flying crew of commuter air carriers	7453

To provide coverage for Federal Black Lung on class **Code 0615**, Tunneling and Shaft Sinking, the additional non-rateable disease loading **Code 0164** and rating value must be applied to the payroll.

5. Exposure-Other Than Payroll

Items **a. through c.** remain unchanged.

- d. *Volunteer Ambulance Companies* - **Class 0993**. Where the policy provides coverage for Volunteer ambulance companies, enter the number of such companies **in the space provided** for **the** exposure amount, carried to the nearest tenth.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

- e. *Per Person Week - Workfare Program Employees - Class 0982.* Where the policy provides coverage for Community Work Experience Program employees or Workfare, enter the number of employees on a per person week basis ~~in the space provided for the~~ exposure amount, carried to the nearest tenth. The premium derived is not subject to experience or retrospective rating. ~~The exposure and premium shall be entered on lines "D," "E" or "F."~~

Item f. remains unchanged.

Items Number **6 through 10** remain unchanged.

C. Loss Information

Item Number **1** remains unchanged.

2. Claim Number

Item **a.** remains unchanged.

- ~~b. Each claim on which the total loss (indemnity and medical combined) is greater than \$2,000 must be listed individually with the appropriate claim number.~~

- ~~e. At the option of the carrier all other medical only or temporary claims may be listed individually or may be grouped by Manual classification and by type of injury within each Manual classification. The number of claims within each group shall be entered in the column captioned Accident Date/Number of Claims. In counting the number of claims, claims closed without payment shall be omitted. If one or more claims within the group are open, such a group shall be considered open and revised experience shall be reported in accordance with the rules of this Plan. If the grouping option is elected, claims must be grouped separately according to loss conditions codes as designated in Section IV, Item C.3.~~

~~**NOTE: If claims otherwise eligible for the claim grouping option contain Catastrophe Code Number 48 or 87, these claims must be grouped separately with "48" or "87" reported in the Catastrophe Number field. Refer to Section II, C. 11. for definition of losses included under Catastrophe Code Number 48 or 87.**~~

3. Accident Date/Number of Claims

~~For claims which are listed individually, e^{ntering} of the accident date by reporting the month, day and year on which the injury occurred is required. Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is not reported for individually listed claims.~~

Items Number **4 through 8** remain unchanged.

9. Loss Conditions

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes

Optional Effective April 1, 2013

Mandatory Effective January 1, 2014

03 Federal Coal Mine Health and Safety Act Only
04 Federal Coal Mine Health and Safety Act and/or the State Act

Items Number **10 through 15** remain unchanged.

16. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>

Items Number **16 through 20** are to be renumbered **17 through 21**.

22. Weekly Wage Amount

Report the actual weekly wage amount at the date of injury upon which the indemnity benefits are based. (Do not report the maximum or minimum weekly earnings specified in the state law.)

Items Number **21 through 22** are to be renumbered **23 through 24**.

D. Loss Totals

1. Total Number of Claims

Report the total number of claims reported for the state within the policy. In the case of corrections and subsequent reports, this must be the revised total. ~~Individually listed claims count as 1, while grouped claims equal the number of claims being grouped.~~

Items Number **2 through 9** remain the same.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

SECTION III - INDIVIDUAL CASE REPORTS

A. Individual Case Reports Rules

1. **Claims on Which Required. Individual Case Reports shall be filed for the following:**

Items **a. through b.** remain unchanged.

NOTE: Pennsylvania has no statutory maximum for incurred indemnity.

Individual Case Reports shall be filed concurrently with the submission of individual risk experience. ~~Individual Case Reports in connection with subsequent reportings of experience are required if the incurred indemnity amounts, the classification code or the type of injury changes from the previous reporting. (For examples, see Section VI.)~~

2. **General Instructions** for Reporting Information on the Individual Case Reports.

ALL INFORMATION ON THE INDIVIDUAL CASE REPORT MUST AGREE WITH THE CORRESPONDING INFORMATION SHOWN ON THE UNIT REPORT.

Items **a. through j.** remain unchanged.

k. *Policy Effective Date.* Report the date on which the policy became effective ~~coded as~~ MM/DD/YY.

Item **l.** remains unchanged.

m. *Claim Status Code.* Enter the appropriate Claim Status Code, use 0 for an open claim or 1 for a closed claim.

Item **n.** remains unchanged.

o. *Loss Conditions Codes.* ~~This-These~~ fields ~~is-are~~ not required since the information is on the Unit Statistical Report. However, if reported, ~~this-these entry-entries~~ should be identical with the entry-entries in the Loss Condition fields on the corresponding unit report as provided in Section IV, Item C.3.

Items **p. through r.** remain unchanged.

s. *Accident Date.* Enter the date of the accident ~~in this space coded as~~ MM/DD/YY.

t. *Date of Death.* (Death Claims Only) Enter the date of death ~~coded as~~ MM/DD/YY.

u. *Date Reported.* Enter the date at which the application for benefits was filed ~~coded as~~ MM/DD/YY.

v. *Date of Birth.* Enter the injured worker's date of birth ~~coded as~~ MM/DD/YY.

Items **w. through aa.** remain unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1) Mandatory Effective April 1, 2013

All Other Changes Optional Effective April 1, 2013 Mandatory Effective January 1, 2014

bb. *Injury Description Code.* This field is not required since the information is on the Unit Statistical Report. However, if reported, enter the three 62-digit codes from the injury description and cause of injury code grid in Section IV, which most accurately describes the conditions of the injury.

Item **cc.** remains unchanged.

dd. *Date Closed.* Enter the date the claim was closed, if applicable, ~~coded~~ MM/YY.

Items **ee. through hh.** remain unchanged.

ii. *Date Single Sum Paid.* Enter the date single sum settlement was paid ~~coded~~ MM/DD/YY.

Items **jj. through ll.** remain unchanged.

3. **Specific Instructions for Reporting Information on Individual Case Reports, Other Than Pension.**

Items **a. through b.** remain unchanged.

c. *Non-Scheduled Indemnity.*

Item Number **(1)** remains unchanged.

(2) ~~Percent Disability. Report the percentage upon which the non-scheduled indemnity benefit was determined. Incurred Loss. Report the total incurred indemnity amount (paid plus outstanding) as of the valuation date of all non-scheduled benefits based on a percentage disability. Report dollars only.~~

Item **d.** remains unchanged.

e. *Vocational Rehabilitation Total Incurred.* Report the incurred amount (paid plus outstanding) of any vocational rehabilitation expenses incurred as of the valuation date. The corresponding ~~loss condition~~ Vocational Rehabilitation Indicator also must be used. See Section IV.

Item **f.** remains unchanged.

4. **Specific Instructions for Reporting Information on Individual Case Reports, Pension Benefits.**

a. *Beneficiary Data.* Report the 1-digit numeric code corresponding to each different type of beneficiary. Refer to Section IV, Item D.12. for the code list. A separate code must be given for each beneficiary even if more than one beneficiary falls within the same code. For each beneficiary report the date ~~of~~ when the beneficiary was born ~~coded as~~ MM/DD/YY.

Items **b. through g.** remain unchanged.

Item Number **5** remains unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

SECTION IV - CODES

A. Codes Common to Premium and Losses

Items Number **1 through 4** remain unchanged.

5. Deductible Type Codes

Identifies the type of deductible being reported.

First Two PositionsLosses Subject to Deductible Code

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

Second Two PositionsBasis of Deductible Calculation Code

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy <u>Aggregate Limit</u>
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only <u>Percent with Per Claim Limit</u>
07	Benefits Coinsurance <u>Percent with Per Claim Amount and Coinsurance Limit</u>
08	Per Accident Coinsurance <u>Percent with Per Accident Amount and Coinsurance Limit</u>
09	Per Policy & Accident <u>Amount with Per Policy Aggregate Limit</u>
10	Per Claim <u>Amount with and Per</u> Policy Aggregate <u>Limit</u>
11	Coinsurance Percent With <u>Per</u> Claim <u>Amount Limit</u> and <u>Per</u> Policy Aggregate <u>Limits</u>
12	Variable

6. Policy Conditions

Report the 1-position indicator or code "Y" or "N" for each policy conditions.

Items **a. through c.** remain unchanged.

d. Estimated Exposure IndicatorAudit Code

"Y" = Exposures expressed on the unit report are estimated.

"N" = Exposures expressed on the unit report are the result of ~~the~~ an audit.

U = Insured has refused or not responded to requests to provide carrier with access to books and records. Audit has been closed as uncooperative. Exposures expressed on unit report are estimated.

Items **e. through g.** remain unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

B. Exposure Information Codes

Item Number 1 remains unchanged.

2. Exposure Coverage

Code Description

- 01 State or Federal Act, excl. USL&HW
- 02 USL&HW "F" or non "F" Coverage
- 03 Federal Coal Mine Health and Safety Act Only
- 04 Federal Coal Mine Health and Safety Act and/or the State Act
- 10 Voluntary Coverage Not Mandatory by State Act

3. Premium Codes

a. Premium Subject to Experience Modification ~~(Reported Above Line "A")~~

(1) Premium for Increased Limits

Table for Increased Limits Effective 01/01/8804/01/13

Limits of Liability (000's omitted)	Percentage	Codes
100/100/1,000	-.70%	9803
<u>100/100/2,500</u>	<u>1.20%</u>	<u>9804</u>
100/100/5,000	<u>1.70%</u>	9805
100/100/10,000	<u>2.40%</u>	9806
500/500/500	<u>1.90%</u>	9807
500/500/1,000	<u>2.20%</u>	9808
<u>500/500/2,500</u>	<u>2.70%</u>	<u>9809</u>
500/500/5,000	<u>3.20%</u>	9810
500/500/10,000	<u>3.90%</u>	9811
1,000/1,000/1,000	<u>3.30%</u>	9812
<u>1,000/1,000/2,500</u>	<u>3.80%</u>	<u>9813</u>
1,000/1,000/5,000	<u>4.40%</u>	9814
1,000/1,000/10,000	<u>5.00%</u>	9815
Over 1,000/1,000/10,000	<u>a</u>	9816
<u>All Other</u>		<u>9837</u>

Note: The ~~increased-increased~~ limits factors applied to non-ratable classification exposures should be reported as not subject to the experience modification ~~on Line "D", "E" or "F"~~.

Items Number **(2) through (6)** remain unchanged.

b. Premium Not Subject to Experience Modification ~~(Reported on lines "D", "E" or "F")~~

Items Number **(1) through (4)** remain unchanged.

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

(5) Optional Supplemental Loadings	
For Class 447	Code 0066
For Class 445	Code 0067
For Class 513	Code 0176
For Black Lung Experience	Code 0164
For Carcinogen Experience	Code 0133
For Radiation Experience	Code 9985
(6) Mandatory Supplemental Loadings	
For Class 615	Code 0152
For Class 615	Code 0164
For Class 810	Code 0162
For Class 4771	Class 0771
For Class 4773	Code 0773
For Class 4774	Code 0774
For Class 4775	Code 0775
For Class 4776	Code 0776
For Class 4779	Code 0779
For Class 7323	Code 0763
For Class 7405	Code 7445
For Class 7413	Code 7453

Items Number **(7) through (15)** remain unchanged.

Item **c.** remains unchanged.

Item Number 4 remains unchanged.

C. Loss Information Codes

Items Number **1 through 2** remain unchanged.

3. Loss Conditions

Report the 2-digit code for each loss condition.

Loss Coverage Act

Code	Description
01	State or Federal Act, excl. USL&HW
02	USL&HW "F" or non "F" Coverage
<u>03</u>	<u>Federal Coal Mine Health and Safety Act Only</u>
<u>04</u>	<u>Federal Coal Mine Health and Safety Act and/or the State Act</u>

Items Number **4 through 6** remain unchanged.

7. Lump Sum Indicator

Report the value that identifies a lump sum agreement for the claim.

<u>Indicator</u>	<u>Description</u>
<u>Y</u>	<u>Claim has been settled by an agreement to a lump sum amount.</u>
<u>N</u>	<u>Claim has not been settled with a lump sum agreement.</u>

PENNSYLVANIA STATISTICAL PLAN MANUAL

*Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013*

*All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014*

Item Number 7 is to be renumbered 8.

D. Individual Case Report Codes

Items Number 1 through 2 remain unchanged.

3. Report Type

Code	Description
1	Claim involving Life Pension Benefits
2	Claim not involving Life Pension Benefits

3.5. Claim Status Code

4. Managed Care Organization Type Code

Code	Description
<u>00</u>	<u>The claim is not administered by an approved managed care organization (MCO).</u>
<u>01</u>	<u>The claim's medical losses are administered by an approved managed care organization (MCO) not specifically listed in Codes 02-05 below.</u>
<u>02</u>	<u>The claim's medical losses are administered by a health maintenance organization (HMO).</u>
<u>03</u>	<u>The claim's medical losses are administered by a preferred provider organization (PPO).</u>
<u>04</u>	<u>The claim's medical losses are administered by an exclusive provider organization (EPO).</u>
<u>05</u>	<u>The claim's medical losses are administered by an independent practice association (IPA).</u>

Item Number 4 is to be renumbered 8.

Item Number 5 is to be renumbered 3. (see above)

Items Number 6 through 7 are to be renumbered 5 through 6.

9.8 Reserved Type

Items Number 9 through 11 are to be renumbered 10 through 12.

Item Number 12 is to be renumbered 7.

13. Beneficiary Code

Code	Description
1	Injured Worker
2	Widow
3	Widower
4	Sons or Daughters
5	Brothers or Sisters
6	Mothers or Fathers
7	Other
<u>9</u>	<u>Handicapped Child</u>

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

Injury Description Coding

Cause of Injury

Code	Narrative Description
X. Miscellaneous Causes	*
89. Person in Act of a Crime	Specific injury, <u>other than gunshot</u> , caused as a result of contact between injured person and another person in the act of committing a crime. Includes robbery or criminal assault.
<u>93. Gunshot</u>	<u>Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.</u>

PENNSYLVANIA STATISTICAL PLAN MANUAL

Table for Increased Limits – Section IV, Item B.3.a.(1)
Mandatory Effective April 1, 2013

All Other Changes
Optional Effective April 1, 2013
Mandatory Effective January 1, 2014

SECTION VI - EXAMPLES

Examples Number **1 through 23** have been updated to include the new data elements and to improve consistency in dates, presentation and wording only. No material changes have been made to the reporting requirements. See attached.

SECTION IX - ELECTRONIC SUBMISSION

The Workers Compensation Insurance Organizations (WCIO) has developed standards for the electronic transmission of information between insurers and rating/advisory organizations. The Workers Compensation Data Specifications Manual has been modified to provide for the Advisory Statistical Work Group (ASWG) changes. These specifications are available for unit statistical reporting and individual case reports. These standards are compiled into a series of flat file data specifications referred to as the Workers Compensation Data Specifications Manual. Pennsylvania has adopted the Workers Compensation Insurance Organizations (WCIO) Data Processing Electronic Data Interchange (EDI) Subcommittee's changes to WCSTAT. The Bureau encourages the use of electronic submission. Carriers should contact the Bureau's Systems & Programming or Statistical Departments at (215) 568-2371 to discuss establishing an approval and implementation schedule for submitting WCSTAT electronically. Carriers desiring a copy of the Workers Compensation Data Specifications Manual can be found on the WCIO website at www.wcio.org may obtain it by contacting the Subcommittee's Manual Coordinator at the National Council on Compensation Insurance, Inc. (NCCI).