FPIC®

First Professionals Insurance Company

RECEIVED
MAY 22 2008
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

May 21, 2008

FILED
JUN 01 2008
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Illinois Division of Insurance
Commissioner of Insurance
320 West Washington Street
Springfield, IL 62767-0001

Re: First Professionals Insurance Company NAIC #: 33383
FEIN # 59-6614702
Medical Professional Liability Insurance
Rule Filing
Filing ID #: FPIC-IL-060108
Proposed Effective Date: June 1, 2008
File and Use

To Whom It May Concern:

RATE/RULE

First Professionals Insurance Company hereby submits the following physicians and surgeons professional liability rule filing for your review. We have made some clerical changes to the Underwriting Manual. In order to identify all changes that were made, we have included a strike through version along with a final copy of the manual. The company is seeking an effective date of June 1, 2008.

Please feel free to call me at (800)-741-3742, extension 3297 if you have any questions or need any additional information.

Sincerely,

Lou Sicilian

Louis V. Sicilian
Sr. Vice President/Treasurer

LO
MEM
RUL
gln
JeR

1000 Riverside Avenue, Suite 800 • Jacksonville, Florida 32204 • (904) 354-5910 • 1-800-741-3742 • Fax (904) 358-6728

Neuman, Gayle

From: Alfred, Laura [laura.alfred@fpic.com]
Sent: Thursday, July 09, 2009 2:52 PM
To: Neuman, Gayle
Subject: RE: First Professional Rate/Rule Filings #FPIC-IL-010108-R and #FPIC-IL-060108

Ms. Neuman... that is correct. January 1, 2008 and June 1, 200 respectively are the effective dates utilized.

Thank you,
Laura Alfred

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, July 09, 2009 3:43 PM
To: Alfred, Laura
Subject: First Professional Rate/Rule Filings #FPIC-IL-010108-R and #FPIC-IL-060108

Ms. Alfred,

At this time, the review of the above listed submissions is complete and they are considered to be "filed". The effective dates originally requested were January 1, 2008 and June 1, 2008 respectively. I am writing to confirm that those are the effective dates that were utilized, and that later dates would not be requested.

Your prompt attention is appreciated.

Gayle Neuman
Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

Effective January 1, 2006

Property & Casualty Transmittal Document (Rev. 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

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DIVISION OF INSURANCE
SPRINGFIELD

3.	Group Name	Group NAIC #
	FPIC Insurance Group, Inc.	1272

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	First Professionals Insurance Company	FL	33383	59-6614702

5.	Company Tracking Number	FPIC-IL-060108

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sean Bailey 1000 Riverside Ave Ste 800 Jacksonville, FL 32204	Actuary	904-354-3060 800-741-3742	904-358-6728	sean.bailey@fpic.com

7.	Signature of authorized filer	Sean Bailey
8.	Please print name of authorized filer	Sean Bailey

Filing information (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	11.1 Med Mal-Claims Made Only			
10.	**Sub-Type of Insurance (Sub-TOI)**	11.1023			
11.	**State Specific Product code(s)**(if applicable)[See State Specific Requirements]				
12.	**Company Program Title** (Marketing title)	Medical Professional Liability			
13.	**Filing Type**	[ ] Rate/Loss Cost [X] Rules [ ] Rates/Rules [ ] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal[ ] Other (give description)			
14.	**Effective Date(s) Requested**	New:	6/1/2008	Renewal:	6/1/2008
15.	**Reference Filing?**	[ ] Yes [X] No			
16.	**Reference Organization** (if applicable)				
17.	**Reference Organization # & Title**				
18.	**Company's Date of Filing**	5/21/2008			
19.	**Status of filing in domicile**	[ ] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved			

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	FPIC-IL-060108

21.	**Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

First Professionals Insurance Company hereby submits the following physicians and surgeons professional liability rule filing for your review. We have made some clerical changes to the Underwriting Manual. In order to identify all changes that were made, we have included a strike through version along with a final copy of the manual. The company is seeking an effective date of June 1, 2008.

22.	**Filing Fees** (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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Effective January 1, 2006

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	**FPIC-IL-060108**
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	**N/A**

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	File & Use

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
FPIC	N/A	0	N/A	N/A	N/A	N/A

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	**Overall percentage rate impact for this filing**	N/A	
5b	**Effect of Rate Filing – Written premium change for this program**	N/A	
5c	**Effect of Rate Filing – Number of policyholders affected**	N/A	

6.	**Overall percentage of last rate revision**	N/A
7.	**Effective Date of last rate revision**	N/A
8.	**Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)**	File & Use

9.	**Rule # or Page # Submitted for Review**	**Replacement or withdrawn?**	**Previous state filing number, if required by state**
01	Entire Manual	[ ] New [**X**] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	

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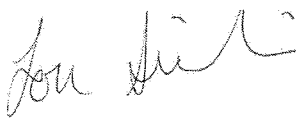
ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

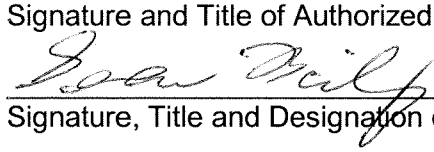
(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Louis V. Sicilian a duly authorized officer of First Professionals Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Sean Bailey, a duly authorized actuary of First Professionals Insurance Company am authorized to certify on behalf of First Professionals Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Signature and Title of Authorized Insurance Company Officer — Date: 5/21/2008



Signature, Title and Designation of Authorized Actuary — Date: 5/21/2008

Insurance Company FEIN 59 – 6614702 Filing Number FPIC-IL-060108

Insurer's Address 1000 Riverside Avenue

City Jacksonville State Florida Zip Code32204

Contact Person's:
-Name and E-mail Sean Bailey sean.bailey@fpic.com

-Direct Telephone and Fax Number (904) 360-3060

Neuman, Gayle

From: Alfred, Laura [laura.alfred@fpic.com]
Sent: Wednesday, July 02, 2008 1:26 PM
To: Neuman, Gayle
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108
Attachments: UW_Manual_FPIC_IL_01-01-08 060108 Accepted Changes.pdf

Ms. Neuman... please find attached the entire manual reflecting the corrected 6/1/2008 revision date in the footer of each page.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 02, 2008 2:18 PM
To: Alfred, Laura
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Ms. Alfred,

So that all pages are the same, please submit the entire manual with the 6/1/08 revision date.

From: Alfred, Laura [mailto:laura.alfred@fpic.com]
Sent: Wednesday, July 02, 2008 12:34 PM
To: Neuman, Gayle
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Ms. Neuman... the 5/1/2008 date is incorrect as we have requested a 6/1/2008 effective date. Would you like me to resubmit the entire manual so that you have a complete copy with the 6/1/2008 revision date?

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 02, 2008 11:53 AM
To: Alfred, Laura
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Ms. Alfred,

Thank you for your prompt response. Is there a reason why the first three pages indicate they are revised on 6/1/2008 and the remainder of the manual indicates 5/1/2008?

Gayle Neuman

From: Alfred, Laura [mailto:laura.alfred@fpic.com]
Sent: Wednesday, July 02, 2008 10:50 AM
To: Neuman, Gayle
Cc: Bailey, Sean
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Ms. Neuman,

Please find attached the first three pages of the manual as you requested.

Laura Alfred

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 02, 2008 11:31 AM
To: Bailey, Sean
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Mr. Bailey,

Thank you and Laura Alfred for your prompt responses.

Can you please e-mail a new copy of the first three pages of the manual (all before page 1) as the information in the lower right hand corner has been printed over other text.

Gayle Neuman
Division of Insurance

From: Bailey, Sean [mailto:sean.bailey@fpic.com]
Sent: Wednesday, July 02, 2008 9:52 AM
To: Neuman, Gayle
Cc: Alfred, Laura
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Gayle, regarding your 2nd question, we have just re-based our Territories so that 'Remainder of State' has a factor of 1.000. There is no change to any policyholder premium as a result. Laura Alfred will be responding with additional details on this, as well as responding to your 1st question. Thank you.

Sean M. Bailey
Actuary
First Professionals Insurance Company, Inc.
904-354-5910, x3060

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 02, 2008 10:32 AM
To: Bailey, Sean
Subject: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Mr. Bailey,

We are in receipt of the above referenced filing submitted on May 21, 2008. Please address the following issues:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If a stat agency is used, please indicate which one?

2. The factor relating to the territory definitions has changed. It appears this would increase all insureds' premiums (from .45 to .82), however no actuarial memorandum, actuarial support, or RF-3 Summary Sheet was provided. Additionally, the Rate/Rule Filing Schedule did not indicate any rate change. Please explain.

We request receipt of your response by no later than July 10, 2008.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3
Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Neuman, Gayle

From: Alfred, Laura [laura.alfred@fpic.com]
Sent: Wednesday, July 02, 2008 9:58 AM
To: Neuman, Gayle
Cc: Bailey, Sean
Subject: RE: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Ms. Neuman,

1. We currently report our data to ISO and plan on doing so with our Illinois data.
2. We have not changed the premium for any of our insureds. The change that was made to the territory factors is simply a re-basing of the territories. In our prior rate filing (FPIC-IL-010108-R), the base territory shown in the manual was Territory 1 with a factor of 1.00. We have changed the base territory to be remainder of state, Territory 4.

Please let us know if you have any further questions.
Thank you,
Laura Alfred

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, July 02, 2008 10:32 AM
To: Bailey, Sean
Subject: First Professional Ins Co - Rate/Rule Filing#FPIC-IL-060108

Mr. Bailey,

We are in receipt of the above referenced filing submitted on May 21, 2008. Please address the following issues:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If a stat agency is used, please indicate which one?

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We request receipt of your response by no later than July 10, 2008.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (http://www.idfpr.com/) by clicking on: Insurance; Industry; Regulatory; IS3
Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Lamb, Susan

From: Archer, Laura [archer@fpic.com]
Sent: Tuesday, June 16, 2009 1:42 PM
To: Lamb, Susan
Subject: RE: First Professional Insurance Company - Filing Numbers FPIC-IL-010108-R and FPIC-IL-060108

Attachments: UW_Manual_FPIC_IL_REV 2-23-09 without 060108 changes.doc

W_Manual_FPIC_I
L_REV 2-23-09 ...

Ms. Lamb,

Here is the manual that we sent to you back in February that now does NOT include the proposed 06/01/08 changes.

Thank you

Laura

-----Original Message-----
From: Lamb, Susan [mailto:Susan.Lamb@Illinois.gov]
Sent: Tuesday, June 16, 2009 10:38 AM
To: Archer, Laura
Subject: RE: First Professional Insurance Company - Filing Numbers FPIC-IL-010108-R and FPIC-IL-060108

Ms. Archer,

No problem. Just send the updated manual as soon as you are able.

Thanks,
Susan

-----Original Message-----
From: Archer, Laura [mailto:archer@fpic.com]
Sent: Monday, June 15, 2009 2:27 PM
To: Lamb, Susan
Subject: RE: First Professional Insurance Company - Filing Numbers FPIC-IL-010108-R and FPIC-IL-060108

Ms. Lamb,

Ms. Lamb,

May I please have a one day extension to merge the old and new documents so that I extract the 06/01/08 changes?

I'm having difficulty doing so and I am waiting for assistance from a coworker.

Laura Archer

From: Lamb, Susan [mailto:Susan.Lamb@Illinois.gov]
Sent: Friday, June 05, 2009 2:24 PM
To: Archer, Laura
Subject: First Professional Insurance Company - Filing Numbers FPIC-IL-010108-R and FPIC-IL-060108

Ms. Archer,

My name is Susan Lamb. I am an Associate Casualty Actuary for the Illinois Department of Insurance, and will be assisting with the medical malpractice rate filings.

During the course of the actuarial review of these filings some changes were made to the underwriting manual. For the FPIC-IL-010108-R filing, please provide a revised rate manual that does not include the changes made for the FPIC-IL-060108 filing. The FPIC-IL-060108 filing has not been approved so the changes it contains should not be reflected in the FPIC-IL-010108-R rate manual changes.

Please provide the revised manual by June 15, 2009.

If you have any questions feel free to contact me.

Thank you,

Susan Lamb, ASA, MAAA

Associate Casualty Actuary

Illinois Department of Insurance

320 West Washington Street

Springfield, IL 62767-0001

(217) 782-1794 phone

(217) 524-2271 fax

susan.lamb@illinois.gov

First Professionals Insurance Company

Medical Professional Liability Underwriting Manual

For the Bentley RPG, LLC

Medical Professional Liability

Insurance Program

03-01-09
REVISED

FILED

JUN 0 1 2008

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Medical Professional Liability Underwriting Manual

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DEPARTMENT OF INSURANC
SPRINGFIELD, ILLINOIS

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JUN 0 1 2008

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

First Professionals Insurance Company

1. GENERAL OVERVIEW

The Bentley RPG, LLC., (BIG), a risk purchasing group, was formed for the benefit of the physician/surgeon/podiatrist/allied healthcare professionals (herein referred to as "healthcare providers") in private practice medicine in Illinois who subscribe to dedicated risk management programs. The purpose of BIG is to provide quality, affordable claims made malpractice insurance for those healthcare providers who should have unrestricted staff privileges at Illinois hospitals and a favorable loss history. This program is limited to healthcare providers licensed in and who primarily practice in the state of Illinois. BIG has chosen to partner with First Professionals Insurance Company to write this program.

The FPIC underwriting manual provides the guidelines used by all approved underwriters. The manual rates and rules are limited to claims made medical professional liability insurance for healthcare providers, their employees and corporate entities. Any coverages outside those covered in this manual are ineligible for this program.

Insureds will receive their own individual policies or will be listed as additional insureds on a master "clinic" policy that may cover a group practice. Each healthcare provider insured will receive $1,000,000/$3,000,000 or $500,000/$1,500,000 each and every limits. Loss adjustment expenses, such as legal fees, are outside (in addition to) the limits of liability.

BIG has entered into a marketing arrangement with AVRECO, an experienced wholesale insurance broker located in Chicago, IL, and other appointed retail insurance agents and brokers. AVRECO will be responsible for appointing retail agents to solicit eligible applicants,, receiving and evaluating eligible applicants and referring eligible applicants to FPIC for acceptance by FPIC . AVRECO may not interpret the policy coverage other than as stated within the guidelines. These guidelines delineate the rules that apply to the underwriting process.

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DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

2. APPLICATION PROCESS

All applications must be reviewed by an underwriter for accuracy and completeness. Premium indications for new business may be released based on applications from other companies. However, in order to bind coverage with FPIC, a signed and dated original application must be on file prior to binding.

A. General Rules

1. All applications must be completed in their entirety and signed and dated, in ink, by the applicant. Applications, dated more than 60 days in advance of the policy effective date, will need to be updated within 30 days of the policy effective date using a "No Known Claims" affidavit.
2. Any discrepancies between the information on the application and other supplemental material must be reconciled and the underwriting file properly documented.
3. All correspondence and applications must be date-stamped.
4. Any information obtained via telephone must be documented in the underwriting file with the date and underwriter's initials.
5. Applications are not to be altered in any way. Clarifying or additional information should be documented on a separate sheet of paper, dated, showing the name of the person from whom the underwriter obtained the information and initialed by the underwriter.
6. A "No Known Claims" affidavit must be included with applications from healthcare providers previously insured with a company rated "B" or lower from A. M. Best's, regardless whether retroactive coverage is requested or not. Other rating agencies are not an acceptable substitution for A.M. Best's.
7. A "No Known Claims" affidavit must be included with applications from healthcare providers requesting limits of liability greater than their immediate past insurer.

B. File Documentation: New Business

1. A completed, signed and dated application for medical malpractice insurance.
2. Detailed claim information from the prior medical malpractice insurance company(s) for the immediate prior 5 (five) years, valued within 90 days of proposed effective date. The claim report should include, if available, incidents and claims, indemnity payments and reserves and expenses, claim(s) made date, notice date, and description of loss. Claims or incidents closed without payment should also be included.
3. Premium rating worksheet, showing modifications and justifications for credits/debits.
4. Sample letterhead from applicant.
5. Declarations page from immediate prior insurer, clearly showing effective and expiration date, retroactive date, limits of liability, medical specialty, and Insurance Services Office (ISO) code (if available). Any manuscript endorsements from prior company, which alter standard coverage.
6. Written request by the insured to bind coverage.
7. Correspondence.
8. Quote letter as may be necessary and/or applicable.
9. Any additional information as may be requested or required by the underwriter to fully evaluate the risk.

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JUN 0 1 2008

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

C. File Documentation: Renewal Business

Renewal applications are minimally required every three years. However, at the underwriter's discretion, a renewal application may be requested more often. With or without a current renewal application, the following is required for proper documentation of all renewal requests/files.

1. Evidence of renewal request.
2. Claim report update, including prior carriers, and current claims and incidents from the company, valued within 90 days prior to effective date.
3. Premium rating worksheet, as necessary, showing modifications and justifications for any applied credits/debits.
4. FPIC form of renewal coverage, including forms list, list of endorsements, and copies of manuscript endorsements.
5. Correspondence.
6. Quote letter, as may be necessary and applicable.
7. Written request from insured to bind coverage.

D. File Documentation: Midterm Changes

1. All endorsements should be sequentially numbered.
2. All reductions or deletions of coverage must be in writing, from the insured, and dated and signed by the insured prior to the **effective date** of the proposed reduction or deletion.
3. All requests for limits of liability changes, up or down, must include a "No Known Claims" affidavit
4. Midterm limits changes are strongly discouraged and not allowed within 90 days of policy expiration.
5. The underwriter, in accordance with the guidelines set forth herein, may handle all other requests for midterm changes.

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JUN 0 1 2008

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

3. UNDERWRITING GUIDELINES AND RATING RULES

A. Eligible Healthcare providers

- Must hold a valid, temporary or permanent, license to practice medicine in the state of IL.
- 75% or more of the healthcare provider's practice must be in the state of IL. If the healthcare provider also practices in a contiguous state to IL, eligibility will be determined on an exception basis.
- Favorable loss history, meaning no more than three reported incidents in the immediate preceding five years; no more than one paid claim in the immediate preceding five years. (An incident is defined as a reported event with a reserve of less than $10,000.)
- Board certified or eligible preferred (if applicable).
- Foreign or international medical school graduates must have passed FLEX or ECFMG or be Fifth Pathway certified.
- The physicians should have unrestricted admitting privileges at an Illinois hospital
-
- No OB practice, whether incidental or not.
- No emergency medicine practice, except for rotation as a requirement for unrestricted admitting privileges.
- **ANY DEVIATION FROM THE FOREGOING ELIGIBILITY REQUIREMENTS REQUIRES THE EXPRESSED WRITTEN APPROVAL OF AN OFFICER OF BENTLEY INSURANCE GROUP.**

B. Limits of Liability

- $1,000,000 per claim/$3,000,000 aggregate per physician and PC (if applicable).
- $1,000,000 per claim/$3,000,000 aggregate per corporate entity if a group elects to purchase a separate limit of liability for the corporate entity.
- $1,000,000 per claim/$3,000,000 aggregate per specified allied healthcare providers if they elect to carry separate limits of liability.
- Limits of $500,000/$1,500,000 are available on an exception basis.

C. Policy Period

- Policies will be written for a twelve-month period beginning with the policy effective date and ending at the policy expiration date.
- Insureds being added to clinic policies may have an individual effective date within the policy period that differs from the master policy but their expiration date will always be concurrent with the master policy expiration date.
- **Extending a policy**: Underwriter discretion and the aggregate limit of liability will be extended not reinstated.

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D. Territory

- To determine appropriate territory, the healthcare provider will be rated to the highest territorial location where he or she practices a majority of their time (more than 50%). Practice location is defined as the primary office location for office-based practitioners and hospital location for hospital-based practitioners.

E. Retroactive Coverage

- Retroactive coverage may not be offered over uninsured periods or over prior occurrence coverage. Retroactive coverage may only be offered when the following conditions are met:
  - There is continuous claims made coverage from the proposed retroactive date to the proposed effective date of coverage with BIG.
  - Limits of liability for the retroactive period cannot be greater than the limits of liability for the active, current policy.
  - The prior company over which retroactive coverage is being provided must be rated B or better by *A. M. Best's*. If the prior company is unrated by *A. M. Best's*, the applicant must be referred to BIG management for approval.
  - The prior company cannot be financially impaired or insolvent.

F. Claims Made Step Factors

- Year 1 = 25% of Year 5 manual rate
- Year 2 = 50% of Year 5 manual rate
- Year 3 = 78% of Year 5 manual rate
- Year 4 = 95% of Year 5 manual rate
- Year 5 = 100% of Year 5 manual rate
- Rates will be blended for rating purposes when claims made coverage has been provided for risks that do not have a retroactive date that is equal to the effective date of coverage and are not mature (i.e. Between step levels).

G. Cancellation/Nonrenewal

- Requests by an insured for cancellation must be in writing, show the effective date of cancellation, and provide a reason.
- A properly executed lost policy release or the original form of coverage should be included in the underwriting file.
- A copy of the letter offering extended reporting coverage, if applicable, must be included in the underwriting file.
- In general, backdating of cancellations is not allowed.
- An insured may request a cancellation at any time.
- BIG may only cancel or nonrenew insureds for specific reasons.
- Any return premium will be developed based on a pro rata basis.

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H. Suspended Coverage

- A healthcare provider who becomes continuously disabled or takes a leave of absence for a period of 45 days or more will be eligible for restricted coverage at a reduced rate – 25% of the applicable full-time rate for the healthcare provider's specialty.
- This rate will be applied retroactively to the first day of disability or leave of absence and continue until the physician returns to active practice.
- The disability or leave of absence must be continuous and last no more than one calendar year.
- At the end of the calendar year, the healthcare provider must terminate his or her policy. ERP will be offered at the rates in effect at the terminating policy's effective date. If the BIG policy effective date is not concurrent with the effective date of the healthcare provider's disability or leave of absence, the reduced rate will be adjusted, if applicable, at the BIG policy renewal.

I. Extended Reporting Period

- If a healthcare provider terminates coverage, he/she may be eligible to receive "free" or purchase extended reporting period (ERP) coverage, provided the conditions of the BIG coverage are met. Once those conditions are met, a cancellation endorsement must be issued to the healthcare provider. The healthcare provider must request ERP coverage in writing. A copy of the insured's request and the cancellation endorsement must be included in the underwriting file.
- Upon payment of additional policy premium and/or ERP premium, as applicable, and issuance of the cancellation endorsement, the ERP endorsement may be issued.
- There is no additional premium charge for ERP coverage if the following conditions are met:
    - The healthcare provider dies (provide a copy of the death certificate).
    - The healthcare provider becomes totally disabled (provide a copy of the treating physician's letter delineating the disability). Total disability is defined as the inability to perform any of the healthcare provider's day-to-day tasks as healthcare provider and this disability is expected to continue indefinitely.
    - The healthcare provider completely retires from the practice of medicine for remuneration after having been continuously insured with BIG for the immediate preceding five (5) years.
        - Retirement means the permanent conclusion of and complete withdrawal from one's working or professional career as a physician.
        - A credit toward the purchase of the reporting endorsement is computed as follows:
            - One-sixtieth (1/60) of the premium for each consecutive full month the physician has had coverage with BIG for up to a total credit of 100%, regardless of the physician's age at retirement.
            - Coverage with previous claims made carriers may be substituted in lieu of BIG coverage so long as the health care provider is insured with BIG for at least one year prior to requesting the reporting endorsement.
            - Waiver of the full premium for a reporting endorsement based on retirement will be granted only once to a health care provider.

- The following extended reporting factors are used in determining the ERP premium. All rating factors applicable during the ERP rating period will be considered when the ERP premium is calculated (i.e. medical specialties, territory, limits).

Years of	ERP

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Retroactive Coverage	Factors
1	3.306
2	3.153
3	2.401
4	2.196
5 or more	2.18

- If coverage with a retroactive date of less than six months to the termination date has been afforded, the premium for the ERP coverage will be developed per the above factors and a prorate factor will be applied.
- Premium can be paid over a three year period. 50% of the total premium will be due during the first year, 30% during the second year and 20% the third year. Semi annual installments will be offered. A 2.4% finance charge will be applicable to each installment.

J. Corporation/Entity

- A separate limit of liability is available to the PC, SC or LLC. Bona fide miscellaneous employees share in this limit.
- The charge for a separate $1,000,000/$3,000,000 limit for the corporation is 20% of the manual premium for the five (5) highest rated healthcare providers in the PC.
- The charge for the corporation to share in the healthcare providers' limits and NOT provide a separate limit of liability to the PC is 5% of the manual premium for the five highest rated healthcare providers in the PC.
- A separate corporation limit is not available to solo practitioners. There is no additional premium charge to allow the corporation to share in the solo practitioners limits of liability if approved in the underwriting process.

K. Part-Time Physicians

- Part-time rates are available to healthcare providers who work on average 21 hours or fewer per week.
- Average weekly practice time as determined by the insured's written representation of hours per week is defined as and includes:
  - Completion of patient medical records;
  - Consultations;
  - All clinical patient care, including hospital rounds; or
  - Time in the hospital.
- The healthcare provider must authorize Bentley to receive a copy of his/or her schedule for all facilities/locations where they may practice.
- The part-time rate is 60% of the applicable full-time rate for the healthcare provider's specialty.
- **NOTE**: Healthcare providers may not apply for part-time status and simultaneously request cancellation of their coverage with BIG.

L. Locum Tenens

- Physicians providing locum tenens coverage to insured physicians are automatically covered at no additional charge provided that:
  - They share in the insured physician's limit of liability.
  - The period of coverage does not exceed 30 continuous days or 60 total days in any given rolling twelve months.

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- The locum tenens physician coverage will be limited to the coverage and restrictions, if any, as enjoyed by the insured physician. The locum tenens physician should be the same specialty as the insured physician. E.g., Family practice for family practice, pediatrician for pediatrician, etc.
- The underwriting file should reflect prior approval of all locum tenens physicians' requests, including dates of coverage, name, specialty, address, phone number, and license number of the locum tenens physician.

- An additional premium charge is calculated as follows:

1- 30 days	No Charge
31 - 60 days	35%

- A "short form" locum tenens application must be submitted prior to working.

M. Physicians New-to-Private Practice

- Physicians who have completed one of the following programs within six (6) months prior to policy inception and are either joining a group practice or opening a private practice may qualify for the new-to-private practice credit. The programs include: residency, fellowship program in his/her specialty, or fulfillment of a military obligation in return for payment of medical school tuition.
- The credit applies for four (4) consecutive years* from policy inception.

First Year New Physician Discount	50%
Second/Third Year Physician Discount	25%
Fourth Year Physician Discount	5%

*The credit may apply to the second, third or fourth years independently of the first year credit.

N. Teaching Physicians

To recognize the reduced exposure associated with those physicians who are away from their actual private medical practice while teaching, a reduced rate will be charged based on the following:

Weekly Practice/Patient Contact Limited to:	
Less than 8 hours per week	(65% discount)
8 – 21 hours per week	(40% discount)
22 hours or more per week	(0% discount)

O. Physicians in Training

Following graduation from medical school, a physician may elect to enter additional training periods. For rating purposes, they are defined as follows:

- Residency Program – Various lengths of time depending upon medical specialty; 3 years average. Following the first year of residency, physicians are generally licensed MD's. Upon completion of residency program, the physician becomes board eligible.
- Preceptorship – A preceptee is a non-licensed medical student or licensed physician continuing their education. A licensed physician preceptee shall, for rating purposes, be considered as a part-time physician and added to the insured physician's policy.
- Fellowship Program – Follows completion of residency program and is a higher level of training.

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The rating basis is as follows:

Residency Program	(50% discount)
Preceptee – licensed physician	(40% discount)
Preceptee – non-licensed medical student	(65% discount)
Fellowship	(0% discount)

P. Miscellaneous Medical Entities/Facilities

Medical Laboratories may be added to a policy per the following:

a. At no additional charge if such laboratory is not a separate entity. Coverage is limited to the testing of the insured's own patients.
b. At a premium charge of 25% of the at-limits Family Practitioner – No surgery rate. The laboratory will be included as an additional insured, if such laboratory is a separate entity. Coverage is limited to laboratories owned and operated by the Named Insured for the testing of the Named Insured's own patients.
c. Freestanding urgent care centers, surgi-centers and dialysis centers may be added to the Named Insured's policy on a per procedure basis per the rates shown on the rate pages.

Q. Changes in Scope of Practice/Rating Class

In the event of a change in the scope of practice during a prior claims made period, a charge reflecting the difference between the previous and new exposure shall be calculated and the premium adjusted unless:

1. The healthcare provider is eligible for Extended Reporting Coverage at no additional premium charge;
2. Both the current and prior medical specialty fall within the same rate relativity or class;
3. The exposure or medical specialty of the healthcare provider changed more than one (1) year ago, the healthcare provider has been insured with the company for one (1) or more years and has been continuously insured on a claims made basis for five (5) or more years; or
4. The exposure or medical specialty of the healthcare provider changed while the physician was insured under occurrence coverage.

The following risk factors are taken into consideration when the revised premium is computed:

1. The previous medical specialty or status according to the rates, rules and rating plans in effect at policy issuance, and
2. The current medical specialty or status according to the rates, rules and rating plans in effect at policy issuance.

Premium charges or reductions will continue to be computed for the remainder of the 5 year claims made cycle. Example: Mature OBGYN drops OB and requests a reduction in classification to GYN, Surgery. Premium will be captured for the ongoing OB exposure related to the risks prior acts. The premium adjustment will be computed for the full 5 year claims made cycle.

R. Location of Practice

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The rates shown in this manual contemplate the exposure being derived from professional services being provided in Illinois. Should a healthcare provider derive more than 25% of his or her practice hours from a state other than Illinois, then the healthcare provider shall not be eligible for insurance with BIG.

If the healthcare provider has multiple practice locations in more than one (1) territory in Illinois, they will be rated to the highest territorial location where he or she practices a majority (more than 50%) of their time. Practice location is defined as the primary office address for office-based practitioners and hospital(s) for hospital-based practitioners.

S. Loss Free Credit

- Individual physician insureds may qualify for loss free credits based on the following criteria:
  - The individual physician insured must have been insured on a continuous claims made basis for the immediate preceding three (3) years; and
  - The individual physician insured must have no open claims with a reserve indemnity value of $10,000 or more or no paid indemnity claims during the experience period.

Experience Period	Credit
3 - 5 years	5%
6 -10 years	10%
11 - 15 years	20%
16 years +	25%

  - Proof of loss free status must be submitted to the underwriter from the applicant's prior insurance company.

T. Risk Management Credit

Physician, surgeon and podiatrist insureds may individually qualify for additional credit to their individual premiums based on the following criteria:

- Completion of a company sponsored or accredited risk management course (e.g., seminars, on-line self-study programs).
- Validation of passing score.
- A maximum 15% discount may be earned during a calendar year.
- The discount will be applied at the insured's next policy anniversary.

U. Group Size Discount

The following group size discount is based solely on the size of each individual group within BIG. It applies to fulltime and part-time physicians only. Ancillary personnel are excluded. Eligibility is evaluated annually at policy renewal. No mid-term changes are allowed.

Group Size	% Discount
5 to 9	5.0%
10 to 14	10.0%
15 to 20	12.5%
21 to 25	15.0%
26 to 30	17.5%

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31 or more	20.0%

V. Large Account Rating Rule

Accounts of ten (10) or more physicians within BIG and generating $500,000 in manual premium at limits of liability of $1,000,000/$3,000,000 are considered to be unique and unusual and may be (a) rated. Proper documentation as to the determination of such rate will be maintained in the underwriting file. The company will use the following table to determine premium credits:

5-Year Loss Ratio	Experience Rating Discount
0% - 15.00%	33.3%
15.01% - 25.00%	20.0%
25.01% - 35.00%	10.0%

W. Schedule Rating

Healthcare providers may qualify for additional rate deviations, up or down. To qualify, the applicant must:

1. Be permanently licensed in Illinois; and
2. Primarily practice in Illinois; and
3. Maintain an Illinois address as the primary office location.

The following credits and debits are available to the physician, in addition to any automatic credits or debits described elsewhere in this section.

Exposure Condition	Credit	Debit
Qualifications / Training / Continuing Education, including: • Board Eligibility or Board Certification • Hospital Affiliations or Staff Privileges • Experience in Specialty • Accreditation	7.5%	7.5%
Specialty Balance, Practice Patterns including patient load and support staff	8%	8%
Loss Experience	25%	25%
Employee selection, supervision, training, and experience	5%	5%
Risk Management and Compliance with applicable regulations (OSHA, CLIA, etc)	10%	10%
Unusual Risk Characteristics	15%	15%
Pain Management	N/A	5-25%
Premises Condition, care	5%	5%

The maximum schedule credit allowable is 25%. The maximum schedule debit is 25%. The schedule rating plan will be adjusted annually at the insured's anniversary.

X. Quarterly Premium Installment Option

FPIC offers a "quarterly" payment plan with no additional interest fee and no installment fee. This option does not apply to extended reporting coverage. 25% of the premium should be submitted when the policy is bound/renewed and 3 equal installments will be due at the 4th, 7th and 10th

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months. All policyholders will be offered the quarterly option. Additional premiums due as a result of endorsement activity will be spread equally among the remaining unbilled installments. If there are no remaining installments then the additional premium will be billed and due within 30 days.

Y. Slot/FTE Rating Option

Rating for certain physician groups may be written on a full-time equivalent basis. This is at the Company's option. Under this method, policies will be issued to cover positions or practice locations rather than specific individuals. The FTE/Slot rate will be determined based on the filed and approved rate for the classification of the healthcare provider, but will be allocated based on the average number of patient encounters / visits in a 12 month period. One FTE/slot is defined as follows:

Emergency Medicine	5,500 ER visits/year
Outpatient (fast track) Clinic	10,000 outpatient clinic visits/year
Urgent care clinics	9,000 per patient encounters

In the event a position/slot is eliminated, the named insured shall purchase a reporting endorsement for that position. FPIC applications for these healthcare providers must be submitted and approved by the Company prior to the requested start date.

Z. Investigation Defense Coverage Option

The Company an optional coverage which provides additional defense (not indemnification) coverage for investigations launched against a practitioner's license and allegations of Medicare/Medicaid billing fraud or abuse. The standard policy includes "Basic" coverage as outlined below and the optional coverage can be purchased so that the scope of the coverage in these two areas is broadened. Extended and Medefense coverages must be purchased together. The total charge will be $415.00 per the schedule below.

Coverage	Investigation conducted by:	Investigation related to
BASIC (included)	State Licensing Agency; OSHA; EEOC	claims covered under the professional liability policy
EXTENDED	State Licensing Agency; OSHA; EEOC	incidents not covered under the professional liability policy
MEDEFENSE	State Dept of Health; Federal Dept of Health & Human Services; US Dept of Justice	Medicare / Medicaid fraud or abuse; or Performance of medical services in excess or violation of guidelines for appropriate utilization

Coverage	Limit per Physician	Deductible	Premium per Physician
BASIC	$25,000 per claim $75,000 aggregate	None	included in professional liability premium
EXTENDED	No separate limit; included in BASIC coverage limit	None	Included in Medefense premium
MEDEFENSE	$25,000 per claim Included in $75,000	$1,000	$415.00

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	aggregate above		

The incident causing the investigation must have occurred after the policy retroactive date, and the investigation must have commenced after the date that the optional coverage was added to the policy.

The Group Maximum Legal Expense for Medefense coverage is determined based on the size of the group.

Group Size	**Group Annual Aggregate**
2 - 4	$50,000
5 - 9	$100,000
10 - 25	$150,000
26 +	$250,000

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4. PREMIUM CALCULATION AND RATES

A. Premium Calculation

Subject to the policy writing minimum premium of $500.00 and the rating rules delineated elsewhere, the following steps shall apply to the manual calculation of premiums.

1. Each Healthcare Provider

a. Determine the appropriate specialty classification.
b. Determine where the healthcare provider practices a majority of their time (territory).
c. Determine the appropriate step factor. (Rates will be "blended" for risks that are between step levels.
d. Multiply the manual $1,000,000/$3,000,000 rate for the healthcare provider (physician's or ancillary personnel's specialty classification by territory) by the step factor.
e. Multiply the result of d above by the increased or decreased limits factor, if applicable.
f. Multiply e. above by any automatic credits, which may be available: Leave of absence, part-time, teaching, physicians new-to-private practice, and loss free credits. Note: any combination of leave of absence, part-time, teaching, loss free, group size or new-to-private practice credits cannot exceed 75% off manual (d above).
g. Multiply f above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%/50%.
h. If applicable, calculate the change in scope of practice/rating class surcharge and add it to g. above.
i. Round result to the nearest whole dollar.

1. Miscellaneous Medical Entities/Facilities

If there is a medical laboratory (80715) for which a charge should be made:

a. Determine the family practice (80239) $1,000,000/$3,000,000 specialty rate by territory at the appropriate step factor.
b. Multiply a above by the increased or decreased limits factor, if appropriate.
c. Multiply b above by 25%.
d. Round to the nearest whole dollar.

2. Corporation, Partnership, or Professional Association (80999)

a. Add all premium charges developed for the five (5) highest rated eligible named insureds.
b. Multiply the result of a above by 20%, as appropriate per rating rules for the five (5) highest rated eligible named insureds in the group.
c. Multiply b above by any scheduled credits/debits (surcharge), which may be applicable: claims management, risk management, premises condition, and/or unusual risk characteristics. The maximum credit/debit cannot exceed 25%/50%.
d. Round to the nearest whole dollar.

3. Final Annual Premium

The final premium is determined by adding 1 + 2 + 3.

B. Physician Risk Notations

- **No Surgery (NS)**

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The physician does not perform any surgery or obstetrical procedures. Incising of boils and superficial fascia, suturing minor lacerations, removal of superficial skin lesions by other than surgical excision and assisting in surgery of the physician's own patients are not considered surgery.

- **Minor Risk Procedures (MRP)**

Performance of minor risk procedures increases the premium charge. Physicians who are general/family practitioners or other specialists, excluding surgeons and anesthesiologists, whose practice comprises more than 25% of the following procedures will be rated according to the highest classification that most closely approximates their practice.

Assisting in surgery on patients other than the physician's own patients

Angiography/arteriography, catheterization-transarterial or transvenous (other than arterial line in a peripheral vessel), cardiac or other diagnostic catheterization (other than Swan-Ganz, umbilical cord or urethral catheterization) – including insertion of a cardiac pacemaker, whether temporary or permanent, cervical conization, diagnostic or therapeutic dilation and curettage, fallopian tube recanalization, insertion of IUD, insertion of Palmez Balloon Expandable Stent, interstitial hyperthermia, interventional radiology such as embolization (including extracranial), percutaneous transluminal angioplasty, percutaneous nephrostomy and other drainage procedures, intracoronary streptokinase infusion, lymphangiography, myocardial biopsy, obstetrical vacuum cup, ophthalmic surgery (including surgery for glaucoma, cataract, retinal detachment, removal of benign tumors, chalazions, skin cancer from the eye lid, stabismus surgery), percutaneous therapeutic angioplasty, pericariocentesis, pneumoencephalography, therapeutic radiology, deep (includes radium implants), ultrasound hyperthermia (superficial only), either prenatal (which may include amniocentesis) and postpartum only, and/or caphal vaginal deliveries performed in a hospital which may also include episiotomy and application of low forceps only.

Major Risk Procedures (MaRP)

Performance of major risk procedures by a family or general practitioner or other similarly rated specialist increases the premium charge provided that these activities do not represent more than 25% of the physician's practice, except as noted below. If the physician's practice comprises more than 25% of these procedures, the physician will be rated to the highest classification, which generally performs such procedures on a regular and customary basis.

Obstetrical procedures (up to 24 such procedures per year): Cesarean section, mid-forceps delivery, version and extraction, breech extraction, vaginal birth after C-section (VBAC).

Orthopaedic procedures: Closed reduction of dislocations other than fingers, toes and shoulders, open reduction of fractures or dislocations, amputations (other than digits), any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or sub adjacent organs due to the fracture, any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or sub adjacent organs due to the fracture, or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

Abortions: Induced, non-spontaneous.

Other major surgery: Procedures generally attributable to specialists of obstetrics and gynecology, orthopaedic, general, cardiac, vascular, plastic, etc.

Otorhinolaryngology: Performance of elective cosmetic surgery on the head or neck increases the premium charge.

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General surgeons: Performance of major risk procedures, as outlined above, generally attributable to other surgical specialists will not increase the premium charge provided these activities do not exceed 25% of the general surgeon's practice. The physician will be rated similarly to the specialty, which generally performs such procedures on a regular and customary basis where the activities exceed 25%.

C. Physicians Classification Plan and Rates

When two or more classifications apply to a physician, assign the highest classification to the physician's specialty, defined as the specialty where he/she practices more than 25% of his/her time.

If the physician is an osteopath, the first two digits of the ISO code shall be "84" followed by the next three digits used for allopaths (MDs). For example, family practice 80420 would be 84420 for a family practitioner who is an osteopath.

$1,000,000/$3,000,000 Rates
Effective 01/01/08

Territory 1: Cook, Madison, St. Clair and Will Counties	ISO	Step 1	Step 2	Step 3	Step 4	Mature
Classification	Code	Bentley	Bentley	Bentley	Bentley	Bentley
Allergy	80254	$3,620	$7,240	$11,294	$13,755	$14,479
Anesthesiology	Y80151	$9,285	$18,571	$28,970	$35,284	$37,141
Anesthesiology-Pain Management	P80151	$9,285	$18,571	$28,970	$35,284	$37,141
Geriatrics-No Surgery	208242	$7,265	$14,530	$22,666	$27,606	$29,059
Cardiovascular Disease-No Surgery	80255	$7,670	$15,340	$23,930	$29,145	$30,679
Cardiovascular Disease- Minor Surgery	80281	$13,340	$26,680	$41,620	$50,691	$53,359
Dermatology-No Surgery	80256	$4,835	$9,670	$15,085	$18,372	$19,339
Dermatology-Minor Surgery	80282	$7,265	$14,530	$22,666	$27,606	$29,059
Diabetes- No Surgery	80237	$7,265	$14,530	$22,666	$27,606	$29,059
Emergency Medicine- No Major Surgery	80102	$13,340	$26,680	$41,620	$50,691	$53,359
Endocrinology- No Surgery	80238	$4,835	$9,670	$15,085	$18,372	$19,339
Family/General Practitioners- No Surgery	80239/80242	$7,265	$14,530	$22,666	$27,606	$29,059
Family/General Practitioners-Minor Surgery	80273/80275	$11,315	$22,630	$35,302	$42,996	$45,259
Forensic or Legal Medicine	80240	$3,620	$7,240	$11,294	$13,755	$14,479
Gastroenterology- No Surgery	80241	$10,505	$21,010	$32,775	$39,918	$42,019
Gastroenterology-Minor Surgery	80274	$10,505	$21,010	$32,775	$39,918	$42,019
General Preventive Medicine- No Surgery	80231	$7,265	$14,530	$22,666	$27,606	$29,059
Geriatrics- No Surgery	80243	$4,835	$9,670	$15,085	$18,372	$19,339
Geriatrics- Minor Surgery	80276	$10,505	$21,010	$32,775	$39,918	$42,019
Gynecology- No Surgery	80244	$8,480	$16,960	$26,457	$32,223	$33,919
Gynecology- Minor Surgery	80277	$13,340	$26,680	$41,620	$50,691	$53,359
Hematology- No Surgery	80245	$7,265	$14,530	$22,666	$27,606	$29,059
Infectious Diseases- No Surgery	80246	$7,670	$15,340	$23,930	$29,145	$30,679
Internal Medicine- No Surgery	80257	$8,480	$16,960	$26,457	$32,223	$33,919
Internal Medicine- Minor Surgery	80284	$10,505	$21,010	$32,775	$39,918	$42,019
Laryngology- No Surgery	80258	$4,021	$8,042	$12,545	$15,280	$16,084

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Laryngology- Minor Surgery	80285	$10,758	$21,515	$33,564	$40,879	$43,031
Neonatology- Minor Surgery	300001	$10,505	$21,010	$32,775	$39,918	$42,019
Neoplastic Diseases- No Surgery	80259	$7,814	$15,627	$24,378	$29,692	$31,254
Nephrology- No Surgery	80260	$7,670	$15,340	$23,930	$29,145	$30,679
Nephrology- Minor Surgery	80287	$9,290	$18,580	$28,984	$35,301	$37,159
Neurology- No Surgery	80261	$10,505	$21,010	$32,775	$39,918	$42,019
Nuclear Medicine	180262	$7,265	$14,530	$22,666	$27,606	$29,059
Occupational Medicine	80233	$3,620	$7,240	$11,294	$13,755	$14,479
Oncology- No Surgery	80473	$7,265	$14,530	$22,666	$27,606	$29,059
Ophthalmology- No Surgery	80263	$4,835	$9,670	$15,085	$18,372	$19,339
Otorhinolaryngology- No Surgery	80265	$3,620	$7,240	$11,294	$13,755	$14,479
Otorhinolaryngology- Minor Surgery	80291	$10,505	$21,010	$32,775	$39,918	$42,019
Pathology- No Surgery	80266	$4,835	$9,670	$15,085	$18,372	$19,339
Pediatrics- No Surgery	80267	$5,645	$11,290	$17,612	$21,450	$22,579
Pediatrics- Minor Surgery	80293	$10,505	$21,010	$32,775	$39,918	$42,019
Physiatry or Physical Medicine and Rehabilitation	80235	$3,620	$7,240	$11,294	$13,755	$14,479
Physicians- not otherwise classified- no surgery	80268	$6,964	$13,928	$21,728	$26,464	$27,857
Physicians- not otherwise classified- minor surgery	80294	$11,000	$22,000	$34,319	$41,799	$43,999
Podiatry- No Surgery	380993	$2,780	$5,559	$8,672	$10,562	$11,118
Podiatry- Minor Surgery	180993	$4,069	$8,138	$12,695	$15,461	$16,275
Psychiatry	80249	$4,835	$9,670	$15,085	$18,372	$19,339
Public Health	80236	$3,620	$7,240	$11,294	$13,755	$14,479
Pulmonary Diseases- No Surgery	80269	$9,290	$18,580	$28,984	$35,301	$37,159
Radiology- diagnostic- No surgery	80253	$9,290	$18,580	$28,984	$35,301	$37,159
Radiology- diagnostic- Minor Surgery	80280	$10,505	$21,010	$32,775	$39,918	$42,019
Rheumatology- No Surgery	80252	$4,835	$9,670	$15,085	$18,372	$19,339
Surgery- Cardiac	80141	$29,539	$59,078	$92,161	$112,248	$118,156
Surgery- Cardiovascular Disease	80150	$29,539	$59,078	$92,161	$112,248	$118,156
Surgery- Colon and Rectal	80115	$13,340	$26,680	$41,620	$50,691	$53,359
Surgery- Emergency Medicine	80157	$14,960	$29,920	$46,675	$56,847	$59,839
Surgery- General- Not Otherwise Classified	80143	$22,250	$44,500	$69,419	$84,549	$88,999
Surgery- Gynecology	80167	$14,960	$29,920	$46,675	$56,847	$59,839
Surgery- Hand	80169	$14,960	$29,920	$46,675	$56,847	$59,839
Surgery- Head and Neck	80170	$14,960	$29,920	$46,675	$56,847	$59,839
Surgery- Neonatology or Pediatrics	80474	$23,060	$46,120	$71,947	$87,627	$92,239
Surgery- Neurology	80152	$51,409	$102,818	$160,396	$195,354	$205,636
Surgery- Obstetrics	80168	$31,159	$62,318	$97,216	$118,404	$124,636
Surgery- Obstetrics- Gynecology	80153	$31,159	$62,318	$97,216	$118,404	$124,636
Surgery- Ophthalmology	80114	$7,265	$14,530	$22,666	$27,606	$29,059
Surgery- Oral/Maxillofacial	80109	$7,265	$14,530	$22,666	$27,606	$29,059
Surgery- Orthopedic	80154	$33,589	$67,178	$104,797	$127,638	$134,356
Surgery- Orthopedic- without procedures on the back	N80154	$25,489	$50,978	$79,525	$96,858	$101,956
Surgery- Otorhinolaryngology	80159	$13,340	$26,680	$41,620	$50,691	$53,359
Surgery- Plastic- Not Otherwise Classified	80156	$23,060	$46,120	$71,947	$87,627	$92,239
Surgery- Plastic- Otorhinolaryngology	80155	$23,060	$46,120	$71,947	$87,627	$92,239
Surgery- Thoracic	80144	$29,539	$59,078	$92,161	$112,248	$118,156

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Surgery- Traumatic	80171	$29,539	$59,078	$92,161	$112,248	$118,156
ırgery- Urological	80145	$12,125	$24,250	$37,829	$46,074	$48,499
Surgery- Vascular	80146	$29,539	$59,078	$92,161	$112,248	$118,156
Urgent Care Medicine	80424	$13,340	$26,680	$41,620	$50,691	$53,359
Urology-Minor Surgery	280145	$10,505	$21,010	$32,775	$39,918	$42,019

Territory 2: Lake, Vermillion, Kane, DuPage, Kankakee, Macon, McHenry and Winnebago Counties	**ISO**	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Mature**
Classification	**Code**	**Bentley**	**Bentley**	**Bentley**	**Bentley**	**Bentley**
Allergy	80254	$3,077	$6,154	$9,600	$11,692	$12,307
Anesthesiology	Y80151	$7,893	$15,785	$24,625	$29,992	$31,570
Anesthesiology-Pain Management	P80151	$7,893	$15,785	$24,625	$29,992	$31,570
Bariatrics-No Surgery	208242	$6,175	$12,350	$19,266	$23,465	$24,700
Cardiovascular Disease-No Surgery	80255	$6,519	$13,039	$20,340	$24,773	$26,077
Cardiovascular Disease- Minor Surgery	80281	$11,339	$22,678	$35,377	$43,088	$45,355
Dermatology-No Surgery	80256	$4,110	$8,219	$12,822	$15,616	$16,438
Dermatology-Minor Surgery	80282	$6,175	$12,350	$19,266	$23,465	$24,700
Diabetes- No Surgery	80237	$6,175	$12,350	$19,266	$23,465	$24,700
Emergency Medicine- No Major Surgery	80102	$11,339	$22,678	$35,377	$43,088	$45,355
Endocrinology- No Surgery	80238	$4,110	$8,219	$12,822	$15,616	$16,438
Family/General Practitioners- No Surgery	80239/80242	$6,175	$12,350	$19,266	$23,465	$24,700
F ily/General Practitioners-Minor Surgery	80273/80275	$9,618	$19,235	$30,007	$36,547	$38,470
H ensic or Legal Medicine	80240	$3,077	$6,154	$9,600	$11,692	$12,307
Gastroenterology- No Surgery	80241	$8,929	$17,858	$27,859	$33,931	$35,716
Gastroenterology-Minor Surgery	80274	$8,929	$17,858	$27,859	$33,931	$35,716
General Preventive Medicine- No Surgery	80231	$6,175	$12,350	$19,266	$23,465	$24,700
Geriatrics- No Surgery	80243	$4,110	$8,219	$12,822	$15,616	$16,438
Geriatrics- Minor Surgery	80276	$8,929	$17,858	$27,859	$33,931	$35,716
Gynecology- No Surgery	80244	$7,208	$14,416	$22,488	$27,390	$28,831
Gynecology- Minor Surgery	80277	$11,339	$22,678	$35,377	$43,088	$45,355
Hematology- No Surgery	80245	$6,175	$12,350	$19,266	$23,465	$24,700
Infectious Diseases- No Surgery	80246	$6,519	$13,039	$20,340	$24,773	$26,077
Internal Medicine- No Surgery	80257	$7,208	$14,416	$22,488	$27,390	$28,831
Internal Medicine- Minor Surgery	80284	$8,929	$17,858	$27,859	$33,931	$35,716
Laryngology- No Surgery	80258	$3,418	$6,836	$10,664	$12,988	$13,671
Laryngology- Minor Surgery	80285	$9,144	$18,288	$28,529	$34,747	$36,576
Neonatology- Minor Surgery	300001	$8,929	$17,858	$27,859	$33,931	$35,716
Neoplastic Diseases- No Surgery	80259	$6,642	$13,283	$20,722	$25,238	$26,566
Nephrology- No Surgery	80260	$6,519	$13,039	$20,340	$24,773	$26,077
Nephrology- Minor Surgery	80287	$7,896	$15,793	$24,637	$30,006	$31,585
Neurology- No Surgery	80261	$8,929	$17,858	$27,859	$33,931	$35,716
Nuclear Medicine	180262	$6,175	$12,350	$19,266	$23,465	$24,700
Occupational Medicine	80233	$3,077	$6,154	$9,600	$11,692	$12,307
C ology- No Surgery	80473	$6,175	$12,350	$19,266	$23,465	$24,700
Op..thalmology- No Surgery	80263	$4,110	$8,219	$12,822	$15,616	$16,438

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Otorhinolaryngology- No Surgery	80265	$3,077	$6,154	$9,600	$11,692	$12,307
hinolaryngology- Minor Surgery	80291	$8,929	$17,858	$27,859	$33,931	$35,716
Pathology- No Surgery	80266	$4,110	$8,219	$12,822	$15,616	$16,438
Pediatrics- No Surgery	80267	$4,798	$9,596	$14,970	$18,233	$19,192
Pediatrics- Minor Surgery	80293	$8,929	$17,858	$27,859	$33,931	$35,716
Physiatry or Physical Medicine and Rehabilitation	80235	$3,077	$6,154	$9,600	$11,692	$12,307
Physicians- not otherwise classified- no surgery	80268	$5,920	$11,839	$18,469	$22,494	$23,678
Physicians- not otherwise classified- minor surgery	80294	$9,350	$18,700	$29,171	$35,529	$37,399
Podiatry- No Surgery	380993	$2,363	$4,725	$7,371	$8,978	$9,450
Podiatry- Minor Surgery	180993	$3,458	$6,917	$10,790	$13,142	$13,834
Psychiatry	80249	$4,110	$8,219	$12,822	$15,616	$16,438
Public Health	80236	$3,077	$6,154	$9,600	$11,692	$12,307
Pulmonary Diseases- No Surgery	80269	$7,896	$15,793	$24,637	$30,006	$31,585
Radiology- diagnostic- No surgery	80253	$7,896	$15,793	$24,637	$30,006	$31,585
Radiology- diagnostic- Minor Surgery	80280	$8,929	$17,858	$27,859	$33,931	$35,716
Rheumatology- No Surgery	80252	$4,110	$8,219	$12,822	$15,616	$16,438
Surgery- Cardiac	80141	$25,108	$50,216	$78,337	$95,411	$100,432
Surgery- Cardiovascular Disease	80150	$25,108	$50,216	$78,337	$95,411	$100,432
Surgery- Colon and Rectal	80115	$11,339	$22,678	$35,377	$43,088	$45,355
Surgery- Emergency Medicine	80157	$12,716	$25,432	$39,673	$48,320	$50,863
Surgery- General- Not Otherwise Classified	80143	$18,912	$37,825	$59,006	$71,867	$75,649
Surgery- Gynecology	80167	$12,716	$25,432	$39,673	$48,320	$50,863
Surgery- Hand	80169	$12,716	$25,432	$39,673	$48,320	$50,863
ery- Head and Neck	80170	$12,716	$25,432	$39,673	$48,320	$50,863
Surgery- Neonatology or Pediatrics	80474	$19,601	$39,202	$61,155	$74,483	$78,403
Surgery- Neurology	80152	$43,698	$87,395	$136,336	$166,051	$174,790
Surgery- Obstetrics	80168	$26,485	$52,970	$82,633	$100,643	$105,940
Surgery- Obstetrics- Gynecology	80153	$26,485	$52,970	$82,633	$100,643	$105,940
Surgery- Ophthalmology	80114	$6,175	$12,350	$19,266	$23,465	$24,700
Surgery- Oral/Maxillofacial	80109	$6,175	$12,350	$19,266	$23,465	$24,700
Surgery- Orthopedic	80154	$28,551	$57,101	$89,078	$108,492	$114,202
Surgery- Orthopedic- without procedures on the back	N80154	$21,666	$43,331	$67,597	$82,329	$86,662
Surgery- Otorhinolaryngology	80159	$11,339	$22,678	$35,377	$43,088	$45,355
Surgery- Plastic- Not Otherwise Classified	80156	$19,601	$39,202	$61,155	$74,483	$78,403
Surgery- Plastic- Otorhinolaryngology	80155	$19,601	$39,202	$61,155	$74,483	$78,403
Surgery- Thoracic	80144	$25,108	$50,216	$78,337	$95,411	$100,432
Surgery- Traumatic	80171	$25,108	$50,216	$78,337	$95,411	$100,432
Surgery- Urological	80145	$10,306	$20,612	$32,155	$39,163	$41,224
Surgery- Vascular	80146	$25,108	$50,216	$78,337	$95,411	$100,432
Urgent Care Medicine	80424	$11,339	$22,678	$35,377	$43,088	$45,355
Urology-Minor Surgery	280145	$8,929	$17,858	$27,859	$33,931	$35,716

Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph and Sangamon Counties	**ISO**	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Mature**
assification	**Code**	**Bentley**	**Bentley**	**Bentley**	**Bentley**	**Bentley**

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Allergy	80254	$2,534	$5,068	$7,906	$9,629	$10,135
esthesiology	Y80151	$6,500	$12,999	$20,279	$24,699	$25,999
Anesthesiology-Pain Management	P80151	$6,500	$12,999	$20,279	$24,699	$25,999
Bariatrics-No Surgery	208242	$5,085	$10,171	$15,866	$19,324	$20,341
Cardiovascular Disease-No Surgery	80255	$5,369	$10,738	$16,751	$20,402	$21,475
Cardiovascular Disease- Minor Surgery	80281	$9,338	$18,676	$29,134	$35,484	$37,351
Dermatology-No Surgery	80256	$3,384	$6,769	$10,559	$12,861	$13,537
Dermatology-Minor Surgery	80282	$5,085	$10,171	$15,866	$19,324	$20,341
Diabetes- No Surgery	80237	$5,085	$10,171	$15,866	$19,324	$20,341
Emergency Medicine- No Major Surgery	80102	$9,338	$18,676	$29,134	$35,484	$37,351
Endocrinology- No Surgery	80238	$3,384	$6,769	$10,559	$12,861	$13,537
Family/General Practitioners- No Surgery	80239/80242	$5,085	$10,171	$15,866	$19,324	$20,341
Family/General Practitioners-Minor Surgery	80273/80275	$7,920	$15,841	$24,712	$30,097	$31,681
Forensic or Legal Medicine	80240	$2,534	$5,068	$7,906	$9,629	$10,135
Gastroenterology- No Surgery	80241	$7,353	$14,707	$22,942	$27,943	$29,413
Gastroenterology-Minor Surgery	80274	$7,353	$14,707	$22,942	$27,943	$29,413
General Preventive Medicine- No Surgery	80231	$5,085	$10,171	$15,866	$19,324	$20,341
Geriatrics- No Surgery	80243	$3,384	$6,769	$10,559	$12,861	$13,537
Geriatrics- Minor Surgery	80276	$7,353	$14,707	$22,942	$27,943	$29,413
Gynecology- No Surgery	80244	$5,936	$11,872	$18,520	$22,556	$23,743
Gynecology- Minor Surgery	80277	$9,338	$18,676	$29,134	$35,484	$37,351
Hematology- No Surgery	80245	$5,085	$10,171	$15,866	$19,324	$20,341
Infectious Diseases- No Surgery	80246	$5,369	$10,738	$16,751	$20,402	$21,475
ernal Medicine- No Surgery	80257	$5,936	$11,872	$18,520	$22,556	$23,743
Internal Medicine- Minor Surgery	80284	$7,353	$14,707	$22,942	$27,943	$29,413
Laryngology- No Surgery	80258	$2,815	$5,629	$8,782	$10,696	$11,259
Laryngology- Minor Surgery	80285	$7,530	$15,061	$23,495	$28,615	$30,122
Neonatology- Minor Surgery	300001	$7,353	$14,707	$22,942	$27,943	$29,413
Neoplastic Diseases- No Surgery	80259	$5,470	$10,939	$17,065	$20,784	$21,878
Nephrology- No Surgery	80260	$5,369	$10,738	$16,751	$20,402	$21,475
Nephrology- Minor Surgery	80287	$6,503	$13,006	$20,289	$24,711	$26,011
Neurology- No Surgery	80261	$7,353	$14,707	$22,942	$27,943	$29,413
Nuclear Medicine	180262	$5,085	$10,171	$15,866	$19,324	$20,341
Occupational Medicine	80233	$2,534	$5,068	$7,906	$9,629	$10,135
Oncology- No Surgery	80473	$5,085	$10,171	$15,866	$19,324	$20,341
Ophthalmology- No Surgery	80263	$3,384	$6,769	$10,559	$12,861	$13,537
Otorhinolaryngology- No Surgery	80265	$2,534	$5,068	$7,906	$9,629	$10,135
Otorhinolaryngology- Minor Surgery	80291	$7,353	$14,707	$22,942	$27,943	$29,413
Pathology- No Surgery	80266	$3,384	$6,769	$10,559	$12,861	$13,537
Pediatrics- No Surgery	80267	$3,951	$7,903	$12,328	$15,015	$15,805
Pediatrics- Minor Surgery	80293	$7,353	$14,707	$22,942	$27,943	$29,413
Physiatry or Physical Medicine and Rehabilitation	80235	$2,534	$5,068	$7,906	$9,629	$10,135
Physicians- not otherwise classified- no surgery	80268	$4,875	$9,750	$15,210	$18,525	$19,500
Physicians- not otherwise classified- minor surgery	80294	$7,700	$15,400	$24,024	$29,259	$30,799
Podiatry- No Surgery	380993	$1,946	$3,891	$6,070	$7,393	$7,783
diatry- Minor Surgery	180993	$2,848	$5,696	$8,886	$10,823	$11,393

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Psychiatry	80249	$3,384	$6,769	$10,559	$12,861	$13,537
blic Health	80236	$2,534	$5,068	$7,906	$9,629	$10,135
Pulmonary Diseases- No Surgery	80269	$6,503	$13,006	$20,289	$24,711	$26,011
Radiology- diagnostic- No surgery	80253	$6,503	$13,006	$20,289	$24,711	$26,011
Radiology- diagnostic- Minor Surgery	80280	$7,353	$14,707	$22,942	$27,943	$29,413
Rheumatology- No Surgery	80252	$3,384	$6,769	$10,559	$12,861	$13,537
Surgery- Cardiac	80141	$20,677	$41,354	$64,513	$78,573	$82,709
Surgery- Cardiovascular Disease	80150	$20,677	$41,354	$64,513	$78,573	$82,709
Surgery- Colon and Rectal	80115	$9,338	$18,676	$29,134	$35,484	$37,351
Surgery- Emergency Medicine	80157	$10,472	$20,944	$32,672	$39,793	$41,887
Surgery- General- Not Otherwise Classified	80143	$15,575	$31,150	$48,594	$59,184	$62,299
Surgery- Gynecology	80167	$10,472	$20,944	$32,672	$39,793	$41,887
Surgery- Hand	80169	$10,472	$20,944	$32,672	$39,793	$41,887
Surgery- Head and Neck	80170	$10,472	$20,944	$32,672	$39,793	$41,887
Surgery- Neonatology or Pediatrics	80474	$16,142	$32,284	$50,363	$61,339	$64,567
Surgery- Neurology	80152	$35,986	$71,972	$112,277	$136,748	$143,945
Surgery- Obstetrics	80168	$21,811	$43,622	$68,051	$82,883	$87,245
Surgery- Obstetrics- Gynecology	80153	$21,811	$43,622	$68,051	$82,883	$87,245
Surgery- Ophthalmology	80114	$5,085	$10,171	$15,866	$19,324	$20,341
Surgery- Oral/Maxillofacial	80109	$5,085	$10,171	$15,866	$19,324	$20,341
Surgery- Orthopedic	80154	$23,512	$47,024	$73,358	$89,346	$94,049
Surgery- Orthopedic- without procedures on the back	N80154	$17,842	$35,684	$55,668	$67,800	$71,369
Surgery- Otorhinolaryngology	80159	$9,338	$18,676	$29,134	$35,484	$37,351
rgery- Plastic- Not Otherwise Classified	80156	$16,142	$32,284	$50,363	$61,339	$64,567
Surgery- Plastic- Otorhinolaryngology	80155	$16,142	$32,284	$50,363	$61,339	$64,567
Surgery- Thoracic	80144	$20,677	$41,354	$64,513	$78,573	$82,709
Surgery- Traumatic	80171	$20,677	$41,354	$64,513	$78,573	$82,709
Surgery- Urological	80145	$8,487	$16,975	$26,481	$32,252	$33,949
Surgery- Vascular	80146	$20,677	$41,354	$64,513	$78,573	$82,709
Urgent Care Medicine	80424	$9,338	$18,676	$29,134	$35,484	$37,351
Urology-Minor Surgery	280145	$7,353	$14,707	$22,942	$27,943	$29,413

Territory 4: Remainder of State	**ISO**	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Mature**
Classification	**Code**	**Bentley**	**Bentley**	**Bentley**	**Bentley**	**Bentley**
Allergy	80254	$1,991	$3,982	$6,212	$7,565	$7,964
Anesthesiology	Y80151	$5,107	$10,214	$15,934	$19,406	$20,428
Anesthesiology-Pain Management	P80151	$5,107	$10,214	$15,934	$19,406	$20,428
Bariatrics-No Surgery	208242	$3,996	$7,991	$12,466	$15,183	$15,983
Cardiovascular Disease-No Surgery	80255	$4,218	$8,437	$13,161	$16,030	$16,874
Cardiovascular Disease- Minor Surgery	80281	$7,337	$14,674	$22,891	$27,880	$29,348
Dermatology-No Surgery	80256	$2,659	$5,318	$8,297	$10,105	$10,637
Dermatology-Minor Surgery	80282	$3,996	$7,991	$12,466	$15,183	$15,983
Diabetes- No Surgery	80237	$3,996	$7,991	$12,466	$15,183	$15,983
ergency Medicine- No Major Surgery	80102	$7,337	$14,674	$22,891	$27,880	$29,348

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Endocrinology- No Surgery	80238	$2,659	$5,318	$8,297	$10,105	$10,637
.mily/General Practitioners- No Surgery	80239/80242	$3,996	$7,991	$12,466	$15,183	$15,983
Family/General Practitioners-Minor Surgery	80273/80275	$6,223	$12,446	$19,416	$23,648	$24,893
Forensic or Legal Medicine	80240	$1,991	$3,982	$6,212	$7,565	$7,964
Gastroenterology- No Surgery	80241	$5,778	$11,555	$18,026	$21,955	$23,111
Gastroenterology-Minor Surgery	80274	$5,778	$11,555	$18,026	$21,955	$23,111
General Preventive Medicine- No Surgery	80231	$3,996	$7,991	$12,466	$15,183	$15,983
Geriatrics- No Surgery	80243	$2,659	$5,318	$8,297	$10,105	$10,637
Geriatrics- Minor Surgery	80276	$5,778	$11,555	$18,026	$21,955	$23,111
Gynecology- No Surgery	80244	$4,664	$9,328	$14,551	$17,723	$18,656
Gynecology- Minor Surgery	80277	$7,337	$14,674	$22,891	$27,880	$29,348
Hematology- No Surgery	80245	$3,996	$7,991	$12,466	$15,183	$15,983
Infectious Diseases- No Surgery	80246	$4,218	$8,437	$13,161	$16,030	$16,874
Internal Medicine- No Surgery	80257	$4,664	$9,328	$14,551	$17,723	$18,656
Internal Medicine- Minor Surgery	80284	$5,778	$11,555	$18,026	$21,955	$23,111
Laryngology- No Surgery	80258	$2,212	$4,423	$6,900	$8,404	$8,846
Laryngology- Minor Surgery	80285	$5,917	$11,833	$18,460	$22,484	$23,667
Neonatology- Minor Surgery	300001	$5,778	$11,555	$18,026	$21,955	$23,111
Neoplastic Diseases- No Surgery	80259	$4,297	$8,595	$13,408	$16,330	$17,190
Nephrology- No Surgery	80260	$4,218	$8,437	$13,161	$16,030	$16,874
Nephrology- Minor Surgery	80287	$5,109	$10,219	$15,941	$19,416	$20,438
Neurology- No Surgery	80261	$5,778	$11,555	$18,026	$21,955	$23,111
Nuclear Medicine	180262	$3,996	$7,991	$12,466	$15,183	$15,983
Occupational Medicine	80233	$1,991	$3,982	$6,212	$7,565	$7,964
Oncology- No Surgery	80473	$3,996	$7,991	$12,466	$15,183	$15,983
Ophthalmology- No Surgery	80263	$2,659	$5,318	$8,297	$10,105	$10,637
Otorhinolaryngology- No Surgery	80265	$1,991	$3,982	$6,212	$7,565	$7,964
Otorhinolaryngology- Minor Surgery	80291	$5,778	$11,555	$18,026	$21,955	$23,111
Pathology- No Surgery	80266	$2,659	$5,318	$8,297	$10,105	$10,637
Pediatrics- No Surgery	80267	$3,105	$6,209	$9,686	$11,798	$12,419
Pediatrics- Minor Surgery	80293	$5,778	$11,555	$18,026	$21,955	$23,111
Physiatry or Physical Medicine and Rehabilitation	80235	$1,991	$3,982	$6,212	$7,565	$7,964
Physicians- not otherwise classified- no surgery	80268	$3,830	$7,661	$11,951	$14,555	$15,321
Physicians- not otherwise classified- minor surgery	80294	$6,050	$12,100	$18,876	$22,990	$24,200
Podiatry- No Surgery	380993	$1,529	$3,057	$4,770	$5,809	$6,115
Podiatry- Minor Surgery	180993	$2,238	$4,476	$6,982	$8,504	$8,951
Psychiatry	80249	$2,659	$5,318	$8,297	$10,105	$10,637
Public Health	80236	$1,991	$3,982	$6,212	$7,565	$7,964
Pulmonary Diseases- No Surgery	80269	$5,109	$10,219	$15,941	$19,416	$20,438
Radiology- diagnostic- No surgery	80253	$5,109	$10,219	$15,941	$19,416	$20,438
Radiology- diagnostic- Minor Surgery	80280	$5,778	$11,555	$18,026	$21,955	$23,111
Rheumatology- No Surgery	80252	$2,659	$5,318	$8,297	$10,105	$10,637
Surgery- Cardiac	80141	$16,246	$32,493	$50,689	$61,736	$64,986
Surgery- Cardiovascular Disease	80150	$16,246	$32,493	$50,689	$61,736	$64,986
Surgery- Colon and Rectal	80115	$7,337	$14,674	$22,891	$27,880	$29,348
Surgery- Emergency Medicine	80157	$8,228	$16,456	$25,671	$31,266	$32,912

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Surgery- General- Not Otherwise Classified	80143	$12,237	$24,475	$38,181	$46,502	$48,950
ırgery- Gynecology	80167	$8,228	$16,456	$25,671	$31,266	$32,912
Surgery- Hand	80169	$8,228	$16,456	$25,671	$31,266	$32,912
Surgery- Head and Neck	80170	$8,228	$16,456	$25,671	$31,266	$32,912
Surgery- Neonatology or Pediatrics	80474	$12,683	$25,366	$39,571	$48,195	$50,732
Surgery- Neurology	80152	$28,275	$56,550	$88,218	$107,445	$113,100
Surgery- Obstetrics	80168	$17,137	$34,275	$53,469	$65,122	$68,550
Surgery- Obstetrics- Gynecology	80153	$17,137	$34,275	$53,469	$65,122	$68,550
Surgery- Ophthalmology	80114	$3,996	$7,991	$12,466	$15,183	$15,983
Surgery- Oral/Maxillofacial	80109	$3,996	$7,991	$12,466	$15,183	$15,983
Surgery- Orthopedic	80154	$18,474	$36,948	$57,639	$70,201	$73,896
Surgery- Orthopedic- without procedures on the back	N80154	$14,019	$28,038	$43,739	$53,272	$56,076
Surgery- Otorhinolaryngology	80159	$7,337	$14,674	$22,891	$27,880	$29,348
Surgery- Plastic- Not Otherwise Classified	80156	$12,683	$25,366	$39,571	$48,195	$50,732
Surgery- Plastic- Otorhinolaryngology	80155	$12,683	$25,366	$39,571	$48,195	$50,732
Surgery- Thoracic	80144	$16,246	$32,493	$50,689	$61,736	$64,986
Surgery- Traumatic	80171	$16,246	$32,493	$50,689	$61,736	$64,986
Surgery- Urological	80145	$6,669	$13,337	$20,806	$25,341	$26,675
Surgery- Vascular	80146	$16,246	$32,493	$50,689	$61,736	$64,986
Urgent Care Medicine	80424	$7,337	$14,674	$22,891	$27,880	$29,348
Urology-Minor Surgery	280145	$5,778	$11,555	$18,026	$21,955	$23,111

D. Ancillary Personnel Classifications and Rates

The following ancillary personnel may purchase and therefore, be afforded their own separate limits of liability by specifically listing such persons as additional named insureds on the policy. The limits of liability must be equal to those of the individual physician or professional corporation. The rate is as shown and not subject to step adjustment.

If separate limits are not desired by the listed allied healthcare professionals, 50% of the otherwise applicable ancillary base rate will be charged in order for the ancillary employee to share in the physicians limits or the separate corporate limit if one is present.

There is no charge for other allied healthcare professionals (80998). They share in the named insured's limit of liability. They are not eligible for a separate limit of liability. All other code 80998 for which there is no additional premium charge include: audiologists, medical aides, research PhDs, full time medical students, medical laboratory technicians, OR technicians, opticians, physiotherapists, dental hygienists, scrub nurses, x-ray technicians with and without therapy.

$1,000,000/$3,000,000 Manual Rates
Effective 01-01-08

Territory 1: Cook, Madison, St. Clair and Will Counties	Code	Premium
Certified Nurse Anesthetist	71508	$2,228
Certified Nurse Midwife	71509	$26,173
Chiropractor	80410	$5,374

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Dialysis Technician	71514	$1,744
Nurse Practitioner	71510	$1,744
Obstetrical RN (other than Nurse Midwife)	71505	$3,739
Optometrist	71517	$774
Orthopaedic Tech/ Ortho RN	71515	$6,718
Physician Assistant	71520	$1,744
Psychologist	71525	$1,160
Psychotherapist	71521	$1,160
Surgical Assistant	71523	$1,744

Territory 2: Lake, Vermillion, Kane, McHenry, DuPage, Kankakee, Macon and Winnebago Counties	**Code**	**Premium**
Certified Nurse Anesthetist	71508	$1,894
Certified Nurse Midwife	71509	$22,247
Chiropractor	80410	$4,568
Dialysis Technician	71514	$1,482
Nurse Practitioner	71510	$1,482
Obstetrical RN)other than Nurse Midwife)	71505	$3,178
Optometrist	71517	$658
Orthopaedic Tech/ Ortho RN	71515	$5,710
Physician Assistant	71520	$1,482
Psychologist	71525	$986
Psychotherapist	71521	$986
Surgical Assistant	71523	$1,482

Territory 3: Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph and Sangamon Counties	**Code**	**Premium**
Certified Nurse Anesthetist	71508	$1,560
Certified Nurse Midwife	71509	$18,321
Chiropractor	80410	$3,762
Dialysis Technician	71514	$1,220
Nurse Practitioner	71510	$1,220
Obstetrical RN)other than Nurse Midwife)	71505	$2,617
Optometrist	71517	$541
Orthopaedic Tech/ Ortho RN	71515	$4,702
Physician Assistant	71520	$1,220
Psychologist	71525	$812
Psychotherapist	71521	$812
Surgical Assistant	71523	$1,220

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Territory 4: Remainder of State	Code	Premium
Certified Nurse Anesthetist	71508	$1,226
Certified Nurse Midwife	71509	$14,395
Chiropractor	80410	$2,956
Dialysis Technician	71514	$959
Nurse Practitioner	71510	$959
Obstetrical RN)other than Nurse Midwife)	71505	$2,056
Optometrist	71517	$425
Orthopaedic Tech/ Ortho RN	71515	$3,695
Physician Assistant	71520	$959
Psychologist	71525	$638
Psychotherapist	71521	$638
Surgical Assistant	71523	$959

*Corporate liability is computed as a percentage of the five (5) highest rated eligible named insureds.

E. Territory Definitions and Factors

Territory	County	Factor
Territory 1	Cook, Madison, St. Clair and Will Counties	1.818
Territory 2	Lake, Vermillion, Kane, McHenry, DuPage, Kankakee, Macon, and Winnebago Counties	1.545
Territory 3	Bureau, Champaign, Coles, DeKalb, Effingham, Jackson, LaSalle, Randolph, and Sangamon Counties	1.273
Territory 4	Remainder of State	1.00

F. Decreased/Increased Limits Factors

Limit	Factor
$500,000/$1,500,000	0.75
$1,000,000/$3,000,000	1.00

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