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APR - 4 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

March 31, 2011

Gayle Neuman, Property and Casualty Compliance Unit
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

FILED

NOV 01 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 11-IL-145
COMPANY FEIN NO: 35-0506406 ✓
ILLINOIS DENTISTS
OCCURRENCE AND STANDARD CLAIMS MADE PROGRAMS
Revised New to Company Rating Rule,

COMPREHENSIVE LIABILITY COVERAGE FOR HEALTHCARE PROVIDERS
Revised State Rate Pages, Sections IV - Dentists

PROPOSED EFFECTIVE DATE: September 1, 2011

Dear Ms. Neuman:

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule filing applicable to its Illinois Dentists and Comprehensive Liability programs. The company requests **September 1, 2011**, as the effective date for this submission.

The Company's statistical agent is ISO.

Please find enclosed the manual pages, required filing forms, actuarial certification, explanatory memo and a self-addressed stamped envelope. Upon completion of your review, would you please stamp the duplicate copy of this submission and return it to us in the envelope provided.

Should you have any questions regarding this filing, please do not hesitate to contact me. Thank you.

Sincerely,

Melissa Millican

Melissa Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosure(s)

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MEM
RUL
glw
Jeh

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 09/01/2011

Table with 3 columns: (1) Coverage, (2) Annual Premium Volume (Illinois)*, (3) Percent Change (+ or -)**. Includes rows for Automobile Liability Private, Automobile Physical Damage, Liability Other Than Auto, Burglary and Theft, Glass, Fidelity, Surety, Boiler and Machinery, Fire, Extended Coverage, Inland Marine, Homeowners, Commercial Multi-Peril, Crop Hail, and Other Dentist's Prof Liability.

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, this applies to all Dentists and Oral Surgeons in all Illinois territories that are new Medpro insureds.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We propose to revise the New To Company Rating Rule for Dentists and Oral Surgeons. The current rule provides a credit for new to Medpro insureds during their first three policy years. The proposal provides a cap on the rate impact experienced by insureds as they lose the New To Company credit.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company
Name of Company
K. J. ... Vice President
Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

DENTISTS

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) wishes to submit the attached filing outlining a rule modification for its stand-alone Dentists professional liability product. The Company requests an effective date of September 1, 2011.

New to Company Rating Rule

MedPro proposes to revise our filed New to Company Rule for the Occurrence and Standard Claims Made Programs in order to promote rate stability for our insureds. Previously, if an insured met the eligibility requirements of the program this rule applied a credit of 35% each year to the insured's manual premium for only their first three years with MedPro. The current rule was filed with the department effective 10/8/2008 and as such no insureds have yet observed a large premium increase due to the loss of the New to Company credit after their third year with Medpro.

The proposed modification will reduce the applied New to Company credit at a rate of 5% every other year, starting at year four, until such time that the credit is 0%. This avoids any large premium increases that our insureds would experience due to the New to Company credit no longer being applied. The impact of this modification is a reduction in anticipated renewal premium that our insureds would experience as they enter their fourth and subsequent policy years with Medpro. We anticipate only a very small premium impact with this proposal.

Enclosed, please find the revised New To Company rule as well as revised General Manual Section IV and manual State Rate pages for section IV.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

OCCURRENCE PROGRAM

NEW TO COMPANY CREDIT

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSUREDS FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. THE CREDIT SHALL BE REDUCED BY 5% EVERY OTHER YEAR BEGINNING IN THE 4TH YEAR UNTIL SUCH TIME THAT THE CREDIT IS 0%. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

THIS CREDIT IS NOT SUBJECT TO THE AGGREGATE CREDIT RULE AND SUBJECT TO UNDERWRITING GUIDELINES. ONLY ONE REQUEST FOR THIS CREDIT PROGRAM WILL BE GRANTED TO AN ELIGIBLE INSURED DURING ANY PERIOD OF TIME INSURED BY THE COMPANY.

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ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

NEW TO COMPANY CREDIT

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSUREDS FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. THE CREDIT SHALL BE REDUCED BY 5% EVERY OTHER YEAR BEGINNING IN THE 4TH YEAR UNTIL SUCH TIME THAT THE CREDIT IS 0%. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

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3. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

4. **New Dentists**
(Occurrence & Standard Claims Made Programs)

Years New to Practice	Credit
1 st	75%
2 nd	50%
3 rd	25%

5. **New to Company Credit**
(Occurrence & Standard Claims Made Programs)

Program	Credit
Standard Claims-Made	35%
Occurrence	35%

An insured may be eligible for a New to Company Credit pursuant to the following guidelines:

- a. Never insured with the Company, or
b. Previously insured with Company more than 3 years ago.

Credits in the amount of 35% of filed manual rates shall apply to the insureds first, second and third consecutive years of coverage. The credit shall be reduced by 5% every other year beginning in the 4th year until such time that the credit is 0%. All other credits will apply to the reduced rate.

This credit is not subject to the aggregate credit rule and subject to underwriting guidelines. Only one request for this credit program will be granted to an eligible insured during any period of time insured by the Company

6. **Dentist Teaching Specialists**

- a. Training Activities

NOT AVAILABLE

- b. Teaching Specialists

NOT AVAILABLE

7. **Dentist Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

8. **Dentists Military Leave of Absence Credit**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

Consideration(s)	Description	Range
1. Historical Loss Experience	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.	-20% to +20%
2. Cumulative Years of Patient Experience.	The insured(s) demonstrates a stable, longstanding practice and/or significant degree of experience in their current area of medicine.	-5% to +5%
3. Classification Anomalies.	Characteristics of a particular insured that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.	-15% to +15%
4. Claim Anomalies	Economic, societal or jurisdictional changes or trends that will influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).	-10% to +10%
5. Management Control Procedures.	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.	-5% to +5%
6. Number / Type of Patient Exposures.	Size and/or demographics of the patient population which influences the frequency and/or severity of claims.	-5% to +5%
7. Organizational Size / Structure.	The organization's size and processes are such that economies of scale are achieved while servicing the insured.	-5% to +5%
8. Healthcare Standards, Quality & Claim Review.	Presence of -(1) committees that meet on a routine basis to review medical procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.	-5% to +5%
9. Other Risk Management Practices and Procedures.	Additional activities undertaken with the specific intention of reducing the frequency or severity of claims.	-5% to +5%
10. Training, Accreditation & Credentialing.	The insured(s) exhibits greater/less than normal participation and support of such activities.	-5% to +5%
11. Record – Keeping Practices.	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.	-5% to +5%
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.	-10% to +10%
Maximum Modification - 50% / + 50%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

10. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

11. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free	Credit
3 but less than 5	5%
5 but less than 8	10%
8 or more	15%

12. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

13. **Self-Insured Retention Credits**

NOT AVAILABLE

14. **Experience Rating**

NOT AVAILABLE

15. **Non Discretionary Debit Plan**
(Occurrence & Standard Claims Made Programs)

Schedule A:

Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	25%	0%
4	25%	25%
5	50%	40%
6	50%	40%
7	200%	50%
8	500%	200%
9	700%	500%
10+	800%	700%

For the purposes of this schedule, Table B shall apply to all insureds practicing in the following ISO Codes: 73223, 80201, 80207 AND 80210. Table A shall apply to insureds practicing under any other ISO code.

16. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

17. **Botulinum Toxin and Dermal Fillers Rating Rule**
(Occurrence & Standard Claims Made Programs)

DEBIT A	DEBIT B	DEBIT C
50%	40%	25%

18. **Dental Facility Classification Plan**
(Occurrence & Standard Claims Made Programs)

Debit
60%

19. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

The applicable premium under this plan shall be equal to 100% of the manual premium that would otherwise be derived for the insured under the Occurrence Program.

20. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

21. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$25,000

24. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

26. **Membership Credit**
(Occurrence & Standard Claims Made Programs)

Credit
up to 25%

27. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

28. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

29. **Temporary Staffing Rating Agency**
(Occurrence and Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

3. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

4. **New Dentists**
(Occurrence & Standard Claims Made Programs)

Years New to Practice	Credit
1 st	75%
2 nd	50%
3 rd	25%

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Occurrence	100%
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8. **Dentists Military Leave of Absence Credit**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

9. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

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12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.	-10% to +10%
Maximum Modification - 250% / + 250%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

10. **Risk Management**
(Occurrence & Standard Claims Made Programs)

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18. **Dental Facility Classification Plan**
(Occurrence & Standard Claims Made Programs)

Debit
60%

19. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

The applicable premium under this plan shall be equal to 100% of the manual premium that would otherwise be derived for the insured under the Occurrence Program.

20. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

21. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$25,000

24. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

26. **Membership Credit**
(Occurrence & Standard Claims Made Programs)

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Installments are not available for Extension Contract Premium.

29. **Temporary Staffing Rating Agency**
(Occurrence and Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR INSURED(S) WHO UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / $+25\%$, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW. THE APPLICABLE CRITERIA AND SUPPORT FOR EACH PREMIUM MODIFICATION SHALL BE INCLUDED IN THE INSURED(S) UNDERWRITING FILE.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

CRITERIA	RANGE
<u>HISTORICAL LOSS EXPERIENCE:</u> THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.	-20% TO +20%

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>CUMULATIVE YEARS OF PATIENT EXPERIENCE:</u> THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.	-5% TO +5%
<u>CLASSIFICATION ANOMALIES:</u> CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.	-15% TO +15%
<u>CLAIM ANOMALIES:</u> ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).	-10% TO +10%
<u>MANAGEMENT CONTROL PROCEDURES:</u> SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>NUMBER/TYPE OF PATIENT EXPOSURES:</u> SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%

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ILLINOIS

DENTISTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>ORGANIZATIONAL SIZE/STRUCTURE:</u> A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.	-5% TO +5%
<u>HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:</u> PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.	-5% TO +5%
<u>OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:</u> ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>TRAINING, ACCREDITATION AND CREDENTIALING:</u> THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.	-5% TO +5%

The
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Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

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DENTISTS

STANDARD CLAIMS MADE PROGRAM

SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>RECORD-KEEPING PRACTICES:</u> DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.	-5% TO +5%
<u>UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:</u> DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.	-10% TO +10%

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

THE MEDICAL PROTECTIVE COMPANY SHALL UTILIZE THE FOLLOWING SCHEDULE OF MODIFICATIONS TO DETERMINE APPROPRIATE PREMIUMS FOR INSURED(S) WHO UNIQUELY QUALIFY FOR SUCH MODIFICATIONS BECAUSE OF FACTORS NOT CONTEMPLATED IN THE FILED RATE STRUCTURE OF THE COMPANY.

THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -250% / +250%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW. THE APPLICABLE CRITERIA AND SUPPORT FOR EACH PREMIUM MODIFICATION SHALL BE INCLUDED IN THE INSURED(S) UNDERWRITING FILE.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

CRITERIA	RANGE
<u>HISTORICAL LOSS EXPERIENCE:</u> THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.	-20% TO +20%

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SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>CUMULATIVE YEARS OF PATIENT EXPERIENCE:</u> THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.	-5% TO +5%
<u>CLASSIFICATION ANOMALIES:</u> CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.	-15% TO +15%
<u>CLAIM ANOMALIES:</u> ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).	-10% TO +10%
<u>MANAGEMENT CONTROL PROCEDURES:</u> SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>NUMBER/TYPE OF PATIENT EXPOSURES:</u> SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%

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OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>ORGANIZATIONAL SIZE/STRUCTURE:</u> A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.	-5% TO +5%
<u>HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:</u> PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.	-5% TO +5%
<u>OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:</u> ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>TRAINING, ACCREDITATION AND CREDENTIALING:</u> THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.	-5% TO +5%

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DENTISTS

OCCURRENCE PROGRAM

SCHEDULE RATING PLAN

CRITERIA	RANGE
<u>RECORD-KEEPING PRACTICES:</u> DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.	-5% TO +5%
<u>UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:</u> DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.	-10% TO +10%

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

9. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

Consideration(s)	Description	Range
1. Historical Loss Experience	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.	-20% to +20%
2. Cumulative Years of Patient Experience.	The insured(s) demonstrates a stable, longstanding practice and/or significant degree of experience in their current area of medicine.	-5% to +5%
3. Classification Anomalies.	Characteristics of a particular insured that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.	-15% to +15%
4. Claim Anomalies	Economic, societal or jurisdictional changes or trends that will influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).	-10% to +10%
5. Management Control Procedures.	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.	-5% to +5%
6. Number / Type of Patient Exposures.	Size and/or demographics of the patient population which influences the frequency and/or severity of claims.	-5% to +5%
7. Organizational Size / Structure.	The organization's size and processes are such that economies of scale are achieved while servicing the insured.	-5% to +5%
8. Healthcare Standards, Quality & Claim Review.	Presence of (1) committees that meet on a routine basis to review medical procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.	-5% to +5%
9. Other Risk Management Practices and Procedures.	Additional activities undertaken with the specific intention of reducing the frequency or severity of claims.	-5% to +5%
10. Training, Accreditation & Credentialing.	The insured(s) exhibits greater/less than normal participation and support of such activities.	-5% to +5%
11. Record – Keeping Practices.	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.	-5% to +5%
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.	-10% to +10%
Maximum Modification - 50% / + 50%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

10. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

11. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free	Credit
3 but less than 5	5%
5 but less than 8	10%
8 or more	15%

12. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

13. **Self-Insured Retention Credits**

NOT AVAILABLE

14. **Experience Rating**

NOT AVAILABLE

15. **Non Discretionary Debit Plan**

(Occurrence & Standard Claims Made Programs)

Schedule A:

Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	25%	0%
4	25%	25%
5	50%	40%
6	50%	40%
7	200%	50%
8	500%	200%
9	700%	500%
10+	800%	700%

For the purposes of this schedule, Table B shall apply to all insureds practicing in the following ISO Codes: 73223, 80201, 80207 AND 80210. Table A shall apply to insureds practicing under any other ISO code.

16. **Group Rating Rule**

(Occurrence & Standard Claims Made Programs)

AVAILABLE

17. **Botulinum Toxin and Dermal Fillers Rating Rule**
(Occurrence & Standard Claims Made Programs)

DEBIT A	DEBIT B	DEBIT C
50%	40%	25%

18. **Dental Facility Classification Plan**
(Occurrence & Standard Claims Made Programs)

Debit
60%

19. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

The applicable premium under this plan shall be equal to 100% of the manual premium that would otherwise be derived for the insured under the Occurrence Program.

20. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

21. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$25,000

24. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

25. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

26. **Membership Credit**
(Occurrence & Standard Claims Made Programs)

Credit
up to 25%

27. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

28. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

29. **Temporary Staffing Rating Agency**
(Occurrence and Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Monday, July 18, 2011 2:03 PM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Rate/Rule Filing #11-IL145

At this time we wish to move the effective date to 11/1/11.

Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, July 14, 2011 9:39 AM
To: Millican, Melissa
Subject: Medical Protective Company - Rate/Rule Filing #11-IL145

Ms. Millican,

The Department of Insurance has now completed its review of the filing referenced above. Originally, Medical Protective requested the filing be effective September 1, 2011. Do you still wish to use that date?

Your prompt response 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.

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ILLINOIS
DENTISTS
OCCURRENCE PROGRAM
NEW TO COMPANY CREDIT

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSURED'S FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. THE CREDIT SHALL BE REDUCED BY 5% EVERY OTHER YEAR BEGINNING IN THE 4TH YEAR UNTIL SUCH TIME THAT THE CREDIT IS 0%. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

THIS CREDIT IS NOT SUBJECT TO THE AGGREGATE CREDIT RULE AND SUBJECT TO UNDERWRITING GUIDELINES. ONLY ONE REQUEST FOR THIS CREDIT PROGRAM WILL BE GRANTED TO AN ELIGIBLE INSURED DURING ANY PERIOD OF TIME INSURED BY THE COMPANY.

FILED

NOV 01 2011

The
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Fort Wayne, Indiana 46835
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DENTISTS

STANDARD CLAIMS MADE PROGRAM

NEW TO COMPANY CREDIT

AN INSURED MAY BE ELIGIBLE FOR A NEW TO COMPANY CREDIT PURSUANT TO THE FOLLOWING GUIDELINES:

- A. NEVER INSURED WITH THE COMPANY, OR
- B. PREVIOUSLY INSURED WITH COMPANY MORE THAN 3 YEARS AGO.

CREDITS IN THE AMOUNT OF 35% OF FILED MANUAL RATES SHALL APPLY TO THE INSURED'S FIRST, SECOND AND THIRD CONSECUTIVE YEARS OF COVERAGE. THE CREDIT SHALL BE REDUCED BY 5% EVERY OTHER YEAR BEGINNING IN THE 4TH YEAR UNTIL SUCH TIME THAT THE CREDIT IS 0%. ALL OTHER CREDITS WILL APPLY TO THE REDUCED RATE.

THIS CREDIT IS NOT SUBJECT TO THE AGGREGATE CREDIT RULE AND SUBJECT TO UNDERWRITING GUIDELINES. ONLY ONE REQUEST FOR THIS CREDIT PROGRAM WILL BE GRANTED TO AN ELIGIBLE INSURED DURING ANY PERIOD OF TIME INSURED BY THE COMPANY.

FILED

NOV 01 2011

3. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

4. **New Dentists**
(Occurrence & Standard Claims Made Programs)

Years New to Practice	Credit
1 st	75%
2 nd	50%
3 rd	25%

5. **New to Company Credit**
(Occurrence & Standard Claims Made Programs)

An insured may be eligible for a New to Company Credit pursuant to the following guidelines:

- a. Never insured with the Company, or
- b. Previously insured with Company more than 3 years ago.

Credits in the amount of 35% of filed manual rates shall apply to the insureds first, second and third consecutive years of coverage. The credit shall be reduced by 5% every other year beginning in the 4th year until such time that the credit is 0%. All other credits will apply to the reduced rate.

This credit is not subject to the aggregate credit rule and subject to underwriting guidelines. Only one request for this credit program will be granted to an eligible insured during any period of time insured by the Company

6. **Dentist Teaching Specialists**

- a. Training Activities

NOT AVAILABLE

- b. Teaching Specialists

NOT AVAILABLE

FILED

7. **Dentist Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

8. **Dentists Military Leave of Absence Credit**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

FILED

NOV 01 2011

3. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

4. **New Dentists**
(Occurrence & Standard Claims Made Programs)

Years New to Practice	Credit
1 st	75%
2 nd	50%
3 rd	25%

5. **New to Company Credit**
(Occurrence & Standard Claims Made Programs)

An insured may be eligible for a New to Company Credit pursuant to the following guidelines:

- a. Never insured with the Company, or
- b. Previously insured with Company more than 3 years ago.

Credits in the amount of 35% of filed manual rates shall apply to the insureds first, second and third consecutive years of coverage. The credit shall be reduced by 5% every other year beginning in the 4th year until such time that the credit is 0%. All other credits will apply to the reduced rate.

This credit is not subject to the aggregate credit rule and subject to underwriting guidelines. Only one request for this credit program will be granted to an eligible insured during any period of time insured by the Company

6. **Dentist Teaching Specialists**

- a. Training Activities

NOT AVAILABLE

- b. Teaching Specialists

NOT AVAILABLE

FILED

NOV 01 2011

7. **Dentist Leave of Absence**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

8. **Dentists Military Leave of Absence Credit**

Program Type	Credit
Occurrence	100%
Standard Claims Made	100%

FILED

NOV 01 2011

9. **Schedule Rating**
(Occurrence & Standard Claims Made Programs)

Consideration(s)	Description	Range
1. Historical Loss Experience	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.	-20% to +20%
2. Cumulative Years of Patient Experience.	The insured(s) demonstrates a stable, longstanding practice and/or significant degree of experience in their current area of medicine.	-5% to +5%
3. Classification Anomalies.	Characteristics of a particular insured that differentiate the insured from other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.	-15% to +15%
4. Claim Anomalies	Economic, societal or jurisdictional changes or trends that will influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).	-10% to +10%
5. Management Control Procedures.	Specific operational activities undertaken by the insured to reduce the frequency and/or severity of claims.	-5% to +5%
6. Number / Type of Patient Exposures.	Size and/or demographics of the patient population which influences the frequency and/or severity of claims.	-5% to +5%
7. Organizational Size / Structure.	The organization's size and processes are such that economies of scale are achieved while servicing the insured.	-5% to +5%
8. Healthcare Standards, Quality & Claim Review.	Presence of (1) committees that meet on a routine basis to review medical procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.	-5% to +5%
9. Other Risk Management Practices and Procedures.	Additional activities undertaken with the specific intention of reducing the frequency or severity of claims.	-5% to +5%
10. Training, Accreditation & Credentialing.	The insured(s) exhibits greater/less than normal participation and support of such activities.	-5% to +5%
11. Record – Keeping Practices.	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.	-5% to +5%
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures.	Demonstrating the willingness to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, or failure to meet accepted standards of care.	-10% to +10%
Maximum Modification - 25% / + 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

FILED

NOV 01 2011

10. **Risk Management**
(Occurrence & Standard Claims Made Programs)

Year	Credit	Addtl Credit – if EMR
1	5%	2.5%
2	5%	2.5%
3	5%	2.5%

11. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free	Credit
3 but less than 5	5%
5 but less than 8	10%
8 or more	15%

12. **Deductible Credits**
(Occurrence & Standard Claims Made Program)

PREMIUM CREDIT FOR LOSS ONLY DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	7% to 28%	6% to 12%	5% to 20%	3% to 16%	2% to 14%
100	17% to 46%	15% to 26%	13% to 32%	10% to 25%	8% to 22%
200		30% to 47%	26% to 52%	21% to 40%	17% to 33%
250			32% to 60%	26% to 46%	21% to 38%
500				43% to 69%	36% to 56%

PREMIUM CREDIT FOR LOSS AND ALE DEDUCTIBLE

Deductible (000's)	Incident Policy Limit (000's)				
	100	200	250	500	1000
50	16% to 44%	14% to 24%	12% to 30%	9% to 24%	6% to 20%
100	29% to 66%	26% to 41%	22% to 46%	17% to 35%	14% to 29%
200		44% to 67%	39% to 70%	31% to 53%	25% to 43%
250			45% to 79%	36% to 60%	30% to 49%
500				57% to 87%	46% to 70%

The Deductible Credits are applicable to the primary limit premium, net of all other applicable credits and subject to a maximum dollar credit of 85% of the aggregate limit.

For Deductible and Limit combinations not listed, credits will be interpolated or extrapolated from the above ranges.

FILED

NOV 01 2011

13. **Self-Insured Retention Credits**

NOT AVAILABLE

14. **Experience Rating**

NOT AVAILABLE

15. **Non Discretionary Debit Plan**

(Occurrence & Standard Claims Made Programs)

Schedule A:

Claim Threshold	Points
Pending claim	1
Loss payment of \$0 to \$49,999	1
Loss payment of \$50,000 to \$99,999	2
Loss payment of \$100,000 to \$249,999	4
Loss payment of \$250,000 to \$499,999	6
Loss payment of \$500,000 or more	8

Schedule B:

Total Points	Table A	Table B
0	0%	0%
1	0%	0%
2	0%	0%
3	25%	0%
4	25%	25%
5	50%	40%
6	50%	40%
7	200%	50%
8	500%	200%
9	700%	500%
10+	800%	700%

For the purposes of this schedule, Table B shall apply to all insureds practicing in the following ISO Codes: 73223, 80201, 80207 AND 80210. Table A shall apply to insureds practicing under any other ISO code.

16. **Group Rating Rule**

(Occurrence & Standard Claims Made Programs)

AVAILABLE

FILED

NOV 01 2011

17. **Botulinum Toxin and Dermal Fillers Rating Rule**
(Occurrence & Standard Claims Made Programs)

DEBIT A	DEBIT B	DEBIT C
50%	40%	25%

18. **Dental Facility Classification Plan**
(Occurrence & Standard Claims Made Programs)

Debit
60%

19. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

The applicable premium under this plan shall be equal to 100% of the manual premium that would otherwise be derived for the insured under the Occurrence Program.

20. **Slot Rating**
(Standard Claims Made Program)

AVAILABLE

21. **Full-Time Equivalency Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

22. **OPV Rating**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

23. **Renewal Rate Rule**
(Occurrence & Standard Claims Made Programs)

Premium Threshold
\$25,000

24. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule.

FILED

25. **Accelerated Extension Contract Rating**
(Standard Claims Made Program)

AVAILABLE

26. **Membership Credit**
(Occurrence & Standard Claims Made Programs)

Credit
up to 25%

27. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

28. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

29. **Temporary Staffing Rating Agency**
(Occurrence and Standard Claims Made Programs)

Formula
$(\text{Applicable Manual Rate} / 3120) * 1.60$

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THE PREMIUM FOR A RISK MAY BE MODIFIED IN ACCORDANCE WITH THE FOLLOWING, SUBJECT TO A MAXIMUM MODIFICATION OF -25% / +25%, TO RECOGNIZE RISK CHARACTERISTICS THAT ARE NOT REFLECTED IN THE OTHERWISE APPLICABLE PREMIUM. ALL MODIFICATIONS APPLIED UNDER THIS SCHEDULE RATING PLAN ARE SUBJECT TO PERIODIC REVIEW. THE APPLICABLE CRITERIA AND SUPPORT FOR EACH PREMIUM MODIFICATION SHALL BE INCLUDED IN THE INSURED(S) UNDERWRITING FILE.

THE MODIFICATION SHALL BE BASED ON ONE OR MORE OF THE FOLLOWING CONSIDERATIONS:

CRITERIA	RANGE
<u>HISTORICAL LOSS EXPERIENCE:</u> THE FREQUENCY OR SEVERITY OF CLAIMS FOR THE INSURED(S) IS GREATER/LESS THAN THE EXPECTED EXPERIENCE FOR AN INSURED(S) OF THE SAME CLASSIFICATION/SIZE OR RECOGNITION OF UNUSUAL CIRCUMSTANCES OF CLAIMS IN THE LOSS EXPERIENCE.	-20% TO +20%

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CRITERIA	RANGE
<u>CUMULATIVE YEARS OF PATIENT EXPERIENCE:</u> THE INSURED(S) DEMONSTRATES A GREATER/LESS THAN STABLE, LONGSTANDING PRACTICE AND/OR SIGNIFICANT DEGREE OF EXPERIENCE IN THEIR CURRENT AREA OF MEDICINE.	-5% TO +5%
<u>CLASSIFICATION ANOMALIES:</u> CHARACTERISTICS OF A PARTICULAR INSURED THAT DIFFERENTIATE THE INSURED TO BE GREATER/LESS THAN FROM OTHER MEMBERS OF THE SAME CLASS, OR RECOGNITION OF RECENT DEVELOPMENTS WITHIN A CLASSIFICATION OR JURISDICTION THAT ARE ANTICIPATED TO IMPACT FUTURE LOSS EXPERIENCE.	-15% TO +15%
<u>CLAIM ANOMALIES:</u> ECONOMIC, SOCIETAL OR JURISDICTIONAL CHANGES OR TRENDS THAT WILL POSTIVELY OR NEGATIVELY INFLUENCE THE FREQUENCY OR SEVERITY OF CLAIMS, OR THE UNUSUAL CIRCUMSTANCES OF A CLAIM(S) WHICH UNDERSTATE/OVERSTATE THE SEVERITY OF THE CLAIM(S).	-10% TO +10%
<u>MANAGEMENT CONTROL PROCEDURES:</u> SPECIFIC OPERATIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN BY THE INSURED TO REDUCE THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>NUMBER/TYPE OF PATIENT EXPOSURES:</u> SIZE AND/OR DEMOGRAPHICS OF THE PATIENT POPULATION WHICH NEGATIVELY OR POSTIVELY INFLUENCES THE FREQUENCY AND/OR SEVERITY OF CLAIMS.	-5% TO +5%

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<u>ORGANIZATIONAL SIZE/STRUCTURE:</u> A GROUP'S SIZE, PROCESSES AND/OR ROSTER OF INSURED ARE SUCH THAT THE COMPANY WILL INCUR GREATER OR LESSER COSTS IN ASSOCIATION WITH ITS SERVICE TO, OR COVERAGE OF, THE GROUP.	-5% TO +5%
<u>HEALTHCARE STANDARDS, QUALITY AND CLAIMS REVIEW:</u> PRESENCE (OR LACK) OF (1) COMMITTEES THAT MEET ON A ROUTINE BASIS TO REVIEW HEALTHCARE PROCEDURES, TREATMENTS, AND PROTOCOLS AND THEN ASSIST IN THE INTEGRATION OF SUCH INTO THE PRACTICE, (2) COMMITTEES THAT MEET TO ASSURE THE QUALITY OF THE HEALTH CARE SERVICES BEING RENDERED AND/OR (3) COMMITTEES TO PROVIDE CONSISTENT REVIEW OF CLAIMS/INCIDENTS THAT HAVE OCCURRED AND TO DEVELOP CORRECTIVE ACTION.	-5% TO +5%
<u>OTHER RISK MANAGEMENT PRACTICES AND PROCEDURES:</u> ADDITIONAL ACTIVITIES (OR LACK OF) UNDERTAKEN WITH THE SPECIFIC INTENTION OF REDUCING THE FREQUENCY OR SEVERITY OF CLAIMS.	-5% TO +5%
<u>TRAINING, ACCREDITATION AND CREDENTIALING:</u> THE INSURED(S) EXHIBITS GREATER/LESS THAN NORMAL PARTICIPATION AND SUPPORT OF SUCH ACTIVITIES.	-5% TO +5%

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CRITERIA	RANGE
<u>RECORD-KEEPING PRACTICES:</u> DEGREE TO WHICH INSURED INCORPORATES METHODS TO MAINTAIN QUALITY PATIENT RECORDS, REFERRALS, AND TEST RESULTS.	-5% TO +5%
<u>UTILIZATION OF MONITORING EQUIPMENT, DIAGNOSTIC TESTS OR PROCEDURES:</u> DEMONSTRATING THE WILLINGNESS (OR LACK THEREOF) TO EXPEND THE TIME AND CAPITAL TO INCORPORATE THE LATEST ADVANCES IN MEDICAL TREATMENTS AND EQUIPMENT INTO THE PRACTICE, OR FAILURE TO MEET ACCEPTED STANDARDS OF CARE.	-10% TO +10%

THE AFOREMENTIONED MODIFICATIONS CONTEMPLATE THE STANDARD ALLOWANCE FOR EXPENSES AND ARE SUBJECT TO THE MAXIMUM MODIFICATION REFERENCED ABOVE. IF THE EXPENSES ARE LESS THAN STANDARD, AN ADDITIONAL MODIFICATION MAY BE MADE TO REFLECT THIS REDUCTION.

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