



NYCIRB

New York Compensation
Insurance Rating Board
733 Third Avenue
New York, NY 10017
Tel: (212) 697-3535

June 30, 2022

R.C. 2563

Re: Ex-Medical Coverage and Excess Medical Coverage Rule Revisions
Effective Date: July 1, 2022

Members of the Rating Board:

I write to inform you that the New York State Department of Financial Services (“DFS”) has approved amendments to the Rating Board’s New York Workers’ Compensation and Employers’ Liability Manual (“Manual”), New York Statistical Plan (“Stat Plan”), New York Retrospective Rating Plan (“Retro Plan”), and New York Experience Rating Plan (“Experience Rating Plan”), which are detailed herein, attached hereto, and are effective on July 1, 2022.

Specifically, DFS approved rule changes reflecting the following:

- (a) Ex-Medical Coverage may only be issued in conjunction with a carrier’s independently filed large deductible plan or as a retrospectively rated policy subject to the rules of the Retro Plan;
- (b) Under Excess Medical Coverage, the excess coverage amount and excess coverage final rate must be agreed to by the employer;
- (c) The medical portion of losses on policies providing Ex-Medical Coverage and Excess Medical Coverage should not be reported to the Rating Board under the Stat Plan;
- (d) An application is no longer required to be filed with the Rating Board advising that a policy written on an ex-medical basis was authorized by the New York State Workers’ Compensation Board; and
- (e) Expected losses under the Experience Rating Plan are to be adjusted to reflect Ex-Medical coverage.

The following modified and final pages from the Manual and Plans, reflecting the approved amendments, are attached for your convenience: (a) Manual - Pages R-111 and R-112, (b) Stat Plan – Pages R-5, R-5a, R-29, and R-65, (c) Experience Rating Plan – Page R-45, and (d) Retro Plan – Page R-7 and Table G.



If you have any questions, please contact Mr. Mark Battistelli, Vice President of Underwriting Services, at (212) 697-3535, ext. 113 or at underwritingservices@nycirb.org.

Very truly yours,

A handwritten signature in blue ink, appearing to read "JA", is written over a light blue horizontal line.

Jeremy Attie
President and CEO

Enclosures

D. AUXILIARY POLICE	
1.	<p>Law and Status</p> <p>Members of an auxiliary police organization authorized by local law may be covered under a policy if a municipal corporation, pursuant to local law, elects to cover such individuals.</p>
2.	<p>Coverage</p> <p>Upon election, coverage may be effected by attaching the "New York Inclusion of Auxiliary Police Endorsement" (WC 31 03 14 A).</p>
3.	<p>Premium Determination</p> <p>Premium is determined based on the reasonable value of services by auxiliary police and assigned to Code 7720 "Police Officers & Drivers."</p>

E. EXCLUSION OF STATUTORY MEDICAL BENEFITS: EXCLUDING - MEDICAL COVERAGE	
★	<p>1. Explanation</p> <p>It is permissible to issue a Standard Policy with the provision that the employer will pay for all medical and hospital services required by law, when the employer is operating a properly equipped hospital or medical facility which is authorized or licensed by the New York State Workers' Compensation Board, <u>may only be issued in conjunction with an independently filed large deductible plan or as a retrospectively rated policy subject to the rules of the New York Retrospective Rating Plan.</u> Attach the "New York Medical Benefits Reimbursement Endorsement" (WC 31 03 10) to such policy, and file a copy, showing the name and location of the insured, with the New York State Workers' Compensation Board. <u>Any deductible credits or retrospective rating parameters used in the determination of premiums for such policy must reflect the exclusion of medical losses from coverage.</u></p> <p>Note: This coverage may not be written in conjunction with any deductible program which pertains to medical coverage except for the Excess Medical Coverage Program described in Section (F) of this Rule.</p>
★	<p>2. Documentation Required</p> <p>A carrier which intends to issue <u>a policy excluding</u> medical coverage must obtain documentation that an employer has received authorization by the New York State Workers' Compensation Board to furnish medical and hospital services. If the insured is a hospital, approval is not required.</p>

1st Reprint Original Printing
RULE VIII

Effective ~~July 1, 2022~~ May 1, 2020

★	<p>3. Rates and Premium</p> <p>For any location insured on an ex<u>cluding</u>-medical basis, use the carrier's approved ex<u>cluding</u>-medical rate to compute premium for the applicable classifications. <u>To obtain the ex<u>cluding</u>-medical loss cost for the applicable classification, contact the Rating Board at ex-med@nycirb.org.</u></p>
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F. EXCESS COVERAGE FOR MEDICAL PAYMENTS UNDER EXCLUDING-MEDICAL POLICIES	
	<p>On any policy which provides that an employer must comply with the statutory obligations for medical aid with respect to operations at or from a specified location, coverage for excess medical losses incurred in connection with such operations may be provided in accordance with the following rules:</p>
★	<p>1. Coverage</p> <p>The coverage shall provide indemnification to the employer for the amount <u>that by which the medical payments made by the employer on any claim exceeds \$2,000 or \$5,000 or on any accident which exceeds \$5,000, \$10,000, \$15,000 or \$25,000 is agreed upon by the employer and documented in the required endorsement as noted in item (2) below.</u></p>
★	<p>2. Form of Endorsement</p> <p>Excess medical coverage shall be provided by attaching the "New York Excess Medical Coverage Endorsement" (WC 31 03 03 A) to the ex<u>cluding</u>-medical policy. A separate premium charge must be made for this coverage.</p>
★	<p>3. Rates</p> <p>The carrier's approved rate per \$100 of payroll, or other unit of exposure for each classification, is calculated by multiplying the appropriate statutory medical coverage carrier's approved rate by the excess medical factor for such classification and carried out to three decimal places. <u>The derivation of Ssuch excess medical factor shall (i) reflect the specific terms of the excess medical coverage, and (ii) be obtained from the Rating Board in each case properly documented by the carrier. The final rate for the excess medical coverage must be agreed to by the employer.</u></p>
★	<p>4. Premium</p> <p>The premium is determined separately from all other premium under the policy by the application of the appropriate excess medical coverage carrier's approved rate to the payroll or other exposure basis for each classification. The premium developed under the "New York</p>

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RULE VIII

Effective ~~July 1, 2022~~ **May 1, 2020**

	<p>Excess Medical Coverage Endorsement" (WC 31 03 03 A) shall not be subject to the premium discount provisions of this Manual, nor shall any experience developed under such endorsement be used in the experience rating of the employer or be included in any retrospective rating agreement which may otherwise be applicable to the policy.</p>
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(c) Statutory Workers' Compensation Coverage Afforded Under Personal Liability Policies

(i) Experience to be Reported

Whenever workers' compensation and employers' liability coverage for domestic workers is required by the New York State Workers' Compensation Law and afforded by endorsement under a personal liability policy, statistical reports must be filed in accordance with the preceding sections of this Plan. Premium and loss data must be reported only for workers' compensation and related employers' liability coverage and must not include any other liability coverage afforded under the personal liability policy.

(ii) Time of Reporting

- A. If the personal liability policy is written for a three-year period, it shall be considered for reporting purposes as three consecutive annual policies having the same policy number, and three reports shall be filed at annual intervals.
- B. If the workers' compensation and employers' liability coverage is endorsed on an outstanding personal liability policy, the time for reporting experience for such coverage must be determined on the basis of the policy effective date, not the endorsement date.

15. EXCLUDING MEDICAL AND EXCESS COVERAGE FOR MEDICAL PAYMENTS (PER CLAIM OR PER ACCIDENT BASIS) – EXCLUDING MEDICAL POLICIES

- ★ (a) Any medical loss on a policy that is written on an Excluding Medical basis and includes endorsement WC 31 03 10 "New York Medical Benefits Reimbursement Endorsement" should not be reported.
- ★ (b) The experience under this coverage shall be reported in the same manner as the experience for the basic coverage provided by the policy. The instructions contained in this Plan are applicable to the reporting of such excess coverage. Excluding Medical policies that are written without excess coverage for medical payments must be coded with the following Policy Type ID codes:

<u>Types of Coverage</u>	<u>09</u>
<u>Type of Plan</u>	<u>01</u>
<u>Type of Non-Standard Provisions</u>	<u>02</u>

Excluding Medical policies that are written to provide excess coverage for medical payments must be coded with the following Policy Type ID codes:

<u>Types of Coverage</u>	<u>09</u>
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<u>Type of Non-Standard Provisions</u>	<u>06</u>

~~**(b)** Each loss incurred under such coverage shall be listed individually under the same claim identifiers (i.e., claim number, classification code, type of injury, etc.) as assigned to the experience for the basic coverage.~~

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PART IV

Effective ~~July 1, 2021~~ July 1, 2022

PART IV – LOSS INFORMATION

1. REPORTING OF LOSSES

- (a) Losses must be reported with the classification code corresponding to the classification to which the employee's payroll was assigned for premium determination purposes.
- ★ (b) All claims must be reported to the Rating Board when, as of the valuation date, there are loss values in paid losses, incurred losses and/or ALAE, including those with only paid allocated loss adjustment expense amounts. Refer to Item (5)(b) of this Part for specific medical loss exception. The medical portion of losses on policies providing Excluding Medical coverage in accordance with Rule VIII (E) of the New York Workers' Compensation and Employers' Liability Manual should not be reported.
- (c) A claim, initially reported, but subsequently closed without payment at a later valuation must be reported as a closed claim with \$0 indemnity and \$0 medical loss amounts at that later valuation.
- (d) An accident resulting in an injury to one worker, but on which losses are incurred under different coverages of the policy (e.g., workers' compensation; employers' liability) must be reported as one claim and be identified with the appropriate Type of Claim Code. Refer to Item (16)(d) of this Part for Type of Claim codes.
- (e) When an accident results in two or more reported claims, each claim must be reported separately, and an appropriate Catastrophe Number must be assigned. Refer to Item (18) of this Part for instructions on the use of Catastrophe Number.
- (f) Recoveries from subrogation and fraud determination, but not from reinsurance or deductible reimbursement, must net down the claim amounts. Refer to Item (8) of this Part for instructions regarding Fraudulent Claims, and to Item (9) of this Part for instructions regarding Recoveries.
- (g) Claim Grouping Option: The grouping of claims for statistical reporting purposes is not permitted in New York for losses that occur on policies effective January 1, 2011 and subsequent.

★	<p>(b) Plan Type</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Voluntary Policy</td> </tr> </tbody> </table> <p>(c) Non-Standard Type</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Non-Standard <u>Code Does Not Apply</u></td> </tr> <tr> <td>02</td> <td>Excluding Medical</td> </tr> <tr> <td>06</td> <td>Excess Medical</td> </tr> </tbody> </table>	Code	Description	01	Voluntary Policy	Code	Description	01	Non-Standard <u>Code Does Not Apply</u>	02	Excluding Medical	06	Excess Medical																										
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B. EMPLOYEE LEASING/PROFESSIONAL EMPLOYER ORGANIZATION

For the purpose of this Plan, employee leasing arrangements shall mean an arrangement whereby an entity contracts with another entity to lease some or all of its workers. The entity providing the workers shall be referred to as the Professional Employer Organization (“PEO”). The entity utilizing the workers shall be referred to as the client.

The payroll and loss experience of the client's leased and non-leased employees will be assigned to the client for experience rating purposes.

Note: Any reference to the PEO as an additional insured in any manual rule or endorsement used for employee leasing purposes does not imply common ownership between the client and the Professional Employer Organization (“PEO”) for experience rating.

When a client leaves an employee leasing arrangement, no special treatment for experience rating purposes is necessary since the experience of the client is routinely reported to the Rating Board in accordance with the Statistical Plan.

C. EXCLUDING- MEDICAL EXPERIENCE

If coverage is provided on an excluding- medical basis as permitted by the rules of the New York Workers’ Compensation and Employers’ Liability Manual, the modification is calculated using the formula described in Rule 2 Section (D)(1) of this Plan, with the following exception:

Apply the ex-medical multiplier to convert t~~The total~~ expected losses for each classification are adjusted to an-reflect the excluding- medical basiscoverage.

D. GROUP EXPERIENCE RATING PLAN FOR PUBLIC CORPORATIONS

1. A group consisting of a county and any other public corporations (cities, towns, villages, districts, etc.), as defined in Article 5 of the New York State Workers' Compensation Law, Section 32.2 of the Volunteer Firefighters’ Benefit Law and Section 32.2 of the Volunteer Ambulance Workers’ Benefit Law, may elect to be covered under a single policy. The group will be treated in all respects as a single risk for the purpose of experience rating, provided that the clerk of the board of supervisors of such county certifies to the Rating Board **prior** to the effective date of rates:

(a) The names of the county and other public corporations which have elected to become members of the group.

C. APPLICATION OF POLICY PREMIUM ELEMENTS	
	Refer to the New York premium algorithm from Rule VI (O) of the Rating Board’s Workers’ Compensation and Employers’ Liability Manual for information on the application of the policy premium elements.

D. EMPLOYERS OPERATING IN MORE THAN ONE STATE	
	<p>A retrospective rating plan may be applied on an intrastate or interstate basis.</p> <p>For an interstate employer, an average of the specified state tax multipliers weighted by the state standard premiums is used to calculate the tax multiplier used in the determination of the retrospective rating premium.</p>

E. EXCLUSION OF STATUTORY MEDICAL BENEFITS – EXCLUDING -MEDICAL COVERAGE	
★	<p>1. A policy written on an ex-medical basis requires an application to be filed with the Rating Board advising that authorization was obtained from the New York State Workers’ Compensation Board. Approval is not required if the employer is a hospital. Refer to Rule VIII of the New York Workers’ Compensation and Employers’ Liability Manual.</p> <p>2. If an approved <u>excluding</u>-medical policy is subject to a retrospective rating plan, the Retrospective Rating Plan Endorsement shall indicate the <u>excluding</u> -medical status, loss limitations and other factors which have been selected. <u>If the excluding -medical policy is subject to per-accident limitations, Refer to the Table of Loss Limitations for Excluding -Medical Policies of this Plan. In other cases, any retrospective rating factors must be adjusted to reflect the excluding -medical provision.</u></p>

F. DEDUCTIBLE PROGRAMS	
	The rating values developed to determine premium under a retrospective rating plan do not contemplate deductibles and are designed to be used with losses that are gross of the deductible amount. When a deductible program applies, the use of such program, in conjunction with retrospective rating, requires the agreement of both the employer and the carrier.

G. AIRCRAFT CLASSIFICATIONS	

NEW YORK RETROSPECTIVE RATING PLAN MANUAL

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TABLE G

Effective ~~October 1, 2021~~July 1, 2022

TABLE OF LOSS LIMITATIONS FOR EX~~CLUDING~~-MEDICAL POLICIES

Eligibility Total Estimated Standard Premium	Per Accident Limitation	
	Full Coverage	Ex cluding - Medical Coverage
\$100,000	\$25,000	\$20,000
Over 100,000	30,000	24,000
Over 100,000	35,000	28,000
Over 100,000	40,000	32,000
Over 100,000	50,000	40,000
150,000	75,000	60,000
200,000	100,000	80,000
250,000	125,000	100,000
300,000	150,000	120,000
350,000	175,000	140,000
400,000	200,000	160,000
500,000	250,000	200,000
600,000	300,000	240,000
1,000,000	500,000	400,000
1,000,000	1,000,000	800,000

D. AUXILIARY POLICE	
1.	<p>Law and Status</p> <p>Members of an auxiliary police organization authorized by local law may be covered under a policy if a municipal corporation, pursuant to local law, elects to cover such individuals.</p>
2.	<p>Coverage</p> <p>Upon election, coverage may be effected by attaching the "New York Inclusion of Auxiliary Police Endorsement" (WC 31 03 14 A).</p>
3.	<p>Premium Determination</p> <p>Premium is determined based on the reasonable value of services by auxiliary police and assigned to Code 7720 "Police Officers & Drivers."</p>

E. EXCLUSION OF STATUTORY MEDICAL BENEFITS: EXCLUDING MEDICAL COVERAGE	
★	<p>1. Explanation</p> <p>A Standard Policy with the provision that the employer will pay for all medical and hospital services required by law, when the employer is operating a properly equipped hospital or medical facility which is authorized or licensed by the New York State Workers' Compensation Board, may only be issued in conjunction with an independently filed large deductible plan or as a retrospectively rated policy subject to the rules of the New York Retrospective Rating Plan. Attach the "New York Medical Benefits Reimbursement Endorsement" (WC 31 03 10) to such policy. Any deductible credits or retrospective rating parameters used in the determination of premiums for such policy must reflect the exclusion of medical losses from coverage.</p>
★	<p>2. Documentation Required</p> <p>A carrier which intends to issue a policy excluding medical coverage must obtain documentation that an employer has received authorization by the New York State Workers' Compensation Board to furnish medical and hospital services. If the insured is a hospital, approval is not required.</p>
★	<p>3. Rates and Premium</p> <p>For any location insured on an excluding medical basis, use the carrier's approved excluding medical rate to compute premium for the applicable classifications. To obtain the excluding medical loss cost for the applicable classification, contact the Rating Board at ex-med@nycirb.org.</p>

F. EXCESS COVERAGE FOR MEDICAL PAYMENTS UNDER EXCLUDING MEDICAL POLICIES	
	<p>On any policy which provides that an employer must comply with the statutory obligations for medical aid with respect to operations at or from a specified location, coverage for excess medical losses incurred in connection with such operations may be provided in accordance with the following rules:</p>
★	<p>1. Coverage</p> <p>The coverage shall provide indemnification to the employer for the amount that is agreed upon by the employer and documented in the required endorsement as noted in item (2) below.</p>
★	<p>2. Form of Endorsement</p> <p>Excess medical coverage shall be provided by attaching the “New York Excess Medical Coverage Endorsement” (WC 31 03 03 A) to the excluding medical policy. A separate premium charge must be made for this coverage.</p>
★	<p>3. Rates</p> <p>The carrier’s approved rate per \$100 of payroll, or other unit of exposure for each classification, is calculated by multiplying the appropriate statutory medical coverage carrier’s approved rate by the excess medical factor for such classification and carried out to three decimal places. The derivation of such excess medical factor shall (i) reflect the specific terms of the excess medical coverage, and (ii) be properly documented by the carrier. The final rate for the excess medical coverage must be agreed to by the employer.</p>
	<p>4. Premium</p> <p>The premium is determined separately from all other premium under the policy by the application of the appropriate excess medical coverage carrier’s approved rate to the payroll or other exposure basis for each classification. The premium developed under the “New York Excess Medical Coverage Endorsement” (WC 31 03 03 A) shall not be subject to the premium discount provisions of this Manual, nor shall any experience developed under such endorsement be used in the experience rating of the employer or be included in any retrospective rating agreement which may otherwise be applicable to the policy.</p>

(c) Statutory Workers' Compensation Coverage Afforded Under Personal Liability Policies

(i) Experience to be Reported

Whenever workers' compensation and employers' liability coverage for domestic workers is required by the New York State Workers' Compensation Law and afforded by endorsement under a personal liability policy, statistical reports must be filed in accordance with the preceding sections of this Plan. Premium and loss data must be reported only for workers' compensation and related employers' liability coverage and must not include any other liability coverage afforded under the personal liability policy.

(ii) Time of Reporting

- A.** If the personal liability policy is written for a three-year period, it shall be considered for reporting purposes as three consecutive annual policies having the same policy number, and three reports shall be filed at annual intervals.
- B.** If the workers' compensation and employers' liability coverage is endorsed on an outstanding personal liability policy, the time for reporting experience for such coverage must be determined on the basis of the policy effective date, not the endorsement date.

15. EXCLUDING MEDICAL AND EXCESS COVERAGE FOR MEDICAL PAYMENTS (PER CLAIM OR PER ACCIDENT BASIS) – EXCLUDING MEDICAL POLICIES

- ★ **(a)** Any medical loss on a policy that is written on an Excluding Medical basis and includes endorsement WC 31 03 10 "New York Medical Benefits Reimbursement Endorsement" should not be reported.
- ★ **(b)** The experience under this coverage shall be reported in the same manner as the experience for the basic coverage provided by the policy. The instructions contained in this Plan are applicable to the reporting of such excess coverage. Excluding Medical policies that are written without excess coverage for medical payments must be coded with the following Policy Type ID codes:

Types of Coverage	09
Type of Plan	01
Type of Non-Standard Provisions	02

Excluding Medical policies that are written to provide excess coverage for medical payments must be coded with the following Policy Type ID codes:

Types of Coverage	09
Type of Plan	01
Type of Non-Standard Provisions	06

PART IV – LOSS INFORMATION

1. REPORTING OF LOSSES	
	(a) Losses must be reported with the classification code corresponding to the classification to which the employee's payroll was assigned for premium determination purposes.
★	(b) All claims must be reported to the Rating Board when, as of the valuation date, there are loss values in paid losses, incurred losses and/or ALAE, including those with only paid allocated loss adjustment expense amounts. Refer to Item (5)(b) of this Part for specific medical loss exception. The medical portion of losses on policies providing Excluding Medical coverage in accordance with Rule VIII (E) of the New York Workers' Compensation and Employers' Liability Manual should not be reported.
	(c) A claim, initially reported, but subsequently closed without payment at a later valuation must be reported as a closed claim with \$0 indemnity and \$0 medical loss amounts at that later valuation.
	(d) An accident resulting in an injury to one worker, but on which losses are incurred under different coverages of the policy (e.g., workers' compensation; employers' liability) must be reported as one claim and be identified with the appropriate Type of Claim Code. Refer to Item (16)(d) of this Part for Type of Claim codes.
	(e) When an accident results in two or more reported claims, each claim must be reported separately, and an appropriate Catastrophe Number must be assigned. Refer to Item (18) of this Part for instructions on the use of Catastrophe Number.
	(f) Recoveries from subrogation and fraud determination, but not from reinsurance or deductible reimbursement, must net down the claim amounts. Refer to Item (8) of this Part for instructions regarding Fraudulent Claims, and to Item (9) of this Part for instructions regarding Recoveries.
	(g) Claim Grouping Option: The grouping of claims for statistical reporting purposes is not permitted in New York for losses that occur on policies effective January 1, 2011 and subsequent.

(b) Plan Type

Code	Description
01	Voluntary Policy

(c) Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
02	Excluding Medical
06	Excess Medical

★

6. Deductible Type

Identifies the type of deductible being reported.

(a) Type of Deductible – First Two Positions

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

(b) Type of Plan – Second Two Positions

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy (Aggregate)
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only
07	Benefit Coinsurance
08	Per Accident Coinsurance
09	Per Policy and Accident (Aggregate)
10	Per Claim and Policy (Aggregate)
11	Coinsurance Percent With Claim and Policy Aggregate Limits
12	Variable

B. EMPLOYEE LEASING/PROFESSIONAL EMPLOYER ORGANIZATION

For the purpose of this Plan, employee leasing arrangements shall mean an arrangement whereby an entity contracts with another entity to lease some or all of its workers. The entity providing the workers shall be referred to as the Professional Employer Organization (“PEO”). The entity utilizing the workers shall be referred to as the client.

The payroll and loss experience of the client's leased and non-leased employees will be assigned to the client for experience rating purposes.

Note: Any reference to the PEO as an additional insured in any manual rule or endorsement used for employee leasing purposes does not imply common ownership between the client and the Professional Employer Organization (“PEO”) for experience rating.

When a client leaves an employee leasing arrangement, no special treatment for experience rating purposes is necessary since the experience of the client is routinely reported to the Rating Board in accordance with the Statistical Plan.

C. EXCLUDING MEDICAL EXPERIENCE

If coverage is provided on an excluding medical basis as permitted by the rules of the New York Workers’ Compensation and Employers’ Liability Manual, the modification is calculated using the formula described in Rule 2 Section (D)(1) of this Plan, with the following exception:

The expected losses for each classification are adjusted to reflect the excluding medical coverage.

D. GROUP EXPERIENCE RATING PLAN FOR PUBLIC CORPORATIONS

1. A group consisting of a county and any other public corporations (cities, towns, villages, districts, etc.), as defined in Article 5 of the New York State Workers' Compensation Law, Section 32.2 of the Volunteer Firefighters’ Benefit Law and Section 32.2 of the Volunteer Ambulance Workers’ Benefit Law, may elect to be covered under a single policy. The group will be treated in all respects as a single risk for the purpose of experience rating, provided that the clerk of the board of supervisors of such county certifies to the Rating Board **prior** to the effective date of rates:

(a) The names of the county and other public corporations which have elected to become members of the group.

C. APPLICATION OF POLICY PREMIUM ELEMENTS

Refer to the New York premium algorithm from Rule VI (O) of the Rating Board's Workers' Compensation and Employers' Liability Manual for information on the application of the policy premium elements.

D. EMPLOYERS OPERATING IN MORE THAN ONE STATE

A retrospective rating plan may be applied on an intrastate or interstate basis.

For an interstate employer, an average of the specified state tax multipliers weighted by the state standard premiums is used to calculate the tax multiplier used in the determination of the retrospective rating premium.

E. EXCLUSION OF STATUTORY MEDICAL BENEFITS – EXCLUDING MEDICAL COVERAGE

- ★ If an excluding medical policy is subject to a retrospective rating plan, the Retrospective Rating Plan Endorsement shall indicate the excluding medical status, loss limitations and other factors which have been selected. If the excluding medical policy is subject to per accident limitations, refer to the Table of Loss Limitations for Excluding Medical Policies of this Plan. In other cases, any retrospective rating factors must be adjusted to reflect the excluding medical provision.

F. DEDUCTIBLE PROGRAMS

The rating values developed to determine premium under a retrospective rating plan do not contemplate deductibles and are designed to be used with losses that are gross of the deductible amount. When a deductible program applies, the use of such program, in conjunction with retrospective rating, requires the agreement of both the employer and the carrier.

G. AIRCRAFT CLASSIFICATIONS

If the insurance subject to the Plan includes any of the aircraft classifications, the premium and losses for such classifications may be excluded from the Plan by agreement in advance between the employer and the carrier.

TABLE OF LOSS LIMITATIONS FOR EXCLUDING MEDICAL POLICIES

Eligibility Total Estimated Standard Premium	Per Accident Limitation	
	Full Coverage	Excluding Medical Coverage
\$100,000	\$25,000	\$20,000
Over 100,000	30,000	24,000
Over 100,000	35,000	28,000
Over 100,000	40,000	32,000
Over 100,000	50,000	40,000
150,000	75,000	60,000
200,000	100,000	80,000
250,000	125,000	100,000
300,000	150,000	120,000
350,000	175,000	140,000
400,000	200,000	160,000
500,000	250,000	200,000
600,000	300,000	240,000
1,000,000	500,000	400,000
1,000,000	1,000,000	800,000