Connecticut

Voluntary Loss Costs, Assigned Risk Rates, and Rating Values Filing

Proposed Effective January 1, 2022

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September 16, 2021

Andrew N. Mais
Insurance Commissioner
Connecticut Insurance Department
153 Market Street
Hartford, CT 06103

Re: Connecticut Voluntary Loss Costs, Assigned Risk Rates, and Rating Values Filing—Proposed Effective January 1, 2022

Dear Commissioner Mais:

In accordance with applicable Connecticut statutes and regulations, we are filing for your consideration and approval voluntary loss costs, assigned risk rates, and rating values to become effective January 1, 2022 for new and renewal policies.

This filing proposes an overall average decrease of 14.1% to the current voluntary loss cost level and an overall average decrease of 8.2% to the current assigned risk rate level. These changes are applicable to new and renewal business only.

Reported COVID-19-related claims have been excluded from the data on which this filing is based because those claims are not expected to be predictive of the loss experience that may arise during the filing prospective period. After an in-depth review and analysis, NCCI has determined that its standard ratemaking methodologies continue to remain appropriate for use in this year's filing.

This filing is made exclusively on behalf of the companies that have given valid consideration for the express purpose of fulfilling regulatory rate or pure premium filing requirements and other private use of this information.

In the enclosed appendix is a list of companies, which as of the time this filing is submitted, are eligible to reference this information. The inclusion of a company on this list merely indicates that the company, or the group to which it belongs, is affiliated with NCCI in this state, or has licensed this information as a non-affiliate, and is not intended to indicate whether the company is currently writing business or is even licensed to write business in this state.

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Regulatory Division

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September 16, 2021

Please contact me if you have any questions or need further information.

Sincerely,

Justin Moulton
State Relations Executive, CPCU, WCP, ARe

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Actuarial Certification

I, Robert Moss, am an Actuary I for the National Council on Compensation Insurance, Inc. I am an Associate of the Casualty Actuarial Society and a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to provide the actuarial report contained herein.

The information contained in this report has been prepared under my direction in accordance with applicable Actuarial Standards of Practice as promulgated by the Actuarial Standards Board. The Actuarial Standards Board is vested by the U.S.-based actuarial organizations with the responsibility for promulgating Actuarial Standards of Practice for actuaries providing professional services in the United States. Each of these organizations requires its members, through its Code of Professional Conduct, to observe the Actuarial Standards of Practice when practicing in the United States.

Robert Moss, ACAS, MAAA
Actuary I
Actuarial and Economic Services

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Disclosures

Purpose of the Report

The purpose of this report is to provide the proposed voluntary loss costs and assigned risk rates for workers compensation policies in Connecticut, proposed to be effective January 1, 2022. The intended users of this report are:

- The Connecticut Insurance Department
- Affiliated carriers, for their reference in determining workers compensation rates

Scope

The prospective loss costs are intended to cover the indemnity and medical benefits provided under the system, as well as some of the expenses associated with providing these benefits (loss adjustment expenses). They do not, however, contemplate any other costs associated with providing workers compensation insurance (such as commissions, taxes, etc.).

Each insurance company offering workers compensation insurance in Connecticut must file a loss cost multiplier to be applied to the approved prospective loss costs to compute the final workers compensation rates they intend to charge. This multiplier is intended to cover the other costs associated with providing workers compensation insurance that are not already part of the prospective loss costs.

Employers unable to secure coverage in the voluntary market can apply for such coverage in the assigned risk market. The proposed assigned risk rates are intended to cover the indemnity and medical benefits provided under the system, the expenses associated with providing these benefits (loss adjustment expenses), and any other costs associated with providing workers compensation insurance (such as commissions, taxes, etc.).

Data Sources and Dates

The overall average loss cost level change is based on a review of Financial Call Data, which is an aggregation of workers compensation data annually reported to NCCI. In this filing, Financial Call Data submissions received after July 15, 2021 were not considered for inclusion in the analysis.

Loss cost level changes at the classification code level are based on Unit Statistical Plan Data, which is the audited exposure, premium, and loss information reported to NCCI on a policy level. In this filing, Unit Statistical Data submissions received after July 23, 2021 were not considered for inclusion in the analysis.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Disclosures

NCCI categorizes catastrophic events as those that incur aggregate workers compensation losses in excess of $50 million per occurrence. NCCI's standard ratemaking methodology excludes catastrophe-related losses from the calculation of loss costs since these events are not considered to be predictive of future experience. NCCI is proposing to treat the COVID-19 pandemic as a catastrophic event and, therefore, the losses from reported COVID-19-related claims have been excluded from the underlying data in this year's analysis because those claims are not expected to be predictive of the loss experience that may arise during the filing prospective period.

In some areas, NCCI's analysis also relies on other data sources, which are reviewed for reasonableness and are referenced in the filing where applicable.

This filing was prepared as of August 16, 2021. Therefore, events that occurred after this date that may have a material impact on workers compensation costs in this jurisdiction have not been considered in the analysis.

NCCI maintains several data reporting initiatives and programs to assist carriers to report data and to ensure that the data that is reported to NCCI is complete, accurate, and reported in a timely fashion. Occasionally, a carrier's data submission is not available for use in an NCCI filing either because the data was not reported prior to the filing, had quality issues, or NCCI determined that the data that was reported should not be included in the filing based on NCCI's actuarial judgment. In this year's filing, data for all carriers writing at least one-tenth of one percent of the Connecticut workers compensation written premium volume have been included in the experience period on which this filing is based.

Risks and Uncertainty

This filing includes assumptions and projections concerning the future. As with any prospective analysis, there exists estimation uncertainty in these assumptions and projections. Areas of this analysis subject to estimation uncertainty that could have a material impact on the final results include the following:

- Projection of future loss development
- Selection of loss ratio trends
- Potential impact of changes to laws and/or regulations

In addition, any future changes to workers compensation law or regulations that apply retroactively to policies or benefit claims on policies in the proposed effective period may have a significant impact on the adequacy of the loss costs proposed in this filing.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Disclosures

The course of the COVID-19 pandemic and related considerations, such as future economic conditions and the labor market, contribute additional uncertainty when estimating future costs. After an in-depth review and analysis of NCCI's general ratemaking methodologies, NCCI has determined that those approaches remain appropriate for use in this filing.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Executive Summary

Based on its review of the most recently available data, NCCI has proposed an overall average workers compensation voluntary market loss cost level change of −14.1% to become effective January 1, 2022. In addition, NCCI has proposed an overall average assigned risk rate level change of −8.2%, also to become effective January 1, 2022.

Voluntary Loss Cost Filing Components

Experience, Trend and Benefit Change	–14.3%
Loss Adjustment Expense Change	+0.2%
Proposed Change in Overall Voluntary Loss Cost Level	**–14.1%**
Impact of change in Assigned Risk Loss Cost Multiplier	+6.9%
Proposed Change in Overall Assigned Risk Rate Level	**–8.2%**

Key observations:

- The reported claims resulting from COVID-19 have been excluded from the data on which this filing is based.
- The overall loss cost level change in this filing is based on premium and loss experience for policy years 2018 and 2019, evaluated as of December 31, 2020. Policy Year 2019's experience is more favorable than that for Policy Year 2017.
- Connecticut's lost time claim frequency has declined over the most recent nine policy years—which has contributed to the decrease in the state's indemnity and medical loss ratios over this period.
- The loss cost change varies by classification code, each of which belongs to one of five industry groups. The average change by industry group ranges from -16.6% for Office and Clerical to -13.2% for Manufacturing.

Additional Notable Change(s) Proposed in the Filing:

- COVID-19 as a Catastrophic Event
- Calendar Year 2020 Wage Adjustment
- Federal-Classification (F-Class) Ratemaking

The voluntary market loss cost level decrease along with the proposed change in the factor to convert from voluntary loss costs to assigned risk rates results in the proposed decrease to the overall average assigned risk rate level.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Overview of Methodology

Aggregate Ratemaking

NCCI's approach to determining the proposed overall average loss cost level change utilizes widely accepted ratemaking methodologies. The approach employed in this filing includes the following steps:

- The reported historical premium totals are projected to an ultimate basis and adjusted to the current pure premium level
- The excess loss portion of individual large claims are removed from reported aggregate losses, based on a Connecticut-specific large loss threshold
- The reported historical limited indemnity and medical loss totals are projected to an ultimate basis and adjusted to the current benefit level
- Ratios of losses to pure premium are projected to the cost levels expected in the loss cost effective period and adjusted to an unlimited basis via the application of an excess ratio (with excess ratios at limits beyond $50 million set equal to zero)
- Proposed benefit level and/or expense changes are applied to the projected cost ratios

The indicated average loss cost level change is calculated for the years in the filing's experience period. If the final projected cost ratios are greater (less) than 1.000, then an increase (decrease) in the average loss cost level is indicated.

Class Ratemaking

Once the proposed overall average voluntary loss cost level change has been determined, NCCI separately determines loss costs per $100 of payroll for each workers compensation job classification (class); the loss costs and year-over-year changes vary by class. Three sets of pure premiums are combined as part of each class code's loss cost calculation based on the volume of available data for that job classification. The three sets of pure premiums are:

- State-specific payroll and loss experience ("indicated")
- Currently approved pure premium adjusted to the proposed level ("present on rate level")
- Countrywide experience adjusted to state conditions ("national")

Assigned Risk Rates

The proposed assigned risk rates are then determined for each job classification as the product of the classification's voluntary loss cost and a loss cost multiplier (LCM). The LCM incorporates the indicated assigned risk market expense need, changes to the assigned risk differential, and the proposed uncollectible premium provision.

Note: The methodology and assumptions used in this filing may not be applicable to or relevant for another purpose, including but not limited to NCCI filings in other jurisdictions.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Summary of Selections

The following is a summary of selections underlying the voluntary loss costs and assigned risk rates proposed to be effective January 1, 2022, along with the selections underlying the currently approved loss costs and rates.

Voluntary Loss Costs	Currently Approved January 1, 2021	Proposed Effective January 1, 2022
Experience Period	Policy Years 2017 and 2018	Policy Years 2018 and 2019
Premium Development	Three-year average	Three-year average*
Basis of Loss Experience	Average of Paid and Paid+Case losses	Indemnity: Paid+Case Medical: Average of Paid and Paid+Case losses
Paid Loss Development	Two-year average	Two-year average
Paid+Case Loss Development	Five-year average	Five-year average
Tail Factors	Selected	Selected
Indemnity Annual Loss Ratio Trend Factor	0.960	0.960
Medical Annual Loss Ratio Trend Factor	0.965	0.955
Loss Adjustment Expense Provision	19.7%	19.9%
Base Threshold for Limiting Losses	$6,867,067	$6,910,746
Large Loss Excess Ratio	2.3%	2.3%**
Classification Swing Limits (applied by Industry Group)	+/-20%	+/-20%

* A selection was made for the 1st/2nd premium development factor. Refer to Appendix A-II.
**The proposed value reflects the updated hazard group assignment changes as detailed in the approved Item Filing B-1442.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Summary of Selections

Assigned Risk Rates	Currently Approved January 1, 2021	Proposed Effective January 1, 2022
Assigned Risk Loss Cost Differential (**including** the impact of the reduction in A/R premium discounts)	1.336	1.439
Assigned Risk Loss Cost Differential (**excluding** the impact of the reduction in A/R premium discounts)	1.300	1.400
Profit and Contingencies Provision	1.0%	1.0%
Uncollectible Premium Provision	1.040	1.040
Minimum Premium Multiplier	320	320
Maximum Minimum Premium	$1,500	$1,500

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Selections Underlying the Proposed Changes

Experience and Development

NCCI analyzed the emerging experience of Connecticut workers compensation policies in recent years. The primary focus of our analysis was on premiums and losses from policy years 2018 and 2019 evaluated as of December 31, 2020. The most recently available full policy year is 2019 since the last policy had an effective date of December 31, 2019 and did not expire until December 31, 2020. During this year's analysis, which included an assessment of pandemic claim-related impacts, the use of the two most recently available full policy years of data was selected as most appropriate in terms of providing a balance between stability and responsiveness.

Different aggregations of limited loss experience were analyzed in preparation of this filing. These were (i) paid losses (benefit amounts already paid by insurers on reported claims) and (ii) the sum of paid losses plus case reserves (paid losses and the amounts set aside to cover future payments on those claims). In this filing, NCCI utilized an average of each of these two loss aggregations. Specifically, while NCCI is proposing to continue the averaging of paid and paid plus case loss experience when estimating ultimate medical losses, NCCI is proposing to use only paid plus case loss experience when estimating the ultimate indemnity losses. This is based on an analysis that determined that paid plus case loss experience has been a better predictor of developed indemnity losses in more recent policy years versus estimates based on paid loss experience. This is a change from previous filings in Connecticut.

The specific development link ratio selections underlying this filing are shown below:

- A three-year average of historical premium development factors
    - The selected 1st/2nd premium development link ratio reflects a lack of payroll growth expected in policy year 2019 due to the COVID-19-related economic contraction
- A two-year average of historical paid loss development factors through a 19th report
- A five-year average of historical paid plus case loss development factors through a 19th report
- Loss development tail factors from a 19th report to ultimate were selected based on a review of the ten most recently available factors

After analysis and consideration of the most recent data, and the assessment of COVID-19 impacts, NCCI has determined that its standard development procedures and methodologies remain appropriate .

Selections Underlying the Proposed Changes

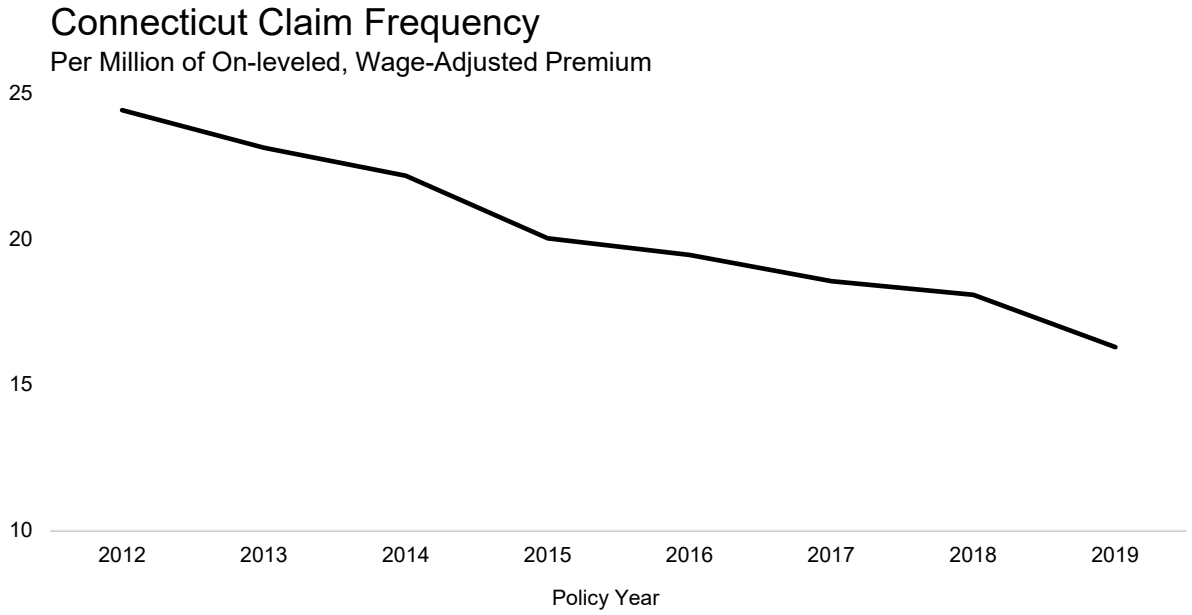
Trend

This filing relies primarily on the experience from Policy Years 2018 and 2019. However, the proposed loss costs and assigned risk rates are intended for use with policies with effective dates on and after January 1, 2022. It is necessary to use trend factors that forecast how much the future Connecticut workers compensation experience will differ from the past. These trend factors measure anticipated changes in the amount of indemnity and medical benefits as compared with anticipated changes in the amount of workers' wages. For example, if benefit costs are expected to grow faster than wages, then a trend factor greater than zero is indicated. Conversely, if wages are expected to grow faster than benefit costs, then a trend factor less than zero is indicated. While historical changes in claim frequency and average cost per case were also reviewed, NCCI applies loss ratio trend factors in the determination of the proposed overall average loss cost level change.

After analysis and consideration of the most recent data, and the assessment of COVID-19 impacts, NCCI has determined that its standard trend procedures and methodologies remain appropriate.

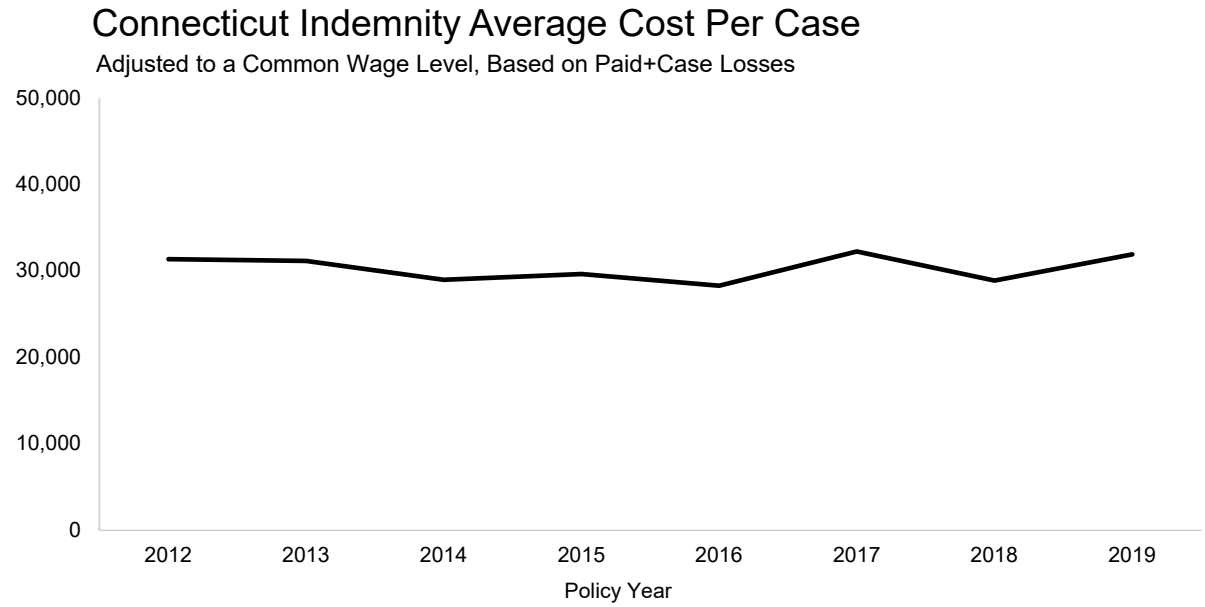
Selections Underlying the Proposed Changes

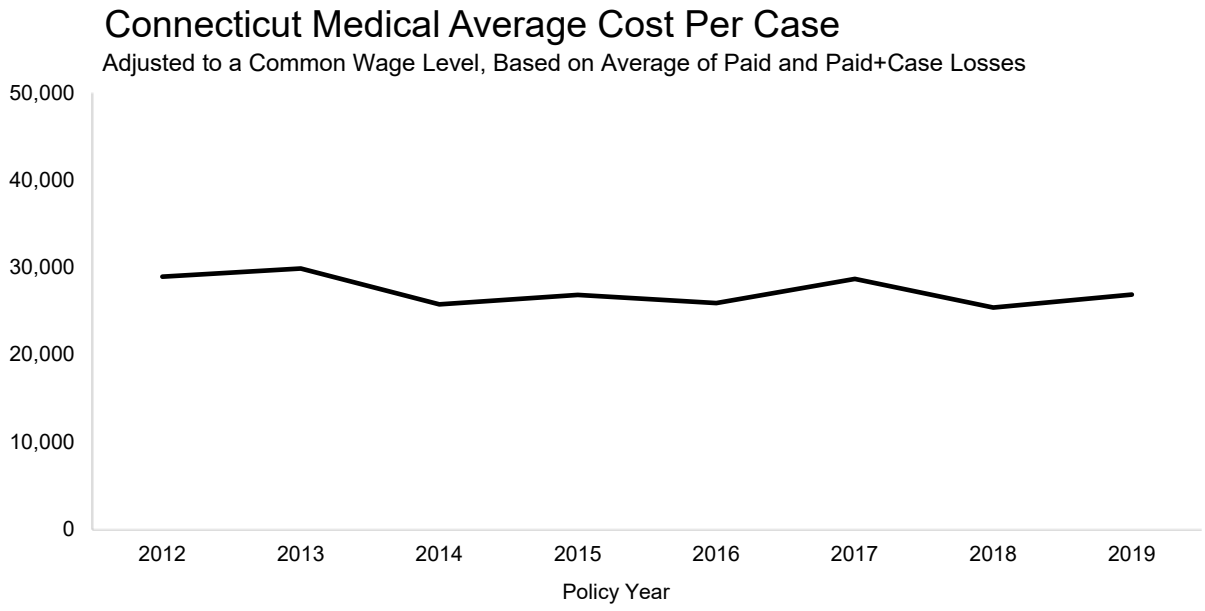
The following charts show a measure of the number of workplace injuries (claim frequency) and the average cost of each of these injuries (claim severity).



Connecticut's lost-time claim frequency has generally declined since 2012.

Selections Underlying the Proposed Changes

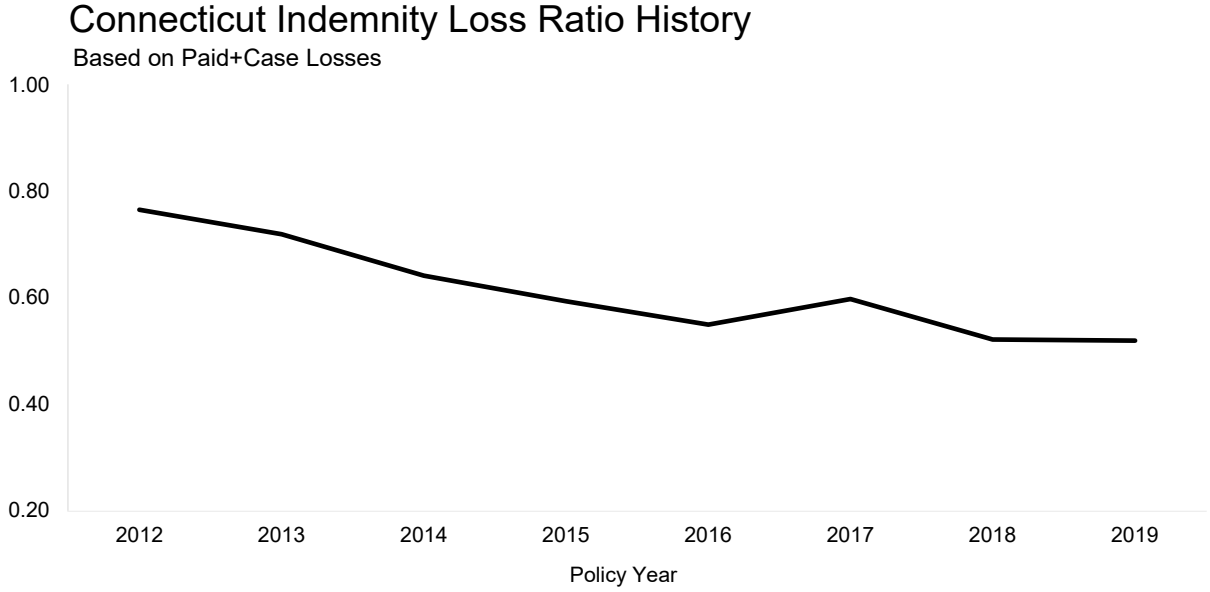


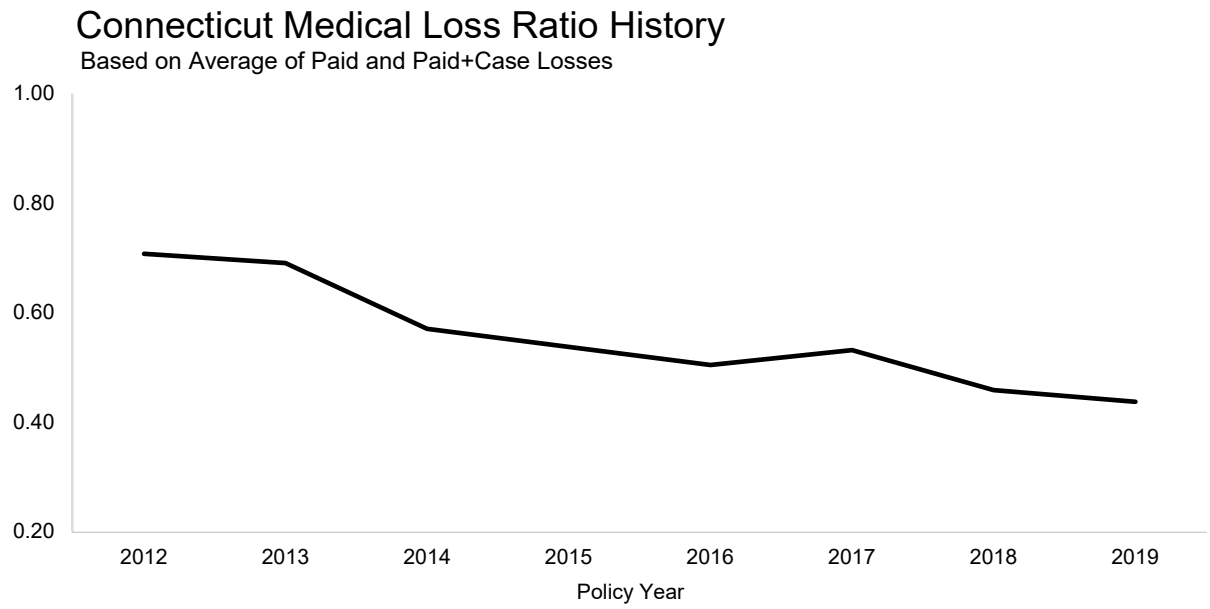


As these two charts illustrate, Connecticut's average indemnity and medical cost per case values in excess of wage growth have exhibited some year-to-year variability over time.

Selections Underlying the Proposed Changes

Loss ratios result after combining observed changes in Connecticut's average claim frequency with corresponding changes in Connecticut's average cost per case.





Based on our analysis this year, we are proposing to maintain the annual indemnity loss ratio trend of −4.0% and decrease the annual medical loss ratio trend from −3.5% to −4.5%.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Selections Underlying the Proposed Changes

Benefit Changes

In this year's filing, NCCI has included the impact of the most recent medical fee schedule update effective April 1, 2021. This update is estimated to increase overall workers compensation system costs by 0.6%.

NCCI has also included Senate Bill 1202 (increase in burial benefit) effective June 23, 2021 and a practitioner fee schedule update effective July 15, 2021. The impact of these two updates are expected to result in a negligible increase in overall workers compensation system costs.

Loss Adjustment Expenses

The proposed loss costs include a provision for loss adjustment expenses (LAE). These are expenses associated with the handling of workers compensation claims. LAE is included in the loss costs by using a ratio of loss adjustment expense dollars to loss dollars (called the LAE provision). In this filing, NCCI is proposing to increase the current voluntary LAE provision from 19.7% to 19.9% of losses.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Additional Proposed Changes

COVID-19 as a Catastrophic Event

Overview

NCCI recently reviewed its actuarial catastrophe methodology as a result of the COVID-19 pandemic. Currently, NCCI's Catastrophe (other than Certified Acts of Terrorism) Provision accounts for single-event losses resulting only from earthquakes, noncertified acts of terrorism, or catastrophic industrial accidents that exceed $50 million in aggregate workers compensation losses. However, the COVID-19 pandemic has shown that there are other perils that can result in catastrophic losses.

In the calculation of loss costs, NCCI is proposing to use data that excludes the impact of the catastrophic COVID-19 event. NCCI is proposing for the Catastrophe (other than Certified Acts of Terrorism) Provision to contemplate the exposure to all events or perils that could result in aggregate workers compensation losses in excess of $50 million (which may include pandemics). At this time, NCCI is proposing no change to the currently approved Miscellaneous Value.

Due to the uncertainty surrounding quantifying the impact future pandemics could have on the workers compensation system, it is appropriate to contemplate all catastrophic perils, including pandemics, within the Catastrophe (other than Certified Acts of Terrorism) definition without a change in the advisory value. This handling recognizes that there are additional catastrophic exposures (which may include pandemics) on workers compensation system costs that should be considered in the calculation of loss costs in adherence with the Actuarial Standards of Practice (ASOPs).

Background

The COVID-19 pandemic has shown that pandemics have the potential to be a catastrophic peril on workers compensation system costs. In this filing, COVID-19 is being treated as a catastrophe and all reported data from COVID-19 pandemic claims have been excluded from ratemaking to better reflect the conditions likely to prevail in the filing's proposed effective period beginning on January 1, 2022.

Both the definition of catastrophe and the treatment of catastrophe losses in property and casualty ratemaking are addressed in the Actuarial Standards of Practice (ASOP). As defined in ASOP 39 ("Treatment of Catastrophe Losses in Property/Casualty Insurance Ratemaking"), a catastrophe is "a relatively infrequent event or phenomenon that produces unusually large aggregate losses." ASOP 39 also states that "consideration should be given to the impact of

catastrophes and that procedures should be developed to include an allowance for catastrophe exposure in the rate."

In the calculation of loss costs, NCCI uses ratemaking data that excludes the impact of catastrophes because the full unadjusted impact of the catastrophe experience is not considered predictive on a prospective basis. NCCI's current advisory Catastrophe (other than Certified Acts of Terrorism) Provision accounts for single-event aggregate workers compensation losses resulting only from earthquakes, noncertified acts of terrorism, or catastrophic industrial accidents that exceed $50 million. This $50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril. In Connecticut, the currently approved advisory Catastrophe (other than Certified Acts of Terrorism) Provision is $0.01 per $100 of payroll and can be found in the Miscellaneous Values in this filing.

The COVID-19 pandemic has shown that there are other perils that can result in catastrophic losses and that regardless of the specific peril, any event exceeding $50 million should be removed from the data used in ratemaking. NCCI is proposing to revise the Catastrophe (other than Certified Acts of Terrorism) Provision to contemplate a single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of $50 million. This revision recognizes that there are other potentially catastrophic perils with exposure on workers compensation system costs. NCCI is proposing no change at this time to the currently approved provision of $0.01 per $100 of payroll. Note: The loss cost catastrophe provision in the Miscellaneous Values is not a final rate, as it does not include provisions for all expense-related components.

Changes to the Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

In Item Filing P-1418, NCCI proposes to revise the Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement in NCCI's ***Forms Manual of Workers Compensation and Employers Liability Insurance (Forms Manual)*** to define "Catastrophe (other than Certified Acts of Terrorism)" as "[a] single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of $50 million. This $50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril." This item is to become effective for new and renewal policies effective on and after 12:01 a.m. August 1, 2022. This lead time will provide insurance companies ample time to incorporate the new endorsement into their processes. This revision will not change the currently approved advisory Miscellaneous Value.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Additional Proposed Changes

Calendar Year 2020 Wage Adjustment

NCCI's standard methodology is to adjust frequency and severity values included in its loss cost filings to a common wage level before analyzing trends that may be present in those values. This practice allows NCCI to analyze trends above and beyond changes that may be due solely to wage inflation. More specifically, in this year's filing, the frequency and severity adjustments would have incorporated the state's estimated Calendar Year 2020 average weekly wage (AWW) level using data from the Bureau of Labor Statistics' Quarterly Census of Employment and Wages (QCEW).

In addition to the traditional growth in wages/salaries that may be expected to occur each year, the observed change in the 2019-to-2020 AWW was also impacted by COVID-19-related shifts in employment across industry sectors. While a change in industry-sector mix occurs to a small degree each year, its impact on the 2020 AWW change was unusually large, due to pandemic-related job losses in relatively low wage industries, and ignoring this effect would otherwise distort the intended nature of the adjustment. Therefore, in this year's ratemaking analysis the 2020 AWW value was adjusted to exclude the estimated impact of the pandemic-related, industry-sector mix change.

This adjustment is reflected in the frequency and severity values shown in Appendix A-III Trend Factors. The impact of the AWW adjustment is expected to be immaterial.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Additional Proposed Changes

Federal-Classification (F-Class) Ratemaking

This filing proposes to revise the current approach used to determine the loss costs/rates for those classification codes that are subject to the benefits provided under the United States Longshore and Harbor Workers Compensation Act (USL&HW Act). The proposed approach has several advantages over the current methodology that has been in effect, without significant changes, for more than 20 years. These advantages include:

- Greater year-to-year stability in loss costs/rates
- A simplified ratemaking approach
- Direct recognition that federal act USL&HW benefits are the same across jurisdictions

For reference, the F-classifications in Connecticut have a total of $2 million in payroll in the latest policy period used in this filing; this represents less than 0.1% of Connecticut's total payroll.

The USL&HW Act is a federal law that provides indemnity and medical benefits to employees such as longshore workers, harbor workers, ship repair workers, shipbuilders, and other employees who perform the loading, unloading, repairing, or building of a vessel or dock. It applies to such employees while working on US navigable waters and while working on any adjoining pier, wharf, dry dock, terminal, building way, marine railway, or other area adjoining such navigable waters customarily used for the loading, unloading, repairing, or building of a vessel. It does not cover masters or members of the crew of a vessel.

An injured F-class worker (or beneficiary) may receive state or federal act benefits, based on the exposure at the time of the accident. While federal and state act losses are reported separately, payroll is reported on a combined basis. Therefore, F-class loss costs/rates must **reflect** both state and federal act benefits.

In the past, updates were made to NCCI's general class ratemaking methodology, which have increased the year-to-year stability for the F-class codes. Even so, relative to the industrial codes, the F-class codes have generally exhibited a higher level of volatility associated with their lower volume of data.

NCCI recently completed a review of the current F-class methodology. The proposed F-class approach incorporates a countrywide pure premium based on 10 policy years of F-class data, state-specific benefit relativities, and F-class code relativities.

The proposed approach recognizes that F-class experience across all jurisdictions consists primarily of federal act benefits. These benefits are based on a federal benefit structure and are

subject to a federal medical fee schedule—neither of which vary by individual jurisdiction. Accordingly, the proposed methodology leverages this consistency by combining the data at a countrywide level—rather than relying on smaller volumes of state-specific data during the F-class ratemaking process. This change, alongside the expansion to 10 policy years of data, helps increase the stability of these low volume and unique classifications.

The state act benefits portion of the reported F-class experience is initially adjusted to a countrywide level and then back down to a state level using industrial codes' data as a proxy. This allows a greater volume of combined data to be used in the F-class ratemaking process as well as retaining the ability to directly reflect state-specific cost differences.

For more details, refer to Appendix B-IV.

Part 2 Proposed Values

- Proposed Voluntary Loss Costs and Rating Values
- Proposed Assigned Risk Rates and Rating Values
- Proposed Values for Inclusion in the Experience Rating Plan Manual
- Proposed Values for Inclusion in the Retrospective Rating Plan Manual

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Voluntary Loss Costs and Rating Values

The following pages include:

- Proposed voluntary loss costs, expected loss rates, and d-ratios by class code, along with associated footnotes
- Advisory miscellaneous values, such as:
    - Advisory loss elimination ratios
    - Catastrophe provision advisory loss costs
    - Maximum and minimum weekly payroll applicable for select class codes
    - Premium determination for Partners and Sole Proprietors
    - United States Longshore and Harbor Workers' Compensation Coverage Percentage
    - Workers Compensation Administration Funds Assessment factors
- Summary description of expected loss rates and d-ratios

Please note the following in connection with this filing:

- As a result of Item B-1439, effective January 1, 2021:
    a. Class Codes 2683 and 2501 are combined to reflect the final year of a two-year transition program and Class Code 2683 is discontinued.
    b. Class Codes 3240 and 3257 are combined to reflect the final year of a two-year transition program and Class Code 3240 is discontinued.
- As a result of Item B-1442, effective January 1, 2022, class code hazard group changes were incorporated.
- As a result of Item R-1419, the retrospective rating plan parameters have been updated.

Effective January 1, 2022

CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
0005	2.38	1.69	0.37	2016	3.24	2.32	0.37	2709	7.52	4.49	0.27
0008	2.25	1.60	0.37	2021	2.90	2.01	0.34	2710	6.89	4.39	0.29
0016	4.34	2.78	0.30	2039	3.14	2.23	0.37	2714	3.84	2.74	0.37
0034	3.63	2.51	0.34	2041	2.89	2.05	0.37	2731	3.41	2.43	0.37
0035	2.02	1.41	0.34	2065	2.19	1.52	0.34	2735	3.47	2.48	0.37
0036	3.23	2.27	0.36	2070	4.61	3.15	0.34	2759	4.47	3.18	0.37
0037	3.37	2.16	0.30	2081	2.81	2.10	0.39	2790	1.56	1.17	0.39
0042	6.05	4.14	0.34	2089	2.86	2.02	0.37	2797	3.10	2.33	0.39
0050	4.85	3.10	0.29	2095	4.18	2.88	0.34	2799	4.56	3.14	0.34
0059D	0.16	0.05	0.27	2105	3.67	2.73	0.38	2802	4.64	3.21	0.34
0065D	0.02	0.01	0.30	2110	2.85	2.05	0.37	2835	2.87	2.15	0.39
0066D	0.02	0.01	0.34	2111	1.87	1.33	0.37	2836	3.00	2.25	0.39
0067D	0.02	0.01	0.34	2112	3.27	2.32	0.37	2841	3.34	2.39	0.37
0079	2.25	1.56	0.34	2114	1.96	1.47	0.39	2881	2.53	1.87	0.38
0083	4.52	3.15	0.34	2121	1.33	1.00	0.39	2883	2.94	2.08	0.37
0106	7.02	4.24	0.27	2130	1.68	1.16	0.34	2913	–	2.08	0.37
0113	3.81	2.75	0.37	2131	1.38	0.97	0.36	2915	2.89	1.83	0.29
0170	3.81	2.75	0.37	2143	2.53	1.87	0.38	2916	2.88	1.86	0.30
0251	3.01	2.08	0.34	2157	5.39	3.76	0.36	2923	1.80	1.33	0.38
0400	–	2.29	0.34	2172	1.37	0.86	0.29	2942	–	0.77	0.39
0401	9.63	5.84	0.27	2174	2.36	1.68	0.37	2960	4.05	2.76	0.34
0771N	0.42	–	–	2211	6.19	3.95	0.29	3004	1.11	0.66	0.27
0908P	123.00	84.45	0.34	2220	2.09	1.44	0.34	3018	3.59	2.19	0.27
0913P	473.00	323.28	0.34	2286	–	1.44	0.34	3022	3.82	2.69	0.37
0917	3.40	2.53	0.39	2288	3.36	2.39	0.37	3027	2.12	1.36	0.29
0918	1.08	0.74	0.34	2300	–	1.49	0.37	3028	2.63	1.68	0.29
1005	5.61	3.10	0.24	2302	1.60	1.12	0.34	3030	6.75	4.35	0.30
1164D	2.82	1.57	0.24	2305	2.31	1.48	0.30	3040	4.19	2.87	0.34
1165D	2.38	1.32	0.24	2361	1.60	1.12	0.35	3041	3.95	2.71	0.34
1320	1.41	0.84	0.27	2362	1.91	1.36	0.37	3042	6.34	4.44	0.35
1322	7.62	4.29	0.24	2380	1.81	1.29	0.37	3064	3.09	2.13	0.34
1430	3.61	2.32	0.30	2386	–	1.49	0.37	3076	2.89	2.04	0.37
1438	4.14	2.60	0.29	2388	1.28	0.96	0.39	3081D	4.20	2.87	0.34
1452	2.17	1.36	0.29	2402	2.28	1.47	0.30	3082D	3.51	2.22	0.30
1463	6.32	3.59	0.24	2413	2.15	1.50	0.34	3085D	5.40	3.72	0.34
1472	2.66	1.70	0.29	2416	1.67	1.20	0.37	3110	4.27	2.96	0.34
1624D	2.26	1.34	0.27	2417	1.23	0.87	0.37	3111	1.58	1.11	0.37
1642	2.21	1.41	0.29	2501	2.09	1.49	0.37	3113	1.74	1.20	0.34
1654	4.24	2.68	0.29	2503	1.57	1.09	0.36	3114	2.62	1.79	0.34
1655	–	1.41	0.29	2534	–	1.49	0.37	3118	1.55	1.15	0.38
1699	2.55	1.64	0.30	2560	–	1.49	0.37	3119	0.99	0.77	0.45
1701	2.78	1.68	0.27	2570	2.99	2.11	0.37	3120	–	1.53	0.37
1710	3.29	2.06	0.29	2585	3.58	2.47	0.34	3122	1.74	1.29	0.38
1741	–	1.68	0.27	2586	2.17	1.55	0.37	3126	1.46	1.01	0.34
1747	2.62	1.69	0.30	2587	2.09	1.47	0.36	3131	1.59	1.11	0.34
1748	4.26	2.76	0.30	2589	1.83	1.27	0.34	3132	2.70	1.92	0.37
1803D	6.61	4.12	0.30	2600	4.19	2.91	0.36	3145	1.94	1.35	0.34
1852	–	1.07	0.25	2623	5.19	3.32	0.30	3146	2.57	1.79	0.34
1853	–	1.68	0.27	2651	1.37	0.97	0.37	3169	3.39	2.42	0.37
1860	–	1.36	0.29	2660	2.17	1.62	0.39	3175	–	2.42	0.37
1924	2.17	1.53	0.37	2670	–	1.28	0.37	3179	1.82	1.28	0.37
1925	3.07	2.14	0.34	2683	–	1.49	0.37	3180	1.80	1.28	0.37
2002	2.62	1.84	0.36	2688	1.81	1.28	0.37	3188	1.69	1.17	0.34
2003	3.35	2.28	0.34	2701	10.47	6.19	0.27	3220	2.51	1.73	0.34
2014	4.46	2.85	0.29	2702	17.44	9.92	0.24	3223	–	1.28	0.37

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CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
3224	3.23	2.37	0.38	4024D	4.40	2.80	0.29	4653	1.28	0.89	0.36
3227	2.07	1.46	0.37	4034	5.19	3.32	0.29	4665	6.73	4.26	0.29
3240	–	1.48	0.37	4036	2.09	1.33	0.29	4670	–	2.17	0.34
3241	2.68	1.91	0.37	4038	2.22	1.64	0.38	4683	3.15	2.17	0.34
3255	2.18	1.63	0.39	4053	–	1.49	0.34	4686	2.00	1.28	0.30
3257	2.08	1.48	0.37	4061	–	1.49	0.34	4692	0.64	0.45	0.37
3270	2.16	1.53	0.37	4062	2.17	1.49	0.34	4693	0.72	0.51	0.37
3300	4.38	3.31	0.39	4101	2.08	1.42	0.34	4703	1.58	1.08	0.34
3303	1.99	1.42	0.37	4109	0.40	0.28	0.37	4717	1.84	1.37	0.38
3307	2.59	1.81	0.34	4110	0.86	0.61	0.37	4720	1.55	1.07	0.34
3315	3.30	2.31	0.36	4111	1.84	1.31	0.37	4740	0.72	0.41	0.24
3334	2.56	1.73	0.34	4113	–	1.31	0.37	4741	2.25	1.54	0.34
3336	2.57	1.76	0.34	4114	2.36	1.61	0.34	4751	1.83	1.18	0.30
3365	4.45	2.65	0.27	4130	3.14	2.23	0.37	4771N	2.39	1.45	0.27
3372	2.95	2.04	0.34	4131	3.78	2.69	0.37	4777	8.11	4.98	0.27
3373	3.66	2.59	0.37	4133	1.93	1.46	0.39	4825	0.51	0.32	0.29
3383	1.26	0.89	0.37	4149	0.73	0.55	0.39	4828	1.29	0.77	0.27
3385	1.52	1.12	0.37	4206	2.51	1.77	0.37	4829	0.99	0.60	0.27
3400	2.94	2.08	0.37	4207	1.95	1.16	0.27	4902	2.20	1.58	0.37
3507	2.98	2.07	0.34	4239	2.21	1.33	0.27	4923	1.02	0.71	0.35
3515	2.00	1.39	0.34	4240	2.48	1.86	0.39	5020	4.32	2.57	0.27
3548	1.06	0.76	0.37	4243	2.30	1.59	0.34	5022	6.69	3.79	0.24
3559	3.30	2.28	0.34	4244	2.69	1.72	0.30	5037	8.40	4.75	0.24
3574	1.86	1.32	0.37	4250	1.65	1.14	0.34	5040	14.94	8.54	0.25
3581	0.88	0.62	0.37	4251	2.30	1.62	0.37	5057	5.56	3.10	0.24
3612	2.07	1.42	0.34	4263	2.15	1.48	0.34	5059	14.63	8.32	0.24
3620	2.59	1.65	0.29	4273	2.90	2.04	0.35	5069	–	8.32	0.24
3629	1.16	0.80	0.34	4279	2.13	1.36	0.29	5102	5.50	3.27	0.27
3632	2.10	1.45	0.34	4282	–	1.36	0.29	5146	4.55	2.88	0.29
3634	1.58	1.10	0.34	4283	1.37	0.97	0.37	5160	2.74	1.55	0.24
3635	1.57	1.08	0.34	4299	1.96	1.36	0.34	5183	2.97	1.78	0.27
3638	1.65	1.16	0.37	4304	3.80	2.63	0.34	5188	2.82	1.69	0.27
3642	0.95	0.67	0.37	4307	1.50	1.12	0.39	5190	2.35	1.40	0.27
3643	1.40	0.89	0.29	4351	0.94	0.66	0.36	5191	0.80	0.51	0.29
3647	2.31	1.59	0.34	4352	1.31	0.92	0.36	5192	2.98	2.05	0.34
3648	1.47	1.10	0.39	4360	–	0.16	0.29	5213	6.81	3.84	0.24
3681	0.98	0.70	0.37	4361	0.52	0.37	0.37	5215	6.45	4.09	0.29
3685	1.06	0.76	0.37	4410	2.66	1.90	0.37	5221	4.73	2.82	0.27
3719	0.92	0.52	0.24	4420	3.48	2.07	0.27	5222	7.92	4.43	0.24
3724	3.70	2.11	0.25	4431	1.22	0.90	0.38	5223	5.74	3.62	0.29
3726	3.04	1.71	0.24	4432	1.03	0.77	0.39	5348	4.44	2.79	0.29
3803	2.25	1.58	0.36	4439	–	1.39	0.34	5402	6.58	4.68	0.37
3807	2.33	1.64	0.37	4452	2.37	1.64	0.34	5403	6.70	4.00	0.27
3808	2.98	2.03	0.34	4459	2.15	1.37	0.29	5437	5.22	3.13	0.27
3821	5.29	3.39	0.30	4470	2.12	1.46	0.34	5443	3.93	2.73	0.34
3822	3.25	2.33	0.37	4484	2.22	1.58	0.37	5445	4.35	2.46	0.24
3824	3.23	2.29	0.37	4493	2.72	1.87	0.34	5462	5.46	3.44	0.29
3826	1.04	0.72	0.34	4511	0.42	0.29	0.34	5472	4.72	2.67	0.24
3827	1.84	1.30	0.37	4557	1.83	1.16	0.29	5473	7.56	4.26	0.24
3830	1.49	1.04	0.34	4558	2.01	1.39	0.34	5474	5.29	3.01	0.24
3851	1.87	1.32	0.37	4568	1.75	1.11	0.29	5478	3.79	2.25	0.27
3865	2.72	2.02	0.39	4581	0.86	0.53	0.27	5479	7.82	5.04	0.30
3881	3.40	2.32	0.34	4583	3.18	1.92	0.27	5480	4.97	2.95	0.27
4000	3.59	2.14	0.27	4611	0.84	0.59	0.37	5491	1.63	0.99	0.27
4021	4.10	2.83	0.34	4635	2.79	1.66	0.27	5506	6.29	3.76	0.27

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CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
5507	4.75	2.83	0.27	7024M	2.72	1.50	0.24	7600	4.63	2.90	0.29
5508	–	2.83	0.27	7038M	3.74	2.22	0.25	7605	1.93	1.16	0.27
5509	5.95	3.58	0.27	7046M	4.16	2.34	0.24	7607	0.09	0.06	0.36
5535	5.19	2.97	0.25	7047M	3.75	2.07	0.24	7610	0.25	0.16	0.29
5537	3.41	2.16	0.29	7050M	5.74	3.42	0.25	7705	3.90	2.68	0.34
5551	14.06	8.01	0.25	7090M	4.16	2.48	0.25	7710	3.05	1.83	0.27
5604	2.23	1.33	0.27	7097	–	1.50	0.24	7711	24.25	14.88	0.27
5606	1.07	0.61	0.25	7098M	4.62	2.60	0.24	7720	2.64	1.67	0.29
5610	4.65	2.96	0.29	7099M	6.38	3.59	0.24	7723	1.51	0.92	0.27
5645	11.40	6.52	0.25	7133	3.57	2.15	0.27	7731*	2.83	1.94	0.34
5703	10.88	6.95	0.30	7151M	4.34	2.61	0.27	7855	3.06	1.93	0.29
5705	19.10	11.74	0.29	7152M	6.65	4.01	0.27	8001	1.69	1.20	0.37
5951	0.34	0.24	0.37	7153M	4.82	2.90	0.27	8002	1.54	1.10	0.37
6003	8.06	4.78	0.27	7219	6.03	3.57	0.27	8006	1.89	1.39	0.38
6005	6.49	4.12	0.29	7222	5.99	3.51	0.27	8008	0.84	0.63	0.39
6017	–	3.84	0.24	7225	5.72	3.60	0.29	8010	1.52	1.08	0.37
6018	2.34	1.43	0.29	7228	–	3.57	0.27	8013	0.33	0.23	0.34
6045	4.74	2.96	0.29	7229	–	3.57	0.27	8015	0.69	0.48	0.34
6204	8.27	4.97	0.27	7230	6.28	4.26	0.34	8017	1.51	1.12	0.39
6206	2.55	1.44	0.24	7231	7.55	5.16	0.34	8018	2.78	1.95	0.36
6213	1.62	0.91	0.24	7232	6.96	4.08	0.27	8021	2.50	1.78	0.37
6214	1.64	0.98	0.27	7309F	7.80	4.10	0.22	8031	1.90	1.35	0.37
6216	5.03	2.83	0.24	7313F	3.14	1.65	0.22	8032	1.67	1.18	0.37
6217	3.20	1.83	0.25	7317F	4.89	2.57	0.22	8033	1.80	1.33	0.38
6229	3.98	2.52	0.29	7327F	14.54	7.65	0.22	8037	1.50	1.16	0.45
6233	2.29	1.28	0.24	7333M	2.09	1.16	0.24	8039	1.32	1.00	0.39
6235	4.93	2.78	0.24	7335M	2.32	1.29	0.24	8044	2.81	1.98	0.37
6236	6.10	3.83	0.29	7337M	3.20	1.78	0.24	8045	0.64	0.45	0.37
6237	1.31	0.77	0.27	7350F	7.86	4.31	0.25	8046	2.50	1.78	0.37
6251D	4.79	2.83	0.27	7360	3.13	1.98	0.29	8047	0.72	0.51	0.37
6252D	2.52	1.40	0.24	7370	3.82	2.72	0.37	8058	2.07	1.47	0.37
6260	–	2.83	0.27	7380	5.99	3.76	0.29	8072	0.54	0.41	0.39
6306	5.08	3.06	0.27	7382	2.74	1.88	0.34	8102	1.67	1.19	0.37
6319	2.94	1.67	0.24	7390	10.19	7.13	0.36	8103	3.29	2.29	0.34
6325	2.81	1.59	0.24	7394M	3.47	1.97	0.24	8105	–	1.95	0.36
6400	5.57	3.54	0.29	7395M	3.86	2.18	0.24	8106	4.04	2.58	0.30
6503	2.20	1.53	0.36	7398M	5.33	3.01	0.24	8107	2.78	1.67	0.27
6504	2.50	1.77	0.37	7402	0.08	0.06	0.36	8111	1.83	1.27	0.34
6702M*	3.72	2.34	0.29	7403	2.81	1.97	0.36	8116	2.09	1.44	0.34
6703M*	5.70	3.60	0.29	7405N	1.11	0.76	0.36	8203	5.53	3.78	0.34
6704M*	4.13	2.59	0.29	7420	5.58	3.09	0.24	8204	4.52	3.16	0.35
6801F	4.21	2.40	0.28	7421	0.60	0.38	0.29	8209	3.40	2.42	0.37
6811	3.96	2.54	0.30	7422	1.03	0.60	0.27	8215	3.11	2.00	0.30
6824F	8.19	4.66	0.28	7425	1.68	0.97	0.27	8227	3.70	2.21	0.27
6826F	3.54	2.01	0.28	7431N	0.73	0.42	0.27	8232	4.79	3.05	0.29
6834	2.20	1.56	0.37	7445N	0.60	–	–	8233	2.67	1.65	0.29
6836	2.69	1.85	0.34	7453N	0.39	–	–	8235	3.83	2.61	0.34
6843F	6.43	3.38	0.22	7502	1.47	0.93	0.29	8263	5.24	3.65	0.34
6845F	3.17	1.67	0.22	7515	0.88	0.50	0.24	8264	4.98	3.20	0.30
6854	3.63	2.16	0.27	7520	1.98	1.36	0.34	8265	5.43	3.30	0.27
6872F	6.00	3.16	0.22	7538	2.69	1.51	0.24	8279	4.36	2.66	0.27
6874F	10.47	5.51	0.22	7539	1.05	0.63	0.27	8288	6.27	4.40	0.35
6882	2.98	1.80	0.27	7540	2.29	1.32	0.25	8291	3.61	2.47	0.34
6884	3.91	2.30	0.27	7580	2.25	1.43	0.29	8292	3.05	2.16	0.37
7016M	2.45	1.36	0.24	7590	3.41	2.18	0.30	8293	8.76	6.20	0.37

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CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO	CLASS CODE	LOSS COST	ELR	D RATIO
8304	4.58	2.76	0.27	9016	2.00	1.44	0.37				
8350	6.16	3.67	0.27	9019	2.01	1.29	0.30				
8380	2.18	1.50	0.34	9033	3.37	2.34	0.34				
8381	1.47	1.01	0.34	9040	2.63	1.95	0.38				
8385	2.27	1.56	0.34	9044	1.05	0.79	0.39				
8392	1.96	1.47	0.39	9052	1.95	1.45	0.39				
8393	1.96	1.25	0.29	9058	1.32	1.01	0.45				
8399	–	2.29	0.37	9060	1.06	0.80	0.39				
8500	5.91	3.77	0.29	9061	0.98	0.73	0.39				
8601	0.23	0.14	0.27	9063	0.64	0.48	0.39				
8602	0.88	0.56	0.29	9077F	3.32	2.05	0.36				
8603	0.07	0.05	0.36	9082	0.86	0.66	0.45				
8606	1.60	0.95	0.27	9083	0.89	0.68	0.45				
8709F	7.56	3.98	0.22	9084	1.25	0.94	0.39				
8719	2.78	1.63	0.27	9088a	a	a	a				
8720	1.23	0.74	0.27	9089	0.76	0.58	0.39				
8721	0.21	0.14	0.29	9093	1.15	0.87	0.39				
8723	0.08	0.05	0.34	9101	2.81	2.08	0.38				
8725	2.14	1.35	0.29	9102	2.18	1.50	0.34				
8726F	1.71	0.97	0.28	9154	1.25	0.89	0.37				
8734M	0.27	0.17	0.29	9156	1.84	1.38	0.39				
8737M	0.24	0.15	0.29	9170	9.98	6.05	0.27				
8738M	0.37	0.24	0.29	9178	3.99	3.21	0.47				
8742	0.20	0.13	0.29	9179	13.31	10.30	0.45				
8745	2.91	2.00	0.34	9180	4.44	3.15	0.35				
8748	0.44	0.27	0.27	9182	1.94	1.41	0.37				
8754	0.59	0.41	0.34	9186	10.81	6.72	0.27				
8755	0.25	0.16	0.29	9220	4.00	2.76	0.34				
8799	0.35	0.25	0.37	9402	3.28	1.97	0.27				
8800	1.23	0.88	0.37	9403	6.94	4.17	0.27				
8803	0.05	0.03	0.29	9410	2.77	1.97	0.37				
8805M	0.11	0.08	0.37	9501	2.77	1.77	0.30				
8810	0.08	0.06	0.37	9505	3.29	2.26	0.34				
8814M	0.10	0.07	0.37	9516	2.43	1.65	0.34				
8815M	0.15	0.11	0.37	9519	3.46	2.18	0.29				
8820	0.12	0.08	0.30	9521	2.69	1.70	0.29				
8824	2.49	1.91	0.45	9522	1.82	1.34	0.38				
8825	–	1.29	0.39	9534	4.34	2.43	0.24				
8826	1.72	1.29	0.39	9554	7.25	4.35	0.27				
8829	–	1.91	0.45	9586	0.45	0.34	0.38				
8831	0.98	0.77	0.46	9600	2.33	1.64	0.36				
8832	0.32	0.22	0.37	9620	1.02	0.65	0.30				
8833	0.67	0.47	0.36								
8835	1.55	1.10	0.37								
8842	2.34	1.80	0.45								
8855	0.12	0.09	0.37								
8856	0.29	0.20	0.36								
8864	1.78	1.34	0.39								
8868	0.30	0.23	0.39								
8869	0.72	0.55	0.39								
8871	0.05	0.03	0.36								
8901	0.15	0.09	0.29								
9012	0.70	0.45	0.29								
9014	2.25	1.59	0.37								
9015	2.60	1.78	0.34								

Refer to the Classification codes section of the ***Basic Manual*** for any state specific classification phraseology.

* Refer to the Footnotes Page for additional information on this class code.

FOOTNOTES

a Advisory loss cost for each individual risk must be obtained from NCCI Customer Service or the Rating Organization having jurisdiction.

D Advisory loss cost for classification already includes the specific disease loading shown in the table below. See the ***Basic Manual*** rule, Supplemental and supplementary loading.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.16	S	1165D	0.01	S	3085D	0.04	S
0065D	0.02	S	1624D	0.01	S	4024D	0.01	S
0066D	0.02	S	1803D	0.17	S	6251D	0.01	S
0067D	0.02	S	3081D	0.03	S	6252D	0.01	S
1164D	0.03	S	3082D	0.03	S			

S=Silica

F Advisory loss cost provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.

M Risks are subject to Admiralty Law or Federal Employers Liability Act (FELA). However, the published loss cost is for risks that voluntarily purchase standard workers compensation and employers liability coverage.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding advisory loss cost are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

*** Class Codes with Specific Footnotes**

6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.215.

6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.863.

6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.

7731 Loss cost per Service Response.

Effective January 1, 2022

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group for total losses on a per claim basis. They do not include a safety factor.

Total Losses							
Deductible	**HAZARD GROUP**						
Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
$1,000	7.8%	6.0%	4.6%	3.9%	3.0%	2.3%	2.0%
$5,000	19.2%	15.8%	13.1%	11.4%	9.2%	7.5%	6.6%
$10,000	27.0%	23.1%	19.5%	17.4%	14.3%	12.0%	10.6%

Basis of premium applicable in accordance with the ***Basic Manual*** notes for Code 7370 --"Taxicab Co.":
Employee operated vehicle..... $112,800
Leased or rented vehicle..... $75,200

Catastrophe (other than Certified Acts of Terrorism) - (Advisory Loss Cost)..... 0.01

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** rule, Rule for premium determination of executive officers and the ***Basic Manual*** notes for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," and Code 9179 -- "Athletic Sports or Park: Contact Sports"..... $1,450

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** rules, Rule for premium determination of executive officers and Rule for premium determination of members of LLCs..... $2,900

Minimum Weekly Payroll applicable in accordance with the ***Basic Manual*** rules, Rule for premium determination of executive officers and Rule for premium determination of members of LLCs..... $1,450

Premium Determination for Partners and Sole Proprietors in accordance with the ***Basic Manual*** rule, Rule for premium determination for partners or sole proprietors (Annual Payroll)..... $75,200

Terrorism - (Advisory Loss Cost) 0.025

United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with the ***Basic Manual*** rule, Federal coverages..... 50%

(Multiply a Non-F classification loss cost by a factor of 1.50 to adjust for the difference in state and federal benefits only.)

Workers Compensation Administration Funds Assessment factors applicable in accordance with the ***Basic Manual*** rule, Rule for applying the Connecticut Workers Compensation Administration Fund Assessment factors
Industrial Classifications and Maritime/FELA (Program I and Program II State Act)..... 1.9%
F Classifications and Maritime/FELA (Program II USL Act)..... 3.8%

Experience Rating Eligibility

A risk qualifies for experience rating on an intrastate basis when it meets the premium eligibility requirements for the state in which it operates. The eligibility amount varies by rating effective date. The ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state and by effective date.

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Voluntary Loss Costs and Rating Values

Summary Description of Expected Loss Rates and D-ratios

An expected loss rate for a classification is used to estimate the expected losses per $100 of payroll during the experience rating period for risks within that classification. These expected losses are then compared with the actual losses of a risk during the experience rating period to determine the experience modification (mod). The actual losses reflect the loss data during the experience rating period. Expected losses and actual losses must be at the same level to enable an appropriate comparison for purposes of the experience mod calculation. As such, the proposed loss costs are adjusted to reflect the average loss levels of the proposed effective rating period. This is accomplished through the application of ELR factors to the proposed underlying pure premiums. These ELR factors, calculated by hazard group (HG), remove the effects of items such as loss development, losses in excess of the state accident limit, benefit changes, trend, and loss-based expenses.

An adjustment is made to the ELR factors so that the resulting ELRs produce an expected experience rating off-balance that equals the targeted experience rating off-balance used in the calculation of the overall loss cost level change for the state. Although considered, no explicit adjustment was applied to account for possible indirect effects of the COVID-19 pandemic.

The final ELR for each classification is calculated as follows:

ELR = {(HG indemnity ELR factor) x (indemnity pure premium) +
(HG medical ELR factor) x (medical pure premium)} x Manual/Standard Ratio

In experience rating, losses are divided into primary and excess portions. For each claim, losses below the split point are primary losses, while losses above the split point are excess losses. The d-ratio represents the estimated ratio of expected primary losses to expected total losses for a classification. The d-ratio is used to determine the expected primary losses to be used in the experience mod calculation.

D-ratio factors are calculated separately for indemnity and medical losses by hazard group and are based on the latest three years of Unit Statistical Data. A comparison of the resulting d-ratio factors across hazard groups is done to ensure that the factors monotonically decrease from hazard group A to hazard group G. If they do not, an adjustment is made by averaging the d-ratios over adjacent hazard groups. The final d-ratio for each classification is calculated as follows:

D-ratio = {(HG indemnity d-ratio factor) x (indemnity pure premium) +
(HG medical d-ratio factor) x (medical pure premium)} / total pure premium

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Assigned Risk Rates and Rating Values

The following pages include:

- Proposed assigned risk rates, minimum premium, expected loss rates, and d-ratios by class code, along with associated footnotes
- Miscellaneous values, such as:
    - Catastrophe provision rates
    - Maximum and minimum weekly payroll applicable for select class codes
    - Premium determination for Partners and Sole Proprietors
    - United States Longshore and Harbor Workers' Compensation Coverage Percentage
    - Workers Compensation Administration Funds Assessment factors

Effective January 1, 2022

APPLICABLE TO ASSIGNED RISK POLICIES ONLY

CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
0005	4.17	1494	1.69	0.37	2016	5.67	1500	2.32	0.37	2709	13.16	1500	4.49	0.27
0008	3.94	1421	1.60	0.37	2021	5.08	1500	2.01	0.34	2710	12.06	1500	4.39	0.29
0016	7.60	1500	2.78	0.30	2039	5.50	1500	2.23	0.37	2714	6.72	1500	2.74	0.37
0034	6.35	1500	2.51	0.34	2041	5.06	1500	2.05	0.37	2731	5.97	1500	2.43	0.37
0035	3.54	1293	1.41	0.34	2065	3.83	1386	1.52	0.34	2735	6.07	1500	2.48	0.37
0036	5.65	1500	2.27	0.36	2070	8.07	1500	3.15	0.34	2759	7.82	1500	3.18	0.37
0037	5.90	1500	2.16	0.30	2081	4.92	1500	2.10	0.39	2790	2.73	1034	1.17	0.39
0042	10.58	1500	4.14	0.34	2089	5.01	1500	2.02	0.37	2797	5.43	1500	2.33	0.39
0050	8.50	1500	3.10	0.29	2095	7.32	1500	2.88	0.34	2799	7.99	1500	3.14	0.34
0059D	0.28	–	0.05	0.27	2105	6.42	1500	2.73	0.38	2802	8.12	1500	3.21	0.34
0065D	0.04	–	0.01	0.30	2110	4.99	1500	2.05	0.37	2835	5.02	1500	2.15	0.39
0066D	0.04	–	0.01	0.34	2111	3.27	1206	1.33	0.37	2836	5.25	1500	2.25	0.39
0067D	0.04	–	0.01	0.34	2112	5.72	1500	2.32	0.37	2841	5.85	1500	2.39	0.37
0079	3.94	1421	1.56	0.34	2114	3.43	1258	1.47	0.39	2881	4.43	1500	1.87	0.38
0083	7.91	1500	3.15	0.34	2121	2.33	906	1.00	0.39	2883	5.15	1500	2.08	0.37
0106	12.29	1500	4.24	0.27	2130	2.94	1101	1.16	0.34	2913	–	–	2.08	0.37
0113	6.67	1500	2.75	0.37	2131	2.42	934	0.97	0.36	2915	5.06	1500	1.83	0.29
0170	6.67	1500	2.75	0.37	2143	4.43	1500	1.87	0.38	2916	5.04	1500	1.86	0.30
0251	5.27	1500	2.08	0.34	2157	9.43	1500	3.76	0.36	2923	3.15	1168	1.33	0.38
0400	–	–	2.29	0.34	2172	2.40	928	0.86	0.29	2942	–	–	0.77	0.39
0401	16.85	A	5.84	0.27	2174	4.13	1482	1.68	0.37	2960	7.09	1500	2.76	0.34
0771N	0.74	–	–	–	2211	10.83	1500	3.95	0.29	3004	1.94	781	0.66	0.27
0908P	215.00	340	84.45	0.34	2220	3.66	1331	1.44	0.34	3018	6.28	1500	2.19	0.27
0913P	828.00	953	323.28	0.34	2286	–	–	1.44	0.34	3022	6.69	1500	2.69	0.37
0917	5.95	1500	2.53	0.39	2288	5.88	1500	2.39	0.37	3027	3.71	1347	1.36	0.29
0918	1.89	650	0.74	0.34	2300	–	–	1.49	0.37	3028	4.60	1500	1.68	0.29
1005	9.82	1500	3.10	0.24	2302	2.80	1056	1.12	0.34	3030	11.81	1500	4.35	0.30
1164D	4.93	1500	1.57	0.24	2305	4.04	1453	1.48	0.30	3040	7.33	1500	2.87	0.34
1165D	4.17	1494	1.32	0.24	2361	2.80	1056	1.12	0.35	3041	6.91	1500	2.71	0.34
1320	2.47	950	0.84	0.27	2362	3.34	1229	1.36	0.37	3042	11.10	1500	4.44	0.35
1322	13.33	1500	4.29	0.24	2380	3.17	1174	1.29	0.37	3064	5.41	1500	2.13	0.34
1430	6.32	1500	2.32	0.30	2386	–	–	1.49	0.37	3076	5.06	1500	2.04	0.37
1438	7.25	1500	2.60	0.29	2388	2.24	877	0.96	0.39	3081D	7.35	1500	2.87	0.34
1452	3.80	1376	1.36	0.29	2402	3.99	1437	1.47	0.30	3082D	6.14	1500	2.22	0.30
1463	11.06	1500	3.59	0.24	2413	3.76	1363	1.50	0.34	3085D	9.45	1500	3.72	0.34
1472	4.66	1500	1.70	0.29	2416	2.92	1094	1.20	0.37	3110	7.47	1500	2.96	0.34
1624D	3.96	1427	1.34	0.27	2417	2.15	848	0.87	0.37	3111	2.77	1046	1.11	0.37
1642	3.87	1398	1.41	0.29	2501	3.66	1331	1.49	0.37	3113	3.05	1136	1.20	0.34
1654	7.42	1500	2.68	0.29	2503	2.75	1040	1.09	0.36	3114	4.59	1500	1.79	0.34
1655	–	–	1.41	0.29	2534	–	–	1.49	0.37	3118	2.71	1027	1.15	0.38
1699	4.46	1500	1.64	0.30	2560	–	–	1.49	0.37	3119	1.73	714	0.77	0.45
1701	4.87	1500	1.68	0.27	2570	5.23	1500	2.11	0.37	3120	–	–	1.53	0.37
1710	5.76	1500	2.06	0.29	2585	6.27	1500	2.47	0.34	3122	3.05	1136	1.29	0.38
1741	–	–	1.68	0.27	2586	3.80	1376	1.55	0.37	3126	2.56	979	1.01	0.34
1747	4.59	1500	1.69	0.30	2587	3.66	1331	1.47	0.36	3131	2.78	1050	1.11	0.34
1748	7.46	1500	2.76	0.30	2589	3.20	1184	1.27	0.34	3132	4.73	1500	1.92	0.37
1803D	11.57	1500	4.12	0.30	2600	7.33	1500	2.91	0.36	3145	3.40	1248	1.35	0.34
1852	–	–	1.07	0.25	2623	9.08	1500	3.32	0.30	3146	4.50	1500	1.79	0.34
1853	–	–	1.68	0.27	2651	2.40	928	0.97	0.37	3169	5.93	1500	2.42	0.37
1860	–	–	1.36	0.29	2660	3.80	1376	1.62	0.39	3175	–	–	2.42	0.37
1924	3.80	1376	1.53	0.37	2670	–	–	1.28	0.37	3179	3.19	1181	1.28	0.37
1925	5.37	1500	2.14	0.34	2683	–	–	1.49	0.37	3180	3.15	1168	1.28	0.37
2002	4.59	1500	1.84	0.36	2688	3.17	1174	1.28	0.37	3188	2.96	1107	1.17	0.34
2003	5.86	1500	2.28	0.34	2701	18.32	1500	6.19	0.27	3220	4.39	1500	1.73	0.34
2014	7.81	1500	2.85	0.29	2702	30.52	1500	9.92	0.24	3223	–	–	1.28	0.37

Refer to the Classification codes section of the ***Basic Manual*** for any state specific classification phraseology.

* Refer to the Footnotes Page for additional information on this class code.

Effective January 1, 2022

APPLICABLE TO ASSIGNED RISK POLICIES ONLY

CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
3224	5.65	1500	2.37	0.38	4024D	7.70	1500	2.80	0.29	4653	2.24	877	0.89	0.36
3227	3.62	1318	1.46	0.37	4034	9.08	1500	3.32	0.29	4665	11.78	1500	4.26	0.29
3240	–	–	1.48	0.37	4036	3.66	1331	1.33	0.29	4670	–	–	2.17	0.34
3241	4.69	1500	1.91	0.37	4038	3.89	1405	1.64	0.38	4683	5.51	1500	2.17	0.34
3255	3.82	1382	1.63	0.39	4053	–	–	1.49	0.34	4686	3.50	1280	1.28	0.30
3257	3.64	1325	1.48	0.37	4061	–	–	1.49	0.34	4692	1.12	518	0.45	0.37
3270	3.78	1370	1.53	0.37	4062	3.80	1376	1.49	0.34	4693	1.26	563	0.51	0.37
3300	7.67	1500	3.31	0.39	4101	3.64	1325	1.42	0.34	4703	2.77	1046	1.08	0.34
3303	3.48	1274	1.42	0.37	4109	0.70	384	0.28	0.37	4717	3.22	1190	1.37	0.38
3307	4.53	1500	1.81	0.34	4110	1.51	643	0.61	0.37	4720	2.71	1027	1.07	0.34
3315	5.78	1500	2.31	0.36	4111	3.22	1190	1.31	0.37	4740	1.26	563	0.41	0.24
3334	4.48	1500	1.73	0.34	4113	–	–	1.31	0.37	4741	3.94	1421	1.54	0.34
3336	4.50	1500	1.76	0.34	4114	4.13	1482	1.61	0.34	4751	3.20	1184	1.18	0.30
3365	7.80	1500	2.65	0.27	4130	5.50	1500	2.23	0.37	4771N	4.18	1500	1.45	0.27
3372	5.16	1500	2.04	0.34	4131	6.62	1500	2.69	0.37	4777	14.19	1500	4.98	0.27
3373	6.41	1500	2.59	0.37	4133	3.38	1242	1.46	0.39	4825	0.89	445	0.32	0.29
3383	2.21	867	0.89	0.37	4149	1.28	570	0.55	0.39	4828	2.26	883	0.77	0.27
3385	2.66	1011	1.12	0.37	4206	4.39	1500	1.77	0.37	4829	1.73	714	0.60	0.27
3400	5.15	1500	2.08	0.37	4207	3.41	1251	1.16	0.27	4902	3.85	1392	1.58	0.37
3507	5.22	1500	2.07	0.34	4239	3.87	1398	1.33	0.27	4923	1.79	733	0.71	0.35
3515	3.50	1280	1.39	0.34	4240	4.34	1500	1.86	0.39	5020	7.57	1500	2.57	0.27
3548	1.86	755	0.76	0.37	4243	4.03	1450	1.59	0.34	5022	11.70	1500	3.79	0.24
3559	5.78	1500	2.28	0.34	4244	4.71	1500	1.72	0.30	5037	14.69	1500	4.75	0.24
3574	3.26	1203	1.32	0.37	4250	2.89	1085	1.14	0.34	5040	26.16	1500	8.54	0.25
3581	1.54	653	0.62	0.37	4251	4.03	1450	1.62	0.37	5057	9.72	1500	3.10	0.24
3612	3.62	1318	1.42	0.34	4263	3.76	1363	1.48	0.34	5059	25.62	1500	8.32	0.24
3620	4.53	1500	1.65	0.29	4273	5.08	1500	2.04	0.35	5069	–	–	8.32	0.24
3629	2.03	810	0.80	0.34	4279	3.73	1354	1.36	0.29	5102	9.62	1500	3.27	0.27
3632	3.68	1338	1.45	0.34	4282	–	–	1.36	0.29	5146	7.97	1500	2.88	0.29
3634	2.77	1046	1.10	0.34	4283	2.40	928	0.97	0.37	5160	4.80	1500	1.55	0.24
3635	2.75	1040	1.08	0.34	4299	3.43	1258	1.36	0.34	5183	5.21	1500	1.78	0.27
3638	2.89	1085	1.16	0.37	4304	6.65	1500	2.63	0.34	5188	4.94	1500	1.69	0.27
3642	1.66	691	0.67	0.37	4307	2.63	1002	1.12	0.39	5190	4.11	1475	1.40	0.27
3643	2.45	944	0.89	0.29	4351	1.65	688	0.66	0.36	5191	1.40	608	0.51	0.29
3647	4.04	1453	1.59	0.34	4352	2.29	893	0.92	0.36	5192	5.22	1500	2.05	0.34
3648	2.57	982	1.10	0.39	4360	–	–	0.16	0.29	5213	11.91	1500	3.84	0.24
3681	1.72	710	0.70	0.37	4361	0.91	451	0.37	0.37	5215	11.28	1500	4.09	0.29
3685	1.86	755	0.76	0.37	4410	4.66	1500	1.90	0.37	5221	8.29	1500	2.82	0.27
3719	1.61	675	0.52	0.24	4420	6.09	1500	2.07	0.27	5222	13.85	1500	4.43	0.24
3724	6.49	1500	2.11	0.25	4431	2.14	845	0.90	0.38	5223	10.04	1500	3.62	0.29
3726	5.33	1500	1.71	0.24	4432	1.80	736	0.77	0.39	5348	7.78	1500	2.79	0.29
3803	3.94	1421	1.58	0.36	4439	–	–	1.39	0.34	5402	11.51	1500	4.68	0.37
3807	4.08	1466	1.64	0.37	4452	4.15	1488	1.64	0.34	5403	11.72	1500	4.00	0.27
3808	5.22	1500	2.03	0.34	4459	3.76	1363	1.37	0.29	5437	9.13	1500	3.13	0.27
3821	9.26	1500	3.39	0.30	4470	3.71	1347	1.46	0.34	5443	6.89	1500	2.73	0.34
3822	5.69	1500	2.33	0.37	4484	3.89	1405	1.58	0.37	5445	7.62	1500	2.46	0.24
3824	5.65	1500	2.29	0.37	4493	4.76	1500	1.87	0.34	5462	9.55	1500	3.44	0.29
3826	1.82	742	0.72	0.34	4511	0.74	397	0.29	0.34	5472	8.27	1500	2.67	0.24
3827	3.22	1190	1.30	0.37	4557	3.20	1184	1.16	0.29	5473	13.22	1500	4.26	0.24
3830	2.61	995	1.04	0.34	4558	3.52	1286	1.39	0.34	5474	9.25	1500	3.01	0.24
3851	3.27	1206	1.32	0.37	4568	3.06	1139	1.11	0.29	5478	6.64	1500	2.25	0.27
3865	4.76	1500	2.02	0.39	4581	1.51	643	0.53	0.27	5479	13.68	1500	5.04	0.30
3881	5.95	1500	2.32	0.34	4583	5.57	1500	1.92	0.27	5480	8.71	1500	2.95	0.27
4000	6.28	1500	2.14	0.27	4611	1.47	630	0.59	0.37	5491	2.85	1072	0.99	0.27
4021	7.18	1500	2.83	0.34	4635	4.88	1500	1.66	0.27	5506	11.00	1500	3.76	0.27

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* Refer to the Footnotes Page for additional information on this class code.

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CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
5507	8.32	1500	2.83	0.27	7024M	4.76	1500	1.50	0.24	7600	8.10	1500	2.90	0.29
5508	–	–	2.83	0.27	7038M	6.55	1500	2.22	0.25	7605	3.38	1242	1.16	0.27
5509	10.41	1500	3.58	0.27	7046M	7.28	1500	2.34	0.24	7607	0.16	211	0.06	0.36
5535	9.08	1500	2.97	0.25	7047M	6.56	1500	2.07	0.24	7610	0.44	301	0.16	0.29
5537	5.98	1500	2.16	0.29	7050M	10.05	1500	3.42	0.25	7705	6.83	1500	2.68	0.34
5551	24.61	1500	8.01	0.25	7090M	7.28	1500	2.48	0.25	7710	5.34	1500	1.83	0.27
5604	3.90	1408	1.33	0.27	7097	–	–	1.50	0.24	7711	42.44	1500	14.88	0.27
5606	1.87	758	0.61	0.25	7098M	8.09	1500	2.60	0.24	7720	4.62	1500	1.67	0.29
5610	8.15	1500	2.96	0.29	7099M	11.17	1500	3.59	0.24	7723	2.64	1005	0.92	0.27
5645	19.95	1500	6.52	0.25	7133	6.25	1500	2.15	0.27	7731*	4.95	6000	1.94	0.34
5703	19.04	1500	6.95	0.30	7151M	7.60	1500	2.61	0.27	7855	5.37	1500	1.93	0.29
5705	33.42	1500	11.74	0.29	7152M	11.64	1500	4.01	0.27	8001	2.96	1107	1.20	0.37
5951	0.60	352	0.24	0.37	7153M	8.44	1500	2.90	0.27	8002	2.70	1024	1.10	0.37
6003	14.10	1500	4.78	0.27	7219	10.55	1500	3.57	0.27	8006	3.31	1219	1.39	0.38
6005	11.35	1500	4.12	0.29	7222	10.48	1500	3.51	0.27	8008	1.47	630	0.63	0.39
6017	–	–	3.84	0.24	7225	10.01	1500	3.60	0.29	8010	2.66	1011	1.08	0.37
6018	4.10	1472	1.43	0.29	7228	–	–	3.57	0.27	8013	0.58	346	0.23	0.34
6045	8.31	1500	2.96	0.29	7229	–	–	3.57	0.27	8015	1.21	547	0.48	0.34
6204	14.47	1500	4.97	0.27	7230	10.99	1500	4.26	0.34	8017	2.64	1005	1.12	0.39
6206	4.46	1500	1.44	0.24	7231	13.21	1500	5.16	0.34	8018	4.87	1500	1.95	0.36
6213	2.84	1069	0.91	0.24	7232	12.18	1500	4.08	0.27	8021	4.38	1500	1.78	0.37
6214	2.87	1078	0.98	0.27	7309F	13.65	1500	4.10	0.22	8031	3.33	1226	1.35	0.37
6216	8.80	1500	2.83	0.24	7313F	5.50	1500	1.65	0.22	8032	2.92	1094	1.18	0.37
6217	5.61	1500	1.83	0.25	7317F	8.56	1500	2.57	0.22	8033	3.15	1168	1.33	0.38
6229	6.98	1500	2.52	0.29	7327F	25.45	1500	7.65	0.22	8037	2.63	1002	1.16	0.45
6233	4.01	1443	1.28	0.24	7333M	3.66	1331	1.16	0.24	8039	2.31	899	1.00	0.39
6235	8.64	1500	2.78	0.24	7335M	4.06	1459	1.29	0.24	8044	4.92	1500	1.98	0.37
6236	10.67	1500	3.83	0.29	7337M	5.60	1500	1.78	0.24	8045	1.12	518	0.45	0.37
6237	2.29	893	0.77	0.27	7350F	13.76	1500	4.31	0.25	8046	4.38	1500	1.78	0.37
6251D	8.40	1500	2.83	0.27	7360	5.48	1500	1.98	0.29	8047	1.26	563	0.51	0.37
6252D	4.41	1500	1.40	0.24	7370	6.69	1500	2.72	0.37	8058	3.62	1318	1.47	0.37
6260	–	–	2.83	0.27	7380	10.48	1500	3.76	0.29	8072	0.95	464	0.41	0.39
6306	8.88	1500	3.06	0.27	7382	4.80	1500	1.88	0.34	8102	2.92	1094	1.19	0.37
6319	5.16	1500	1.67	0.24	7390	17.83	1500	7.13	0.36	8103	5.76	1500	2.29	0.34
6325	4.92	1500	1.59	0.24	7394M	6.07	1500	1.97	0.24	8105	–	–	1.95	0.36
6400	9.74	1500	3.54	0.29	7395M	6.76	1500	2.18	0.24	8106	7.07	1500	2.58	0.30
6503	3.85	1392	1.53	0.36	7398M	9.33	1500	3.01	0.24	8107	4.87	1500	1.67	0.27
6504	4.38	1500	1.77	0.37	7402	0.14	205	0.06	0.36	8111	3.20	1184	1.27	0.34
6702M*	6.51	1500	2.34	0.29	7403	4.92	1500	1.97	0.36	8116	3.66	1331	1.44	0.34
6703M*	9.98	1500	3.60	0.29	7405N	1.94	1117	0.76	0.36	8203	9.68	1500	3.78	0.34
6704M*	7.23	1500	2.59	0.29	7420	9.77	1500	3.09	0.24	8204	7.91	1500	3.16	0.35
6801F	7.37	1500	2.40	0.28	7421	1.05	496	0.38	0.29	8209	5.95	1500	2.42	0.37
6811	6.93	1500	2.54	0.30	7422	1.80	736	0.60	0.27	8215	5.44	1500	2.00	0.30
6824F	14.33	1500	4.66	0.28	7425	2.94	1101	0.97	0.27	8227	6.49	1500	2.21	0.27
6826F	6.20	1500	2.01	0.28	7431N	1.28	787	0.42	0.27	8232	8.38	1500	3.05	0.29
6834	3.85	1392	1.56	0.37	7445N	1.05	–	–	–	8233	4.67	1500	1.65	0.29
6836	4.71	1500	1.85	0.34	7453N	0.68	–	–	–	8235	6.70	1500	2.61	0.34
6843F	11.25	1500	3.38	0.22	7502	2.57	982	0.93	0.29	8263	9.17	1500	3.65	0.34
6845F	5.55	1500	1.67	0.22	7515	1.54	653	0.50	0.24	8264	8.72	1500	3.20	0.30
6854	6.35	1500	2.16	0.27	7520	3.47	1270	1.36	0.34	8265	9.50	1500	3.30	0.27
6872F	10.50	1500	3.16	0.22	7538	4.71	1500	1.51	0.24	8279	7.63	1500	2.66	0.27
6874F	18.32	1500	5.51	0.22	7539	1.84	749	0.63	0.27	8288	10.97	1500	4.40	0.35
6882	5.22	1500	1.80	0.27	7540	4.01	1443	1.32	0.25	8291	6.32	1500	2.47	0.34
6884	6.84	1500	2.30	0.27	7580	3.94	1421	1.43	0.29	8292	5.34	1500	2.16	0.37
7016M	4.29	1500	1.36	0.24	7590	5.97	1500	2.18	0.30	8293	15.33	1500	6.20	0.37

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CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO	CLASS CODE	RATE	MIN PREM	ELR	D RATIO
8304	8.02	1500	2.76	0.27	9016	3.50	1280	1.44	0.37					
8350	10.78	1500	3.67	0.27	9019	3.52	1286	1.29	0.30					
8380	3.82	1382	1.50	0.34	9033	5.90	1500	2.34	0.34					
8381	2.57	982	1.01	0.34	9040	4.60	1500	1.95	0.38					
8385	3.97	1430	1.56	0.34	9044	1.84	749	0.79	0.39					
8392	3.43	1258	1.47	0.39	9052	3.41	1251	1.45	0.39					
8393	3.43	1258	1.25	0.29	9058	2.31	899	1.01	0.45					
8399	–	–	2.29	0.37	9060	1.86	755	0.80	0.39					
8500	10.34	1500	3.77	0.29	9061	1.72	710	0.73	0.39					
8601	0.40	288	0.14	0.27	9063	1.12	518	0.48	0.39					
8602	1.54	653	0.56	0.29	9077F	5.81	1500	2.05	0.36					
8603	0.12	198	0.05	0.36	9082	1.51	643	0.66	0.45					
8606	2.80	1056	0.95	0.27	9083	1.56	659	0.68	0.45					
8709F	13.23	1500	3.98	0.22	9084	2.19	861	0.94	0.39					
8719	4.87	1500	1.63	0.27	9088a	a	a	a	a					
8720	2.15	848	0.74	0.27	9089	1.33	586	0.58	0.39					
8721	0.37	278	0.14	0.29	9093	2.01	803	0.87	0.39					
8723	0.14	205	0.05	0.34	9101	4.92	1500	2.08	0.38					
8725	3.75	1360	1.35	0.29	9102	3.82	1382	1.50	0.34					
8726F	2.99	1117	0.97	0.28	9154	2.19	861	0.89	0.37					
8734M	0.47	310	0.17	0.29	9156	3.22	1190	1.38	0.39					
8737M	0.42	294	0.15	0.29	9170	17.47	1500	6.05	0.27					
8738M	0.65	368	0.24	0.29	9178	6.98	1500	3.21	0.47					
8742	0.35	272	0.13	0.29	9179	23.29	1500	10.30	0.45					
8745	5.09	1500	2.00	0.34	9180	7.77	1500	3.15	0.35					
8748	0.77	406	0.27	0.27	9182	3.40	1248	1.41	0.37					
8754	1.03	490	0.41	0.34	9186	18.92	1500	6.72	0.27					
8755	0.44	301	0.16	0.29	9220	7.00	1500	2.76	0.34					
8799	0.61	355	0.25	0.37	9402	5.74	1500	1.97	0.27					
8800	2.15	848	0.88	0.37	9403	12.15	1500	4.17	0.27					
8803	0.09	189	0.03	0.29	9410	4.85	1500	1.97	0.37					
8805M	0.19	221	0.08	0.37	9501	4.85	1500	1.77	0.30					
8810	0.14	205	0.06	0.37	9505	5.76	1500	2.26	0.34					
8814M	0.18	218	0.07	0.37	9516	4.25	1500	1.65	0.34					
8815M	0.26	243	0.11	0.37	9519	6.06	1500	2.18	0.29					
8820	0.21	227	0.08	0.30	9521	4.71	1500	1.70	0.29					
8824	4.36	1500	1.91	0.45	9522	3.19	1181	1.34	0.38					
8825	–	–	1.29	0.39	9534	7.61	1500	2.43	0.24					
8826	3.01	1123	1.29	0.39	9554	12.68	1500	4.35	0.27					
8829	–	–	1.91	0.45	9586	0.79	413	0.34	0.38					
8831	1.72	710	0.77	0.46	9600	4.08	1466	1.64	0.36					
8832	0.56	339	0.22	0.37	9620	1.79	733	0.65	0.30					
8833	1.17	534	0.47	0.36										
8835	2.71	1027	1.10	0.37										
8842	4.10	1472	1.80	0.45										
8855	0.21	227	0.09	0.37										
8856	0.51	323	0.20	0.36										
8864	3.12	1158	1.34	0.39										
8868	0.53	330	0.23	0.39										
8869	1.26	563	0.55	0.39										
8871	0.09	189	0.03	0.36										
8901	0.26	243	0.09	0.29										
9012	1.23	554	0.45	0.29										
9014	3.94	1421	1.59	0.37										
9015	4.55	1500	1.78	0.34										

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FOOTNOTES

a Rate for each individual risk must be obtained by NCCI Customer Service or the Rating Organization having jurisdiction.

A Minimum Premium $100 per ginning location for policy minimum premium computation.

D Rate for classification already includes the specific disease loading shown in the table below. See the ***Basic Manual*** rule, Supplemental and supplementary loading.

Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol	Code No.	Disease Loading	Symbol
0059D	0.28	S	1165D	0.02	S	3085D	0.07	S
0065D	0.04	S	1624D	0.02	S	4024D	0.02	S
0066D	0.04	S	1803D	0.30	S	6251D	0.02	S
0067D	0.04	S	3081D	0.05	S	6252D	0.02	S
1164D	0.05	S	3082D	0.05	S			

S=Silica

F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions.

M Risks are subject to Admiralty Law or Federal Employers Liability Act (FELA). However, the published rate is for risks that voluntarily purchase standard workers compensation and employers liability coverage. The listed codes of 6702, 6703, 6704, 7151, 7152, 7153, 8734, 8737, 8738, 8805, 8814, and 8815 under the Federal Employers' Liability Act (FELA) for employees of interstate railroads are not applicable in the residual market.

N This code is part of a ratable / non-ratable group shown below. The statistical non-ratable code and corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

P Classification is computed on a per capita basis.

*** Class Codes with Specific Footnotes**

6702 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.215.

6703 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.863.

6704 Rate and rating values only appropriate for laying or relaying of tracks or maintenance of way - no work on elevated railroads. Otherwise, assign appropriate construction or erection class rate and elr each x 1.35.

7731 Rate per Service Response.

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MISCELLANEOUS VALUES

Basis of premium applicable in accordance with the ***Basic Manual*** notes for Code 7370 --"Taxicab Co.":

Employee operated vehicle	$112,800
Leased or rented vehicle	$75,200

Catastrophe (other than Certified Acts of Terrorism) - (Assigned Risk) 0.01

Expense Constant applicable for policies with the following classification in accordance with the ***Basic Manual*** rule:

Per Capita Codes Only	$125
All Other	$160

Loss Sensitive Rating Plan (LSRP) - The factors which are used in the calculation of the LSRP are as follows:

Basic Premium Factor	0.40
Minimum Premium Factor	0.75
Maximum Premium Factor	1.75
Loss Conversion Factor	1.199
Tax Multiplier	1.015

Loss Development Factors	
1st Adjustment	0.28
2nd Adjustment	0.19
3rd Adjustment	0.14
4th Adjustment	0.11

Maximum Minimum Premium $1,500

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** rule, Rule for premium determination of executive officers and the ***Basic Manual*** notes for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," and Code 9179 -- "Athletic Sports or Park: Contact Sports" $1,450

Maximum Weekly Payroll applicable in accordance with the ***Basic Manual*** rules, Rule for premium determination of executive officers and Rule for premium determination of members of LLCs $2,900

Minimum Premium Multiplier 320

Minimum Weekly Payroll applicable in accordance with the ***Basic Manual*** rules, Rule for premium determination of executive officers and Rule for premium determination of members of LLCs $1,450

Premium Determination for Partners and Sole Proprietors in accordance with the ***Basic Manual*** rule, Rule for premium determination for partners or sole proprietors (Annual Payroll) $75,200

Premium Discount Percentages - (See the ***Basic Manual*** rule, Premium discount.) The following premium discounts are applicable to Standard Premiums:

First	$10,000	-
Next	$190,000	5.1%
Next	$1,550,000	6.5%
Over	$1,750,000	7.5%

Premium Reduction Percentages - The following percentages are applicable by deductible amount and hazard group for total losses on a per claim basis:

	Total Losses						
Deductible	**HAZARD GROUP**						
Amount	**A**	**B**	**C**	**D**	**E**	**F**	**G**
$1,000	5.8%	4.4%	3.4%	2.9%	2.2%	1.7%	1.5%
$5,000	14.2%	11.7%	9.7%	8.5%	6.8%	5.6%	4.9%
$10,000	20.0%	17.1%	14.5%	12.9%	10.6%	8.9%	7.9%

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MISCELLANEOUS VALUES (cont.)

Terrorism (Assigned Risk)..... 0.03

United States Longshore and Harbor Workers' Compensation Coverage Percentage
applicable only in connection with the ***Basic Manual*** rule, Federal coverages..... 50%

(Multiply a Non-F classification rate by a factor of 1.50 to adjust for the difference in state and federal benefits only.)

Workers Compensation Administration Funds Assessment factors applicable in accordance with the ***Basic Manual*** rule, Rule for applying the Connecticut Workers Compensation Administration Fund Assessment factors

Industrial Classifications and Maritime/FELA (Program I and Program II State Act).....	1.9%
F Classifications and Maritime/FELA (Program II USL Act).....	3.8%

Experience Rating Eligibility

A risk qualifies for experience rating on an intrastate basis when it meets the premium eligibility requirements for the state in which it operates. The eligibility amount varies by rating effective date. The ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state and by effective date.

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Values for Inclusion in the Experience Rating Plan Manual

The following pages include a summary description of the weighting and ballast values along with proposed values for inclusion in the Experience Rating Plan Manual, such as:

- Table of Weighting Values
- Table of Ballast Values
- Experience rating premium eligibility amounts

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Values for Inclusion in the Experience Rating Plan Manual

Summary Description of the Weighting and Ballast Values

Table of Weighting Values

The weighting value determines the volume of actual and expected excess losses that will enter the experience modification formula. The weighting value increases as expected losses increase with larger insureds receiving a larger weighting value. The weighting value for various levels of expected losses is provided in the Table of Weighting Values. The table is updated in each experience filing based on the state reference point.

The state reference point is calculated based on Unit Statistical Data as the state average cost per case for the experience rating period multiplied by 250. The state reference point serves to determine how much credibility is assigned to the losses of an individual risk and as an index of claim cost differences by state. The state per claim accident limitation shown on the Table of Weighting Values is 10% of the state reference point.

Table of Ballast Values

The ballast value is a stabilizing value designed to limit the effect of any actual loss experience on the experience rating modification. It is added to both the numerator and denominator in the experience modification calculation and increases as expected losses increase. The ballast value for various levels of expected loss ranges is provided in the Table of Ballast Values. The table is updated based on the state reference point. The G value used in the ballast formula is the state reference point divided by 250,000, rounded to the nearest 0.05.

Effective January 1, 2022

TABLE OF WEIGHTING VALUES
APPLICABLE TO ALL POLICIES
Experience Rating Program - ERA

Expected Losses			Weighting Values	Expected Losses			Weighting Values
0	--	2,575	0.04	1,452,495	--	1,532,613	0.44
2,576	--	10,412	0.05	1,532,614	--	1,617,371	0.45
10,413	--	18,417	0.06	1,617,372	--	1,707,183	0.46
18,418	--	26,594	0.07	1,707,184	--	1,802,517	0.47
26,595	--	34,950	0.08	1,802,518	--	1,903,898	0.48
34,951	--	58,458	0.09	1,903,899	--	2,011,921	0.49
58,459	--	87,017	0.10	2,011,922	--	2,127,264	0.50
87,018	--	112,420	0.11	2,127,265	--	2,250,695	0.51
112,421	--	137,154	0.12	2,250,696	--	2,383,099	0.52
137,155	--	161,892	0.13	2,383,100	--	2,525,491	0.53
161,893	--	186,933	0.14	2,525,492	--	2,679,046	0.54
186,934	--	212,450	0.15	2,679,047	--	2,845,132	0.55
212,451	--	238,556	0.16	2,845,133	--	3,025,349	0.56
238,557	--	265,338	0.17	3,025,350	--	3,221,580	0.57
265,339	--	292,868	0.18	3,221,581	--	3,436,062	0.58
292,869	--	321,212	0.19	3,436,063	--	3,671,464	0.59
321,213	--	350,431	0.20	3,671,465	--	3,931,006	0.60
350,432	--	380,584	0.21	3,931,007	--	4,218,603	0.61
380,585	--	411,733	0.22	4,218,604	--	4,539,064	0.62
411,734	--	443,940	0.23	4,539,065	--	4,898,364	0.63
443,941	--	477,268	0.24	4,898,365	--	5,304,021	0.64
477,269	--	511,786	0.25	5,304,022	--	5,765,627	0.65
511,787	--	547,566	0.26	5,765,628	--	6,295,614	0.66
547,567	--	584,682	0.27	6,295,615	--	6,910,395	0.67
584,683	--	623,217	0.28	6,910,396	--	7,632,090	0.68
623,218	--	663,258	0.29	7,632,091	--	8,491,245	0.69
663,259	--	704,899	0.30	8,491,246	--	9,531,270	0.70
704,900	--	748,240	0.31	9,531,271	--	10,816,001	0.71
748,241	--	793,392	0.32	10,816,002	--	12,443,322	0.72
793,393	--	840,471	0.33	12,443,323	--	14,571,350	0.73
840,472	--	889,608	0.34	14,571,351	--	17,473,198	0.74
889,609	--	940,941	0.35	17,473,199	--	21,664,749	0.75
940,942	--	994,624	0.36	21,664,750	--	28,251,461	0.76
994,625	--	1,050,823	0.37	28,251,462	--	40,107,527	0.77
1,050,824	--	1,109,721	0.38	40,107,528	--	67,771,660	0.78
1,109,722	--	1,171,519	0.39	67,771,661	--	206,092,258	0.79
1,171,520	--	1,236,439	0.40	206,092,259		AND OVER	0.80
1,236,440	--	1,304,723	0.41				
1,304,724	--	1,376,641	0.42				
1,376,642	--	1,452,494	0.43				

(a) G	12.30
(b) State Per Claim Accident Limitation	$307,500
(c) State Multiple Claim Accident Limitation	$615,000
(d) USL&HW Per Claim Accident Limitation	$625,500
(e) USL&HW Multiple Claim Accident Limitation	$1,251,000
(f) Employers Liability Accident Limitation	$55,000
(g) Primary/Excess Loss Split Point	$18,500
(h) USL&HW Act -- Expected Loss Factor -- Non-F Classes	1.50

(Multiply a Non-F classification ELR by the USL&HW Act - Expected Loss Factor of 1.50.)

Effective January 1, 2022

TABLE OF BALLAST VALUES
APPLICABLE TO ALL POLICIES

Experience Rating Plan - ERA

Expected Losses			Ballast Values	Expected Losses			Ballast Values	Expected Losses			Ballast Values
0	--	66,159	30,750	2,122,993	--	2,184,457	246,000	4,274,869	--	4,336,359	461,250
66,160	--	113,866	36,900	2,184,458	--	2,245,924	252,150	4,336,360	--	4,397,850	467,400
113,867	--	168,683	43,050	2,245,925	--	2,307,393	258,300	4,397,851	--	4,459,342	473,550
168,684	--	226,510	49,200	2,307,394	--	2,368,863	264,450	4,459,343	--	4,520,834	479,700
226,511	--	285,744	55,350	2,368,864	--	2,430,335	270,600	4,520,835	--	4,582,326	485,850
285,745	--	345,722	61,500	2,430,336	--	2,491,808	276,750	4,582,327	--	4,643,819	492,000
345,723	--	406,133	67,650	2,491,809	--	2,553,283	282,900	4,643,820	--	4,705,311	498,150
406,134	--	466,818	73,800	2,553,284	--	2,614,759	289,050	4,705,312	--	4,766,804	504,300
466,819	--	527,686	79,950	2,614,760	--	2,676,236	295,200	4,766,805	--	4,828,297	510,450
527,687	--	588,682	86,100	2,676,237	--	2,737,714	301,350	4,828,298	--	4,889,790	516,600
588,683	--	649,771	92,250	2,737,715	--	2,799,192	307,500	4,889,791	--	4,951,283	522,750
649,772	--	710,929	98,400	2,799,193	--	2,860,672	313,650	4,951,284	--	5,012,777	528,900
710,930	--	772,141	104,550	2,860,673	--	2,922,153	319,800	5,012,778	--	5,074,270	535,050
772,142	--	833,394	110,700	2,922,154	--	2,983,634	325,950	5,074,271	--	5,135,764	541,200
833,395	--	894,681	116,850	2,983,635	--	3,045,116	332,100	5,135,765	--	5,197,258	547,350
894,682	--	955,994	123,000	3,045,117	--	3,106,599	338,250	5,197,259	--	5,258,752	553,500
955,995	--	1,017,330	129,150	3,106,600	--	3,168,083	344,400	5,258,753	--	5,320,246	559,650
1,017,331	--	1,078,685	135,300	3,168,084	--	3,229,567	350,550	5,320,247	--	5,381,741	565,800
1,078,686	--	1,140,054	141,450	3,229,568	--	3,291,052	356,700	5,381,742	--	5,443,235	571,950
1,140,055	--	1,201,437	147,600	3,291,053	--	3,352,537	362,850	5,443,236	--	5,504,730	578,100
1,201,438	--	1,262,832	153,750	3,352,538	--	3,414,023	369,000	5,504,731	--	5,566,224	584,250
1,262,833	--	1,324,236	159,900	3,414,024	--	3,475,509	375,150	5,566,225	--	5,627,719	590,400
1,324,237	--	1,385,648	166,050	3,475,510	--	3,536,996	381,300	5,627,720	--	5,689,214	596,550
1,385,649	--	1,447,068	172,200	3,536,997	--	3,598,483	387,450	5,689,215	--	5,750,709	602,700
1,447,069	--	1,508,495	178,350	3,598,484	--	3,659,971	393,600	5,750,710	--	5,812,204	608,850
1,508,496	--	1,569,927	184,500	3,659,972	--	3,721,459	399,750	5,812,205	--	5,873,250	615,000
1,569,928	--	1,631,364	190,650	3,721,460	--	3,782,948	405,900				
1,631,365	--	1,692,806	196,800	3,782,949	--	3,844,437	412,050				
1,692,807	--	1,754,251	202,950	3,844,438	--	3,905,926	418,200				
1,754,252	--	1,815,701	209,100	3,905,927	--	3,967,415	424,350				
1,815,702	--	1,877,153	215,250	3,967,416	--	4,028,905	430,500				
1,877,154	--	1,938,609	221,400	4,028,906	--	4,090,395	436,650				
1,938,610	--	2,000,068	227,550	4,090,396	--	4,151,886	442,800				
2,000,069	--	2,061,528	233,700	4,151,887	--	4,213,377	448,950				
2,061,529	--	2,122,992	239,850	4,213,378	--	4,274,868	455,100				

For Expected Losses greater than $5,873,250, the Ballast Value can be calculated using the following formula (rounded to the nearest 1):

Ballast = (0.10)(Expected Losses) + 2500(Expected Losses)(12.30) / (Expected Losses + (700)(12.30))

G = 12.30

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.

CONNECTICUT—UPDATE TO EXPERIENCE RATING PREMIUM ELIGIBILITY

EXPERIENCE RATING PLAN MANUAL—2003 EDITION
RULE 2—EXPERIENCE RATING ELEMENTS AND FORMULA
A. PREMIUM ELIGIBILITY

2. State Subject Premium Eligibility Amounts

A risk qualifies for experience rating when its subject premium, developed in its experience period, meets or exceeds the minimum eligibility amount shown in the State Table of Subject Premium Eligibility Amounts in Rule 2-A-2-c. *Refer to Rule 2-E-1 to determine a risk's experience period.*

a. A risk qualifies for experience rating if its data within the most recent 24 months of the experience period develops a subject premium of at least the amount shown in Column A.

b. A risk may not qualify according to Rule 2-A-2-a. If it has more than the amount of experience referenced in Rule 2-A-2-a, then to qualify for experience rating the risk must develop an average annual subject premium of at least the amount shown in Column B. *Refer to Rule 2-A-3 to determine average annual subject premium.*

c. A risk's rating effective date determines the applicable Column A and Column B subject premium eligibility amounts required to qualify for experience rating. *Refer to Rule 2-B for rating effective date determination.*

State Table of Subject Premium Eligibility Amounts

State	Rating Effective Date	Column A ($)	Column B ($)
CT	7/1/22 and after	12,500	6,250
	7/1/21 - 6/30/22	12,000	6,000
	7/1/20 - 6/30/21	11,500	5,750

NOTE: This exhibit revises the Connecticut experience rating subject premium eligibility amounts shown in the State Table of Subject Premium Eligibility Amounts in NCCI's ***Experience Rating Plan Manual*** national Rule 2-A-2. The content shown in this table is not a complete replacement of the existing State Table of Subject Premium Eligibility Amounts. The premium eligibility amounts are applicable to all policies.

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Proposed Values for Inclusion in the Retrospective Rating Plan Manual

The following pages include values for inclusion in the Retrospective Rating Plan Manual, such as:

- Excess loss pure premium factors
- Excess loss and allocated expense pure premium factors
- Hazard group average cost per case
- Hazard group average cost per case including ALAE
- Retrospective pure premium development factors

1. Average Cost per Case by Hazard Group

A	B	C	D	E	F	G
8,653	11,826	16,031	19,193	26,809	34,048	42,191

Average Cost per Case including ALAE by Hazard Group

A	B	C	D	E	F	G
9,668	13,202	17,877	21,396	29,831	37,858	46,898

2. Excess Loss Pure Premium Factors

(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups A	B	C	D	E	F	G
$10,000	0.611	0.643	0.673	0.690	0.716	0.735	0.747
$15,000	0.563	0.598	0.631	0.652	0.682	0.704	0.720
$20,000	0.524	0.561	0.597	0.619	0.653	0.678	0.696
$25,000	0.492	0.530	0.567	0.591	0.627	0.655	0.675
$30,000	0.464	0.503	0.541	0.566	0.605	0.634	0.656
$35,000	0.440	0.479	0.519	0.543	0.584	0.615	0.638
$40,000	0.420	0.458	0.498	0.523	0.566	0.597	0.622
$50,000	0.384	0.422	0.463	0.489	0.534	0.566	0.593
$75,000	0.321	0.358	0.399	0.424	0.472	0.507	0.536
$100,000	0.278	0.313	0.354	0.378	0.427	0.462	0.493
$125,000	0.246	0.280	0.319	0.343	0.393	0.428	0.458
$150,000	0.221	0.253	0.292	0.315	0.365	0.399	0.430
$175,000	0.201	0.232	0.270	0.292	0.341	0.376	0.406
$200,000	0.184	0.214	0.251	0.273	0.322	0.355	0.386
$225,000	0.170	0.199	0.235	0.256	0.304	0.338	0.368
$250,000	0.158	0.186	0.221	0.241	0.289	0.322	0.352
$275,000	0.148	0.175	0.209	0.228	0.276	0.308	0.338
$300,000	0.139	0.165	0.198	0.217	0.264	0.296	0.325
$325,000	0.131	0.156	0.189	0.207	0.254	0.285	0.313
$350,000	0.124	0.148	0.180	0.198	0.244	0.274	0.302
$375,000	0.117	0.141	0.172	0.189	0.235	0.265	0.293
$400,000	0.112	0.135	0.165	0.182	0.227	0.256	0.284
$425,000	0.106	0.129	0.159	0.175	0.219	0.248	0.275
$450,000	0.102	0.123	0.153	0.169	0.213	0.241	0.267
$475,000	0.097	0.119	0.148	0.163	0.206	0.234	0.260
$500,000	0.093	0.114	0.143	0.157	0.200	0.228	0.253
$600,000	0.080	0.099	0.126	0.139	0.180	0.206	0.230
$700,000	0.071	0.088	0.113	0.125	0.164	0.189	0.211
$800,000	0.063	0.079	0.102	0.114	0.151	0.175	0.196
$900,000	0.057	0.072	0.094	0.104	0.141	0.163	0.183
$1,000,000	0.052	0.066	0.087	0.097	0.132	0.153	0.172
$2,000,000	0.028	0.037	0.051	0.057	0.083	0.098	0.111
$3,000,000	0.019	0.026	0.037	0.041	0.062	0.074	0.084
$4,000,000	0.014	0.020	0.029	0.032	0.050	0.060	0.069
$5,000,000	0.011	0.016	0.024	0.027	0.042	0.050	0.058
$6,000,000	0.009	0.013	0.020	0.022	0.035	0.043	0.050
$7,000,000	0.008	0.011	0.017	0.019	0.031	0.038	0.044
$8,000,000	0.007	0.009	0.015	0.017	0.027	0.033	0.039
$9,000,000	0.006	0.008	0.013	0.015	0.024	0.030	0.034
$10,000,000	0.005	0.007	0.011	0.013	0.021	0.026	0.031

Excess Loss and Allocated
Expense Pure Premium Factors
(Applicable to New and Renewal Policies)

Per Accident Limitation	Hazard Groups A	B	C	D	E	F	G
$10,000	0.690	0.726	0.757	0.776	0.803	0.823	0.835
$15,000	0.639	0.677	0.713	0.735	0.767	0.790	0.807
$20,000	0.597	0.637	0.676	0.700	0.736	0.763	0.782
$25,000	0.562	0.603	0.644	0.669	0.708	0.738	0.759
$30,000	0.532	0.574	0.616	0.642	0.684	0.715	0.739
$35,000	0.506	0.548	0.591	0.618	0.662	0.695	0.720
$40,000	0.483	0.525	0.569	0.597	0.642	0.676	0.703
$50,000	0.444	0.486	0.531	0.559	0.607	0.643	0.672
$75,000	0.374	0.415	0.460	0.488	0.539	0.577	0.609
$100,000	0.326	0.365	0.410	0.437	0.490	0.528	0.562
$125,000	0.290	0.328	0.371	0.398	0.452	0.490	0.524
$150,000	0.262	0.298	0.341	0.367	0.420	0.459	0.493
$175,000	0.240	0.274	0.316	0.341	0.395	0.432	0.466
$200,000	0.221	0.254	0.295	0.319	0.372	0.410	0.443
$225,000	0.205	0.237	0.277	0.300	0.353	0.390	0.423
$250,000	0.191	0.222	0.261	0.284	0.336	0.373	0.406
$275,000	0.179	0.209	0.248	0.269	0.322	0.357	0.390
$300,000	0.169	0.198	0.235	0.257	0.308	0.343	0.376
$325,000	0.159	0.188	0.224	0.245	0.296	0.331	0.362
$350,000	0.151	0.179	0.215	0.235	0.285	0.319	0.351
$375,000	0.144	0.170	0.206	0.225	0.275	0.309	0.340
$400,000	0.137	0.163	0.198	0.217	0.266	0.299	0.329
$425,000	0.131	0.156	0.190	0.209	0.258	0.290	0.320
$450,000	0.125	0.150	0.183	0.201	0.250	0.282	0.311
$475,000	0.120	0.144	0.177	0.195	0.243	0.274	0.303
$500,000	0.115	0.139	0.171	0.188	0.236	0.267	0.295
$600,000	0.100	0.121	0.151	0.167	0.213	0.242	0.269
$700,000	0.088	0.108	0.136	0.150	0.194	0.222	0.248
$800,000	0.078	0.097	0.124	0.137	0.179	0.206	0.230
$900,000	0.071	0.088	0.114	0.126	0.167	0.192	0.215
$1,000,000	0.064	0.081	0.105	0.117	0.156	0.180	0.203
$2,000,000	0.034	0.045	0.061	0.068	0.098	0.115	0.131
$3,000,000	0.023	0.031	0.044	0.049	0.073	0.087	0.099
$4,000,000	0.017	0.023	0.034	0.038	0.058	0.070	0.080
$5,000,000	0.013	0.019	0.028	0.031	0.048	0.058	0.067
$6,000,000	0.011	0.015	0.023	0.026	0.041	0.050	0.058
$7,000,000	0.009	0.013	0.020	0.022	0.035	0.043	0.051
$8,000,000	0.008	0.011	0.017	0.019	0.031	0.038	0.045
$9,000,000	0.007	0.010	0.015	0.017	0.027	0.034	0.040
$10,000,000	0.006	0.008	0.013	0.015	0.024	0.030	0.036

3. **Retrospective Pure Premium Development Factors**

With Loss Limit			Without Loss Limit			
1st Adj.	2nd Adj.	3rd Adj.	1st Adj.	2nd Adj.	3rd Adj.	4th & Subsequent Adjustment
0.09	0.06	0.05	0.32	0.22	0.17	0.00

Part 3 Supporting Exhibits

- Exhibit I – Determination of the Indicated Loss Cost Level Change
- Exhibit II – Workers Compensation Loss Adjustment Expense Provision
- Appendix A – Factors Underlying the Proposed Loss Cost Level Change
- Appendix B – Calculations Underlying the Loss Cost Change by Classification
- Appendix C – Memoranda for Laws and Assessments
- Appendix D – Determination of Assigned Risk Rates

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Exhibit I – Determination of the Indicated Loss Cost Level Change

NCCI uses the following general methodology to determine the indicated change based on experience, trend, and benefits for each of the policy years in the experience period:

1. Reported standard earned premium at the Designated Statistical Reporting (DSR) level is developed to an ultimate basis and adjusted (via on-level factors) to the current pure premium level.
2. Reported indemnity and medical losses are limited by a large loss threshold, developed to an ultimate report, and adjusted (via on-level factors) to the current benefit level.
3. Limited indemnity and medical cost ratios excluding trend and benefits are calculated as adjusted losses (step 2) divided by premium available for benefit costs (step 1).
4. Trend factors are applied to the indemnity and medical cost ratios to reflect anticipated changes in the amount of indemnity and medical benefits as compared with anticipated changes in the amount of workers' wages between (i) the years in filing's experience period and (ii) the period during which the proposed loss costs will be in effect.
5. Limited losses are adjusted to an unlimited basis via a non-catastrophe excess ratio (with excess ratios at limits beyond $50 million set equal to zero).
6. The impact of proposed benefit changes is then applied.
7. The separate indemnity and medical cost ratios including benefit changes are then summed to yield the indicated change based on experience, trend, and benefits.

The indicated change based on experience, trend, and benefits for this filing is calculated as the average of the indicated changes for each of the individual policy years in the experience period. Lastly, the impact of the change in loss adjustment expense is applied to determine the indicated overall average loss cost level change.

CONNECTICUT

EXHIBIT I

Determination of Indicated Loss Cost Level Change

Section A - Policy Year 2019 Experience

Premium:

(1)	Standard Earned Premium Developed to Ultimate (Appendix A-II)	$453,988,990
(2)	Premium On-level Factor (Appendix A-I)	0.779
(3)	Pure Premium Available for Benefit Costs = (1) x (2)	$353,657,423

Indemnity Benefit Cost:

(4)	Limited Indemnity Losses Developed to Ultimate (Appendix A-II)	$183,653,228
(5)	Indemnity Loss On-level Factor (Appendix A-I)	1.000
(6)	Adjusted Limited Indemnity Losses = (4) x (5)	$183,653,228
(7)	Adjusted Limited Indemnity Cost Ratio excluding Trend and Benefits = (6) / (3)	0.519
(8)	Factor to Reflect Indemnity Trend (Appendix A-III)	0.885
(9)	Projected Limited Indemnity Cost Ratio = (7) x (8)	0.459
(10)	Factor to Adjust Indemnity Cost Ratio to an Unlimited Basis (Appendix A-II)	1.024
(11)	Projected Indemnity Cost Ratio = (9) x (10)	0.470
(12)	Factor to Reflect Proposed Changes in Indemnity Benefits (Appendix C)	1.000
(13)	Projected Indemnity Cost Ratio including Benefit Changes = (11) x (12)	0.470

Medical Benefit Cost:

(14)	Limited Medical Losses Developed to Ultimate (Appendix A-II)	$153,605,185
(15)	Medical Loss On-level Factor (Appendix A-I)	1.007
(16)	Adjusted Limited Medical Losses = (14) x (15)	$154,680,421
(17)	Adjusted Limited Medical Cost Ratio excluding Trend and Benefits = (16) / (3)	0.437
(18)	Factor to Reflect Medical Trend (Appendix A-III)	0.871
(19)	Projected Limited Medical Cost Ratio = (17) x (18)	0.381
(20)	Factor to Adjust Medical Cost Ratio to an Unlimited Basis (Appendix A-II)	1.024
(21)	Projected Medical Cost Ratio = (19) x (20)	0.390
(22)	Factor to Reflect Proposed Changes in Medical Benefits (Appendix C)	1.012
(23)	Projected Medical Cost Ratio including Benefit Changes = (21) x (22)	0.395

Total Benefit Cost:

(24)	Indicated Change Based on Experience, Trend and Benefits = (13) + (23)	0.865

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EXHIBIT I

Determination of Indicated Loss Cost Level Change

Section B - Policy Year 2018 Experience

Premium:

(1)	Standard Earned Premium Developed to Ultimate (Appendix A-II)	$534,946,694
(2)	Premium On-level Factor (Appendix A-I)	0.648
(3)	Pure Premium Available for Benefit Costs = (1) x (2)	$346,645,458

Indemnity Benefit Cost:

(4)	Limited Indemnity Losses Developed to Ultimate (Appendix A-II)	$179,487,798
(5)	Indemnity Loss On-level Factor (Appendix A-I)	1.007
(6)	Adjusted Limited Indemnity Losses = (4) x (5)	$180,744,213
(7)	Adjusted Limited Indemnity Cost Ratio excluding Trend and Benefits = (6) / (3)	0.521
(8)	Factor to Reflect Indemnity Trend (Appendix A-III)	0.849
(9)	Projected Limited Indemnity Cost Ratio = (7) x (8)	0.442
(10)	Factor to Adjust Indemnity Cost Ratio to an Unlimited Basis (Appendix A-II)	1.024
(11)	Projected Indemnity Cost Ratio = (9) x (10)	0.453
(12)	Factor to Reflect Proposed Changes in Indemnity Benefits (Appendix C)	1.000
(13)	Projected Indemnity Cost Ratio including Benefit Changes = (11) x (12)	0.453

Medical Benefit Cost:

(14)	Limited Medical Losses Developed to Ultimate (Appendix A-II)	$156,584,102
(15)	Medical Loss On-level Factor (Appendix A-I)	1.015
(16)	Adjusted Limited Medical Losses = (14) x (15)	$158,932,864
(17)	Adjusted Limited Medical Cost Ratio excluding Trend and Benefits = (16) / (3)	0.458
(18)	Factor to Reflect Medical Trend (Appendix A-III)	0.832
(19)	Projected Limited Medical Cost Ratio = (17) x (18)	0.381
(20)	Factor to Adjust Medical Cost Ratio to an Unlimited Basis (Appendix A-II)	1.024
(21)	Projected Medical Cost Ratio = (19) x (20)	0.390
(22)	Factor to Reflect Proposed Changes in Medical Benefits (Appendix C)	1.012
(23)	Projected Medical Cost Ratio including Benefit Changes = (21) x (22)	0.395

Total Benefit Cost:

(24)	Indicated Change Based on Experience, Trend and Benefits = (13) + (23)	0.848

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EXHIBIT I

Determination of Indicated Loss Cost Level Change

Section C - Indicated Change Based on Experience, Trend, and Benefits

(1)	Policy Year 2019 Indicated Change Based on Experience, Trend, and Benefits	0.865
(2)	Policy Year 2018 Indicated Change Based on Experience, Trend, and Benefits	0.848
(3)	Indicated Change Based on Experience, Trend, and Benefits = [(1)+(2)] / 2	0.857

Section D - Application of the Change in Loss-based Expenses

(1)	Indicated Loss Cost Level Change	0.857
(2)	Effect of the Change in Loss-based Expenses (Exhibit II)	1.002
(3)	Indicated Change Modified to Reflect the Change in Loss-based Expenses = (1) x (2)	0.859

Section E - Distribution of Overall Loss Cost Level Change to Industry Groups

Industry Group Differentials (Appendix A-IV):

Manufacturing	1.010
Contracting	1.005
Office & Clerical	0.971
Goods & Services	0.998
Miscellaneous	1.008

Applying these industry group differentials to the final overall loss cost level change produces the changes in loss cost level proposed for each group as shown:

Industry Group	(1) Final Overall Loss Cost Level Change	(2) Industry Group Differential	(3) = (1) x (2) Final Loss Cost Level Change by Industry Group	
Manufacturing	0.859	1.010	0.868	(-13.2%)
Contracting	0.859	1.005	0.863	(-13.7%)
Office & Clerical	0.859	0.971	0.834	(-16.6%)
Goods & Services	0.859	0.998	0.857	(-14.3%)
Miscellaneous	0.859	1.008	0.866	(-13.4%)
Overall	0.859	1.000	0.859	(-14.1%)

Exhibit II – Workers Compensation Loss Adjustment Expense Provision

The proposed loss costs include a provision for loss adjustment expenses (LAE). LAE is included in the loss costs by using a ratio of loss adjustment expense dollars to loss dollars (called the "LAE provision"). These expenses are directly associated with the handling of workers compensation claims. The LAE provision is comprised of two components: Defense and Cost Containment Expenses (DCCE) and Adjusting and Other Expenses (AOE).

NCCI uses the following general methodology to determine the proposed LAE provision based on data for private carriers and removing the reported COVID-19-related losses.

1. Based on Connecticut-specific data obtained from NCCI's Policy Year Financial Call, ratios of paid DCCE to paid losses by policy year are developed to an ultimate basis. The proposed DCCE provision is based on the ultimate projected DCCE ratios by policy year.
2. The proposed AOE ratio is based on countrywide data reported to NCCI on its Call for Loss Adjustment Expense. The nature of AOE generally precludes its accurate allocation to specific jurisdictions.
3. The proposed LAE provision is the sum of the separate DCCE and AOE ratio components.

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EXHIBIT II

Workers Compensation Loss Adjustment Expense Provision

Section A - Proposed Change in Connecticut Loss Adjustment Expense Provision

NCCI proposes a 19.9% loss adjustment expense allowance as a percentage of losses. This represents a 0.2% increase from the currently approved loss adjustment expense provision.

Connecticut Provisions	(1) Current Approved	(2) Proposed
AOE	8.9%	**9.4%**
DCCE	10.8%	**10.5%**
Total LAE	19.7%	**19.9%**

Proposed Change in Connecticut LAE Provision	1.002
= [1.0 + (2)] / [1.0 + (1)] - 1	**0.2%**

Section B - Selection of AOE Provision

The adjusting and other expense data by accident year shown below is based on countrywide data for private carriers. NCCI's countrywide selection for the AOE provision is 9.4%.

Accident Year	Ultimate AOE Ratio
2016	8.5%
2017	9.1%
2018	9.1%
2019	9.4%
2020	9.8%
Countrywide Selected	9.4%
Connecticut Selected	**9.4%**

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EXHIBIT II

Workers Compensation Loss Adjustment Expense Provision

Section C - Selection of DCCE Provision

Policy Year	(1) Reported Ratio of Paid DCCE to Paid Losses	(2) Age to Ultimate Development Factor	(3) Ultimate DCCE Ratio
2015	10.6%	0.998	10.6%
2016	11.3%	1.001	11.3%
2017	10.6%	1.001	10.6%
2018	10.8%	0.993	10.7%
2019	9.7%	1.061	10.3%
		Connecticut Selected	**10.5%**

(2) Section D

(3) = (1) x (2)

Section D - Summary of Paid DCCE to Paid Loss Ratio Development Factors

Report	(1) DCCE Ratio Development To Next Report	(2) DCCE Ratio Development To Ultimate
1st	1.068	1.061
2nd	0.992	0.993
3rd	1.000	1.001
4th	1.003	1.001
5th	0.993	0.998
6th	0.995	1.005
7th	0.999	1.010
8th	0.995	1.011
9th	1.001	1.016
10th	0.998	1.015
11th	1.000	1.017
12th	1.000	1.017
13th	0.997	1.017
14th	1.002	1.020
15th	1.002	1.018
16th	0.998	1.016
17th	1.001	1.018
18th	1.002	1.017
19th		1.015*

(1) Section E

(2) = Cumulative upward product of column (1)

*Selection

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EXHIBIT II

Workers Compensation Loss Adjustment Expense Provision

Section E - Paid DCCE to Paid Loss Ratio Development Factors

Valuation	1st/2nd	2nd/3rd	3rd/4th	4th/5th	5th/6th	6th/7th
12/31/2018	1.067	0.997	1.012	1.002	0.990	1.001
12/31/2019	1.071	0.980	0.982	1.006	0.990	0.989
12/31/2020	1.065	0.998	1.005	1.002	0.998	0.994
Average	1.068	0.992	1.000	1.003	0.993	0.995

Valuation	7th/8th	8th/9th	9th/10th	10th/11th	11th/12th	12th/13th
12/31/2018	1.000	0.999	0.995	0.990	0.994	0.997
12/31/2019	0.999	0.996	1.008	1.003	1.003	1.002
12/31/2020	0.999	0.990	1.001	1.000	1.002	1.002
Average	0.999	0.995	1.001	0.998	1.000	1.000

Valuation	13th/14th	14th/15th	15th/16th	16th/17th	17th/18th	18th/19th
12/31/2018	0.993	1.002	1.004	0.995	1.002	1.002
12/31/2019	0.995	1.003	1.000	1.000	1.002	1.003
12/31/2020	1.004	1.000	1.001	0.999	1.000	1.000
Average	0.997	1.002	1.002	0.998	1.001	1.002

Appendix A – Factors Underlying the Proposed Loss Cost Level Change

Appendix A-I Determination of Policy Year On-level Factors

NCCI uses premium and loss on-level factors to adjust historical policy year experience to current loss cost/rate and benefit levels, respectively.

Premium on-level factors are adjustment factors that reflect the cumulative impact of all premium level changes that have occurred during and after the individual year being on-leveled. Additional adjustments applied as part of the premium on-level factor calculation include:

- Adjustment for Expense Constant Removal: This factor removes premium collected via the charged expense constant.
- Adjustment for Expense Removal: This factor is applied to remove expenses from the reported assigned risk and voluntary DSR level premium totals—serving to make the separate market premiums more comparable.
- Uncollectible Premium Provision to Gross Premium Factor: This factor is applied to the assigned risk market premium to account for the difference between gross premium as reported and the ultimate premium that is collected.
- Experience Rating Off-Balance Adjustment Factor: This factor reflects the relative difference between the average experience rating modification for the historical year being on-leveled and the average experience rating modification targeted in the filing.

Loss on-level factors are adjustment factors that reflect the cumulative impact of all included benefit level changes that have occurred during and after the individual year of data being on-leveled.

Note: For NCCI ratemaking purposes, proposed benefit level changes that (i) do not impact the experience period of the filing and (ii) have not yet been approved are included in Exhibit I, rather than in the loss on-level calculation.

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APPENDIX A-I

Determination of Policy Year On-level Factors

Section A - Factor Adjusting 2019 Policy Year Assigned Risk Premium to Present Assigned Risk Level

	Date	(1) Rate Level Change	(2) Cumulative Index	(3) Weight	(4) Product (2)x(3)	(5) Adj. Factor Present Index/ Sum Column (4)	(6) Adj. For Expense Constant Removal @	(7) Adj. For Expense Removal	(8) UPP Adj. to Gross Premium Factor	(9) Premium Adjustment Factor (5)x(6)x(7)x(8)
NR	01/01/19	Base	1.000	1.000	1.000	0.942	0.948	0.709	0.962	0.609
NR	01/01/20	0.955	0.955							
NR	01/01/21	0.986	0.942							
					1.000					

Section B - Factor Adjusting 2019 Policy Year Voluntary Premium to Present Voluntary Level

	Date	(1) Loss Cost Level Change	(2) Cumulative Index	(3) Weight	(4) Product (2)x(3)	(5) Adj. Factor Present Index/ Sum Column (4)	(6) Adj. For Expense Constant Removal @	(7) Adj. For Expense Removal	(8) UPP Adj. to Gross Premium Factor	(9) Premium Adjustment Factor (5)x(6)x(7)x(8)
NR	01/01/19	Base	1.000	1.000	1.000	0.954	1.000	0.835	1.000	0.797
NR	01/01/20	0.971	0.971							
NR	01/01/21	0.982	0.954							
					1.000					

Section C - Factor Adjusting 2019 Policy Year Assigned Risk Premium and Voluntary Premium to Present Statewide Level

(1)	Assigned Risk Market Share PY 2019	0.075
(2)	Voluntary Market Share PY 2019	0.925
(3)	Assigned Risk Standard Premium Adjustment Factor (See Sec. A)	0.609
(4)	Voluntary Standard Premium Adjustment Factor (See Sec. B)	0.797
(5)	Premium Adjustment Factor = [(1)x(3)]/1.411+(2)x(4) #	0.770
(6)	Experience Rating Off-balance Adjustment Factor*	1.012
(7)	Final Premium Adjustment Factor = (5)x(6)	0.779

NR New and renewal business.
@ Eliminates premium derived from expense constants.
# Current premium index (assigned risk-to-voluntary) = 1.411
* = 1.012 = 0.960 / 0.949 = (Targeted Off-balance) / (Off-balance for Policy Year 2019)

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APPENDIX A-I

Determination of Policy Year On-level Factors

Section D - Factor Adjusting 2019 Policy Year Indemnity Losses to Present Benefit Level

	(1)	(2)	(3)	(4)	(5)
Date	Benefit Level Change	Cumulative Index	Weight	Product (2)x(3)	Adj. Factor Present Index/ Sum Column (4)
10/01/18	Base	1.000	0.051	0.051	1.000
04/01/19	1.000	1.000	0.137	0.137	
07/15/19	1.000	1.000	0.587	0.587	
04/01/20	1.000	1.000	0.225	0.225	
				1.000	

Section E - Factor Adjusting 2019 Policy Year Medical Losses to Present Benefit Level

	(1)	(2)	(3)	(4)	(5)
Date	Benefit Level Change	Cumulative Index	Weight	Product (2)x(3)	Adj. Factor Present Index/ Sum Column (4)
10/01/18	Base	1.000	0.051	0.051	1.007
04/01/19	1.008	1.008	0.137	0.138	
07/15/19	1.001	1.009	0.587	0.592	
04/01/20	1.008	1.017	0.225	0.229	
				1.010	

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APPENDIX A-I

Determination of Policy Year On-level Factors

Section F - Factor Adjusting 2018 Policy Year Assigned Risk Premium to Present Assigned Risk Level

	Date	(1) Rate Level Change	(2) Cumulative Index	(3) Weight	(4) Product (2)x(3)	(5) Adj. Factor Present Index/ Sum Column (4)	(6) Adj. For Expense Constant Removal @	(7) Adj. For Expense Removal	(8) UPP Adj. to Gross Premium Factor	(9) Premium Adjustment Factor (5)x(6)x(7)x(8)
NR	01/01/18	Base	1.000	1.000	1.000	0.755	0.952	0.709	0.962	0.491
NR	01/01/19	0.802	0.802							
NR	01/01/20	0.955	0.766							
NR	01/01/21	0.986	0.755							
					1.000					

Section G - Factor Adjusting 2018 Policy Year Voluntary Premium to Present Voluntary Level

	Date	(1) Loss Cost Level Change	(2) Cumulative Index	(3) Weight	(4) Product (2)x(3)	(5) Adj. Factor Present Index/ Sum Column (4)	(6) Adj. For Expense Constant Removal @	(7) Adj. For Expense Removal	(8) UPP Adj. to Gross Premium Factor	(9) Premium Adjustment Factor (5)x(6)x(7)x(8)
NR	01/01/18	Base	1.000	1.000	1.000	0.793	1.000	0.835	1.000	0.662
NR	01/01/19	0.832	0.832							
NR	01/01/20	0.971	0.808							
NR	01/01/21	0.982	0.793							
					1.000					

Section H - Factor Adjusting 2018 Policy Year Assigned Risk Premium and Voluntary Premium to Present Statewide Level

(1)	Assigned Risk Market Share PY 2018	0.075
(2)	Voluntary Market Share PY 2018	0.925
(3)	Assigned Risk Standard Premium Adjustment Factor (See Sec. F)	0.491
(4)	Voluntary Standard Premium Adjustment Factor (See Sec. G)	0.662
(5)	Premium Adjustment Factor = [(1)x(3)]/1.411+(2)x(4) #	0.638
(6)	Experience Rating Off-balance Adjustment Factor*	1.015
(7)	Final Premium Adjustment Factor = (5)x(6)	0.648

NR New and renewal business.
@ Eliminates premium derived from expense constants.
# Current premium index (assigned risk-to-voluntary) = 1.411
* = 1.015 = 0.960 / 0.946 = (Targeted Off-balance) / (Off-balance for Policy Year 2018)

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APPENDIX A-I

Determination of Policy Year On-level Factors

Section I - Factor Adjusting 2018 Policy Year Indemnity Losses to Present Benefit Level

	(1)	(2)	(3)	(4)	(5)
Date	Benefit Level Change	Cumulative Index	Weight	Product (2)x(3)	Adj. Factor Present Index/ Sum Column (4)
07/15/17	Base	1.000	0.051	0.051	1.007
04/01/18	1.000	1.000	0.137	0.137	
07/15/18	1.000	1.000	0.155	0.155	
10/01/18	1.020	1.020	0.432	0.441	
04/01/19	1.000	1.020	0.151	0.154	
07/15/19	1.000	1.020	0.074	0.075	
04/01/20	1.000	1.020			
				1.013	

Section J - Factor Adjusting 2018 Policy Year Medical Losses to Present Benefit Level

	(1)	(2)	(3)	(4)	(5)
Date	Benefit Level Change	Cumulative Index	Weight	Product (2)x(3)	Adj. Factor Present Index/ Sum Column (4)
07/15/17	Base	1.000	0.051	0.051	1.015
04/01/18	1.011	1.011	0.137	0.139	
07/15/18	0.999	1.010	0.155	0.157	
10/01/18	1.000	1.010	0.432	0.436	
04/01/19	1.008	1.018	0.151	0.154	
07/15/19	1.001	1.019	0.074	0.075	
04/01/20	1.008	1.027			
				1.012	

Appendix A – Factors Underlying the Proposed Loss Cost Level Change

Appendix A-II Determination of Premium and Losses Developed to an Ultimate Report

Development factors are used to project premium and limited losses to an ultimate report. In general, the ultimate development factors are based on a chain-ladder approach that utilizes average link ratios for several maturities and the application of a tail factor.

For premium development, link ratios are used from first through fifth report, after which it is assumed no further development occurs.

For indemnity and medical loss development, link ratios are used from first through nineteenth report. For loss development beyond a nineteenth report, a “tail” factor is used to reflect all future expected emergence. Tail factors are calculated separately for indemnity and medical losses by comparing the changes in the volume of policy year losses that occur for years older than a nineteenth report to the volume of policy year losses at the nineteenth report, along with the application of a growth adjustment factor.

To limit volatility on the loss cost level indications due to the impact of large losses, a limited large loss methodology is utilized. A base threshold for the large loss limitation is determined by the volume of premium in the state as well as the number of years used in the experience period. The base threshold is detrended by policy year to reflect the inflationary impact on claim costs due to wage inflation. The wage index used is based on the Connecticut average weekly wages from the Quarterly Census of Employment and Wages. Indemnity and medical losses are limited to the year-specific detrended large loss thresholds. Limited indemnity and medical losses are used to calculate estimated losses at an ultimate report. A statewide, non-catastrophe excess ratio is used to adjust the limited losses to an unlimited basis. The excess ratios are non-catastrophe because excess ratios at limits beyond $50 million are set equal to zero.

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APPENDIX A-II

Determination of Premium and Losses Developed to an Ultimate Report

Section A - Premium and Loss Summary Valued as of 12/31/2020

Policy Year 2019

(1)	Standard Earned Premium	$456,729,366
(2)	Factor to Develop Premium to Ultimate	0.994
(3)	Standard Earned Premium Developed to Ultimate = (1)x(2)	$453,988,990
(4)	Limited Indemnity Paid+Case Losses	$90,558,791
(5)	Limited Indemnity Paid+Case Development Factor to Ultimate	2.028
(6)	Limited Indemnity Paid+Case Losses Developed to Ultimate = (4)x(5)	$183,653,228
(7)	Limited Medical Paid Losses	$76,037,619
(8)	Limited Medical Paid Development Factor to Ultimate	2.117
(9)	Limited Medical Paid Losses Developed to Ultimate = (7)x(8)	$160,971,639
(10)	Limited Medical Paid+Case Losses	$118,507,886
(11)	Limited Medical Paid+Case Development Factor to Ultimate	1.234
(12)	Limited Medical Paid+Case Losses Developed to Ultimate = (10)x(11)	$146,238,731
(13)	Policy Year 2019 Limited Medical Losses Developed to Ultimate = [(9)+(12)]/2	$153,605,185

Policy Year 2018

(1)	Standard Earned Premium	$535,482,176
(2)	Factor to Develop Premium to Ultimate	0.999
(3)	Standard Earned Premium Developed to Ultimate = (1)x(2)	$534,946,694
(4)	Limited Indemnity Paid+Case Losses	$119,818,290
(5)	Limited Indemnity Paid+Case Development Factor to Ultimate	1.498
(6)	Limited Indemnity Paid+Case Losses Developed to Ultimate = (4)x(5)	$179,487,798
(7)	Limited Medical Paid Losses	$105,748,772
(8)	Limited Medical Paid Development Factor to Ultimate	1.580
(9)	Limited Medical Paid Losses Developed to Ultimate = (7)x(8)	$167,083,060
(10)	Limited Medical Paid+Case Losses	$129,968,988
(11)	Limited Medical Paid+Case Development Factor to Ultimate	1.124
(12)	Limited Medical Paid+Case Losses Developed to Ultimate = (10)x(11)	$146,085,143
(13)	Policy Year 2018 Limited Medical Losses Developed to Ultimate = [(9)+(12)]/2	$156,584,102

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APPENDIX A-II

Determination of Premium and Losses Developed to an Ultimate Report

Section B - Premium Development Factors

Policy Year	1st/2nd	Policy Year	2nd/3rd	Policy Year	3rd/4th	Policy Year	4th/5th
2016	1.003	2015	0.999	2014	0.999	2013	0.999
2017	0.999	2016	0.999	2015	1.000	2014	1.000
2018	1.004	2017	0.999	2016	1.000	2015	1.000
Selected*	0.995	Average	0.999	Average	1.000	Average	1.000

Summary of Premium Development Factors

1st/5th	2nd/5th	3rd/5th	4th/5th
0.994	0.999	1.000	1.000

* A judgmental selection was made for the 1st/2nd premium development factor to reflect the expected impact of the COVID-19 related recession on premium development.

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APPENDIX A-II

Determination of Premium and Losses Developed to an Ultimate Report

Section C - Limited Medical Paid Loss Development Factors

Policy Year	1st/2nd	Policy Year	2nd/3rd	Policy Year	3rd/4th	Policy Year	4th/5th
2017	1.368	2016	1.143	2015	1.070	2014	1.036
2018	1.311	2017	1.130	2016	1.054	2015	1.027
Average	1.340	Average	1.137	Average	1.062	Average	1.032

Policy Year	5th/6th	Policy Year	6th/7th	Policy Year	7th/8th	Policy Year	8th/9th
2013	1.035	2012	1.027	2011	1.022	2010	1.019
2014	1.023	2013	1.030	2012	1.020	2011	1.023
Average	1.029	Average	1.029	Average	1.021	Average	1.021

Policy Year	9th/10th	Policy Year	10th/11th	Policy Year	11th/12th	Policy Year	12th/13th
2009	1.007	2008	1.012	2007	1.008	2006	1.009
2010	1.013	2009	1.008	2008	1.010	2007	1.008
Average	1.010	Average	1.010	Average	1.009	Average	1.009

Policy Year	13th/14th	Policy Year	14th/15th	Policy Year	15th/16th	Policy Year	16th/17th
2005	1.013	2004	1.005	2003	1.005	2002	1.005
2006	1.005	2005	1.003	2004	1.007	2003	1.007
Average	1.009	Average	1.004	Average	1.006	Average	1.006

Policy Year	17th/18th	Policy Year	18th/19th
2001	1.006	2000	1.005
2002	1.003	2001	1.005
Average	1.005	Average	1.005

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APPENDIX A-II

Determination of Premium and Losses Developed to an Ultimate Report

Section D - Limited Indemnity Paid + Case Loss Development Factors

Policy Year	1st/2nd	Policy Year	2nd/3rd	Policy Year	3rd/4th	Policy Year	4th/5th
2014	1.365	2013	1.149	2012	1.064	2011	1.035
2015	1.337	2014	1.158	2013	1.072	2012	1.036
2016	1.350	2015	1.157	2014	1.065	2013	1.048
2017	1.362	2016	1.150	2015	1.064	2014	1.038
2018	1.358	2017	1.150	2016	1.077	2015	1.042
Average	1.354	Average	1.153	Average	1.068	Average	1.040

Policy Year	5th/6th	Policy Year	6th/7th	Policy Year	7th/8th	Policy Year	8th/9th
2010	1.031	2009	1.027	2008	1.023	2007	1.017
2011	1.028	2010	1.016	2009	1.017	2008	1.010
2012	1.046	2011	1.015	2010	1.007	2009	0.997
2013	1.043	2012	1.015	2011	1.016	2010	1.013
2014	1.016	2013	1.023	2012	1.013	2011	1.019
Average	1.033	Average	1.019	Average	1.015	Average	1.011

Policy Year	9th/10th	Policy Year	10th/11th	Policy Year	11th/12th	Policy Year	12th/13th
2006	1.001	2005	1.005	2004	1.008	2003	1.009
2007	1.013	2006	1.012	2005	1.012	2004	1.004
2008	1.007	2007	1.009	2006	1.001	2005	0.998
2009	1.006	2008	0.999	2007	1.009	2006	1.003
2010	1.008	2009	1.012	2008	1.012	2007	1.008
Average	1.007	Average	1.007	Average	1.008	Average	1.004

Policy Year	13th/14th	Policy Year	14th/15th	Policy Year	15th/16th	Policy Year	16th/17th
2002	1.001	2001	1.004	2000	0.996	1999	1.004
2003	1.005	2002	1.000	2001	0.999	2000	0.999
2004	1.005	2003	1.002	2002	1.005	2001	0.995
2005	1.004	2004	0.998	2003	1.003	2002	1.006
2006	1.003	2005	1.005	2004	0.998	2003	1.001
Average	1.004	Average	1.002	Average	1.000	Average	1.001

Policy Year	17th/18th	Policy Year	18th/19th
1998	1.004	1997	1.005
1999	1.004	1998	1.003
2000	1.003	1999	1.003
2001	1.002	2000	1.000
2002	1.002	2001	1.002
Average	1.003	Average	1.003

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Determination of Premium and Losses Developed to an Ultimate Report

Section E - Limited Medical Paid + Case Loss Development Factors

Policy Year	1st/2nd	Policy Year	2nd/3rd	Policy Year	3rd/4th	Policy Year	4th/5th
2014	1.084	2013	1.041	2012	1.006	2011	1.020
2015	1.097	2014	1.020	2013	1.038	2012	1.016
2016	1.140	2015	1.023	2014	1.007	2013	1.019
2017	1.117	2016	1.040	2015	1.004	2014	1.018
2018	1.054	2017	1.041	2016	1.004	2015	1.003
Average	1.098	Average	1.033	Average	1.012	Average	1.015

Policy Year	5th/6th	Policy Year	6th/7th	Policy Year	7th/8th	Policy Year	8th/9th
2010	1.015	2009	1.011	2008	1.012	2007	1.006
2011	1.014	2010	0.994	2009	1.000	2008	1.011
2012	0.997	2011	1.010	2010	1.003	2009	0.992
2013	1.019	2012	1.000	2011	1.011	2010	1.008
2014	0.993	2013	0.998	2012	1.012	2011	1.002
Average	1.008	Average	1.003	Average	1.008	Average	1.004

Policy Year	9th/10th	Policy Year	10th/11th	Policy Year	11th/12th	Policy Year	12th/13th
2006	1.002	2005	0.993	2004	1.001	2003	1.000
2007	1.007	2006	1.001	2005	1.008	2004	1.000
2008	0.996	2007	0.993	2006	0.998	2005	1.003
2009	1.004	2008	1.007	2007	1.002	2006	1.001
2010	1.005	2009	0.998	2008	1.016	2007	1.006
Average	1.003	Average	0.998	Average	1.005	Average	1.002

Policy Year	13th/14th	Policy Year	14th/15th	Policy Year	15th/16th	Policy Year	16th/17th
2002	0.997	2001	1.007	2000	0.999	1999	1.005
2003	1.011	2002	0.989	2001	0.984	2000	0.997
2004	1.003	2003	1.003	2002	1.004	2001	0.993
2005	0.998	2004	1.002	2003	1.000	2002	1.006
2006	0.998	2005	1.001	2004	0.994	2003	1.002
Average	1.001	Average	1.000	Average	0.996	Average	1.001

Policy Year	17th/18th	Policy Year	18th/19th
1998	1.004	1997	0.999
1999	1.004	1998	1.004
2000	1.001	1999	0.999
2001	1.002	2000	1.002
2002	0.999	2001	1.004
Average	1.002	Average	1.002

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Determination of Premium and Losses Developed to an Ultimate Report

Section F - Determination of Policy Year Loss Development Factors (19th-to-Ultimate Report)

Indemnity Paid+Case Data for Matching Companies

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Policy Year	Losses for Policy Year 19th Report	Losses for Policy Year 20th Report	Losses for All Prior Policy Years Previous	Losses for All Prior Policy Years Current	Factor to Adjust Losses for Prior Policy Years	Indicated 19th-to-Ult Development for Policy Year
1991	213,583,002	215,234,719	3,309,896,858	3,320,336,035	1.030	1.055
1992	173,755,199	174,798,681	3,535,570,754	3,546,234,083	1.316	1.053
1993	135,386,411	135,239,482	3,721,136,501	3,736,342,854	1.726	1.064
1994	122,415,525	122,354,079	3,871,203,569	3,886,232,413	1.909	1.064
1995	113,817,954	114,177,802	4,005,788,708	4,017,051,757	2.009	1.052
1996	126,705,721	126,897,455	4,130,518,682	4,139,232,424	1.732	1.041
1997	149,206,465	150,189,849	4,264,033,202	4,278,850,907	1.409	1.077
1998	149,708,274	150,694,029	4,429,040,756	4,442,176,978	1.315	1.073
1999	148,261,652	148,293,152	4,456,195,299	4,471,762,090	1.142	1.092
2000	175,634,276	176,329,901	4,537,247,438	4,550,541,941	0.866	1.091
				Selected Indemnity 19th-to-Ultimate Loss Development Factor		1.065

Medical Paid+Case Data for Matching Companies

(8)	(9)	(10)	(11)	(12)	(13)	(14)
Policy Year	Losses for Policy Year 19th Report	Losses for Policy Year 20th Report	Losses for All Prior Policy Years Previous	Losses for All Prior Policy Years Current	Factor to Adjust Losses for Prior Policy Years	Indicated 19th-to-Ult Development for Policy Year
1991	121,382,639	122,042,224	1,442,908,461	1,449,823,580	0.816	1.075
1992	106,335,410	107,192,180	1,571,865,804	1,577,651,892	1.001	1.062
1993	96,693,019	97,165,194	1,684,630,196	1,684,047,701	1.160	1.000
1994	91,368,551	91,086,660	1,780,977,194	1,791,033,757	1.266	1.084
1995	83,451,149	83,539,241	1,881,583,695	1,886,914,499	1.403	1.047
1996	111,739,962	111,359,915	1,970,073,399	1,972,788,087	1.039	1.020
1997	95,944,030	96,330,529	2,082,740,916	2,087,168,032	1.222	1.042
1998	103,340,130	103,268,435	2,183,498,561	2,186,775,082	1.110	1.028
1999	109,180,143	108,447,992	2,224,150,900	2,227,967,333	0.976	1.029
2000	121,359,556	121,175,295	2,283,072,251	2,279,852,297	0.819	0.966
				Selected Medical 19th-to-Ultimate Loss Development Factor		1.040

(7) = 1 + [(3)-(2) + ((5)-(4)) / (6)] / (2)
(14) = 1 + [(10)-(9) + ((12)-(11)) / (13)] / (9)
Columns (4) and (11) are valued as of the date at which the given policy year is at a 19th report.
Columns (5) and (12) are valued as of the date at which the given policy year is at a 20th report.

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Determination of Premium and Losses Developed to an Ultimate Report

Section G - Derivation of Policy Year Limited 19th-to-Ultimate Loss Development Factors

Policy Year	Medical Paid-to-Paid + Case Ratio 19th Report
1997	0.967
1998	0.957
1999	0.965
2000	0.956
2001	0.966
Selected	0.960

	Indemnity	Medical
(1) Paid+Case 19th-to-Ultimate Loss Development Factor (Section F)	1.065	1.040
(2) Factor to Adjust 19th-to-Ultimate Development Factor to a Limited Basis	0.659	0.659
(3) Limited Paid+Case 19th-to-Ultimate Loss Development Factor = [(1)-1]x(2)+1	1.043	1.026
(4) Limited Paid-to-Paid+Case Ratio (Section G)	N/A	0.960
(5) Limited Paid 19th-to-Ultimate Loss Development Factor = (3) / (4)	N/A	1.069

Section H - Summary of Limited Paid Loss Development Factors

	(1) Medical Paid Loss Development	(2)
Report	to Next Report	to Ultimate
1st	1.340	2.117
2nd	1.137	1.580
3rd	1.062	1.390
4th	1.032	1.309
5th	1.029	1.268
6th	1.029	1.232
7th	1.021	1.197
8th	1.021	1.172
9th	1.010	1.148
10th	1.010	1.137
11th	1.009	1.126
12th	1.009	1.116
13th	1.009	1.106
14th	1.004	1.096
15th	1.006	1.092
16th	1.006	1.085
17th	1.005	1.079
18th	1.005	1.074
19th		1.069

(2) = Cumulative upward product of column (1).

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Determination of Premium and Losses Developed to an Ultimate Report

Section I - Summary of Limited Paid+Case Loss Development Factors

	(1)	(2)
	Indemnity Paid+Case Loss Development	
Report	to Next Report	to Ultimate
1st	1.354	2.028
2nd	1.153	1.498
3rd	1.068	1.299
4th	1.040	1.216
5th	1.033	1.169
6th	1.019	1.132
7th	1.015	1.111
8th	1.011	1.095
9th	1.007	1.083
10th	1.007	1.075
11th	1.008	1.068
12th	1.004	1.060
13th	1.004	1.056
14th	1.002	1.052
15th	1.000	1.050
16th	1.001	1.050
17th	1.003	1.049
18th	1.003	1.046
19th		1.043

	(3)	(4)
	Medical Paid+Case Loss Development	
Report	to Next Report	to Ultimate
1st	1.098	1.234
2nd	1.033	1.124
3rd	1.012	1.088
4th	1.015	1.075
5th	1.008	1.059
6th	1.003	1.051
7th	1.008	1.048
8th	1.004	1.040
9th	1.003	1.036
10th	0.998	1.033
11th	1.005	1.035
12th	1.002	1.030
13th	1.001	1.028
14th	1.000	1.027
15th	0.996	1.027
16th	1.001	1.031
17th	1.002	1.030
18th	1.002	1.028
19th		1.026

(2) = Cumulative upward product of column (1).
(4) = Cumulative upward product of column (3).

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APPENDIX A-II

Determination of Premium and Losses Developed to an Ultimate Report

Section J - Factor to Adjust Limited Losses to an Unlimited Basis

(1) Threshold at the Midpoint of the Loss Cost Effective Period*	6,910,746
(2) Statewide Excess Ratio for (1)	0.023
(3) Market Share for Carriers Missing from Large Loss and Catastrophe Call	0.000
(4) Factor to Adjust Limited Losses to an Unlimited Basis = 1.0 / {1.0 - [(2) x (1.0 - (3))]}	1.024

Section K - Policy Year Large Loss Limits

Experience Year	Policy Year Detrended Limit
2019	6,118,515
2018	5,891,738
2017	5,763,291
2016	5,690,955
2015	5,651,497
2014	5,568,970
2013	5,437,714
2012	5,374,370
2011	5,315,211
2010	5,192,247
2009	5,034,170
2008	5,011,809
2007	5,036,718
2006	4,872,259
2005	4,641,740
2004	4,458,188
2003	4,254,038
2002	4,080,514
2001	4,042,736

* December 3, 2022 is the midpoint of the effective period for which the revised loss costs are being proposed.

Appendix A – Factors Underlying the Proposed Loss Cost Level Change

Appendix A-III Trend Factors

NCCI applies loss ratio trend factors in the determination of the proposed overall average loss cost level change. In addition, historical changes in claim frequency and average cost per case are also reviewed.

The claim frequency and average cost per case analysis is based on the premium, losses, and lost-time claim counts reported to NCCI. Note that the medical-only claim counts are excluded from the claim frequency and severity calculations, but the losses associated with medical-only claims are included.

The lost-time claim frequency, average costs per case, and loss ratios are shown in Appendix A-III, along with the impact of the trend factor selection on each policy year in the filing's experience period. The trend lengths displayed are based on the number of years between the average accident date of the loss cost effective period and the average accident date of the respective experience period year.

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APPENDIX A-III

Policy Year Trend Factors

Section A - Summary of Policy Year Data

(1)	(2)	(3)	(4)	(5)	(6)
	Lost-Time	Indemnity		Medical	
Policy Year	Claim Frequency*	Avg Cost Per Case*^	Loss Ratio^	Avg Cost Per Case*#	Loss Ratio#
2012	24.421	31,329	0.765	28,928	0.707
2013	23.128	31,130	0.719	29,870	0.690
2014	22.165	28,942	0.641	25,753	0.570
2015	20.016	29,598	0.593	26,820	0.537
2016	19.447	28,265	0.549	25,892	0.504
2017	18.546	32,227	0.597	28,662	0.531
2018	18.077	28,848	0.521	25,384	0.458
2019	16.284	31,890	0.519	26,859	0.437

* Figures have been adjusted to the common wage level.
^ Based on paid+case losses.
# Based on an average of paid and paid+case losses.

Section B - Summary of Annual Trend Factors

	Indemnity	Medical
(1) Current Approved Annual Loss Ratio Trend Factor	0.960	0.965
(2) Selected Annual Loss Ratio Trend Factor	**0.960**	**0.955**

(3) Length of Trend Period from Midpoint of Policy Year to Midpoint of Effective Period:

	Years
Policy Year 2018	3.998
Policy Year 2019	2.998

(4) Trend Factor Applied to Experience Year = (2) ^ (3)	Indemnity	Medical
Policy Year 2018	0.849	0.832
Policy Year 2019	0.885	0.871

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APPENDIX A-IV

Derivation of Industry Group Differentials

Industry group differentials are used to more equitably distribute the overall loss cost level change based on the individual experience of each industry group. The payroll, losses and claim counts used in the calculations below are from NCCI's Workers Compensation Statistical Plan (WCSP) data.

I. Expected Losses

The current expected losses (columns (1) and (2)) are the payroll extended by the pure premiums underlying the latest approved loss costs. The proposed expected losses (3) are the current expected losses adjusted to the proposed level. These adjustments include the proposed experience, trend, benefit and, if applicable, loss-based expense changes as well as any miscellaneous premium adjustments.

Industry Group	(1) Latest Year Current Expected Losses Prior to Adjustment for Change in Off-Balance	(2) Five Year Current Expected Losses Prior to Adjustment for Change in Off-Balance	(3) Five Year Proposed Expected Losses Prior to Adjustment for Change in Off-Balance	(4) Current Ratio of Manual to Standard Premium	(5) Proposed Ratio of Manual to Standard Premium
Manufacturing	105,250,444	482,064,134	413,767,264	1.123	1.129
Contracting	122,726,220	572,671,452	491,899,626	1.107	1.110
Office & Clerical	74,449,984	362,224,495	310,851,256	1.126	1.129
Goods & Services	242,493,939	1,145,253,166	982,715,169	1.024	1.032
Miscellaneous	110,628,066	500,211,324	429,759,486	1.085	1.086
Statewide	655,548,653	3,062,424,573	2,628,992,800		

Industry Group	(6) Latest Year Current Expected Losses Adjusted for Change in Off-Balance (1)x(4)/(5)	(7) Five Year Current Expected Losses Adjusted for Change in Off-Balance (2)x(4)/(5)	(8) Five Year Proposed Expected Losses Adjusted for Change in Off-Balance (3)x(4)/(5)	(9) Current/ Proposed (7)/(8)	(10) Adjustment to Proposed for Current Relativity (9)IG/(9)SW
Manufacturing	104,691,097	479,502,235	411,568,323	1.165	1.000
Contracting	122,394,528	571,123,692	490,570,167	1.164	0.999
Office & Clerical	74,252,154	361,261,986	310,025,256	1.165	1.000
Goods & Services	240,614,141	1,136,375,235	975,097,222	1.165	1.000
Miscellaneous	110,526,198	499,750,724	429,363,759	1.164	0.999
Statewide	652,478,118	3,048,013,872	2,616,624,727	1.165	

II. Industry Group Differentials

To calculate the converted indicated balanced losses (11) the reported losses are limited to $500,000 for a single claim occurrence and $1,500,000 for each multiple claim occurrence. After the application of limited development, trend and benefit factors, the limited losses are brought to an unlimited level through the application of the expected excess provision. The expected excess loss provisions are non-catastrophe and the excess ratios at a loss limit of $50 million are set equal to zero. The proposed experience change, applicable loss-based expenses and any miscellaneous premium adjustments are applied to calculate the indicated losses. These indicated losses are then balanced to the expected losses using the factors shown in Appendix B-I, Section A-3.

Industry Group	(11) Converted Indicated Balanced Losses	(12) Indicated/ Expected Ratio (11)/[(8)x(10)]	(13) Indicated Differential (12)IG/(12)SW	(14) Lost-Time Claim Counts
Manufacturing	416,089,017	1.011	1.013	8,509
Contracting	493,029,979	1.006	1.008	5,828
Office & Clerical	297,317,147	0.959	0.961	6,158
Goods & Services	972,456,929	0.997	0.999	25,541
Miscellaneous	432,658,800	1.009	1.011	7,699
Statewide	2,611,551,872	0.998		

Industry Group	(15) Full Credibility Standard for Lost-Time Claim Counts	(16) Credibility Minimum of 1.000 and ((14)/(15))^0.5	(17) Credibility Weighted Indicated/Expected Ratio [(16)IGx(12)IG] + [1-(16)IG]x(12)SW*	(18) Final Industry Group Differential (17)IG/(17)SW
Manufacturing	12,000	0.84	1.009	1.010
Contracting	12,000	0.70	1.004	1.005
Office & Clerical	12,000	0.72	0.970	0.971
Goods & Services	12,000	1.00	0.997	0.998
Miscellaneous	12,000	0.80	1.007	1.008
Statewide			0.999	1.000

*Statewide ratio (column 17) = $\Sigma_{IG}[(6)x(17)] \div \Sigma_{IG}(6)$

Appendix B – Calculations Underlying the Loss Cost Change by Classification

NCCI separately determines voluntary loss costs for each workers compensation classification. The proposed change from the current loss cost will vary depending on the classification. The following are the general steps utilized to determine the individual classification loss costs:

1. Calculate industry group differentials, which are used to more equitably distribute the proposed overall average loss cost level change based on the individual experience of each industry group.
2. For each classification, determine the indicated pure premiums based on the most recently available five policy periods of Connecticut payroll and loss experience.
3. Indicated pure premiums are credibility-weighted with present on rate level pure premiums and national pure premiums to generate derived by formula pure premiums.
4. Final adjustments include the application of a test correction factor, the ratio of manual-to-standard premium, and swing limits.

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APPENDIX B-I

Distribution of Loss Cost Level Change to Occupational Classification

After determining the required changes in the overall loss cost level for the state and by industry group, the next step in the ratemaking procedure is to distribute these changes among the various occupational classifications. In order to do this, the pure premiums by classification must be adjusted, by policy period, industry group, or on an overall basis, to incorporate the changes proposed in the filing. There are three sets of pure premiums for each classification: indicated, present on rate level, and national pure premiums.

Section A – Calculation of Indicated Pure Premiums

The indicated pure premiums are calculated from the payroll and loss data reported, by class code and policy period, in the Workers Compensation Statistical Plan (WCSP) for the latest available five policy periods. Various adjustments are made to these pure premiums to put them at the level proposed in this filing (Sections A-1 to A-3).

Section A-1 – Calculation of Primary Conversion Factors

1. Limited Loss Development Factors

The following factors are applied to develop the losses from first through fifth report to an ultimate basis.

Policy Period	Indemnity		Medical	
	Likely-to-Develop	Not-Likely-to-Develop	Likely-to-Develop	Not-Likely-to-Develop
8/14-7/15	1.240	1.104	1.107	1.028
8/15-7/16	1.300	1.145	1.131	1.033
8/16-7/17	1.411	1.232	1.168	1.044
8/17-7/18	1.706	1.388	1.256	1.059
8/18-7/19	2.653	1.796	1.512	1.101

2. Factors to Adjust to the Proposed Trend Level

The proposed trend factors are applied to adjust the losses to the proposed level.

Policy Period	Indemnity	Medical
8/14-7/15	0.741	0.713
8/15-7/16	0.771	0.746
8/16-7/17	0.804	0.781
8/17-7/18	0.837	0.818
8/18-7/19	0.872	0.857

3. Factors to Adjust to the Proposed Benefit Level

The following factors are applied to adjust the losses to the proposed benefit level.

Policy Period	Fatal	Permanent Total (P.T.)	Permanent Partial (P.P.)	Temporary Total (T.T.)	Medical
8/14-7/15	1.021	1.019	1.021	1.019	1.037
8/15-7/16	1.021	1.019	1.021	1.019	1.044
8/16-7/17	1.021	1.019	1.021	1.019	1.039
8/17-7/18	1.017	1.013	1.014	1.013	1.030
8/18-7/19	1.010	1.001	1.000	1.001	1.022

4. Primary Conversion Factors: Indicated Pure Premiums

The factors above, contained within Section A-1, are combined multiplicatively, resulting in the following factors for the Likely-to-Develop (L) and Not-Likely-to-Develop (NL) groupings.

Policy Period	Fatal (L)	Fatal (NL)	P.T.*	P.P. (L)	P.P. (NL)	T.T. (L)	T.T. (NL)	Medical (L)	Medical (NL)
8/14-7/15	0.938	0.835	0.936	0.938	0.835	0.936	0.834	0.818	0.760
8/15-7/16	1.023	0.901	1.021	1.023	0.901	1.021	0.900	0.881	0.805
8/16-7/17	1.158	1.011	1.156	1.158	1.011	1.156	1.009	0.948	0.847
8/17-7/18	1.452	1.182	1.446	1.448	1.178	1.446	1.177	1.058	0.892
8/18-7/19	2.337	1.582	2.316	2.313	1.566	2.316	1.568	1.324	0.964

* Permanent total losses are always assigned to the Likely-to-Develop grouping.

Section A-2 – Expected Excess Provision and Redistribution

After the application of the primary conversion factors, the limited losses are brought to an expected unlimited level through the application of excess loss factors by hazard group. The expected excess loss provisions are non-catastrophe and the excess ratios at a loss limit of $50 million are set equal to zero. These factors are shown below.

Hazard Group	A	B	C	D	E	F	G
(1) Excess Ratios	0.105	0.130	0.164	0.181	0.233	0.267	0.297
(2) Excess Factors 1/(1-(1))	1.117	1.149	1.196	1.221	1.304	1.364	1.422

As the excess loss factors are on a combined (indemnity and medical) basis, a portion (40%) of the indemnity expected excess losses are redistributed to medical in order to more accurately allocate expected excess losses. Since a portion of the expected excess losses are redistributed in an additive manner, the expected excess factors shown above cannot be combined multiplicatively with either the primary or secondary loss conversion factors.

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APPENDIX B-I

Section A-3 – Calculation of Secondary Conversion Factors

1. Factors to Adjust for Proposed Industry Group Differentials

The following factors are applied to adjust the indicated industry group differentials for the effects of credibility weighting the industry group differentials and weighting the differentials by the latest year expected losses.

	Manufacturing	Contracting	Office and Clerical	Goods and Services	Miscellaneous
(1) Indicated Differentials*	1.013	1.008	0.961	0.999	1.011
(2) Final Differentials**	1.010	1.005	0.971	0.998	1.008
(3) Adjustment (2)/(1)	0.997	0.997	1.010	0.999	0.997

*See Appendix A-IV, column (13).
**See Appendix A-IV, column (18).

2. Factors to Balance Indicated to Expected Losses

The expected losses are calculated as the pure premium underlying the current loss costs, adjusted to the proposed level and adjusted for the Experience Rating Plan off-balance. The indicated losses are balanced to the expected losses by applying the following factors.

Policy Period	(1) Adjustment of Indicated Losses to Pure Premium at Proposed Level	(2) Current Ratio of Manual to Standard Premium	(3) Proposed Ratio of Manual to Standard Premium	(4) Off-balance Adjustment (2)/(3)	(5) Balancing Indicated to Expected Losses (1)x(4)
8/14-7/15	0.985	1.077	1.069	1.007	0.992
8/15-7/16	1.024	1.077	1.079	0.998	1.022
8/16-7/17	0.978	1.077	1.090	0.988	0.966
8/17-7/18	0.931	1.077	1.094	0.984	0.916
8/18-7/19	0.985	1.077	1.087	0.991	0.976

3. Adjustment for Experience Change

A factor of 0.867 is applied to adjust for the experience change in the proposed loss cost level.

4. Factor to Reflect the Proposed Loss-Based Expense Provisions

A factor of 1.199 is applied to include the proposed loss-based expense provisions.

5. Secondary Conversion Factors: Indicated Pure Premiums

The factors above, contained within section A-3, are combined multiplicatively, resulting in the following factors:

Policy Period	Manufacturing	Contracting	Office and Clerical	Goods and Services	Miscellaneous
8/14-7/15	1.028	1.028	1.042	1.030	1.028
8/15-7/16	1.059	1.059	1.073	1.061	1.059
8/16-7/17	1.001	1.001	1.014	1.003	1.001
8/17-7/18	0.949	0.949	0.962	0.951	0.949
8/18-7/19	1.012	1.012	1.025	1.014	1.012

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APPENDIX B-I

Section B – Calculation of Present on Rate Level Pure Premiums

The present on rate level pure premiums are the pure premiums underlying the current loss costs, adjusted to the proposed level. The data sources for the above-captioned pure premiums are the partial pure premiums underlying the current loss costs.

1. Adjustment for Experience Change

A factor of 0.867 is applied to adjust for the experience change in the proposed loss cost level.

2. Factors to Adjust to the Proposed Trend Level

The pure premiums underlying the current loss costs contain the current trend. The change in trend factors, 1.000 and 0.964, for indemnity and medical, respectively, are applied to adjust to the proposed trend level.

3. Factors to Adjust to the Proposed Benefit Level

The following factors are applied to adjust the pure premiums underlying the current loss costs to the proposed benefit level.

Effective Date	Indemnity	Medical
April 1, 2021	1.000	1.012
June 23, 2021	1.000	1.000
July 15, 2021	1.000	1.000
Combined Benefit Adjustment	1.000	1.012

4. Factors to Include the Proposed Loss-Based Expense Provisions

The pure premiums underlying the current loss costs include the current loss-based expense provisions and must be adjusted to the proposed level.

	(a) Current		(b) Proposed	
	Indemnity	Medical	Indemnity	Medical
(1) Loss Adjustment Expense	1.197	1.197	1.199	1.199
(2) Loss-based Assessment	1.000	1.000	1.000	1.000
(3) = (1) + (2) – 1.000	1.197	1.197	1.199	1.199
(4) Overall Change (3b)/(3a)			1.002	1.002

5. Adjustment to Obtain Expected Losses

The pure premiums underlying the current loss costs reflect the current Experience Rating Plan off-balance. The change in off-balance must be applied.

Industry Group	(1) Current Ratio of Manual to Standard Premium	(2) Proposed Ratio of Manual to Standard Premium	(3) Off-balance Adjustment (1)/(2)
Manufacturing	1.123	1.129	0.995
Contracting	1.107	1.110	0.997
Office & Clerical	1.126	1.129	0.997
Goods & Services	1.024	1.032	0.992
Miscellaneous	1.085	1.086	0.999

6. Factors to Adjust for Proposed Industry Group Differentials

The pure premiums underlying the current loss costs are adjusted by the proposed industry group differentials.

Industry Group	(1) Final Differential*	(2) Adjustment to Proposed for Current Relativities**	(3) Adjusted Differential (1)x(2)
Manufacturing	1.010	1.000	1.010
Contracting	1.005	0.999	1.004
Office & Clerical	0.971	1.000	0.971
Goods & Services	0.998	1.000	0.998
Miscellaneous	1.008	0.999	1.007

*See Appendix A-IV, column (18).
**See Appendix A-IV, column (10).

7. Combined Conversion Factors

The factors above, contained within Section B, are combined multiplicatively, resulting in the following factors.

Industry Group	Indemnity	Medical
Manufacturing	0.873	0.852
Contracting	0.870	0.849
Office & Clerical	0.841	0.821
Goods & Services	0.860	0.840
Miscellaneous	0.874	0.853

Section C – Calculation of National Pure Premiums

Finally, there are the national pure premiums, which reflect the countrywide experience for each classification adjusted to state conditions. These pure premiums reflect the countrywide experience for each classification as indicated by the latest available individual classification experience for all states for which the National Council on Compensation Insurance compiles workers compensation data.

Countrywide data is adjusted to Connecticut conditions in four steps. First, statewide indicated pure premiums are determined for Connecticut. Second, using Connecticut payrolls as weights, corresponding statewide-average pure premiums are computed for each remaining state. Third, the ratios of Connecticut statewide pure premiums to those for other states are used as adjustment factors to convert losses for other states to a basis that is consistent with the Connecticut indicated pure premiums. The quotient of the countrywide total of such adjusted losses divided by the total countrywide payroll for the classification is the initial pure premium indicated by national relativity. Finally, national pure premiums are balanced to the level of the state indicated pure premiums to ensure unbiased derived by formula pure premiums. Indemnity and medical pure premiums are computed separately.

Section D – Calculation of Derived by Formula Pure Premiums

The indicated, present on rate level and national pure premiums are credibility weighted, and the resulting derived by formula pure premiums are used to determine the final class loss costs.

As for the preceding pure premiums, separate computations are performed for each partial pure premium: indemnity and medical. Each partial formula pure premium is derived by the weighting of the indicated, present on rate level and national partial pure premiums. The weight assigned to the policy year indicated pure premium varies in one-percent intervals from zero percent to one hundred percent, depending upon the volume of expected losses (i.e. the product of the underlying pure premiums and the payroll in hundreds). To achieve full state credibility, a classification must have expected losses of at least: $43,092,056 for indemnity and $18,862,589 for medical.

The partial credibilities formula is:

$$z = [\text{ (expected losses) / (full credibility standard) }]^{0.5}$$

For the national pure premiums, credibility is determined from the number of lost-time claims. Full credibility standards are: 2,300 lost-time claims for indemnity and 2,000 lost-time claims for medical.

Partial credibilities are assigned using a credibility formula similar to that used for indicated pure premiums but based on the number of national cases. In no case is the national credibility permitted to exceed 50% of the complement of the state credibility.

National Credibility equals the smaller of:

$$[\text{ (national cases)/(full credibility standard) }]^{0.5} \text{ and } [\text{ (1 – state credibility)/2 }]$$

The residual credibility (100% minus the sum of the state and national credibilities) is assigned to the present on rate level pure premium.

For example, if the state credibility is 40%, the national pure premium is assigned a maximum credibility of 30% ((100-40) / 2). The remainder is assigned to the present on rate level pure premium.

The total pure premium shown on the attached Appendix B-III is obtained by adding the indemnity and medical partial pure premiums obtained above and rounding the sum to two decimal places.

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APPENDIX B-II

Adjustments to Obtain Loss Costs

The following items are combined with the derived by formula pure premium to obtain the proposed loss cost:

1. Test Correction Factor

The payrolls are now extended by the loss costs presently in effect and by the indicated loss costs to determine if the required change in manual premium level as calculated in Exhibit I has been achieved. Since at first this calculation may not yield the required results, an iterative process is initiated which continuously tests the proposed loss costs including tentative test correction factors until the required change in manual premium level is obtained. The test correction factor is applied to the derived by formula pure premiums.

The factors referred to above are set out as follows:

	Test Correction Factor
Manufacturing	0.9960
Contracting	1.0075
Office & Clerical	1.0191
Goods & Services	1.0013
Miscellaneous	0.9814

2. Ratios of Manual to Standard Premiums

The ratios of manual to standard premiums by industry group have also been excluded from the classification experience, and it is necessary to apply these factors to the derived by formula pure premiums.

	Ratio of Manual to Standard Premiums
Manufacturing	1.129
Contracting	1.110
Office & Clerical	1.129
Goods & Services	1.032
Miscellaneous	1.086

3. Disease Loadings

The proposed manual loss costs shown in this filing include specific disease loadings for those classifications where they apply. The proposed specific disease loadings are shown on the footnotes page.

4. Swing Limits

As a further step, a test is made to make certain that the proposed loss costs fall within the following departures from the present loss costs:

Manufacturing	from 7% above to 33% below
Contracting	from 6% above to 34% below
Office & Clerical	from 3% above to 37% below
Goods & Services	from 6% above to 34% below
Miscellaneous	from 7% above to 33% below

These limits have been calculated in accordance with the following formula:

Max. Deviation = Effect of the final change in loss cost level by industry group plus or minus 20% rounded to the nearest 1%.

The product of the swing limits and the present loss cost sets bounds for the proposed loss cost. If the calculated loss cost falls outside of the bounds, the closest bound is chosen as the proposed loss cost. When a code is limited, the underlying pure premiums are adjusted to reflect the limited loss cost. The classifications which have been so limited are shown below. Note that classifications that are subject to special handling may fall outside of the swing limits. A code listed below with an asterisk indicates the code's swing limit was adjusted by one cent before being applied; this is only performed when the upper and lower bounds calculated by the swing limit are equal.

An illustrative example showing the calculation of a proposed manual class loss cost is attached as Appendix B-III. This example demonstrates the manner in which the partial pure premiums are combined to produce a total pure premium, and shows the steps in the calculation at which the rounding takes place. The loss costs for other classifications are calculated in the same manner.

List of Classifications Limited by the Upper Swing	List of Classifications Limited by the Lower Swing
0170 2220 8856	None

5. Connecticut Contracting Classification Premium Adjustment Program (CCPAP)

For classifications eligible for the CCPAP, the last step in producing the final proposed loss costs is to apply a factor of 1.001 to offset the credits payable under the CCPAP.

A list of the eligible class codes can be found under the ***Basic Manual*** state pricing programs.

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APPENDIX B-III

Derivation of Proposed Loss Cost - Code 8810

As previously explained in Appendix B-I, the indicated pure premiums are developed by adjusting the limited losses by a set of conversion factors. The converted losses are then summarized into indemnity and medical and then divided by payroll (in hundreds). The derivation of the indicated pure premium for the above-captioned classification follows:

LIMITED LOSSES (Workers Compensation Statistical Plan)

Policy Period	Fatal Likely	Fatal Not-Likely	Permanent Total	Permanent Partial Likely	Permanent Partial Not-Likely	Temporary Total Likely	Temporary Total Not-Likely	Medical Likely	Medical Not-Likely
08/01/14 - 07/31/15	0	0	0	2,962,695	2,908,296	1,081,711	1,681,241	2,425,463	6,096,424
08/01/15 - 07/31/16	0	0	0	2,143,298	3,168,811	573,039	2,721,329	2,467,325	6,669,144
08/01/16 - 07/31/17	0	0	0	1,353,498	1,843,401	1,088,599	1,597,561	2,333,380	5,249,179
08/01/17 - 07/31/18	0	0	0	734,390	1,859,481	1,107,142	2,429,053	1,761,188	6,955,881
08/01/18 - 07/31/19	0	0	0	734,055	992,767	626,602	1,530,803	1,520,851	5,466,783

PRIMARY CONVERSION FACTORS (Appendix B-I, Section A-1)

Policy Period	Fatal Likely	Fatal Not-Likely	Permanent Total	Permanent Partial Likely	Permanent Partial Not-Likely	Temporary Total Likely	Temporary Total Not-Likely	Medical Likely	Medical Not-Likely
08/01/14 - 07/31/15	0.938	0.835	0.936	0.938	0.835	0.936	0.834	0.818	0.760
08/01/15 - 07/31/16	1.023	0.901	1.021	1.023	0.901	1.021	0.900	0.881	0.805
08/01/16 - 07/31/17	1.158	1.011	1.156	1.158	1.011	1.156	1.009	0.948	0.847
08/01/17 - 07/31/18	1.452	1.182	1.446	1.448	1.178	1.446	1.177	1.058	0.892
08/01/18 - 07/31/19	2.337	1.582	2.316	2.313	1.566	2.316	1.568	1.324	0.964

EXPECTED EXCESS PROVISION AND REDISTRIBUTION (Appendix B-I, Section A-2)

After the application of the primary conversion factors, the limited losses are brought to an expected unlimited level through the application of a hazard group-specific excess loss factor. The factor is shown below:

	HAZARD GROUP: C
Excess Factor	1.196

As the excess loss factor is on a combined (indemnity and medical) basis, the following portion of the indemnity expected excess losses are redistributed to medical in order to more accurately allocate expected excess losses:

Redistribution %	40%

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APPENDIX B-III

Derivation of Proposed Loss Cost - Code 8810

EXPECTED UNLIMITED LOSSES (Limited Losses x Primary Conversion Factors, then adjusted for the Excess Provision and Redistribution)

Policy Period	Fatal Likely	Fatal Not-Likely	Permanent Total	Permanent Partial Likely	Permanent Partial Not-Likely	Temporary Total Likely	Temporary Total Not-Likely	Medical Likely	Medical Not-Likely
08/01/14 - 07/31/15	0	0	0	3,106,106	2,714,261	1,131,654	1,567,193	2,670,754	5,842,785
08/01/15 - 07/31/16	0	0	0	2,450,670	3,191,154	653,938	2,737,474	2,818,095	6,838,065
08/01/16 - 07/31/17	0	0	0	1,751,834	2,083,039	1,406,540	1,801,670	2,867,721	5,590,976
08/01/17 - 07/31/18	0	0	0	1,188,562	2,448,294	1,789,361	3,195,508	2,437,938	7,818,051
08/01/18 - 07/31/19	0	0	0	1,897,714	1,737,663	1,622,022	2,682,822	2,655,726	6,614,145

SECONDARY CONVERSION FACTORS (Appendix B-I, Section A-3)

Policy Period	INDUSTRY GROUP: Office and Clerical
08/01/14 - 07/31/15	1.042
08/01/15 - 07/31/16	1.073
08/01/16 - 07/31/17	1.014
08/01/17 - 07/31/18	0.962
08/01/18 - 07/31/19	1.025

PAYROLL, FINAL CONVERTED LOSSES (Expected Unlimited Losses x Secondary Conversion Factors)

Policy Period	Payroll	Indemnity Likely	Indemnity Not-Likely	Medical Likely	Medical Not-Likely	Total Indemnity	Total Medical	Total
08/01/14 - 07/31/15	24,798,611,566	4,415,746	4,461,275	2,782,926	6,088,182	8,877,021	8,871,108	17,748,129
08/01/15 - 07/31/16	25,628,940,107	3,331,244	6,361,418	3,023,816	7,337,244	9,692,662	10,361,060	20,053,722
08/01/16 - 07/31/17	25,791,093,937	3,202,591	3,939,095	2,907,869	5,669,250	7,141,686	8,577,119	15,718,805
08/01/17 - 07/31/18	25,711,269,126	2,864,762	5,429,338	2,345,296	7,520,965	8,294,100	9,866,261	18,160,361
08/01/18 - 07/31/19	25,653,785,846	3,607,729	4,530,997	2,722,119	6,779,499	8,138,726	9,501,618	17,640,344
Total	127,583,700,582	17,422,072	24,722,123	13,782,026	33,395,140	42,144,195	47,177,166	89,321,361
		INDICATED PURE PREMIUM				**0.033**	**0.037**	**0.07**

The pure premiums shown were calculated using unrounded losses, while the converted losses have been rounded for display purposes.

The present on rate level pure premiums are developed by adjusting the pure premiums underlying the current loss cost by the conversion factors calculated in Appendix B-I. The derivation of the present on rate level pure premiums for the above-captioned classification follows:

	Indemnity	Medical	Total
Pure Premiums Underlying Current Loss Cost	0.044	0.046	0.09
Conversion Factors (App. B-I, Section B)	0.841	0.821	xxx
PURE PREMIUMS PRESENT ON RATE LEVEL (Underlying Pure Premiums) x (Conversion Factor)	0.037	0.038	0.08

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APPENDIX B-III

Derivation of Proposed Loss Cost - Code 8810
Industry Group - Office and Clerical, Hazard Group - C

The loss cost for the above-captioned classification is derived as follows:

		Indemnity	Medical	Total
1.	Indicated Pure Premium	0.033	0.037	0.07
2.	Pure Premium Indicated by National Relativity	0.039	0.041	0.08
3.	Pure Premium Present on Rate Level	0.037	0.038	0.08
4.	State Credibilities	100%	100%	xxx
5.	National Credibilities	0%	0%	xxx
6.	Residual Credibilities = 100% - (4) - (5)	0%	0%	xxx
7.	Derived by Formula Pure Premiums = (1) x (4) + (2) x (5) + (3) x (6)	0.033	0.037	0.07
8.	Test Correction Factor	1.0191	1.0191	xxx
9.	Underlying Pure Premiums = (7) x (8) *	0.032	0.038	0.07
10.	Ratio of Manual to Standard Premium			1.129
11.	Loss Cost = (9) x (10)			0.08
12.	Loss Cost Within Swing Limits			0.08
	Current Loss Cost x Swing Limits a) Lower bound = 0.10 x 0.630 = 0.07 b) Upper bound = 0.10 x 1.030 = 0.10			
13.	Pure Premiums Underlying Proposed Loss Cost* = ((13TOT) / (9TOT)) x (9) , (13TOT) = (12) / (10)	0.032	0.038	0.07
14.	Disease, Catastrophe and/or Miscellaneous Loadings			0.00
15.	Final Loaded Loss Cost			0.08

* Indemnity pure premium is adjusted for the rounded total pure premium:
Indemnity Pure Premium = Total Pure Premium - Medical Pure Premium

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APPENDIX B-IV

Ten years of Workers Compensation Statistical Plan (WCSP) data is used to determine the F-classification (F-class) loss costs. An F-class countrywide pure premium is brought to Connecticut's proposed level, and F-class code countrywide relativities are applied to determine indicated loss costs. The latest year of payroll is extended by both the current and proposed loss costs. Based on $1,580,745 of payroll, the overall indicated loss cost level change in Connecticut is -18.0%.

I. Calculation of F-Class Countrywide Pure Premium and F-Class Code Relativities

Ten years of F-class losses* across all states for which the National Council on Compensation Insurance compiles workers compensation ratemaking data are converted and adjusted to a countrywide level and used with ten years of F-class countrywide payroll to determine the F-class countrywide pure premiums at both an overall and individual classification level. The F-class code countrywide relativities are then calculated using these pure premiums.

*Losses are limited to $500,000 for a single claim occurrence and $1,500,000 for each multiple claim occurrence.
Note: Texas data is included for policies effective 1/1/2013 and subsequent.

A. Calculation of Primary Conversion Factors

Each state's losses are adjusted by its state-specific benefit and trend factors and countrywide development. Below are the adjustments made to Connecticut's losses:

1. Factors to Adjust to a Current Benefit Level

The state and federal losses are adjusted to the current state and federal benefit levels, respectively.

	State Act				
Policy Period	Fatal	Permanent Total (P.T.)	Permanent Partial (P.P.)	Temporary Total (T.T.)	Medical
1/08 - 12/08	1.011	1.019	1.021	1.019	0.995
1/09 - 12/09	1.011	1.019	1.021	1.019	0.987
1/10 - 12/10	1.011	1.019	1.021	1.019	0.978
1/11 - 12/11	1.011	1.019	1.021	1.019	0.972
1/12 - 12/12	1.011	1.019	1.021	1.019	0.981
1/13 - 12/13	1.011	1.019	1.021	1.019	0.984
1/14 - 12/14	1.011	1.019	1.021	1.019	0.998
1/15 - 12/15	1.011	1.019	1.021	1.019	1.033
1/16 - 12/16	1.011	1.019	1.021	1.019	1.030
1/17 - 12/17	1.011	1.019	1.021	1.019	1.025

	Federal Act				
Policy Period	Fatal	Permanent Total (P.T.)	Permanent Partial (P.P.)	Temporary Total (T.T.)	Medical
1/08 - 12/08	1.000	1.000	1.000	1.000	1.000
1/09 - 12/09	1.000	1.000	1.000	1.000	1.000
1/10 - 12/10	1.000	1.000	1.000	1.000	1.000
1/11 - 12/11	1.000	1.000	1.000	1.000	1.000
1/12 - 12/12	1.000	1.000	1.000	1.000	1.000
1/13 - 12/13	1.000	1.000	1.000	1.000	1.000
1/14 - 12/14	1.000	1.000	1.000	1.000	1.000
1/15 - 12/15	1.000	1.000	1.000	1.000	1.000
1/16 - 12/16	1.000	1.000	1.000	1.000	1.000
1/17 - 12/17	1.000	1.000	1.000	1.000	1.000

2. Factors to Trend to 1/1/2022

The losses are trended from the midpoint of each policy year to 1/1/2022 using the current annual trends of 0.960 and 0.965 for indemnity and medical, respectively.

Policy Period	Indemnity	Medical
1/08 - 12/08	0.586	0.627
1/09 - 12/09	0.611	0.650
1/10 - 12/10	0.636	0.674
1/11 - 12/11	0.662	0.698
1/12 - 12/12	0.690	0.723
1/13 - 12/13	0.719	0.750
1/14 - 12/14	0.749	0.777
1/15 - 12/15	0.780	0.805
1/16 - 12/16	0.812	0.834
1/17 - 12/17	0.846	0.864

3. Limited Loss Development Factors

The losses are developed to an ultimate basis using loss development factors based on countrywide data.*

Policy Period	Indemnity Likely-to-Develop	Indemnity Not-Likely-to-Develop	Medical Likely-to-Develop	Medical Not-Likely-to-Develop
1/08 - 12/08	1.045	1.006	1.111	1.012
1/09 - 12/09	1.048	1.013	1.119	1.028
1/10 - 12/10	1.057	1.020	1.128	1.027
1/11 - 12/11	1.067	1.031	1.127	1.020
1/12 - 12/12	1.058	1.029	1.132	1.010
1/13 - 12/13	1.088	1.040	1.134	1.024
1/14 - 12/14	1.113	1.054	1.176	1.023
1/15 - 12/15	1.281	1.109	1.250	1.024
1/16 - 12/16	1.481	1.254	1.316	1.060
1/17 - 12/17	2.325	1.810	1.527	1.135

*Excludes Texas.

4. Primary Conversion Factors = (1) x (2) x (3)

The factors above, contained within Section A, are combined multiplicatively, resulting in the following Likely-to-Develop (L) and Not-Likely-to-Develop (NL) factors:

State Act

Policy Period	Fatal (L)	Fatal (NL)	P.T.*	P.P. (L)	P.P. (NL)	T.T. (L)	T.T. (NL)	Medical (L)	Medical (NL)
1/08 - 12/08	0.619	0.596	0.624	0.625	0.602	0.624	0.601	0.693	0.631
1/09 - 12/09	0.647	0.626	0.652	0.654	0.632	0.652	0.631	0.718	0.660
1/10 - 12/10	0.680	0.656	0.685	0.686	0.662	0.685	0.661	0.744	0.677
1/11 - 12/11	0.714	0.690	0.720	0.721	0.697	0.720	0.695	0.765	0.692
1/12 - 12/12	0.738	0.718	0.744	0.745	0.725	0.744	0.724	0.803	0.716
1/13 - 12/13	0.791	0.756	0.797	0.799	0.763	0.797	0.762	0.837	0.756
1/14 - 12/14	0.843	0.798	0.849	0.851	0.806	0.849	0.804	0.912	0.793
1/15 - 12/15	1.010	0.875	1.018	1.020	0.883	1.018	0.881	1.039	0.852
1/16 - 12/16	1.216	1.029	1.225	1.228	1.040	1.225	1.038	1.130	0.911
1/17 - 12/17	1.989	1.548	2.004	2.008	1.563	2.004	1.560	1.352	1.005

Federal Act

Policy Period	Fatal (L)	Fatal (NL)	P.T.*	P.P. (L)	P.P. (NL)	T.T. (L)	T.T. (NL)	Medical (L)	Medical (NL)
1/08 - 12/08	0.612	0.590	0.612	0.612	0.590	0.612	0.590	0.697	0.635
1/09 - 12/09	0.640	0.619	0.640	0.640	0.619	0.640	0.619	0.727	0.668
1/10 - 12/10	0.672	0.649	0.672	0.672	0.649	0.672	0.649	0.760	0.692
1/11 - 12/11	0.706	0.683	0.706	0.706	0.683	0.706	0.683	0.787	0.712
1/12 - 12/12	0.730	0.710	0.730	0.730	0.710	0.730	0.710	0.818	0.730
1/13 - 12/13	0.782	0.748	0.782	0.782	0.748	0.782	0.748	0.851	0.768
1/14 - 12/14	0.834	0.789	0.834	0.834	0.789	0.834	0.789	0.914	0.795
1/15 - 12/15	0.999	0.865	0.999	0.999	0.865	0.999	0.865	1.006	0.824
1/16 - 12/16	1.203	1.018	1.203	1.203	1.018	1.203	1.018	1.098	0.884
1/17 - 12/17	1.967	1.531	1.967	1.967	1.531	1.967	1.531	1.319	0.981

*Permanent Total losses are always assigned to the Likely-to-Develop grouping.

B. Expected Excess Provision and Redistribution

After the application of the primary conversion factors, each state's limited losses are brought to an expected unlimited level through the application of countrywide excess loss factors by hazard group. The expected excess loss provisions are non-catastrophe and the excess ratios at a loss limit of $50 million are set equal to zero. The countrywide excess loss factors are shown below:

Hazard Group	A	B	C	D	E	F	G
(1) **Excess Ratios**	0.079	0.101	0.134	0.151	0.207	0.240	0.274
(2) = 1/(1-(1)) **Excess Factors**	1.086	1.112	1.155	1.178	1.261	1.316	1.377

As the excess loss factors are on a combined (indemnity and medical) basis, a portion (40%) of the indemnity expected excess losses are redistributed to medical in order to more accurately allocate expected excess losses. Since a portion of the expected excess losses are redistributed in an additive manner, the expected excess factors shown above cannot be combined multiplicatively with the primary loss conversion factors.

C. Calculation of Total Expected Unlimited Losses

Using expected unlimited losses, each state's total losses at the countrywide level are a combination of its federal act losses and its state act losses adjusted to the countrywide level.

State act losses are adjusted to a common countrywide level for each state using its state-specific index to countrywide factor by using the steps below:

1. Each state's Hazard Group E average pure premium is calculated by payroll weighting the pure premiums of the industrial codes in Hazard Group E. The average pure premium for Hazard Groups F and G are calculated in a similar manner.
2. Each state's industrial average pure premium is calculated by weighting together the state's hazard group average pure premiums (step 1) by the F-class countrywide payroll distribution of Hazard Groups E, F, and G.
3. The countrywide industrial average pure premium is calculated by payroll weighting each state's industrial average pure premium (step 2) by its respective F-class payroll.
4. Each state's index to countrywide factor is the ratio of the industrial countrywide average pure premium (step 3) to its respective industrial average pure premium (step 2).
5. The adjusted state act losses for each state are calculated by applying the state-specific index to countrywide factor to its state act expected unlimited losses. Connecticut's index to countrywide factor is 0.796.

D. F-Class Countrywide Pure Premium and F-Class Code Relativities

All states' expected unlimited losses at the countrywide level are summed to determine the F-class overall countrywide pure premium, F-class code countrywide pure premiums, and F-class code countrywide relativities.

	(1)	(2)	(3) = (2) / ((1)/100)	(4) = (3) / (3)CW
Class Code	**10-Year Countrywide Payroll**	**10-Year Expected Unlimited Countrywide Losses**	**Countrywide Pure Premium**	**Countrywide Relativity**
6006	285,475,380	13,842,243	4.85	1.410
6801*	24,801,350	385,828	1.56	1.000
6824	474,818,380	18,772,950	3.95	1.148
6825	289,698,605	3,107,916	1.07	0.311
6826	130,250,844	2,914,882	2.24	0.651
6828*	42,894,518	577,268	1.35	1.000
6829*	17,179,079	557,027	3.24	1.000
6843	1,356,336,819	64,095,958	4.73	1.375
6845	248,031,406	6,194,045	2.50	0.727
6872	1,556,953,017	70,722,752	4.54	1.320
6873*	33,450,087	1,693,252	5.06	1.000
6874	113,627,635	6,175,783	5.44	1.581
7309	901,526,126	37,208,286	4.13	1.201
7313	670,874,776	11,325,737	1.69	0.491
7317	1,159,322,995	36,038,706	3.11	0.904
7327	55,654,194	5,073,036	9.12	2.651
7350	644,701,195	20,158,860	3.13	0.910
8709	381,840,788	5,825,272	1.53	0.445
8726	678,866,423	6,787,249	1.00	0.291
9077*	1,120,828	436,201	38.92	1.000
Overall	**9,067,424,445**	**311,893,251**	**3.44**	

*Relativities for class codes with a limited amount of data are set to 1.000.

II. Calculation of Connecticut's F-Class Base Pure Premiums

Connecticut's primary, secondary, and final base pure premiums are calculated to bring the F-class overall countrywide pure premium to Connecticut's proposed level.

A. Primary Base Pure Premium Factors

Using the factors below, Connecticut's primary base pure premium is calculated to bring the F-class overall countrywide pure premium to Connecticut's level:

1. State Act Pure Premium Relativity Factor 1.256

Calculated as 1 / Connecticut's index to countrywide factor (Section I.C)

2. Countrywide State and Federal Weights

Countrywide state and federal losses are used to determine the weights.

i.	State Act Weight (St%)	24%
ii.	Federal Act Weight (Fed%)	76%

B. Secondary Base Pure Premium Factors

Using the factors below, Connecticut's secondary base pure premium is calculated to incorporate Connecticut's proposed trends, benefits, and loss-based expenses on an indemnity and medical basis:

1. Countrywide Indemnity and Medical Weights

Countrywide indemnity and medical losses are used to determine the weights.

i.	Indemnity Weight	49%
ii.	Medical Weight	51%

2. Indemnity and Medical Trend Factors

Connecticut's primary base pure premium is trended from 1/1/2022 to the midpoint of the proposed period using the proposed annual trends of 0.960 and 0.955 for indemnity and medical, respectively.

i.	Indemnity Trend Factor	0.963
ii.	Medical Trend Factor	0.958

3. Indemnity and Medical Benefits

Connecticut's primary base pure premium is adjusted to proposed state and federal benefit levels using countrywide state and federal weights (Section A.2).

	Indemnity	Medical
(a) State Benefits	1.000	1.012
(b) Federal Benefits	1.000	1.000
Weighted Benefits = [(a) x St%] + [(b) x Fed%]	1.000	1.003

4. Loss-Based Expenses

Connecticut's primary base pure premium is adjusted by the weighted impact of the proposed state and federal loss-based expenses. The countrywide state and federal weights (Section A.2) are used to determine the weighted effects.

	Indemnity	Medical
(a) State Act Loss Adjustment Expense	1.199	1.199
(b) State Act Loss-Based Assessment	1.000	1.000
(c) Federal Act Loss Adjustment Expense	1.199	1.199
(d) Federal Act Loss-Based Assessment	1.000	1.000
(e) State Act Total = (a) + (b) - 1	1.199	1.199
(f) Federal Act Total = (c) +(d) - 1	1.199	1.199
Weighted Loss-Based Expenses = [(e) x St%] + [(f) x Fed%]	1.199	1.199

C. Final Base Pure Premium Factors

The following factors are applied to determine Connecticut's final base pure premium:

1. Additional Offsets 1.000

There are no additional offsets applicable in Connecticut.

III. Calculation of Connecticut's Proposed Loss Costs by Class Code

The proposed loss costs are calculated by applying the items below to Connecticut's final base pure premium.

A. Application of F-Class Code Relativities

Loss costs are calculated for each of Connecticut's F-class codes by applying the respective F-class code countrywide relativity factor (Section I.D) to Connecticut's final base pure premium.

B. Class Code 9077

Class Code 9077 is calculated as described in Sections I and II but using non-appropriated benefit changes and federal loss-based expenses.

C. Swing Limits

The proposed loss costs are limited to the swing limits based on 20% above and 20% below the current loss costs.

Classifications Limited by the Upper Swing	Classifications Limited by the Lower Swing
9077	6824 6826 6843 6845 6872 6874 7309 7313 7317 7327 7350 8709 8726

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APPENDIX B-IV

Derivation of State Base Pure Premium

	Indemnity	Medical	Total
1. Overall Countrywide Pure Premium (Section I.D)			3.44
2. State Act Pure Premium Relativity Factor (Section II.A.1)			1.256
3. Countrywide State Act Weight (Section II.A.2)			24%
4. **Primary Base Pure Premium** =[(1) x (2) x (3)] + [(1) x (1 - (3))]			**3.65**
5. Countrywide Weights (Section II.B.1)	49%	51%	100%
6. Trend Factors (Section II.B.2)	0.963	0.958	xx
7. Weighted Benefits (Section II.B.3)	1.000	1.003	xx
8. Weighted Loss-Based Expenses (Section II.B.4)	1.199	1.199	xx
9. **Secondary Base Pure Premium** = (4tot) x (5) x (6) x (7) x (8)	2.065	2.145	**4.21**
10. Additional Offsets (Section II.C.1)			1.000
11. **Final Base Pure Premium** = (9) x (10)			**4.21**

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APPENDIX B-IV

Derivation of Proposed Loss Cost - Code 6872
Industry Group - F-Class, Hazard Group - G

The loss cost for the above-captioned classification is derived as follows:

1. Connecticut's Final Base Pure Premium	4.21
2. Countrywide Class Code 6872 Relativity (Section I.D)	1.320
3. Loss Cost = (1) x (2)	5.56
4. Loss Cost Within Swing Limits	6.00
Current Loss Cost x Swing Limits a) Lower bound = 7.50 x 0.80 = 6.00 a) Upper bound = 7.50 x 1.20 = 9.00	
5. Disease, Catastrophe and/or Miscellaneous Loadings	0.00
6. Final Loaded Loss Cost	6.00

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APPENDIX B-V

Calculation of Factor to Convert Loss Costs to Assigned Risk Rates

A factor of 1.750 = [{(1.439 / 1.199) / 0.713} x 1.040] is applied to the loss costs in order to convert to assigned risk rates. The proposed assigned risk differential (1.439) is applied. Next, since the loss costs include a provision for loss adjustment expenses, that provision (1.199) is removed and assigned risk expenses are loaded through application of the permissible loss ratio (0.713). A provision for uncollectible premium (1.040) is also applied.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Appendix C – Memoranda for Laws and Assessments

The following changes affecting Connecticut benefit levels are detailed in this Appendix:

- Workers' Compensation Commission Administrative Assessment
- Analysis of Medical Fee Schedule Changes, Effective April 1, 2021
- Analysis of Increase in Burial Benefit per Senate Bill 1202, Enacted June 23, 2021
- Analysis of Medical Fee Schedule Changes, Effective July 15, 2021
- Longshore and Harbor Workers' Compensation Act Assessment

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APPENDIX C-I

Computation of Workers' Compensation Commission Administrative Assessment

I.	INDUSTRIAL CLASSIFICATIONS		
	1.	WC Commission Assessment as a Percentage of Losses	2.70%
	2.	Proposed Permissible Loss Ratio	71.3%
	3.	Proposed Assessment as a Percentage of Premium = (1) x (2)	1.9%
II.	"F" CLASSIFICATIONS		
	4.	2021 USL&HW Assessments on Total Losses	6.1%
	5.	Percent of "F" Class Losses under State Act	24.0%
	6.	Percent of "F" Class Losses under Federal Act	76.0%
	7.	Assessments as a Percentage of Premium = { [(1) x (5)] + [(4) x (6)] } x (2)	3.8%

Per the Connecticut Insurance Department, we are proposing the following:

I.	INDUSTRIAL CLASSIFICATIONS		
	1.	Proposed Assessment as a Percentage of Premium = (3)	1.9%
II.	"F" CLASSIFICATIONS		
	2.	Assessments as a Percentage of Premium = (7)	3.8%

Note: The Workers' Compensation Commission Administrative Assessment is NOT part of the loss costs or assigned risk rates.

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APPENDIX C-II

Analysis of Medical Fee Schedule Changes, Effective April 1, 2021

NCCI estimates that the changes to Connecticut's medical fee schedule, effective April 1, 2021, will result in an impact of +0.6% on overall workers compensation system costs.

Summary of Changes

The changes to the medical fee schedule published by the Connecticut Workers' Compensation Commission (WCC) are summarized below.

- Update the hospital inpatient fee schedule to be based on 174% of Medicare's 2021 Inpatient Prospective Payment System (IPPS). Prior to April 1, 2021, hospital inpatient services were subject to a maximum reimbursement rate of 174% of the 2020 IPPS.

- Update the hospital outpatient and hospital-based ambulatory surgical center[1] (ASC) fee schedule to be based on 210% of Medicare's 2021 Outpatient Prospective Payment System (OPPS). Prior to April 1, 2021, hospital outpatient and hospital-based ASC services were subject to a maximum reimbursement rate of 210% of the 2020 OPPS.

- Update the non-hospital-based ASC fee schedule to be based on 195% of Medicare's 2021 OPPS. Prior to April 1, 2021, non-hospital-based ASC services were subject to a maximum reimbursement rate of 195% of the 2020 OPPS

Actuarial Analysis

NCCI's methodology to evaluate the impact of medical fee schedule changes includes three major steps:

1. Calculate the percentage change in maximum reimbursements
    - Compare the prior and revised maximum reimbursements by procedure code to determine the percentage change by procedure code. For hospital inpatient services, the prior and revised maximum reimbursements are compared by episode.
    - Calculate the weighted-average percentage change in maximum reimbursements for the fee schedule using observed payments by procedure code as weights. For hospital inpatient services, the observed payments by episode are used as weights. For hospital outpatient services, Connecticut's hospital outpatient fee schedule follows Medicare rules which contain a comprehensive payment policy that packages payment for adjunctive and secondary items, services, and procedures into the primary procedure under certain circumstances. For this analysis, the hospital outpatient experience is aggregated according to the packaging rules, where applicable.

[1] NCCI's medical data call does not capture the information necessary to determine the ownership of ASC facilities. In this analysis, NCCI assumed that all ASC services were non-hospital based.

2. Determine the share of costs that are subject to the fee schedule
    - The share is based on a combination of fields, such as procedure code, provider type, and place of service, as reported on the NCCI Medical Data Call, to categorize payments that are subject to the fee schedule.
    - The share is calculated as the greater of the percent of observed payments with a maximum allowable reimbursement (MAR) or 75%. NCCI assumes no change for the share of costs not subject to the fee schedule.

3. Estimate the price level change as a result of the revised fee schedule
    - NCCI research by David Colón and Paul Hendrick, "The Impact of Fee Schedule Updates on Physician Payments" (2018), suggests that approximately 80% of the change in maximum reimbursements for physician fee schedules is realized on payments impacted by the change.
    - For facility fee schedule changes, a price realization factor of 80% is assumed.

In this analysis, NCCI relies primarily on two data sources:

- Detailed medical data underlying the calculations in this analysis are based on NCCI's Medical Data Call for Connecticut for Service Year 2019.
- The share of benefit costs attributed to medical benefits is based on NCCI's Financial Call data for Connecticut from Policy Years 2017 and 2018 projected to the effective date of the benefit changes.

Summary of Impacts

The impacts from the fee schedule changes in Connecticut, effective April 1, 2021, are summarized below.

Type of Service	(A) Impact on Type of Service	(B) Share of Medical Costs	(C) = (A) x (B) Impact on Medical Costs
Hospital Inpatient	+2.0%	15.0%	+0.3%
Hospital Outpatient	+2.8%	13.7%	+0.4%
ASC	+3.5%	13.4%	+0.5%
(D) Combined Impact on Medical Costs = Total of (C)			**+1.2%**
(E) Medical Costs as a Share of Overall Costs			47%
(F) Combined Impact on Overall Costs = (D) x (E)			**+0.6%**

Refer to the appendix for the share of costs subject to the fee schedule and the weighted-average change in MARs by type of service.

Additional Considerations

In Connecticut, the reimbursement for ASC services varies depending on the ownership of the facility. Hospital-based ASCs are subject to a maximum reimbursement based on Medicare's OPPS packaging rules while non-hospital-based ASCs use Multiple Procedure Payment Reduction (MPPR), which reduces the payment for second and subsequent procedures by 50%.

Appendix

Share of costs subject to the fee schedule and the weighted-average percentage change in MARs by type of service:

Type of Service	Share of Costs Subject to the Fee Schedule	Percentage Change in MARs	Impact after 80% Price Realization
Hospital Inpatient	67.8%	+2.5%	+2.0%
Hospital Outpatient	94.5%	+3.5%	+2.8%
ASC	99.2%	+4.4%	+3.5%

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APPENDIX C-III

Analysis of Increase in Burial Benefit per Senate Bill 1202, Enacted June 23, 2021

NCCI estimates that the change to the burial expense provision contained in enacted Connecticut Senate Bill (SB) 1202 will result in a negligible[1] increase on overall workers compensation (WC) system costs in the state.

Summary and Actuarial Analysis of Increase in Burial Expense

Prior to the enactment of SB 1202, §31-306(a) of the Connecticut General Statutes provided for burial expenses in the amount of $4,000 to be paid to dependents if an employee's death results from an accident or occupational disease arising out of and in the course of employment. Enacted SB 1202 increases the burial benefit to $12,000 for any case in which the employee died on or after the effective date of this section. And, beginning on January 1, 2022, and no later than each January 1st thereafter, this amount will be adjusted by the change in the consumer price index[2].

In analyzing the cost impact of increasing the burial benefit, NCCI compared total fatal indemnity costs payable for 1,000 hypothetical cases under both the prior and revised benefit scenarios. Burial costs are estimated to be approximately 0.5% of fatal indemnity benefits. **As burial expenses are expected to increase[3] by +200% (= 12,000/4,000 – 1), this will result in an increase of +1.0% in fatal indemnity benefit costs (= +200% x 0.5%). This impact is then multiplied by the fatal benefit share of total indemnity benefits (3.2%[4]) in Connecticut to arrive at a negligible increase on indemnity and overall[5] WC benefit costs in the state**.

It is important to note that the indexing of the burial benefit will create an annual automatic change in fatal benefits in Connecticut, not merely a one-time occurrence. Therefore, as the applicable wage index changes in future years, so will the burial benefit payable, and any resulting cost impact will be realized in future loss experience and reflected in subsequent NCCI loss cost filings in the state.

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[1] Negligible is defined as having an impact on overall system costs of less than 0.1%.

[2] Based on the change in the U.S. Bureau of Labor Statistics Consumer Price Index for urban wage earners and clerical workers in the northeast, with no seasonal adjustment.

[3] This calculation only considers the initial increase in burial costs from $4,000 to $12,000, not any increase subsequent to 2021.

[4] Based on NCCI Workers Compensation Statistical Plan data from policies becoming effective during the 24-month period ending July 31, 2018 on the April 1, 2020 law level for Connecticut.

[5] Indemnity benefits are projected to represent 53% of Connecticut's overall WC system costs based on NCCI Financial Call data for Connecticut for Policy Years 2017 and 2018 projected to June 23, 2021.

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APPENDIX C-IV

Analysis of Medical Fee Schedule Changes, Effective July 15, 2021

NCCI estimates that the changes to the medical fee schedule in Connecticut, effective July 15, 2021, will result in a negligible[1] impact on overall workers compensation system costs.

Summary of Changes

The quantified changes to the 2021 Connecticut Practitioner Fee Schedule include revised maximum allowable reimbursements (MARs) for physician services.

Actuarial Analysis

NCCI's methodology to evaluate the impact of medical fee schedule changes includes three major steps:

1. Calculate the percentage change in maximum reimbursements
    - Compare the prior and revised maximum reimbursements by procedure code to determine the percentage change by procedure code.
    - Calculate the weighted-average percentage change in maximum reimbursements for the fee schedule using observed payments by procedure code as weights.

2. Determine the share of costs that are subject to the fee schedule
    - The share is based on a combination of fields, such as procedure code, provider type, and place of service, as reported on the NCCI Medical Data Call, to categorize payments that are subject to the fee schedule.
    - The share is calculated as the greater of the percent of observed payments with a MAR or 75%. NCCI assumes no change for the share of costs not subject to the fee schedule.

3. Estimate the price level change as a result of the revised fee schedule
    - NCCI research by David Colón and Paul Hendrick, "The Impact of Fee Schedule Updates on Physician Payments" (2018), suggests that approximately 80% of the change in maximum reimbursements for physician fee schedules is realized on payments impacted by the change.

In this analysis, NCCI relies primarily on two data sources:

- Detailed medical data underlying the calculations in this analysis are based on NCCI's Medical Data Call for Connecticut for Service Year 2019.
- The share of benefit costs attributed to medical benefits is based on NCCI's Financial Call data for Connecticut from Policy Years 2017 and 2018 projected to the effective date of the benefit changes.

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[1] Negligible is defined in this document to be an impact smaller in magnitude than +/-0.1%.

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APPENDIX C-IV

Analysis of Medical Fee Schedule Changes, Effective July 15, 2021

Summary of Impacts

The impact of Connecticut's practitioner fee schedule change, effective July 15, 2021, is summarized below.

Type of Service	(A) Impact on Type of Service	(B) Share of Medical Costs	(C) = (A) x (B) Impact on Medical and Overall Costs
Physician	Negligible	40.3%	Negligible

Refer to the appendix for the weighted-average changes in MARs by physician practice category.

Non-Quantified Changes

Maximum reimbursements for custom orthotics and prosthetics are also governed by the fee schedule in Connecticut. The share of these payments with a MAR makes up a small portion of medical costs. Therefore, the impact on overall costs due to updating the fee schedule for these services is not anticipated to be material. As such, any potential impact from this change will be realized in future loss experience and reflected in subsequent NCCI loss cost filings in Connecticut.

APPENDIX

Weighted-Average Percentage Change in MARs Prior to Price Realization by Physician Practice Category

Physician Practice Category	Share of Physician Costs	Percentage Change in MARs
Anesthesia	3.3%	0.0%
Surgery	28.2%	-0.1%
Radiology	8.6%	-0.3%
Pathology & Laboratory	0.6%	+0.5%
Physical Medicine	27.9%	+0.2%
General Medicine	2.8%	-0.2%
Evaluation & Management	24.4%	-0.2%
Physician Payments with no specific MAR	4.2%	–
Total	**100.0%**	**Negligible**

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APPENDIX C-V

U.S. Longshore and Harbor Workers' Compensation Act Assessment

1.)	Estimated Total Expense Needed for 2021 *	90,000,000
2.)	Compensation Payments Reported (on indemnity only) in 2020 *	799,935,476
3.)	Assessment Rate on Indemnity Losses (1) / (2)	11.3%

Breakdown of Losses Under the Longshore and Harbor Workers Act

4.)	Indemnity Losses (Combination of 1st through 3rd reports) #	25,021,803
5.)	Medical Losses (Combination of 1st through 3rd reports) #	21,690,123
6.)	Total Losses (4) + (5)	46,711,926
7.)	Assessment Rate on Total Losses { (3) x (4) } / (6)	6.1%

* Source: U.S. Department of Labor

\# Source: On-leveled and developed USL&HW losses - statistical plan data

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Appendix D – Determination of Assigned Risks Rates

Overall Proposed Change to Assigned Risk Rate Level

NCCI applies an assigned risk loss cost multiplier (LCM) to the voluntary market loss costs to calculate the assigned risk rates. This factor accounts for differences in the components included in the assigned risk rates versus those in the voluntary market loss costs. The key components of the assigned risk loss cost multiplier are the assigned risk differential, assigned risk market expenses (as reflected in the assigned risk permissible loss ratio (PLR)), and the uncollectible premium provision (UPP). Voluntary market loss-based expenses (LBE) must also be removed in the calculation since the servicing carrier allowance already contemplates these expenses for the assigned risk market. The assigned risk loss cost multiplier formula is as follows:

Assigned Risk LCM = Assigned Risk Differential / Voluntary Market LBE / PLR x UPP

In this filing, NCCI is proposing an overall average change of –8.2% to the current assigned risk rate level.

Assigned Risk Differential

The primary purpose of the loss cost differential is to ensure equity between the assigned risk and voluntary markets. To help ensure a self-funded assigned risk market—one that does not require subsidization by participants in the voluntary market—the adequacy of the loss cost differential is reviewed.

In Connecticut, as is usually the case, the combined experience for those employers in the assigned risk market is worse than the combined experience for those in the voluntary market. Therefore, during the assigned risk ratemaking process, a surcharge is applied to those in the assigned risk market to recognize this disparity. This surcharge is called the assigned risk differential. Based on this year's review, an increase to the current assigned risk loss cost differential from 1.336 to 1.439 is being proposed.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Appendix D – Determination of Assigned Risks Rates

Assigned Risk Expenses

Provisions for expense items related to the writing of workers compensation insurance not already contemplated in the loss costs must be included in the final assigned risk rates. These include:

- Servicing Carrier Allowance (SCA): This is the market-based cost paid to the assigned risk market servicing carriers as a percentage of final net collected premium that is intended to compensate for expenses incurred in handling the assigned risk business. The average SCA is determined through a competitive bid process and typically includes provisions for such items as general (overhead), production, and loss-based expenses.
- Assigned Risk Administration Expense: Reflects NCCI Plan Administration Expenses, NWCRA Pool Administration Expenses, and Servicing Carrier Other Expenses.
- Average Commission
- Profit and Contingency Provision[1]

Based on our analysis this year, a decrease of 0.6% to the current assigned risk expense level is being proposed.

Uncollectible Premium Provision

The purpose of the uncollectible premium provision is to make available sufficient funds in the rate structure to offset the policy premium ultimately determined to be uncollectible. Based on a review of historical ratios of ultimate gross premium to ultimate collected premium in Connecticut's assigned risk market, NCCI is proposing no change to the uncollectible premium provision of 1.040.

[1] Note that last year's Profit and Contingency indications inadvertently used an investment portfolio assumption including 2018 assets for Commercial Lines Composite rather than Commercial Casualty Composite in the 3-year average. The updated indications were not materially different than those included in last year's filing: 3.3% versus 3.0% for static, and 3.4% versus 3.2% for dynamic. NCCI's currently approved Profit and Contingency provision was not impacted by the difference in the investment portfolio assumptions used. The indications for the current filing are not impacted.

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APPENDIX D

Determination of Assigned Risk Rate Level Change

Section A - Derivation of the Assigned Risk Loss Cost Multiplier

This filing proposes a -8.2% overall average change to the current assigned risk rate level. For all classifications, an assigned risk multiplier is applied to the voluntary loss costs proposed effective January 1, 2022 in order to convert to assigned risk rates.

(1)	Current Assigned Risk Loss Cost Multiplier	1.637
(2)	Proposed Assigned Risk Loss Cost Differential (See Section B)	1.439
(3)	Proposed Voluntary Loss-based Expense Provision (Exhibit II)	19.9%
(4)	Indicated Assigned Risk Permissible Loss Ratio (See Section C)	71.3%
(5)	Proposed Uncollectible Premium Provision (See Section G)	1.040
(6)	Indicated Assigned Risk Loss Cost Multiplier = ({(2) / [1.0 + (3)]} / (4)) x (5)	1.750
(7)	Indicated Change in the Assigned Risk Loss Cost Multiplier = [(6) / (1)] - 1.0	6.9%
(8)	Proposed Voluntary Loss Cost Level Change (Exhibit I)	-14.1%
(9)	Indicated Assigned Risk Rate Level Change = {[1.0 + (7)] x [1.0 + (8)]} - 1.0	**-8.2%**

CONNECTICUT

APPENDIX D

Determination of Assigned Risk Rates

Section B - Derivation of Assigned Risk Differential
Experience Valued as of 12/31/2020

Policy Year	(1) Standard Pure Premium Assigned Risk	(2) Standard Pure Premium Statewide	(3) Unlimited Undeveloped Paid+Case Losses Assigned Risk	(4) Unlimited Undeveloped Paid+Case Losses Statewide
2010	6,915,040	291,071,868	19,994,654	429,670,868
2011	7,123,875	295,208,543	14,588,879	403,783,465
2012	9,783,254	291,393,248	20,791,483	393,050,560
2013	13,150,708	292,939,492	46,378,570	379,182,993
2014	13,653,733	300,646,616	25,316,813	323,676,387
2015	14,252,766	317,432,879	21,380,027	315,691,948
2016	13,069,475	320,526,669	17,226,697	294,060,974
2017	13,595,065	323,097,887	15,541,117	308,296,287
2018	13,911,656	341,658,068	18,037,972	252,575,541
2019	14,362,186	352,033,899	21,781,476	209,896,232

Policy Year	(5) = (3) / (1) Pure Premium Ratio Assigned Risk	(6) = (4) / (2) Pure Premium Ratio Statewide	(7) = (5) / (6) Assigned Risk to Statewide Relativity	(8) = (7) / Impact of ARAP^ Indicated Assigned Risk Differential
2010	2.891	1.476	1.959	1.855
2011	2.048	1.368	1.497	1.418
2012	2.125	1.349	1.575	1.491
2013	3.527	1.294	2.726	2.581
2014	1.854	1.077	1.721	1.630
2015	1.500	0.995	1.508	1.428
2016	1.318	0.917	1.437	1.361
2017	1.143	0.954	1.198	1.134
2018	1.297	0.739	1.755	1.662
2019	1.517	0.596	2.545	2.410
			10-year average	1.697
			10-year xhilo	1.657
			Current Assigned Risk Differential	1.336 *
			Proposed Assigned Risk Differential	**1.439 ***
			Proposed Change in Assigned Risk Differential	1.077

^ Impact of the Assigned Risk Adjustment Program (ARAP) = 1.056
* Includes the impact of reduced premium discounts.

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APPENDIX D

Determination of Assigned Risk Rates

Section C - Expense Components of Assigned Risk Rate

The assigned risk expense provision including loss-based expenses is derived directly from the servicing carrier allowance, since this is the market-based cost to the assigned risk plan to have the plan serviced. The average commission rate, the profit and contingency provision, a provision for administrative expenses, and all taxes and assessments not included in the servicing carrier allowance must be added to the allowance to derive an average expense provision as a percentage of standard premium excluding the expense constants.

		Expense Provisions Underlying Proposed Rates
(1)	Expense Constant	$160
(2)	Weighted-Average of Servicing Carrier Allowance Bids	19.4%
(3)	Premium Tax	1.5%
(4)	Assigned Risk Administration Expense (See Section E)	4.6%
(5)	Premium Discount as a Percentage of Standard Premium Excluding the Expense Constant (See Section D)	1.6%
(6)	Expense Constant Premium as a Percentage of Standard Premium Excluding the Expense Constant (See Section D)	5.5%
(7)	Servicing Carrier Allowance, Taxes and Administrative Expense Converted to a Standard Premium Excluding Expense Constant Basis = [(2) + (3) + (4)] x [1 - (5) + (6)] + (5) - (6)	22.6%
(8)	Average Commission (See Section D)	5.1%
(9)	Profit and Contingency Provision	1.0%
(10)	Total Expense Provision in Rate = (7) + (8) + (9)	28.7%
(11)	Permissible Loss Ratio in Rate = 1 - (10)	71.3%
(12)	Current Permissible Loss Ratio in Rate	70.9%
(13)	Impact on Rate due to Change in Expenses = (0.709 / 0.713) - 1	-0.6%

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APPENDIX D

Determination of Assigned Risk Rate Level Change

Section D - Derivation of Premium Discount, Expense Constant and Commission as a Percentage of Premium

Premium Distribution by Layer for Assigned Risk Policies for Policy Years 2019 & 2020

Portion of Total Standard Premium	(1) Standard Premium Excl Exp Cnst	(2) Standard Premium Excl Exp Cnst Distribution	(3) [1] Commission Scale [2]	(4) [1] Premium Discounts
First 1,000	19,522,317	31.3%	8.0%	--
Next 4,000	17,472,100	28.0%	5.0%	--
Next 5,000	6,410,694	10.3%	3.0%	--
Next 90,000	15,735,280	25.2%	3.0%	5.1%
Next 100,000	2,298,664	3.7%	2.0%	5.1%
Next 1,550,000	931,255	1.5%	2.0%	6.5%
Over 1,750,000	0	0.0%	2.0%	7.5%
Total	62,370,310	100.0%	5.1%	1.6%

(5) Expense Constant Premium as % of Standard Premium Excluding Expense Constant [3] = 5.5%

[1] Totals represent weighted averages based on column (2).
[2] Commissions paid in Connecticut are based on standard premium excluding expense constant premium. Source of the commission scale is NCCI's Basic Manual, Rule 4-H-6.
[3] Based on assigned risk policy and premium totals for policy years 2019 & 2020 using the dominant state method for the classification of multistate policies.

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APPENDIX D

Determination of Assigned Risk Rates

Section E - Derivation of NCCI Plan Administration Expenses, NWCRA Pool Administration Expenses, and Servicing Carrier Other Expenses

Calendar Year	(1) Net Written Premium [1]	(2) Expenses	(3) Expenses as % of NWP = (2)/(1)
2011	16,349,238	1,578,273	9.7%
2012	27,947,446	1,686,226	6.0%
2013	40,119,761	1,625,692	4.1%
2014	41,749,644	1,635,357	3.9%
2015	40,258,766	1,492,000	3.7%
2016	30,795,342	1,314,112	4.3%
2017	26,113,613	1,221,283	4.7%
2018	26,638,105	1,352,311	5.1%
2019	19,291,124	1,248,810	6.5%
2020	17,917,073	1,224,224	6.8%
		Selected	4.6%

[1] Gross of uncollectible premium.

Section F - Calculation of Ultimate Uncollectible Premium Provision (UPP)

Section 1 - Gross Premium as of 12/31/2020 - Traumatic Only (000s)

Policy Year	1st	2nd	3rd	4th	5th	6th	7th	8th	Ultimate Gross
2009				15,213	15,214	15,214	15,211	15,211	15,211
2010			15,767	15,741	15,745	15,749	15,748	15,747	15,747
2011		17,630	17,568	17,555	17,560	17,559	17,557	17,528	17,528
2012	29,133	28,658	28,426	28,286	28,304	28,292	28,288	28,288	28,288
2013	37,624	37,209	36,913	36,828	36,818	36,894	36,892		36,892
2014	43,192	42,990	42,722	42,332	42,269	42,265			42,265
2015	41,931	42,113	42,056	42,072	42,081				42,081
2016	28,608	28,475	28,483	28,301					28,301
2017	28,754	27,478	27,402						27,292
2018	24,448	24,246							24,077
2019	18,982								18,735

Policy Year	1 / 2	2 / 3	3 / 4	4 / 5	5 / 6	6 / 7	7 / 8	8 / Ult
2009						1.000	1.000	
2010					1.000	1.000	1.000	
2011				1.000	1.000	1.000	0.998	
2012			0.995	1.001	1.000	1.000	1.000	
2013		0.992	0.998	1.000	1.002	1.000		
2014	0.995	0.994	0.991	0.999	1.000			
2015	1.004	0.999	1.000	1.000				
2016	0.995	1.000	0.994					
2017	0.956	0.997						
2018	0.992							
5-Yr Avg	0.988	0.996	0.996	1.000	1.000	1.000	1.000	
5-Yr Avg x H/L	0.994	0.997	0.996	1.000	1.000	1.000	1.000	
Selected	0.994	0.997	0.996	1.000	1.000	1.000	1.000	1.000
Ultimate	0.987	0.993	0.996	1.000	1.000	1.000	1.000	1.000

Section 2 - Collected Premium as of 12/31/2020 - Traumatic Only (000s)

Policy Year	1st	2nd	3rd	4th	5th	6th	7th	8th	Ultimate Collected	Gross / Collected
2009				14,750	14,778	14,783	14,801	14,802	14,802	1.028
2010			14,571	14,605	14,763	14,893	14,906	14,944	14,944	1.054
2011		16,305	16,286	16,330	16,349	16,346	16,458	16,488	16,488	1.063
2012	27,711	26,696	26,788	26,795	26,830	26,843	26,878	26,893	26,893	1.052
2013	36,881	35,733	35,494	35,441	35,719	35,789	35,814		35,886	1.028
2014	42,426	41,051	40,880	40,894	40,899	40,968			41,091	1.029
2015	40,827	40,353	40,131	40,217	40,204				40,405	1.041
2016	27,567	27,019	26,397	26,496					26,655	1.062
2017	27,631	25,802	25,825						26,006	1.049
2018	23,855	23,427							23,473	1.026
2019	18,657								18,265	1.026

Policy Year	1 / 2	2 / 3	3 / 4	4 / 5	5 / 6	6 / 7	7 / 8	8 / Ult
2009						1.001	1.000	
2010					1.009	1.001	1.003	
2011				1.001	1.000	1.007	1.002	
2012			1.000	1.001	1.001	1.001	1.001	
2013		0.993	0.999	1.008	1.002	1.001		
2014	0.968	0.996	1.000	1.000	1.002			
2015	0.988	0.995	1.002	1.000				
2016	0.980	0.977	1.004					
2017	0.934	1.001						
2018	0.982							
5-Yr Avg	0.970	0.992	1.001	1.002	1.003	1.002	1.002	
5-Yr Avg x H/L	0.977	0.995	1.001	1.001	1.002	1.001	1.002	
Selected	0.977	0.995	1.001	1.001	1.002	1.001	1.002	1.000
Ultimate	0.979	1.002	1.007	1.006	1.005	1.003	1.002	1.000

Current UPP	1.040
Selected UPP	1.040
Impact of Change in UPP	1.000

Source: Residual Market data reported to NCCI by Pool servicing carriers.

Part 4 Additional Information

- Definitions
- NCCI Affiliate List
- Key Contacts

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Definitions

Accident Year (AY): A loss accounting definition in which experience is summarized by the calendar year in which an accident occurred.

Calendar Year (CY):

- The 12-month period beginning January 1 and ending December 31.
- Method of accounting for all financial transactions occurring during a specific year.

Case Reserves: Reserves that an insurance company establishes for specific (known) claims.

DSR Level Premium: The standard earned premium that would result if business were written at NCCI state-approved loss costs or rates instead of at the company rates. It is the common benchmark level at which carriers report premium on the Financial Calls.

Frequency: The number of lost-time claims per million dollars of on-leveled, wage-adjusted premium.

Incurred Claim Count: The total of all claims reported, whether open or closed, as of a given valuation date. An indemnity claim is associated with a payment or case reserve for an indemnity loss (i.e., lost work time-related benefits) and excludes claims closed without an indemnity payment.

Lost-time Claims: Claims where an injured employee has received wage replacement benefits due to a compensable workplace injury.

Limited Losses: Losses that result after the application of NCCI's large loss procedure—in which individual large claims are limited to jurisdiction and year-specific large loss thresholds.

On-level Factor: Applied to historical premiums and losses to adjust the historical experience to reflect approved loss cost/rate level changes as well as statutory benefit level changes implemented since that time.

Paid+Case Losses: The sum of paid losses and case reserves. Also known as “case incurred losses.”

Paid Losses: Losses that an insurance company has paid as a result of claim activity.

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

Definitions

Policy Year:

- The one-year period beginning with the effective date or anniversary of a policy.
- A premium and loss accounting definition in which experience is summarized for all policies with effective dates in a given calendar year period.

Severity: The average cost per case (claim) calculated as ultimate losses divided by ultimate lost-time claim counts.

Ultimate Development Factor: For an aggregation of data, an estimate of the development that will occur between the data's current valuation date and the time when all claims are closed.

Unlimited Losses: Losses that have not been limited to jurisdiction and year-specific large loss thresholds as part of NCCI's large loss procedure.

Valuation Date: The date that premiums and losses are evaluated for reporting purposes. Premiums and losses may change over time from initial estimates to final values. Therefore, interim snapshots have associated valuation dates.

Wage Level Adjustment Factor: The ratio of the average workers' wages during the most recent time period to the average workers' wages during a historical time period.

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Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

NCCI Affiliate List

A M C O INSURANCE COMPANY
ACADIA INSURANCE COMPANY
ACCIDENT FUND GENERAL INS CO
ACCIDENT FUND INS CO OF AMERICA
ACCIDENT FUND NATIONAL INS CO
ACCREDITED SURETY AND CASUALTY CO INC
ACE AMERICAN INSURANCE COMPANY
ACE FIRE UNDERWRITERS INSURANCE COMPANY
ACE PROPERTY & CASUALTY INSURANCE COMPANY
ACIG INS CO
ADMIRAL INDEMNITY COMPANY
AIG ASSURANCE COMPANY
AIG PROPERTY CASUALTY COMPANY
AIU INSURANCE CO (NATIONAL UNION FIRE OF PITTS PA)
ALL AMERICA INS CO
ALLIED EASTERN IND CO
ALLIED INSURANCE COMPANY OF AMERICA
ALLIED PROPERTY AND CASUALTY INS CO
ALLMERICA FINANCIAL ALLIANCE INS CO
ALLMERICA FINANCIAL BENEFIT INS CO
AMERICAN ALTERNATIVE INSURANCE CORPORATION
AMERICAN AUTOMOBILE INSURANCE CO
AMERICAN CASUALTY COMPANY OF READING P A
AMERICAN COMPENSATION INS CO
AMERICAN ECONOMY INS CO
AMERICAN FAMILY HOME INS CO
AMERICAN FIRE AND CASUALTY CO
AMERICAN GUARANTEE AND LIABILITY INS CO
AMERICAN HOME ASSUR CO-NATIONAL UNION FIRE OF PIT
AMERICAN INS CO
AMERICAN LIBERTY INSURANCE CO
AMERICAN MODERN HOME INS CO
AMERICAN STATES INS CO A SAFECO COMPANY
AMERICAN ZURICH INS CO
AMERISURE INS CO
AMERISURE MUTUAL INS CO
AMGUARD INS CO
ANSUR AMERICA
ARBELLA INDEMNITY INS CO
ARBELLA PROTECTION INS CO
ARCH INDEMNITY INSURANCE COMPANY
ARCH INSURANCE COMPANY
ARCH PROPERTY CASUALTY INS CO
ARGONAUT GREAT CENTRAL INS CO
ARGONAUT INS CO
ASSOCIATED EMPLOYERS INS CO
ASSOCIATED INDEMNITY CORP
ASSOCIATED INDUSTRIES OF MASS MUTUAL INS CO
ATLANTIC CHARTER INS CO
ATLANTIC SPECIALTY INS CO (INTACT)
BANKERS STANDARD INS CO
BENCHMARK INSURANCE COMPANY
BERKLEY CASUALTY COMPANY
BERKLEY INSURANCE COMPANY
BERKLEY NATIONAL INSURANCE COMPANY
BERKLEY REGIONAL INS CO
BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY
BERKSHIRE HATHAWAY HOMESTATE INS CO
BITCO GENERAL INSURANCE CORPORATION
BLACKBOARD INSURANCE COMPANY
BROTHERHOOD MUTUAL INS CO
CALIFORNIA INSURANCE COMPANY
CAPITOL INDEMNITY CORP
CAROLINA CASUALTY INS CO
CENTRAL MUTUAL INS CO
CHARTER OAK FIRE INS CO
CHEROKEE INS CO
CHIRON INSURANCE COMPANY
CHUBB INDEMNITY INS CO
CHUBB NATIONAL INS CO
CHURCH MUTUAL INS CO, S.I.
CINCINNATI CASUALTY COMPANY
CINCINNATI INDEMNITY COMPANY
CINCINNATI INS CO
CITIZENS INS CO OF AMERICA
CLARENDON NATIONAL INSURANCE CO (SUSSEX INS CO)
CLEAR SPRING PROPERTY AND CASUALTY COMPANY
CLERMONT INS CO
COLONIAL AMERICAN CASUALTY & SURETY CO
COMMERCE AND INDUSTRY INS CO
CONTINENTAL CASUALTY CO
CONTINENTAL INDEMNITY CO
CONTINENTAL INS CO
CONTINENTAL WESTERN INSURANCE COMPANY
COREPOINTE INSURANCE COMPANY
COUNTRY MUTUAL INSURANCE CO
CRESTBROOK INS CO
CRUM AND FORSTER INDEMNITY CO
DAKOTA TRUCK UNDERWRITERS
DEPOSITORS INS CO
DISCOVER PROPERTY & CASUALTY INS CO
EASTERN ADVANTAGE ASSURANCE COMPANY
EASTERN ALLIANCE INSURANCE COMPANY
EASTGUARD INS CO
ELECTRIC INS CO
EMC PROPERTY & CASUALTY COMPANY
EMCASCO INS CO
EMPLOYERS ASSURANCE COMPANY
EMPLOYERS COMPENSATION INS CO
EMPLOYERS INS CO OF WAUSAU
EMPLOYERS INSURANCE COMPANY OF NEVADA
EMPLOYERS MUTUAL CASUALTY CO
EMPLOYERS PREFERRED INS CO
ENDURANCE AMERICAN INS CO
ENDURANCE ASSURANCE CORPORATION
EVEREST DENALI INSURANCE COMPANY
EVEREST NATIONAL INS CO
EVEREST PREMIER INSURANCE COMPANY
EVEREST REINSURANCE CO DIRECT
EXCELSIOR INSURANCE COMPANY
EXECUTIVE RISK SPECIALTY INS CO
FALLS LAKE NATIONAL INSURANCE CO
FARM FAMILY CASUALTY INS CO
FARMERS INSURANCE EXCHANGE
FARMINGTON CASUALTY COMPANY
FEDERAL INSURANCE COMPANY
FEDERATED MUTUAL INS CO
FEDERATED RESERVE INSURANCE CO
FEDERATED SERVICE INS CO
FIDELITY & DEPOSIT COMPANY OF MARYLAND

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

NCCI Affiliate List

FIDELITY & GUARANTY INS UNDERWRITERS
FIDELITY & GUARANTY INSURANCE CO
FIRE INS EXCHANGE
FIREMANS FUND INSURANCE CO
FIREMENS INS CO OF WASHINGTON DC
FIRST DAKOTA INDEMNITY CO
FIRST LIBERTY INS CORP
FIRST NATIONAL INS CO OF AMERICA
FIRSTCOMP INSURANCE CO
FLORISTS MUTUAL INSURANCE CO
FOREMOST INS CO GRAND RAPIDS MICHIGAN
FOREMOST PROPERTY & CAS INS
FOREMOST SIGNATURE INS CO
FRANK WINSTON CRUM INSURANCE CO
FRANKENMUTH MUTUAL INS CO
GENERAL CASUALTY COMPANY OF WISCONSIN
GENERAL INS CO OF AMERICA
GENESIS INS CO
GRANITE STATE INSURANCE COMPANY
GRAPHIC ARTS MUTUAL INS CO
GRAY INSURANCE COMPANY
GREAT AMERICAN ALLIANCE INS CO
GREAT AMERICAN ASSURANCE COMPANY
GREAT AMERICAN INS CO OF NY
GREAT AMERICAN INSURANCE COMPANY
GREAT AMERICAN SPIRIT INS CO
GREAT DIVIDE INSURANCE COMPANY
GREAT MIDWEST INS CO
GREAT NORTHERN INS CO
GREAT WEST CASUALTY COMPANY
GREATER NY MUTUAL INS CO
GREENWICH INS CO
GUIDEONE INSURANCE COMPANY
HANOVER AMERICAN INS CO
HANOVER INS CO
HARLEYSVILLE INSURANCE COMPANY
HARLEYSVILLE PREFERRED INSURANCE CO
HARLEYSVILLE WORCESTER INSURANCE CO
HARTFORD ACCIDENT AND INDEMNITY CO
HARTFORD CASUALTY INS CO
HARTFORD FIRE INSURANCE CO
HARTFORD INS CO OF IL
HARTFORD INS CO OF MIDWEST
HARTFORD INS CO OF THE SOUTHEAST
HARTFORD UNDERWRITERS INS CO
HDI GLOBAL INSURANCE COMPANY
ILLINOIS NATIONAL INSURANCE COMPANY
IMPERIUM INSURANCE COMPANY
INDEMNITY INS CO OF N AMERICA (INA INS) (CT GEN)
INS CO OF GREATER NY
INS CO OF NORTH AMERICA
INS CO OF THE STATE PA
INS CO OF THE WEST
INTREPID INSURANCE COMPANY
KEY RISK INS CO
LACKAWANNA AMERICAN INS CO
LACKAWANNA CASUALTY CO
LACKAWANNA NATIONAL INS CO
LIBERTY INS CORP
LIBERTY INSURANCE UNDERWRITERS INC
LIBERTY MUTUAL FIRE INS CO
LIBERTY MUTUAL INS CO
LION INSURANCE COMPANY
LM INS CORP
MA BAY INS CO
MAG MUTUAL INS CO
MAIN STREET AMERICA ASSURANCE CO
MANUFACTURERS ALLIANCE INS CO
MARKEL INSURANCE CO
ME EMPLOYERS MUTUAL INS CO
MEMIC CASUALTY COMPANY
MEMIC INDEMNITY CO
MERIDIAN SECURITY INSURANCE COMPANY
MID CENTURY INS CO
MIDDLESEX INS CO
MIDVALE INDEMNITY COMPANY
MIDWEST EMPLOYERS CASUALTY CO
MIDWESTERN INDEMNITY CO
MILBANK INSURANCE COMPANY
MILFORD CASUALTY INSURANCE CO
MITSUI SUMITOMO INS CO OF AMERICA
MITSUI SUMITOMO INS USA INC
MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY
NATIONAL AMERICAN INS CO
NATIONAL CASUALTY CO
NATIONAL FIRE INS CO OF HARTFORD
NATIONAL INTERSTATE INS CO
NATIONAL LIABILITY & FIRE INSURANCE CO
NATIONAL SPECIALTY INS CO
NATIONAL SURETY CORP
NATIONAL UNION FIRE INS CO OF PITTSBURGH PA
NATIONWIDE AGRIBUSINESS INS CO
NATIONWIDE ASSURANCE CO
NATIONWIDE GENERAL INSURANCE CO
NATIONWIDE INS CO OF AMERICA
NATIONWIDE MUTUAL FIRE INS CO
NATIONWIDE MUTUAL INS CO
NATIONWIDE PROPERTY AND CASUALTY INS CO
NETHERLANDS INSURANCE COMPANY
NEW HAMPSHIRE INSURANCE COMPANY
NEW JERSEY CASUALTY INS CO
NEW JERSEY MANUFACTURERS INS CO
NEW JERSEY RE-INSURANCE CO
NEW YORK MARINE AND GENERAL INSURANCE CO
NGM INSURANCE COMPANY
NORGUARD INS CO
NORMANDY INSURANCE COMPANY
NORTH AMERICAN ELITE INSURANCE CO
NORTH AMERICAN SPECIALTY INS CO
NORTH POINTE INS CO
NORTH RIVER INS CO
NOVA CASUALTY COMPANY
NUTMEG INS CO
OAK RIVER INSURANCE COMPANY
OBI AMERICA INSURANCE COMPANY
OBI NATIONAL INSURANCE COMPANY
OH CASUALTY INS CO
OHIO SECURITY INS CO
OLD DOMINION INS CO
OLD REPUBLIC GENERAL INSURANCE CORPORATION

CONNECTICUT

Voluntary Loss Cost and Assigned Risk Rate Filing – January 1, 2022

NCCI Affiliate List

OLD REPUBLIC INS CO
PA MANUFACTURERS ASSN INS CO
PA MANUFACTURERS INDEMNITY CO
PACIFIC EMPLOYERS INS CO
PACIFIC INDEMNITY CO
PACIFIC INS CO LTD
PATRIOT GENERAL INS CO
PATRONS MUTUAL INS CO OF CT
PEERLESS INDEMNITY INS CO
PEERLESS INSURANCE COMPANY
PENN MILLERS INS CO
PENNSYLVANIA INSURANCE COMPANY
PETROLEUM CASUALTY CO
PHARMACISTS MUTUAL INS CO
PHOENIX INS CO
PINNACLE NATIONAL INSURANCE COMPANY
PLAZA INSURANCE CO
PRAETORIAN INSURANCE COMPANY
PREFERRED EMPLOYERS INS CO
PREFERRED PROFESSIONAL INSURANCE COMPANY
PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE
PROPERTY AND CASUALTY INS CO OF HARTFORD
PROTECTIVE INS CO
PUBLIC SERVICE INSURANCE COMPANY
QBE INSURANCE CORPORATION
REDWOOD FIRE & CASUALTY INS CO
REGENT INSURANCE COMPANY
REPUBLIC FRANKLIN INS CO
REPUBLIC INDEMNITY CO OF CA
REPUBLIC INDEMNITY COMPANY OF AMERICA
REPUBLIC UNDERWRITERS INSURANCE CO
RIVERPORT INSURANCE COMPANY
RLI INSURANCE COMPANY
ROCKWOOD CASUALTY INS CO
SAFECO INS CO OF AMERICA
SAFETY FIRST INS CO
SAFETY NATIONAL CASUALTY CORP
SAGAMORE INSURANCE CO
SAMSUNG FIRE AND MARINE INS CO LTD USB
SECURITY NATIONAL INS CO (AMTRUST GROUP)
SELECTIVE INS CO OF SC
SELECTIVE INS CO OF THE SOUTHEAST
SELECTIVE INSURANCE COMPANY OF AMERICA
SELECTIVE WAY INS CO
SENTINEL INS CO
SENTRY CASUALTY CO
SENTRY INS CO
SENTRY SELECT INSURANCE COMPANY
SEQUOIA INSURANCE CO
SERVICE AMERICAN INDEMNITY COMPANY
SERVICE LLOYDS INSURANCE CO, A STOCK COMPANY
SFM MUTUAL INS CO
SIRIUS AMERICA INSURANCE COMPANY
SOMPO AMERICA FIRE & MARINE INSURANCE COMPANY
SOMPO AMERICA INSURANCE COMPANY
SOUTHERN INS CO
SPARTA INSURANCE COMPANY
ST PAUL FIRE AND MARINE INS CO
ST PAUL GUARDIAN INS CO
ST PAUL MERCURY INS CO
ST PAUL PROTECTIVE INS CO
STANDARD FIRE INSURANCE COMPANY
STAR INS CO
STARNET INSURANCE COMPANY
STARR INDEMNITY AND LIABILITY CO
STARR SPECIALTY INSURANCE COMPANY
STARSTONE NATIONAL INSURANCE COMPANY
STATE AUTO PROPERTY AND CASUALTY INS CO
STATE AUTOMOBILE MUTUAL INS CO
STATE FARM FIRE AND CASUALTY CO
STATE NATIONAL INSURANCE COMPANY
STONINGTON INS CO
STRATHMORE INS CO
SUNZ INSURANCE COMPANY
T H E INSURANCE COMPANY
TECHNOLOGY INSURANCE CO
THE TRAVELERS CASUALTY COMPANY
TNUS INSURANCE CO
TOKIO MARINE AMERICA INSURANCE CO
TRANS PACIFIC INS CO
TRANSGUARD INS CO OF AMERICA INC
TRANSPORTATION INS CO
TRAVELERS CASUALTY & SURETY CO OF AMERICA
TRAVELERS CASUALTY AND SURETY CO
TRAVELERS CASUALTY INS CO OF AMERICA
TRAVELERS COMMERCIAL INS CO
TRAVELERS INDEMNITY CO
TRAVELERS INDEMNITY CO OF AMERICA
TRAVELERS INDEMNITY CO OF CT
TRAVELERS INSURANCE CO
TRAVELERS PROPERTY CASUALTY CO OF AMERICA
TRI STATE INSURANCE COMPANY OF MINNESOTA
TRIUMPHE CASUALTY COMPANY
TRUCK INSURANCE EXCHANGE
TRUMBULL INS CO
TWIN CITY FIRE INS CO
UNION INS CO OF PROVIDENCE
UNION INSURANCE COMPANY
UNITED STATES FIDELITY AND GUARANTY CO
UNITED WI INS CO
UNIVERSAL UNDERWRITERS INS CO
US FIRE INS CO
UTICA MUTUAL INS CO
UTICA NATIONAL ASSURANCE CO
UTICA NATIONAL INS CO OF TX
UTICA NATIONAL INSURANCE COMPANY OF OH
VALLEY FORGE INS CO
VANLINER INS CO
VANTAPRO SPECIALTY INS CO
VICTORIA FIRE & CASUALTY COMPANY
VIGILANT INS CO
WASHINGTON INTERNATIONAL INSURANCE COMPANY
WAUSAU BUSINESS INSURANCE COMPANY
WAUSAU UNDERWRITERS INSURANCE COMPANY
WCF NATIONAL INSURANCE COMPANY
WELLFLEET INSURANCE COMPANY
WELLFLEET NEW YORK INSURANCE COMPANY
WESCO INSURANCE COMPANY (AMTRUST GROUP)
WEST AMERICAN INS CO
WEST BEND MUTUAL INS CO

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NCCI Affiliate List

WESTCHESTER FIRE INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION
WORK FIRST CASUALTY CO
XL INS CO OF NY INC
XL INSURANCE AMERICA INC
XL SPECIALTY INS CO
ZENITH INS CO
ZURICH AMERICAN INS CO
ZURICH AMERICAN INS CO OF IL

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