

PATIENT'S COMPENSATION FUND  
**TAIL COVERAGE**  
 Rates effective 1/1//2005

CLASS	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
Class 1A	3615	5150	5725	5960	5960
Class 1	4517	6432	7152	7451	7451
Class 2A	4856	6914	7689	8010	8010
Class 2	7209	10255	11395	11872	11872
Class 3	9196	13078	14540	15148	15148
Class 4	13566	19298	21443	22349	22349
Class 5	13541	19268	21419	22316	22316
Class 6	16833	23957	26626	27752	27752
Class 7	25872	36817	40931	42641	42641
Class 8A	34338	48875	54325	56612	56612
Class 8	37508	53377	59332	61829	61829

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
<b>CRNA</b>	4381	6234	6933	7225	7225

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
<b>HOSPITALS**</b>	1778	2532	2807	2924	2924

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
<b>NURSING HOMES</b>					
SNF	356	506	561	585	585
INTERMEDIATE	249	354	393	409	409
OTHER	178	253	281	292	292

	CLAIMS-MADE MATURITY YEAR				
	1	2	3	4	5
<b>SURGICAL CENTER</b>	226	320	357	371	371
<b>DIALYSIS CENTER</b>	48	69	76	79	79

( both per 100 procedures)

**DENTIST/ORAL SURGEONS** .39 of basic limits coverage premiums (\$250 minimum)

**ALL OTHER PROVIDERS:** .87 of basic limits coverage premiums (\$250 minimum)

\* HOSPITAL EXPOSURE BASE:  $\frac{\text{Outpatients Visits} + \# \text{ occupied beds}}{4000} = \text{EXPOSURE}$