

17335 Golf Parkway Suite 100 Brookfield, WI 53045-6043 USA

Tel +1 262-784-2250

milliman.com

November 12, 2024

Mr. Bernard Rosauer Wisconsin Compensation Rating Bureau 20700 Swenson Drive - Suite 100 Waukesha, WI 53186

## Re: Impact on Benefits Due to Potential Change in Legislation

Dear Bernie:

The Wisconsin Compensation Rating Bureau (WCRB) requested that Milliman quantify the impact of the proposed amendments to the minimum permanent partial disability (PPD) ratings in s. DWD 80.32 of the Wisconsin Administrative Code. The Worker's Compensation Division (WCD) worked with a medical advisory committee comprised of the physicians on the Health Care Provider Advisory Committee to review and revise the minimum PPD ratings as provided for by s. 102.44 (4m), Wis. Stats.

Exhibit 1 summarizes the proposed changes to the minimum PPD ratings as compiled by the Wisconsin Department of Workforce Development (DWD).

The WCRB requested that Milliman quantify the overall potential impact from changes to the minimum PPD ratings on both indemnity losses and worker's compensation insurance premium in Wisconsin.

This letter estimates the impact and explains the assumptions used in calculating the impact.

### Summary

The impact on Wisconsin worker's compensation costs will primarily depend on:

- Number of claims impacted by the change in the minimum PPD rating;
- PPD rating change (i.e., number of weeks impacted) which varies by body part and severity of injury;
- Weekly indemnity benefits received by the injured worker, which is the lower of the injured worker's temporary total disability rate (TTD) and maximum weekly PPD rate in effect at the time of the injury;
- Increases to indemnity benefits driven by injured workers deciding to pursue loss of earnings capacity benefits; and
- Other potential costs to the system (e.g., increases in medical expenses, medical record reviews, litigation / dispute resolution costs).

"Other potential costs to the system" are not considered in this analysis as we deem these items to be inestimable with the data currently available. While not included, these items could have a material impact on worker's compensation losses and premium.



More details on our approach, assumptions, and other considerations can be found in the sections following this summary.

Exhibit 2 and the following table summarizes our estimate of the impact on indemnity losses and overall premium due to the proposed increases in the minimum PPD ratings. We note that we have not projected the additional costs to the worker's compensation system associated with increases in medical losses, litigation / dispute resolution, or other insurance-related expenses. We have displayed the table below including and excluding the potential impact from increased loss of earning capacity benefits.

## Wisconsin Worker's Compensation

		Estimated Impact Excluding Loss of	Estimated Impact Including Loss of
		Earning Capacity	Earning Capacity
1)	Estimated Increase in Indemnity Losses (\$M)	\$35.6	\$45.0
2)	Total Indemnity Losses prior to Increase (\$M)	\$420.0	\$420.0
3)	% Increase on Indemnity Losses (1/) / (2)	8.5%	10.7%
4)	Total Standard Premium prior to Increase (\$M)	\$2,000.0	\$2,000.0
5)	% Increase on Standard Premium (1) / (4)	1.8%	2.2%
6)	Total Net Premium prior to Increase (\$M)	\$1,836.1	\$1,836.1
7)	% Increase on Net Premium (1) / (6)	1.9%	2.5%
8)	% Increase on Net Premium if (1) is 25% lower	1.5%	1.8%
9)	% Increase on Net Premium if (1) is 25% higher	2.4%	3.1%

Based on the proposed changes to minimum PPD rating, we estimate indemnity losses to increase between 8.5% and 10.7%, which translates to an increase in net premium between \$35,600,000 and \$45,000,000 representing a 1.9% to 2.5% increase in net premium.

As discussed below, the number of claimants impacted by a change in the minimum PPD rating as well as the change in PPD rating is uncertain. If, in the aggregate, the estimated increase in indemnity losses is 25% lower or 25% higher, then **the impact on net premium ranges from \$26,700,000 to \$56,250,000 representing a 1.5% to 3.1% increase in net premium.** 

## Analysis

It is our understanding that proposed changes to the minimum PPD ratings in s. DWD 80.32 would not apply retroactively. In other words, any adopted changes will be applied for injuries occurring on or after the effective date of the proposal. Since the proposal has no effective date at this stage, we have assumed an effective date of January 1, 2025, for illustrative purposes. We have only quantified the potential impact for new policies being written and have not quantified the impact on in-force policies for claims that could occur on or after the effective date.

In order to quantify the impact both as a percentage and dollar amount of worker's compensation cost, it is important to understand the magnitude of the worker's compensation exposures in Wisconsin. The following table displays the estimated worker's compensation cost, segmented by cost component, for



policy year 2025 before reflecting proposed minimum PPD rating changes. As shown in the table below, approximately 34% of the loss payments are from indemnity payments (i.e., wage loss) and 66% relate to medical losses.

# Wisconsin Worker's Compensation Costs

		Estimated Components of Policy Year 2025 Net Premium (Millions)	% of Premium	% of Total Losses
1)	Indemnity Losses	\$420.0	21.0%	33.9%
2)	Medical Losses	820.0	41.0	66.1
3)	Total Losses (1)+(2)	1,240.0	62.0	100.0%
4)	Loss Adjusting Expenses (LAE)	214.5	10.7	NA
5)	Other Expenses	545.5	27.3	NA
6)	Total Standard Premium *	\$2,000.0	100.0 %	NA

(3)+(4)+(5)

## \*Prior to premium discounts associated with expense program

As shown on Exhibit 1, the proposed changes to the minimum for PPD ratings impact claims primarily involving the back/spine, knees, hips, shoulders, ankles, wrists, and elbows, as well as injuries impacting multiple body parts.

Exhibit 3 and the following table display the estimated claims for policy year 2025. These estimates were based on Unit Statistical Report (USR) data. We have related the claims with impacted body parts to all PPD claims and to total claims.

## Wisconsin Worker's Compensation Claims

	Category	Estimated Policy Year 2025 Claims	Potential impacted PPD Claims %
1)	PPD claims with impacted body parts *	5,445	NA
2)	PPD claims with multiple body parts injured	810	NA
3)	Potential PPD clams impacted (1) + (2)	6,255	NA
4)	Total PPD claims	9,000	70% <sup>1)</sup>
5)	Total Claims (excluding medical only claims)	18,000	35% <sup>2)</sup>

\*Based on body part (back/spine, knees, hips, shoulders, ankles, wrists, and elbows)

<sup>1)</sup> 70% = 6,255 / 9,000

<sup>2)</sup> 35% = 6,255 / 18,000



As displayed above, half of all claims with indemnity are PPD claims. Approximately 70% of the PPD claims have injuries to body parts that could be impacted by the proposed change in PPD ratings. This translates to approximately 35% of all claims could be impacted by the proposed changes in PPD ratings.

The following table displays the estimated indemnity losses associated with the impacted body parts and relates these losses to other worker's compensation loss and premium amounts.

## Wisconsin Worker's Compensation

		Estimated for Policy Year 2025 (Millions)	Indemnity Iosses on potential impacted PPD claims %
1)	Indemnity PPD losses for impacted body parts *	\$223.6	NA
2)	Indemnity PPD losses for claims with multiple body parts	42.6	NA
3)	Indemnity Losses on potential impacted PPD clams (1) + (2)	266.2	NA
4)	Total Indemnity PPD Losses	350.2	76% <sup>1)</sup>
5)	Total Indemnity Losses	420.0	63% <sup>2)</sup>
6)	Total Losses (Medical and Indemnity)	1,240.0	21% <sup>3)</sup>
7)	Total Premium	2,000.0	13% <sup>4)</sup>

\*Based on body part (back/spine, knees, hips, shoulders, ankles, wrists, and elbows)

<sup>1)</sup> 76% = 266 / 350
 <sup>2)</sup> 63% = 266 / 420
 <sup>3)</sup> 21% = 266 / 1,240
 <sup>4)</sup> 13% = 266 / 2.000

As displayed above, the indemnity losses for claims with body parts impacted by the proposed change in PPD ratings reflect 76% of total PPD losses (as some PPD claims are not impacted by the proposed changes), 63% of all indemnity losses (as 83% of indemnity losses are associated with PPD claims), 21% of both medical and indemnity losses, and 13% of premium.

We note that not all PPD claims with back/spine, knees, hips, shoulders, ankles, wrists, elbows, or multiple body parts would be impacted by changes to the minimum PPD ratings.

Permanent partial worker's compensation claims can be characterized as scheduled or unscheduled injuries. Scheduled injuries typically involve injuries to the hand, arms, feet, and/or legs. Once maximum medical improvement is reached, a physician determines the PPD rating, and the injured worker receives compensation based on the PPD rating. Unscheduled injuries involve injuries to the head, neck, and back. Unscheduled injuries can be more difficult to assess and evaluate as they can involve soft tissue areas and pain measurement can be subjective.

In addition to compensation based on the PPD rating, injured workers with unscheduled injuries can also receive compensation for loss of earning capacity. Determining the loss of earning capacity is difficult and can involve litigation and dispute resolutions. Establishing a minimum PPD rating for certain body parts (e.g. spine disc herniation) where a minimum PPD rating did not previously exist could lead to additional



claims for loss of earning capacity. This would increase indemnity payments, as well as costs related to litigation and dispute resolution. For example, an injured worker who currently receives a 0% PPD rating for a spine disc herniation may not pursue loss of earning capacity benefits. However, under the proposed plan, that same injured worker would receive a 2% minimum PPD rating and in turn may consider pursuing the additional loss of earning capacity benefit given the established PPD rating.

# **General Assumptions**

Exhibits 4 through 7 display the estimated number of claims and the impact on indemnity benefits by body part.

Based on data provided by DWD, we assumed that the average weekly PPD award would be 98% of the maximum award, effectively assuming that most (but not all) claimants receive the maximum amount.

The estimated number of claims were selected based on:

- The current distribution of loss of use PPD ratings (supplied by DWD),
- USR data containing body part and nature of injury (supplied by the WCRB),
- Medical call data (collected by the WCRB), and
- Professional judgment.

The potential percentage increase of PPD ratings was based on a review of the DWD summary, as displayed on Exhibit 1. Note that for some body parts, we group various claims together since claim details were not available to separately estimate the number of claims impacted by the various changes.

We estimated the impact on indemnity losses associated with increased number of claims seeking loss of earning capacity benefits by reviewing the medical and indemnity losses for back, spine, and neck related claims. Based on medical losses, we separated the claims into:

- 1) claims likely to have received a surgery, and
- 2) claims not likely to have received a surgery.

We compared the average indemnity payments between these claim groupings. We estimated that the indemnity benefits period for claims that were likely to have had surgery was 50 weeks longer than those who were not likely to have had surgery, after adjusting for the average current PPD rating for back surgical claims. We assumed that this difference in potential loss of earning capacity benefits is equivalent to a 5% increase in PPD rating. Results for individual claims would differ from the 5% assumption utilized. We applied the additional 5% PPD rating to the estimated number of claims that did not have a previous PPD rating. The estimated increase in loss of earning capacity benefits is \$9.4 million (Exhibit 4).



There is considerable uncertainties involved in quantifying the impact of changes to PPD ratings:

- The number of claims impacted is uncertain;
- Summarized data is available by body part; however, additional detailed injury classifications by body
  part and loss of use is not readily available.
- Current PPD rating percentages by claim are available, but it is uncertain if the ratings on those current claims would be impacted by the proposed minimum PPD rating changes. Specifically,
  - Proposed changes may be codifying ratings that physicians are already implementing, leading to no impact.
  - Increasing the minimums on certain types of injuries might influence how physicians rate other more severe claims, which could increase the PPD ratings for those claims.
- Number of additional claims that may qualify for loss of earning capacity benefits after receiving a minimum PPD rating under the proposed system. The impact on loss of earning capacity benefits would vary by claimant based on the imposed restrictions and occupation, adding more uncertainty to this quantification.

## **Additional Considerations**

In the above analysis, we did not estimate the impact to certain body parts, such as toes, kidney, spleen, and loss of smell. We believe the overall impact in changes to the minimum PPD rating on these body parts would be immaterial.

In the above analysis, we have estimated increases only in indemnity costs associated with changes to minimum PPD ratings. It is likely that medical costs would also increase as additional medical services are needed to evaluate these injuries. For example, medical professionals would need to evaluate, measure and document loss of internal and external rotation for shoulder injuries. We have also not estimated any increases in insurance carrier expenses or changes in litigation trends associated with changes in PPD ratings.

We estimated the increased cost associated with the Wisconsin insurance market. Our analysis does not reflect an increase in cost to the self-insured market.

As noted above, it is our understanding that any changes to the minimum PPD ratings in s. DWD 80.32 would not be retroactive. If this proposed change were applied retroactively, premium paid by insureds and collected by insurance carriers would be deficient as it did not consider these changes to minimum PPD ratings. We have not quantified the impact on in-force policies for claims that occur on or after the effective date.

Medical professionals will provide care to injured workers regardless of the injury date, regardless of whether the proposed changes are meant to be retroactive or prospective. This could lead to PPD rating changes for injured workers with injury dates prior to the effective date of this proposal. We have not quantified the impact on open and reopened claims. Insurance carriers could challenge the PPD rating on claims with injury dates prior to the effective date but this would likely lead to an increase in defense costs. We have not quantified the impact for claims occurring prior to the proposed effective date nor increases in insurance carriers' expenses.



## **Data and Data Limitations**

In estimating the impact to the worker's compensation indemnity losses and overall premium due to the proposed changes in minimum PPD ratings, we utilized four main sources of data:

- Financial Call Data;
- Unit Stat Data;
- Medical Call Data; and
- Data from DWD.

Financial Call Data was available as of December 31, 2023. The Financial Call Data is not available by injury type or body part.

The Unit Stat Data is available by policy year and injury type for the last 10 policy years. Data is provided by body part injured, but not the severity of the injury or whether minimum PPD ratings would be applicable.

The DWD provided a five-year history of the number of claims by body part that are receiving PPD ratings and the number of claims receiving various loss of use ratings. It is uncertain if the claim is receiving the minimum amount that would be impacted by the proposed change in minimum ratings.

## Public Disclosure of Results

In the event that the WCRB wishes to disclose the results of Milliman's work publicly, the following conditions shall apply:

WCRB may distribute or submit for publication the final, non-draft version of reports which, by mutual written agreement, are intended for general public distribution. WCRB shall not edit, modify, summarize, abstract or otherwise change the content of any final report and any distribution must include the entire report.

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## **Other Considerations**

The intended purpose of this letter is to assist the WCRB in estimating the impact of proposed minimum PPD rating changes.

Lori Julga and Drew Groth are Fellows of the Casualty Actuarial Society and Members of the American Academy of Actuaries (AAA) and meet the Qualification Standards of the AAA to render the actuarial opinion contained herein.



In performing this analysis, we relied on data and other information provided by WCRB. We have not audited or verified this data and other information. Our analysis is also based on our understanding of the proposed changes based on conversations with the WCRB. If the underlying data, information or our interpretation of the proposed changes is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions to be used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience is better or worse than expected.

Sincerely,

Loi Julga

Lori E. Julga, FCAS, MAAA Principal and Consulting Actuary

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Andrew B. Groth, FCAS, MAAA Consulting Actuary

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Body Part	<u>Current kating</u>	# of weeks	Proposed Rating	# OT WEEKSZ	Difference	
Hip - Joint Resurfacing	35%	175	30%	150	(25.0)	resurfacing currenting considered same as partial replacement
Hip - Labral Repair	N/A	0	5%	25	25.0	no current minimum for this procedure
Knee - Ankylosis	40%	170	50%	212.5	42.5	Ankylosis in optimum position at 10 degrees
Knee - Loss of Flexion	N/A	0	25%	106.25	106.3	90 - degree loss of flexion (severe limitation)
Knee - Loss of Flexion	N/A	0	10%	42.5	42.5	45 - degree loss of flexion (moderate limitation)
Knee - Loss of Flexion	N/A	0	5%	21.25	21.3	30 - degree loss of flexion (mild limitation)
Knee - Loss of Extension	N/A	0	30%	127.5	127.5	30 - degree loss of extension (severe limitation)
Knee- Loss of Extension	N/A	0	15%	63.75	63.8	20 - degree loss of extension (moderate limitation)
Knee - Loss of Extension	N/A	0	5%	21.25	21.3	10 - degree loss of extension (mild limitation)
Knee - Total Prosthesis	50%	212.5	40%	170	(42.5)	With advanced technology there are now better outcomes
Knee - Partial Prosthesis	45%	191.25	35%	148.75	(42.5)	With advanced technology there are now better outcomes
Knee - Joint Resurfacing	45%	191.25	30%	127.5	(63.8)	Resurfacing is less invasive proedure than a partial prosthesis
Knee - Patellar Excision	N/A	0	20%	85	85.0	Patella is a key component for knee extension
Knee - Patellar Dislocation	N/A	0	10%	42.5	42.5	The minimum rating is for surgical repiar of patellar dislocation
Knee - Meniscectomy	5%	21.25	8%	34	12.8	Increase rating for removal of 50% or more of meniscus
Knee - Meniscectomy	5%	21.25	5%	21.25	-	Maintain 5% rating for removal of up to 50% of meniscus
Knee - Meniscectomy	5%	21.25	3%	12.75	(8.5)	Decrease rating to 3% for repair/debridement of meniscus
Knee - Posterior C. Ligament	N/A	0	10%	42.5	42.5	Establish rating for posterior cruciate ligament reconstruction
Knee - Anterior C. Ligament	10%	42.5	5%	21.25	(21.3)	Decrease rating for debridement of ACL
Knee - Tibial Osteotomy	N/A	0	10%	42.5	42.5	
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Ankle - Total Ankylosis	40%	100	50%	125	25.0	Total loss of motion of ankle in optimum position
Ankle - Total Ankylosis	30%	75	35%	87.5	12.5	Total ankylosis with loss of dorsi & plantar flexion
Ankle - Total Prosthesis	N/A	0	40%	100	100.0	
Ankle - Partial Prosthesis	N/A	0	35%	87.5	87.5	
Ankle - Joint Resurfacing	N/A	0	30%	75	75.0	
Toes - Ankylosis -Mid. Joint	N/A	0	15%			15% rating for ankylosis of lesser toes at middle joint
Toes - Ankylosis - Dist. Joint	N/A	0	10%			10% rating for ankylosis of lesser toes at distal joint
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Body Part	<u>Current Rating</u>	<u># of weeks</u>	Proposed Rating	<u># of weeks2</u>	<u>Difference</u>	Notes
Shoulder - Partial Prosthesis	50%	250	45%	225	(25.0)	
Shoulder - Joint Resurfacing	50%	250	40%	200	(50.0)	
Shoulder - 45 Degree Elev.	30%	150	40%	200	50.0	Limitation of elevation in flexion & abduction 45 degrees
Shoulder - 135 Degree Elev.	5%	25	10%	50	25.0	Limitation of elevation in firxion & abduction to 135 degrees
Shoulder - External Rotation	N/A	0	9%	45	45.0	Severe loss of external rotation limited to 10 degrees
<b>Shoulder - External Rotation</b>	N/A	0	6%	30	30.0	Moderate loss of external rotation limited to 20 degrees
Shoulder - External Rotation	N/A	0	3%	15	15.0	Mild loss of external rotation limited to 45 degrees
<b>Shoulder - Internal Rotation</b>	N/A	0	6%	30	30.0	Severe loss of internal rotation limited to 10 degrees
<b>Shoulder - Internal Rotation</b>	N/A	0	4%	20	20.0	Moderate loss of internal rotation limited to 20 degrees
<b>Shoulder - Internal Rotation</b>	N/A	0	2%	10	10.0	Mild loss of internal rotation limited to 45 degrees
Shoulder - Rotator Cuff	N/A	0	10%	50	50.0	Rotator cuff reconstruction
Shoulder - Rotator Cuff	N/A	0	5%	25	25.0	Rotator cuff debridement
Shoulder - Labral Repair	N/A	0	5%	25	25.0	Anterior, posterior & superior labral repair
Shoulder - Distal Clavicle	N/A	0	3%	15	15.0	Complete distal clavicle excision
Shoulder - Biceps Tendon	N/A	0	3%	15	15.0	Repair of the proximal biceps tendon
Elbow - Total Prosthesis	N/A	0	40%	180	180.0	
Elbow - Partial Prosthesis	N/A	0	20%	90	90.0	
Elbow - Distal Biceps Tendon	N/A	0	5%	22.5	22.5	Repair of distal biceps tendon
Elbow - Flex. & Ext. Tendons	N/A	0	5%	22.5	22.5	Repair of tendonitis or tear of flexor or extensor tendons
Elbow - Loss of Flexion	N/A	0	30%	135	135.0	Severe loss of flexion limited to 30 degrees
Elbow - Loss of Flexion	N/A	0	20%	90	90.0	Moderate loss of flexion limited to 70 degrees
Elbow - Loss of Flexion	N/A	0	5%	22.5	22.5	Mild loss of flexion limited to 110 degrees
Elbow - Loss of Extension	N/A	0	30%	135	135.0	Severe Loss of extension limited to 30 degrees
Elbow - Loss of Extension	N/A	0	20%	90	90.0	Moderate loss of extension limited to 70 degrees
Elbow - Loss of extension	N/A	0	5%	22.5	22.5	Mild loss of extension limited to 110 degrees
Elbow - Loss of Pronation	N/A	0	10%	45	45.0	Moderate loss of pronation limited to 30 degrees
Elbow - Loss of Pronation	N/A	0	3%	13.5	13.5	Mild loss of pronation limited to 60 degrees
Elbow - Loss of Supination	N/A	0	7%	31.5	31.5	Moderate loss of supination
Elbow - Loss of Supination	N/A	0	2%	9	9.0	Mild loss of supination
Elbow - Rotational Ankylosis	20%	90	25%	112.5	22.5	Rotational ankylosis in neutral position
Wrist - Total Prosthesis	N/A	0	40%	160	160.0	
Wrist - Partial Prosthesis	N/A	0	35%	140	140.0	
Wrist - Total Loss of Extension	12.50%	50	15%	60	10.0	
Wrist - Total Loss of Flexion	7.50%	30	12%	48	18.0	
Loss of Nerve Function-Digits	50%		55%			Complete loss of sensation to any digit
Loss of Sensation-Palmar	35%		40%			Loss of sensation to palmar surface of any digit
Loss of Sensation- Digital	N/A	0	20%			Loss of sensation from damage to digital nerve
Ulnar Nerve Paralysis-Sensory	50% @ wrist	200	50% @ elbow	225	25.0	Includes motor & sensory involvement above mid forearm

Exhibit 1 Page 3

Body Part	<u>Current Rating</u>	<u># of weeks</u>	Proposed Rating	<u># of weeks2</u>	<b>Difference</b>	Notes
Ulnar Nerve-Motor	N/A	0	45% @ elbow	202.5	202.5	Motor involvement of ulnar nerve above mid forearm
Ulnar Nerve - Sensory	N/A	0	15% @ elbow	67.5	67.5	Sensory loss of ulnar nerve above mid forearm
<b>Ulnar Nerve-Sensory &amp; Motor</b>	45% - 50% @wrist	180-200	40% @ wrist	160.00	(20.00-40.00)	Motor & sensory involvement of ulnar nerve below mid forearm
Ulnar Nerve- Motor	35% - 45% @wrist	140-180	35% @ wrist	140	(0-40)	Motor involvement of ulnar nerve below mid forearm
Ulnar Nerve - Sensory	25% @ wrist	100	15% @ wrist	60	(40.0)	Total ulnar nerve sensory loss to a hand
Ulnar Nerve-Sensory	5%-10% @ wrist	20-40	Combine with abov	0	(20.00-40.00)	Sensory involvement only below mid forearm
Median Nerve-Motor/Sensory	55 <b>%-6</b> 5% @ wrist	220-260	65% @ elbow	292.5	32.50-72.50	Motor & sensory involvement above mid forearm
Median Nerve-Motor	N/A	0	45% @ elbow	202.5	202.5	Motor involvement above mid forearm
Median Nerve-Sensory	N/A	0	40% @ elbow	180	180.0	Sensory involvement above mid forearm
Thenar Paralysis-Sensory	40%-50% @ wrist	160-200	50% @ wrist	200	0-40.00	Thenar paralysis with sensory loss
Median Nerve-Motor	N/A	0	25% @ wrist	100	100.0	Motor involvement below mid forearm
Medican Nerve-Sensory	65%-75% @ wrist	260-300	45% @ wrist	180	(80.00-120.00)	Median sensory involvement only below mid forearm
<b>Radial Nerve Paralysis</b>	45%-50% @ shoulder	225-250	45% @ shoulder	225	(0-25.00)	Motor & sensory involvement including triceps
Radial Nerve-Motor	N/A	0	40% @ shoulder	200	200.0	Motor involvement only including triceps
Radial Nerve-Sensory	N/A	0	5% @ shoulder	25	25.0	Sensory involvement only including upper arm
Radial Nerve-Sensory & Motor	N/A	0	40% @ elbow	180	180.0	Motor & sensory involvement below elbow
Radial Nerve Paralysis	45%-50% @ wrist	180-200	35% @ elbow	157.5	(22.50-42.50)	Paralysis with complete loss of extension to wrist & fingers
Radial Nerve-Sensory	N/A	0	5% @ elbow	22.5	22.5	Sensory involvement only below elbow
Axillary Nerve-Motor/Sensory	N/A	0	35% @ shoulder	170	170.0	Complete loss of motor & sensory involvement
Axillary Nerve- Motor	N/A	0	33% @ shoulder	165	165.0	Complete loss of motor involvement
Axillary Nerve-Sensory	N/A	0	2% @ shoulder	10	10.0	Complete loss of sensory involvement
Musculocutaneous Nerve	N/A	0	30% @ shoulder	150	150.0	Complete loss of motor & sensory involvement
Musculocutaneous Nerve	N/A	0	25% @ shoulder	125	125.0	Complete loss of motor involvement
Musculocutaneous Nerve	N/A	0	5% @ shoulder	25	25.0	Complete loss of sensory involvement
Peroneal Nerve	25%-30% @ knee	106.25-127.5	<b>40% @ ankle</b>	100	(6.25-27.50	Complete loss of peroneal nerve causing a foot drop
Peroneal Nerve-Motor	N/A	0	<b>35% @ ankle</b>	87.5	87.5	Motor involvement only causing a foot drop
Peroneal Nerve- Sensory	N/A	0	<b>10% @ ankie</b>	25	25.0	Sensory involvement only
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Tibial Nerve	N/A	0	45% @ ankie	112.5	112.5	Complete loss of tibial nerve function
Tibial Nerve-Motor	N/A	0	<b>30% @ ankie</b>	75	75.0	Motor involvement only that caauses plantarflexion weakness
Tibial Nerve- Sensory	N/A	0	<b>15% @ anki</b> e	37.5	37.5	Sensory involvement only
Plantar Nerve-Sensory	N/A	0	<b>12% @ ankie</b>	30	30.0	Sensory involvement only

Exhibit 1 Page 4

#### **Current Rating** # of weeks **Body Part Proposed Rating** # of weeks2 Difference Notes **Carpal Tunnel Release** N/A 0 2% @ wrist 8.0 **Cubital Tunnel Release** N/A 0 2% @ elbow 9.0 q Ulnar Nerve Transposition N/A 0 5% @ elbow 22.5 22.5 **Spine Fusion Per Level 5% BAW** 50 7% BAW 70 20.0 100 12% BAW Spine Decompression/Fusion 10% BAW 120 20.0 **Spine Artifical Disc** 7.5% BAW 75 10% BAW 100 25.0 0 2% BAW 20 Spine Disc Herniation N/A 20.0 0 2% BAW Spine-Spinal Cord Stimulator N/A 20 20.0 Rating for implantation of permanent spinal cord stimulator N/A 0 2% BAW 20 Intrathecal Pain Pump 20.0 Rating for implantation of intrathecal pain pump **Spine Sacrolliac Fusion** N/A 0 7% BAW 70 70.0 50 Spine Coccyx Fracture N/A 0 5% BAW 50.0 Pelvic Fracture N/A 0 10% BAW 100 100.0 Symphysis Pubis Separation N/A 0 10% BAW 100 100.0 30 Thumb Ankylosis of Prox. 20% @ prox. joint 24 25% @ prox. Joint 6.0 Ankylosis of thumb at proximal joint with full extension Finger Ankylosis of Mid. 75% @ mid. Joint 70% @ mid. Joint Ankylosis of finger at middle joint at mid-position Finger/Thumb Prosthesis N/A 0 40% @ prox. Joint Minimum rating of 40% for finger or thumb prosthesis Loss of One (1) Kidney **5% BAW** 50 10% BAW 100 50.0 Loss of Remaining Kidney N/A 0 20% BAW 200 200.0 The minimum rating is for loss of an only remaining kidney Loss of Smell 25 5% BAW 50 25.0 2.5% BAW N/A 0 5% BAW 50 50.0 Loss of Spleen

## Wisconsin Worker's Compensation Estimated \$ Impact on Increasing Minimum PPD Ratings For Policies Effective January 1, 2025

# (A)

# (B) Impact Including

				Loss	s of Earning
Impact on change in mir	nimum P	PD Ratings for:	_	(	Capacity
(1) Spine/Neck/Back	\$	5,618,752	_	\$	15,062,032
(2) Shoulders		23,565,276			23,565,276
(3) Hips/Knees/Ankles		4,477,617			4,477,617
(4) Wrists/ Elbows		1,893,056			1,893,056
(5) Total		35,554,700			44,997,980

	Losses, Expenses and P Proposed Changes	remiu	m Prior to	Impact as a % of Component (A5)/(A)	Impact as a % of Component (B5)/(A)
	PPD Losses for Impacted	l Bod	y Parts		
(6)	Indemnity Losses	\$	266,152,000	13.4%	16.9%
(7)	Medical Losses		377,994,000		
(8)	Total Losses		644,146,000	5.5%	7.0%
	PPD Losses for All Claim	S			
(9)	Indemnity Losses	\$	350,200,000	10.2%	12.8%
(10)	Medical Losses		517,800,000		
(11)	Total Losses		868,000,000	4.1%	5.2%
	Total All Claims				
(12)	Indemnity Losses	\$	420,000,000	8.5%	10.7%
(13)	Medical Losses		820,000,000		
(14)	Total Losses		1,240,000,000	2.9%	3.6%
(15)	LAE		214,520,000		
(16)	Other Expenses *		545,480,000		
(17)	Standard Premium		2,000,000,000	1.8%	2.2%
(18)	Premium Discount for Expenses		(163,865,546)		
(19)	Total Net Premium		1,836,134,454	1.9%	2.5%

\* Production and General Expenses and Taxes, Licenses and Fees

## Wisconsin Worker's Compensation Estimate Claim Impact on Increasing Minimum PPD Ratings For Policies Effective January 1, 2025

		% of Total	% of PPD
		Claims (A)	Claims (B)
A Total Indemnity Claims (Excludes medical only claims)	18,000		
B PPD Claims (USR Data)	9,000	50.0%	
C Body Parts Impacted (USR Data)			
Spine/Neck/Back	1,170	6.5%	13.0%
Multiple Body Parts	810	4.5%	9.0%
Shoulders	1,620	9.0%	18.0%
Hips/Knees/Ankles	1,710	9.5%	19.0%
Wrists/ Elbows	945	5.3%	10.5%
Total	6,255	34.8%	69.5%

#### Wisconsin Worker's Compensation Estimate Impact on Increasing Minimum PPD Ratings Body Parts: Spine / Neck / Back

1	2	3	4	5	6	7	8	
				3 x 4			2 x 5 x 6 x 7	

	Estimated	Assumed			Maximum				
	Number of	%	Maximum	Additional	Weekly	% of			
Body Part With Current Ratings	claims impacted	Increased	Weeks	Weeks	Amount	Maximum	\$ Impact	Claim Source	Comments
Spine - 5% Minimum	76	2.0%	1,000	20	438	0.98	652,445	DWD	Spine Fusion Per Level
Spine - 10% Minimum	33	2.0%	1,000	20	438	0.98	283,298	DWD	Spine Decompression/Fusion
Spine - with More than10%	33	2.0%	1,000	20	438	0.98	283,298	DWD	Increases due to minimum allowance for each surgical procedure increasing
Spine Disc Herniation	400 1), 2)	2.0%	1,000	20	438	0.98	3,433,920	Medical Call	Directly related to mechanism of trauma and treated conservatively
Spine-Spinal Cord Stimulator	10 <sup>1)</sup>	2.0%	1,000	20	438	0.98	85,848	Medical Call	Rating for implantation of permanent spinal cord stimulator
Intrathecal Pain Pump	5 <sup>1)</sup>	2.0%	1,000	20	438	0.98	42,924	Medical Call	Rating for implantation of intrathecal pain pump
Spine Sacrolliac Fusion	10 <sup>1)</sup>	7.0%	1,000	70	438	0.98	300,468	Medical Call	
Spine Coccyx Fracture	5 <sup>1)</sup>	5.0%	1,000	50	438	0.98	107,310	USR	To such a degree to cause permanent disability
Pelvic Fracture	10 <sup>1)</sup>	10.0%	1,000	100	438	0.98	429,240	USR	To such a degree to cause permanent disability
Symphysis Pubis Separation	Included Above	10.0%							To such a degree to cause permanent disability
Total Spine/Neck/Back Impact	582						5,618,752		
Increase for Loss of Earning Capacity	<b>440</b> <sup>3)</sup>	5.0%	1,000	50	438	0.98	9,443,280		

<sup>1)</sup> Situations with previously no minimum PPD rating

<sup>2)</sup> Approximately 1,640 claims or 83% of back related claims have an MRI and did not have a major procedure.

Approximately 400 claims or 24% of those claims had a back/spine epidural or injection. We assumed all claims with an injection without a major procedure would receive a minimum PPD rating.
 <sup>3)</sup> Assume claims without a current minimum PPD rating could pursue a loss of earning capacity claim.

#### Wisconsin Worker's Compensation Estimate Impact on Increasing Minimum PPD Ratings Body Parts: Wrists / Elbows

1	2	3	4	5	6	7	8		
				3 x 4			2 x 5 x 6 x 7		
	Estimated	Assumed			Maximum				
	Number of	%	Maximum	Additional	Weekly	% of			
Body Part With Current Ratings	claims impacted	Increased	Weeks	Weeks	Amount	Maximum	\$ Impact	Claim Source	Comments
Wrists - 7.5%	5	4.5%	400	18	438	0.98	38,632	DWD	
Wrists - 12.5%	1	2.5%	400	10	438	0.98	4,292	DWD	
Wrist - Prosthetics	1	40.0%	400	160	438	0.98	68,678	USR	
Wrist - Carpal Tunnel	100	2.0%	400	8	438	0.98	343,392	USR	
Elbow - Claims under 5% Rating	149 <sup>1)</sup>	5.0%	450	22.5	438	0.98	1,438,061	DWD	Detailed loss of movement by claimant not available, assume increase to mild loss of flexibility, as more severe limitations may have had a previous
Total Wrists / Elbows	256						1,893,056		rating

<sup>1)</sup> Assumption: Reflect DWD claims with PPT rating below 5% with adjustment for claims with limited medical expenditure. From USR data, 10% of the claims had medical losses under \$5,000. We assumed 10% of DWD PPD claims would have no impairment.

Wisconsin Worker's Compensation Estimate Impact on Increasing Minimum PPD Ratings Body Parts: Shoulders												
1	2	3	4	5	6	7	8					
				3 x 4			2 x 5 x 6 x 7					
									Estimated			
	Estimated	Assumed			Maximum				claims			
	Number of	%	Maximum	Additional	Weekly	% of			with loss			
Body Part With Current Ratings	claims impacted	Increased	Weeks	Weeks	Amount	Maximum	\$ Impact	Claim Source	of motion	Comments		
Claims with certain procedures												
Shoulder - Rotator Cuff	225	10.0%	500	50	438	0.98	4,828,950	Medical Call	20%	Rotator cuff reconstruction		
Shoulder - Rotator Cuff	885	5.0%	500	25	438	0.98	9,496,935	Medical Call	15%	Rotator cuff debridement		
Shoulder - Labral Repair	45	5.0%	500	25	438	0.98	482,895	Medical Call	10%			
Shoulder - Distal Clavicle	590	3.0%	500	15	438	0.98	3,798,774	Medical Call	5%			
Shoulder - Biceps Tendon	545	3.0%	500	15	438	0.98	3,509,037	Medical Call	2%			
Adjusted for duplicate claims Claims impacted	(685) <sup>1)</sup> 1 <b>,605</b>											
Additional Adjustments										Detailed loss of movement by alaiment not available, assume increase to		
Shoulder - for loss of motion / flexibility	225 <sup>2)</sup>	3.0%	500	15	438	0.98	1,448,685			mild loss of flexibility, as more severe limitations may have had a rating		
Shoulder - at 5%	525	5.0%	500	25	438	0.98	5,633,775	DWD		Shoulder - 135 Degree Elev.		
Shoulder - at 50%	36	-5.0%	500	-25	438	0.98	(386,316)	DWD		Shoulder - Partial Prosthesis		
Total Shoulders							23,565,276					

<sup>1)</sup> Shoulder claims can have more than one procedure with stacking of the PPD ratings. Therefore the number of claims impacted is more than the number of injured workers.

<sup>2)</sup> Estimated number of claims based on assumed percentage of claims impacted by loss of motion.

#### Wisconsin Worker's Compensation Estimate Impact on Increasing Minimum PPD Ratings Body Parts: Hips/Knees/Ankles 2 3 1 4 5 6 7 8 3 x 4 2 x 5 x 6 x 7 Estimated % of Estimated Maximum claims Assumed Number of % Maximum Additional Weekly % of with loss claims impacted Weeks Weeks Amount Maximum \$ Impact Claim Source of motion Comments Body Part With Current Ratings Increased (53,655) DWD Hip at 35% 5 -5.0% 500 -25 438 0.98 Hip - Labral Repair 5 500 25 438 0.98 53,655 Medical Call 5.0% 696 425 3,809,076 DWD Knee at 5% 3.0% 12.75 438 0.98 15% Increase varies by Meniscectomy - minimum increase applies 425 (82,092) DWD 15% Knee resurfacing at 45% 3 -15.0% -63.75 438 0.98 (255,398) DWD 15% Knee at 50% 14 -10.0% 425 -42.5 438 0.98 Ankle at 30% and 40% 9 5.0% 250 12.5 438 0.98 48,290 DWD Subset Hips/Knees/Ankles 627 \* 3,519,875 Detailed loss of extension by claimant not available, assume increase to mild 105 <sup>1)</sup> Knee for loss of motion 5.0% 425 21.25 438 0.98 957,742 loss of flexibility, as more severe limitations may have had a rating **Total Hips/Knees/Ankles** 4,477,617

<sup>1)</sup> Estimated number of claims based on assumed percentage of claims impacted by loss of motion. \* Prior to loss of motion