



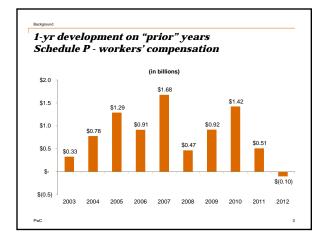
# CAS Antitrust Notice

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# Challenges to estimating reserves on lifetime workers' compensation claims

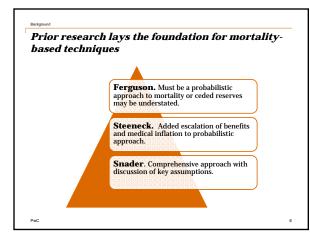
- Insufficient historical loss development data
- · Impact of inflation and changes in medical utilization
- Industry case reserving practices
  - Implicit discounting
  - Reserving for fixed number of years
  - Not accounting for inflation
  - Using life expectancy (deterministic) rather than life contingency (probabilistic) approach
  - Use of outdated or static life tables

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### What is a mortality-based model?

- Similar to pension calculations on individual lives
- Estimate of future annual cash flows for each claimant based on major cost components:
  - Indemnity benefits
  - Medical payments
  - Expenses
- Incorporates:
  - Mortality using a probabilistic approach
  - Inflation COLA's and medical trend
  - Discounting if applicable

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# Our objective

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Provide a practical framework for constructing a mortalitybased model with updates on trends and resources.

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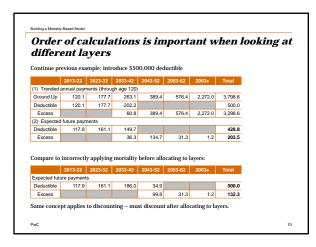
- Synthesize major concepts from prior research
- Discuss updated medical trends
- Consider applicable mortality tables

What mode	t are the steps in building a mortality-based l
	Identify the Population of Claims to Examine
	Collect & Review Data
	Interview Claims Personnel
	Select Future Payment Assumptions
	Estimate Future Payments by Claimant
	↓ · · · · · · · · · · · · · · · · · · ·
	Allocate Annual Cash Flows by Layer
	Apply Mortality Assumptions to Undiscounted Cash Flows
_	
	Discount Cash Flows
	Aggregate Claims Results

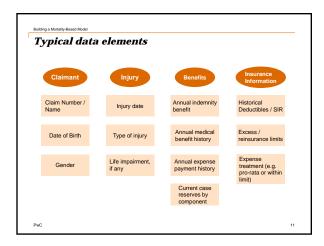
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	0 ncy of 30 ye nual paymen		ual in	flation			
2013	2014	2015		2042	2043	 2060	 Total
	annual paymer		age 12	-			
10.0	10.4	10.8		31.2	32.4	 63.2	 3.798.
(2) Probabilit	y that claiman	t survives thr	ough y	ear			.,
99.8%	99.5%	99.3%		57.9%	54.2%	 2.0%	
(3) Expected	future payme	nts (1) x (2)					
10.0	10.4	10.7		18.1	17.6	 1.2	 632.3
Compare to	Life Expecta	incy approa	nch:	2042	2043	2060	 Total
	ual payments (			2042	2045	 2000	 Totai
10.00	10.4	10.8		31.2			560.
10.00	10.4	10.8		31.2			560.8



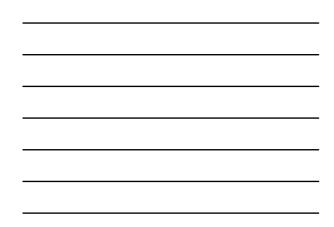


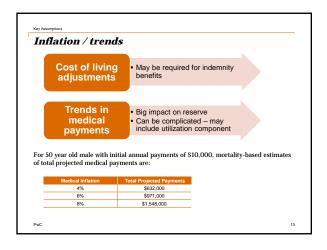






The four prine estimation a		s needed for a mo	ortality-based
Annual <u>Future Costs</u> Indemnity Medical Expense	Inflation / Trend	Life Contingencies / Mortality *	Discount Rate*

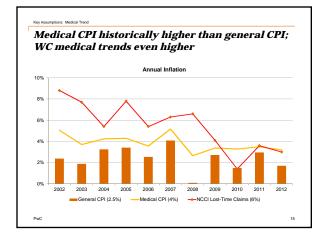




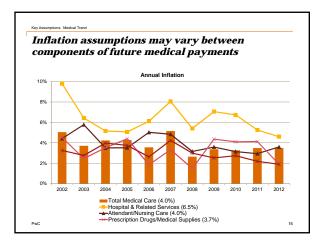


	Medical	Health	Workers
	CPI	Insurance	Comp
Inflators		and an or	Comp
Aging population		х	х
Consolidation of healthcare providers	х	х	х
Cost of services	х	х	х
Mandated benefits/healthcare reform		x	
Mix of claims/diagnosis		x	0
Utilization - more expensive drugs, devices, procedures		x	х
Utilization - more procedures per claimant		x	х
Deflators			
Change in care method (retail clinics, virtual access)		x	
Greater price transparency and consumer price sharing	x	x	0
High performance health care networks	x	x	
Medical supply and equipment abatement	x	x	х
New hospital readmission penalties		х	х
Pharmaceutical "patent cliff"	x	x	×

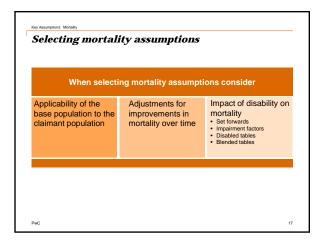




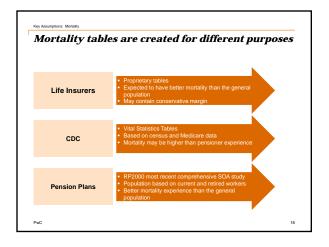














### RP 2000 tables

- RP 2000 is the most recent comprehensive study performed by the SOA. Includes: - Male vs. Female
  - Healthy vs. Disabled
  - Blue Collar vs. White Collar
- Commonly used in private pension plan valuation.
- Based on 11 million life-years (1990-94) with projection to 2000
- Can be scaled forward to future years for improvement in life expectancy

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# Mortality improves over time

- General population mortality has improved significantly over past 100 years. Most experts expect continued improvements in life expectancy.
- 40 year old today will have a lower probability of death at 60 than a current 60 year old.

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 Improvements in mortality over time can be incorporated through scale adjustments. Generational table constructed from a series of static tables which have been adjusted for improving mortality (a different table for each year, e.g. 2013, 2014, ...). ٠

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				Life Ex	pectancy Exa	mplac		
_	_			LIIE EX				
					RP-2000	RP-2000		
				CDC	Combined	Scaled to	RP-2000	RP-2000
	Age	GAM-83	UP-94	2007	Healthy	2013	Generational	Disabled
	30	46.5	48.5	47.1	49.5	50.8	54.6	26.9
Male	50	27.7	29.5	29.0	30.3	31.6	33.6	17.7
-	70	11.9	13.3	13.7	13.4	14.3	14.8	9.3
9	30	52.8	53.1	51.5	52.5	53.2	55.6	39.5
Female	50	33.5	33.7	32.7	33.1	33.8	35.0	24.6
Ľ	70	15.9	16.3	16.0	15.7	16.3	16.7	12.4

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#### Strengths and weaknesses of a mortality-based approach

crude

- Claims need to reach maintenance mode
- Intuitively appealingDoes not require development history · Easily lends itself to sensitivity testing
- Good for small populations of claims
  where traditional methods may be too
- Requires technical skills / specialized software
- · Requires several judgments Inherently produces cash flows useful for layering and discounting No estimate for re-openings
  - · Does not contemplate settlements

· Requires detailed data on open claims

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Applications of a	mortality-bas	sed approa	ch	
Occupational disease claims	Tail factor estimation	Reserving for	run-off portfolios	
Commutations & LPTs	Reinsurance reporting	Claim :	Claim settlements	
Guaranty	funds Sec	cond injury funds		



# Thank You

#### www.pwc.com/us/insurance

A Mortality-Based Approach to Reserving for Lifetime Workers' Compensation Claims Brian A. Jones Craig J. Scukas Kathyn S. Frerman Melissa S. Holt Vicki A. Fendley

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