PCRB PENNSYLVANIA
Compensation Rating Bureau

Pennsylvania State Activity Report

2023

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2023 Year in Review

Operational	Data Collection	Filing & Industry Results	PCRB News	PCRB Staff Accomplishments
o 559 Employer Surveys o 3,949 Classification Inquiries o 2,020 Test Audits o 823 PCCPAP Credits o 6,240 Certified Safety Credits o 115,037 E-mods published o 323,634 Merit Ratings o 13 Circulars Published	o 1,048,888 Policy Documents o 2,301 Financial Calls o 193,014 Unit Statistical Reports o 717,030 Indemnity Data Transactions o 4,369,621 Medical Data Transactions	o -7.88% Annual Loss Cost Filing Approval o $2.51 Billion Standard Earned Premium o $1.15 Billion Incurred Losses o 88.1% Combined Ratio	o PCRB Partners With Cloverleaf to Launch Unified Data Platform o PCRB introduces Informational Bulletins o 473 PCRB Carrier members, including 3 new o Revised Experience Rating Plan o Modernized Experience Rating Worksheet o Hires Communications and Marketing Managers o Established Project Management Office	o 4 Actuarial Exams o 1 ACAS credentials o 8 AMCOMP WCP Designations o 1 IDMA Exam o 1 Certified Foundation Level o 1 Masters in Data Science o Appointed Chair of National Society of Insurance Premium Auditors o Appointed Vice-Chair of EDI Committee of WCIO o Completed 154 LinkedIn Learning Courses

Premium and Payroll

Pennsylvania Market Share

The PCRB collects data from all private insurance carriers that write workers' compensation business in Pennsylvania, including SWIF. The State Workers' Insurance Fund (SWIF) operates as an enterprise fund within the Department of Labor & Industry that guarantees workers' insurance coverage to many Pennsylvania companies.

Private Carrier (Deductible) 8.7%

Private Carrier (Non-Deductible) 87.3%

SWIF 4.0%

Worker's Compensation Premium

WC Premium in PA increased 3.7% in 2022, indicating a more significant increase in payroll than the 6.25% decrease in overall loss cost level effective 4/1/22.

Year	Private Carrier	SWIF
2002	1.87	0.21
2003	1.89	0.28
2004	2.09	0.37
2005	2.25	0.42
2006	2.26	0.37
2007	2.30	0.37
2008	2.20	0.27
2009	1.99	0.21
2010	2.03	0.16
2011	2.21	0.16
2012	2.34	0.19
2013	2.36	0.22
2014	2.42	0.22
2015	2.51	0.22
2016	2.48	0.19
2017	2.44	0.17
2018	2.63	0.16
2019	2.62	0.11
2020	2.37	0.11
2021	2.34	0.09
2022	2.41	0.10

Written Premium ($Billions)

■ Private Carrier   ■ SWIF

Source: A.M. Best, Inc., Best's State/Line Report, Written Premium

Top 20 Carrier Groups

These twenty carrier groups wrote more than 75% of the insured market premium in PA in 2022.

	Carrier Group	Direct Written Premium (millions)	Market Share	Market Share Change from 2021
	ZURICH	185,412,217	7.16%	0.68%
	TRAVELERS	154,851,593	5.98%	-0.27%
	ERIE	158,654,665	6.13%	0.22%
	EASTERN ALLIANCE	107,281,707	4.14%	-0.36%
	STATE WORKERS INS FUND	98,992,415	3.82%	-0.18%
	BRICKSTREET + HM INSURANCE	129,137,876	4.99%	0.03%
	HARTFORD	124,090,868	4.79%	0.17%
	UPMC	92,664,951	3.58%	-0.38%
	LACKAWANNA	86,475,335	3.34%	-0.19%
	AMTRUST	137,727,125	5.32%	0.75%
	LIBERTY MUTUAL	77,801,683	3.01%	0.02%
	ACE+CHUBB+PENN MILLERS	121,595,110	4.70%	1.27%
	BERKSHIRE HATHAWAY	85,109,949	3.29%	-0.09%
	PMA + OLD REPUBLIC	76,889,828	2.97%	-0.09%
	AIG	74,578,106	2.88%	-0.03%
	W R BERKLEY	66,888,235	2.58%	-0.33%
	SELECTIVE	51,588,348	1.99%	-0.11%
	PENN NATIONAL	43,012,290	1.66%	-0.09%
	CINCINNATI FINANCIAL	28,738,044	1.11%	-0.11%
	CNA	43,794,281	1.69%	0.07%

Source: PA Annual Statements

Premium Demographics

Although 74% of risks are in the lowest premium range, 39% of the standard premium is in the highest premium range.

Number of Risks	Premium Range	$ Standard Premium (000)
185,536	$0 – 2,499	$99,551
22,228	$2,500-4,999	$77,398
9,947	$5,000-7,499	$59,341
5,975	$7,500-9,999	$50,344
7,251	$10,000-14,999	$86,651
6,685	$15,000-24,999	$127,153
5,797	$25,000-49,999	$201,257
3,354	$50,000-99,999	$233,470
2,081	$100,000-249,999	$318,181
1,077	$250,000 & above	$815,000

Top 10 Classes by Payroll
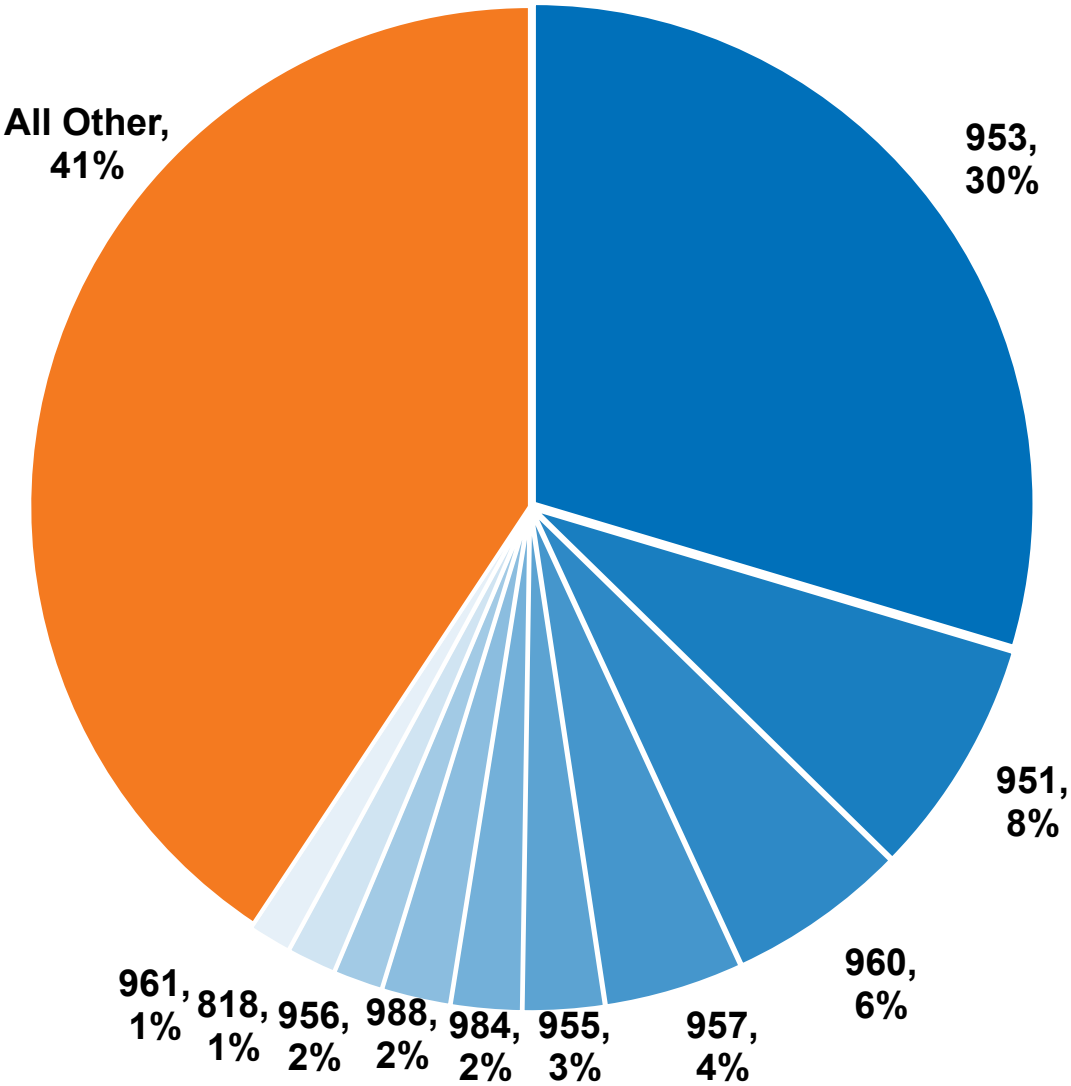
Pct	Class	Payroll
41%	All Other Classes	$101,717,680,894
30%	953 – Office	$74,038,227,412
8%	951 - Salesperson - Outside	$19,246,516,972
6%	960 - College or School, N.O.C.	$14,552,632,258
4%	957 - Physician or Dentist	$11,202,258,185
3%	955 - Engineering Consulting Firm	$6,571,176,591
2%	984 - Insurance Company	$5,698,452,668
2%	988 – Bank	$5,539,939,787
2%	956 - Law Firm	$3,987,602,479
2%	818 - Automobile Dealer	$3,980,506,514
1%	961 - Hospitals	$3,474,512,466

Source: PA 2024 Loss Cost Filing – USR Data Policy Year 2020

Top 10 Classes by Premium
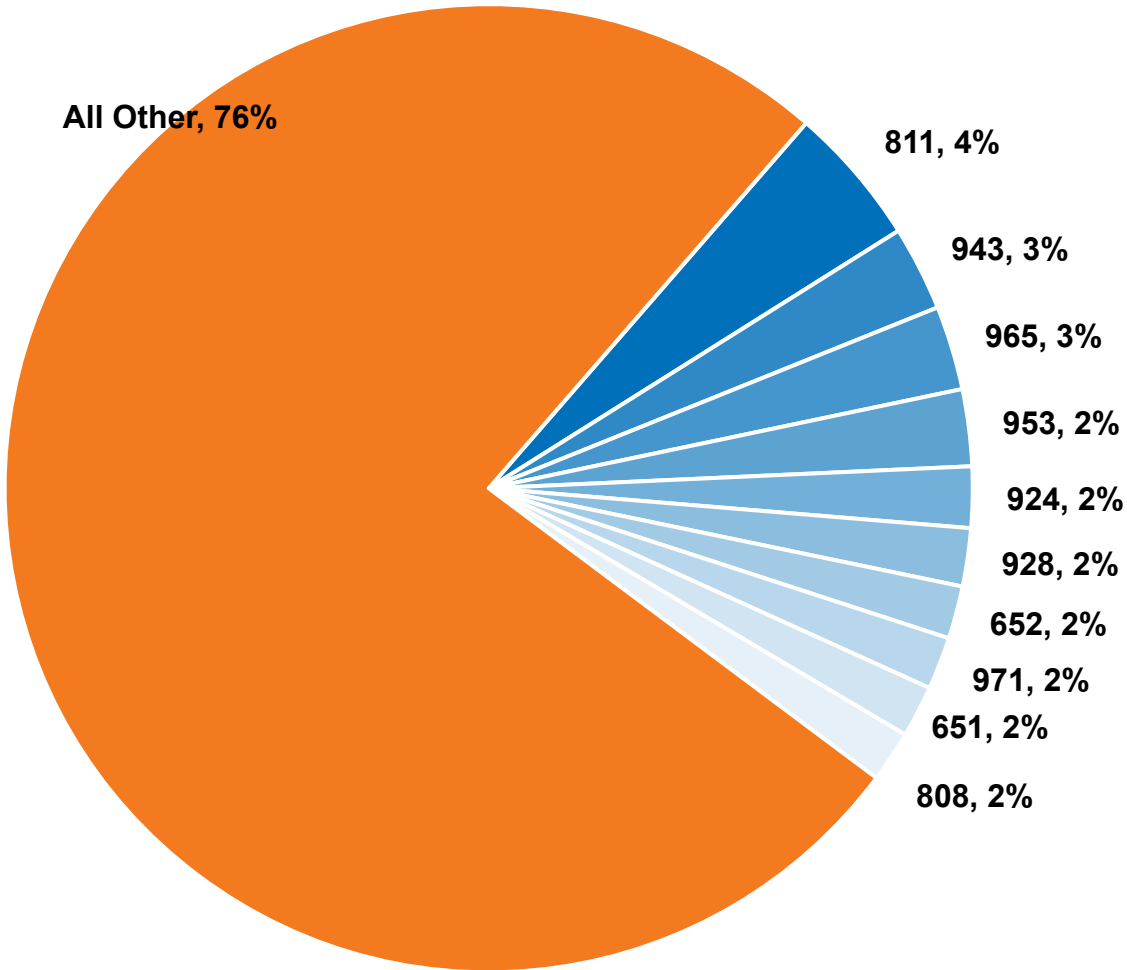
Pct	Class	Premium
76%	All Other Classes	$1,540,268,690
5%	811 - Trucking	$94,646,013
3%	943 - Home Care Services	$57,339,833
3%	965 - College or School, N.O.C.	$56,755,266
3%	953 - Office	$51,826,759
2%	924 - Wholesale Store, N.O.C.	$41,258,828
2%	928 - Retail Store, N.O.C.	$39,231,286
2%	652 - Carpentry - Residential	$35,583,483
2%	971 - Commercial Buildings	$35,509,718
2%	651 - Carpentry- Commercial	$34,957,160
2%	808 - Parcel Delivery	$34,589,993

Source: PA 2024 Loss Cost Filing – USR Data Policy Year 2020

Pricing Programs

Premium Adjustment Programs

	Credits	No Premium Adjustment	Debits / Surcharges
Schedule Rating	25% receive average credit of 25.7%	63% do not receive a credit or debit	12% receive average debit of -25.2%
PA Certified Safety Credit	3% of eligible risks receive average credit of 5.3%	97% of eligible risks do not participate	Not Applicable
PCCPAP	7% of eligible risks receive average credit of 15.7%	93% of eligible risks do not participate	Not Applicable
Merit Rating	97.8% of qualified risks receive a 5.0% credit	2% of qualified risks do not receive a credit or debit	0.2% of qualified risks receive a 5% surcharge

Source: PA 2024 Loss Cost Filing – USR Data Policy Year 2020

Schedule Rating Adjustments

37% of all Risks use Schedule Rating, 67% receive a credit and 33% receive a debit, for an average overall premium adjustment of 8.9%

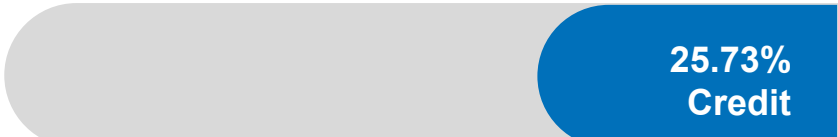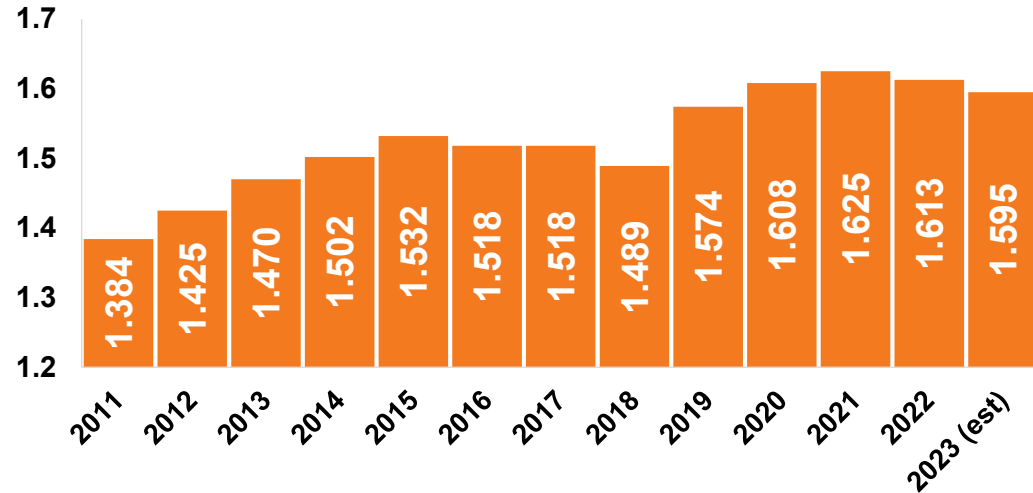|	*Schedule Rating Credit*		*Schedule Rating Debit*
Number of Risks	63,503		31,587
Average Premium	$16,232		$10,374
Loss Ratio	85.24%		57.77%
Average Credit	25.73% Credit		(25.20)% Debit

Source: PA 2024 Loss Cost Filing – USR Data Policy Year 2020

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Insurance Carrier Pricing

Implied Average Loss Cost Multiplier History

Year	Value
2011	1.384
2012	1.425
2013	1.470
2014	1.502
2015	1.532
2016	1.518
2017	1.518
2018	1.489
2019	1.574
2020	1.608
2021	1.625
2022	1.613
2023 (est)	1.595

Latest Filed LCM Changes

- Increased LCM — 16%
- No change — 80%
- Decreased LCM — 4%
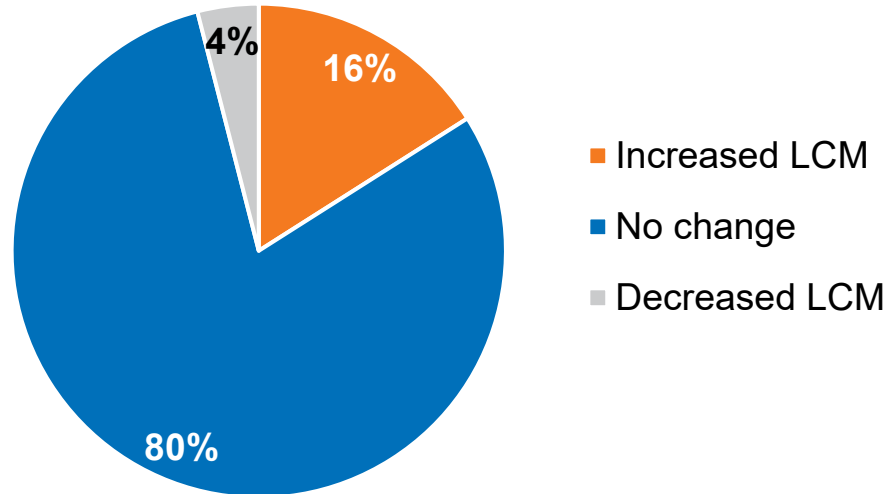
Number of Carriers Distribution

Range	Number
2.75 and above	21
2.50 - 2.74	7
2.25 - 2.49	15
2.00 - 2.24	25
1.75 - 1.99	34
1.50 - 1.74	32
1.25 - 1.49	27
Less than 1.24	19

$ Premium Distribution

Range	Percent
2.75 and above	11%
2.50 - 2.74	9%
2.25 - 2.49	6%
2.00 - 2.24	11%
1.75 - 1.99	20%
1.50 - 1.74	25%
1.25 - 1.49	10%
Less than 1.24	8%

Source: PA Market Profile
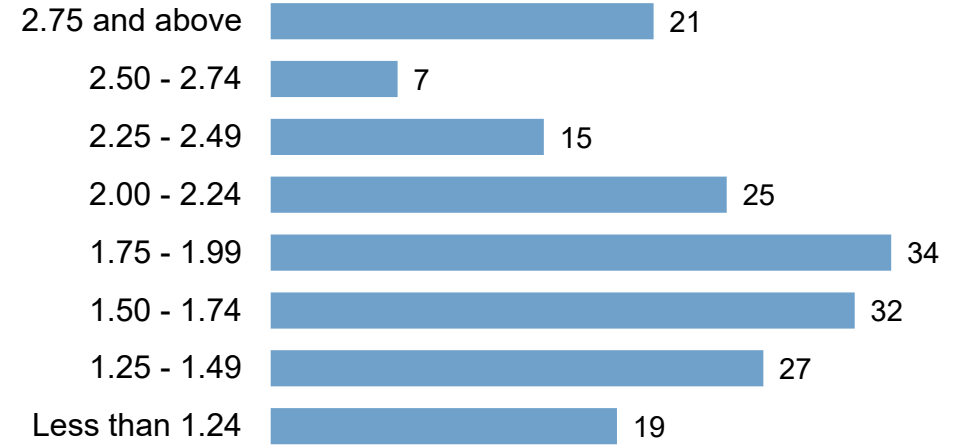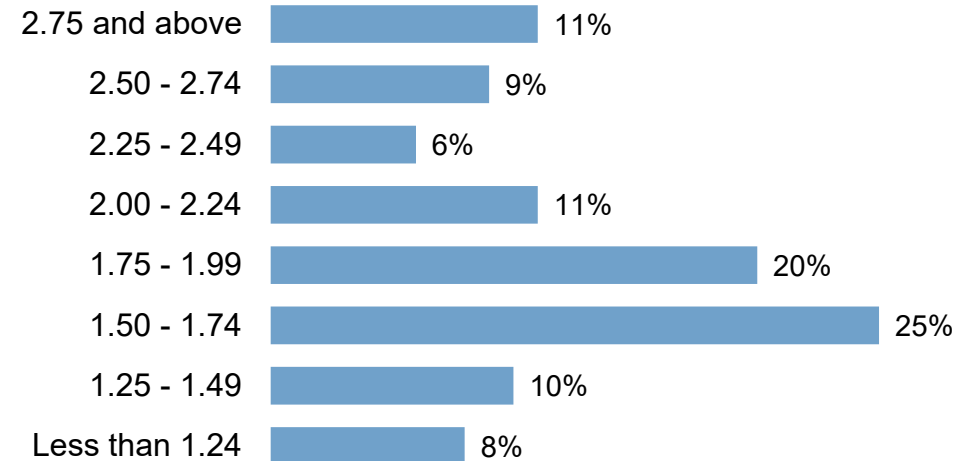
Claims

Claim Counts and Losses by Classification

These top 10 classes by lost time represent 28% of claims and 24% of losses

	Total Cases	Reported Incurred	Avg Loss Incurred
808: Parcel Delivery Company	1,279	$54,246,253	$42,413
811: Trucking, N.O.C.	1,139	$71,604,187	$62,866
924: Wholesale Store, N.O.C.	922	$32,973,671	$35,763
917: Grocery Store	838	$31,196,587	$37,227
928: Retail Store, N.O.C.	824	$31,056,444	$37,690
965: College or School, N.O.C.	753	$28,870,494	$38,341
953: Office	532	$29,134,825	$54,765
971: Commercial Buildings	479	$23,189,459	$48,412
897: Fast Food Restaurant	469	$13,600,884	$29,000
818: Automobile Dealer	468	$19,433,988	$41,526
All Other Classes	19,580	$1,039,264,768	$53,078
Total	**27,283**	**$1,374,571,560**	**$50,382**

- This is the first year Parcel Delivery has been on the top claim counts list. It took the first spot with a notable margin, likely due to the COVID-19 virus and its effect on the demand for home deliveries

- This year, Restaurant N.O.C. fell off the top 10 classes by claim count. Instead, there was a spike in Fast-Food Restaurant claims. This change is likely also a result of COVID-19 and its hindrance to in-person dining.

Source: PA 2023 Loss Cost Filing – USR Data Policy Year 2020

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Injury Group Distribution of Indemnity Claims

Group 1- Manufacturing **Group 2-** Construction
Group 3- Office & Clerical **Group 4-** Stores & Dealers
Group 5- Transportation

Claim Count by Industry Group

Incurred Cost by Industry Group
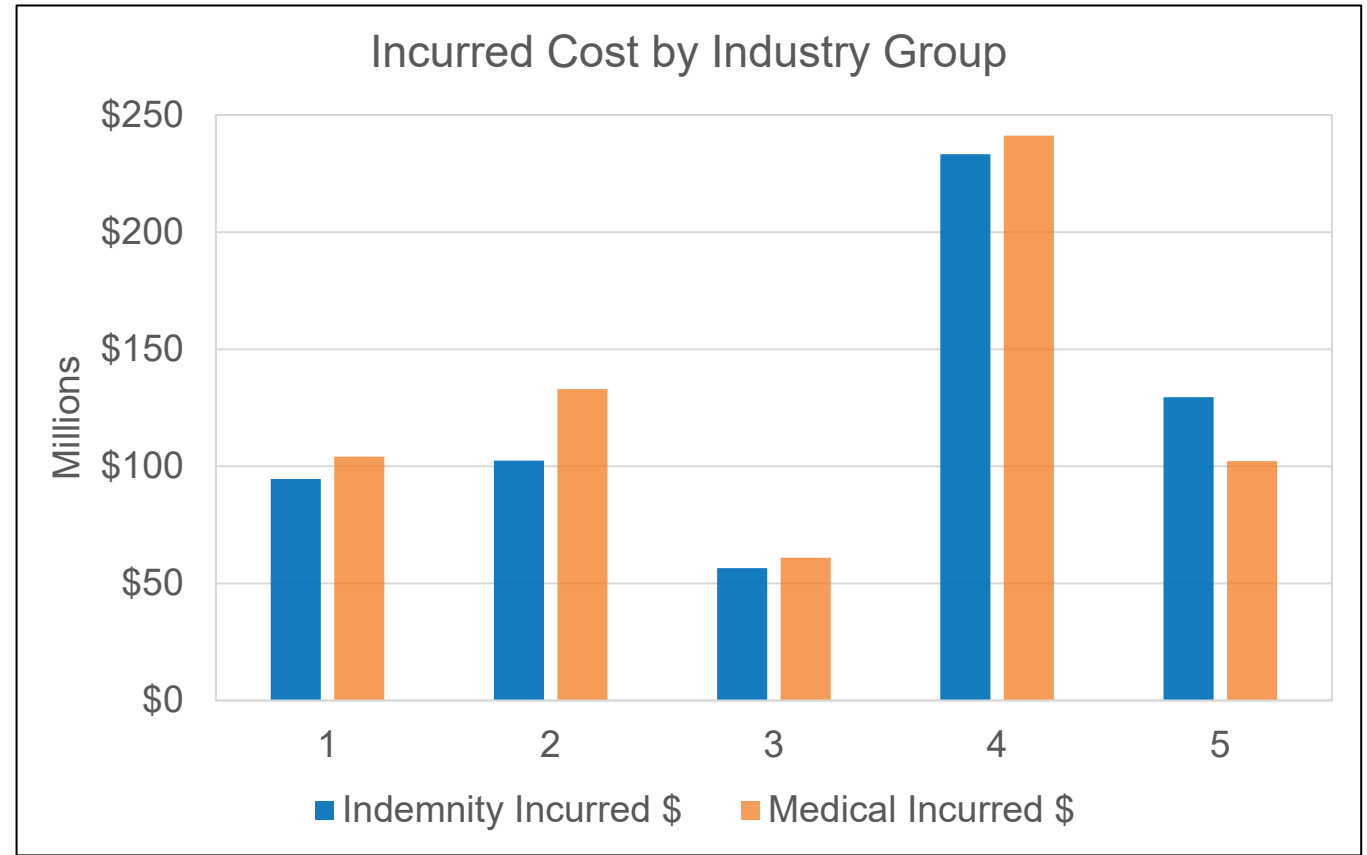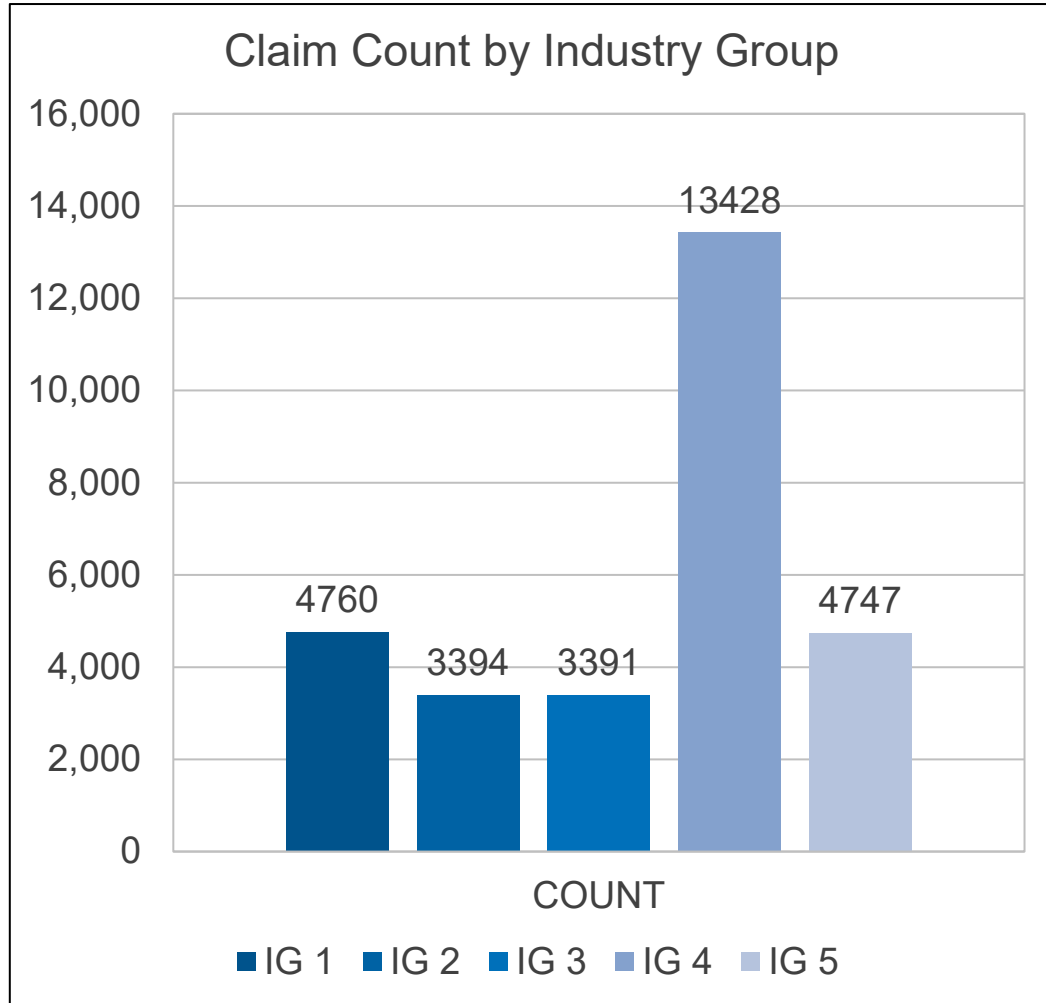
Although Industry Group 4 has the most claims by count, indemnity incurred, and medical incurred, it has the lowest average cost per claim at $35,343/claim

Injury Description Distribution

Top 10 Injuries by **Total Claim Count**

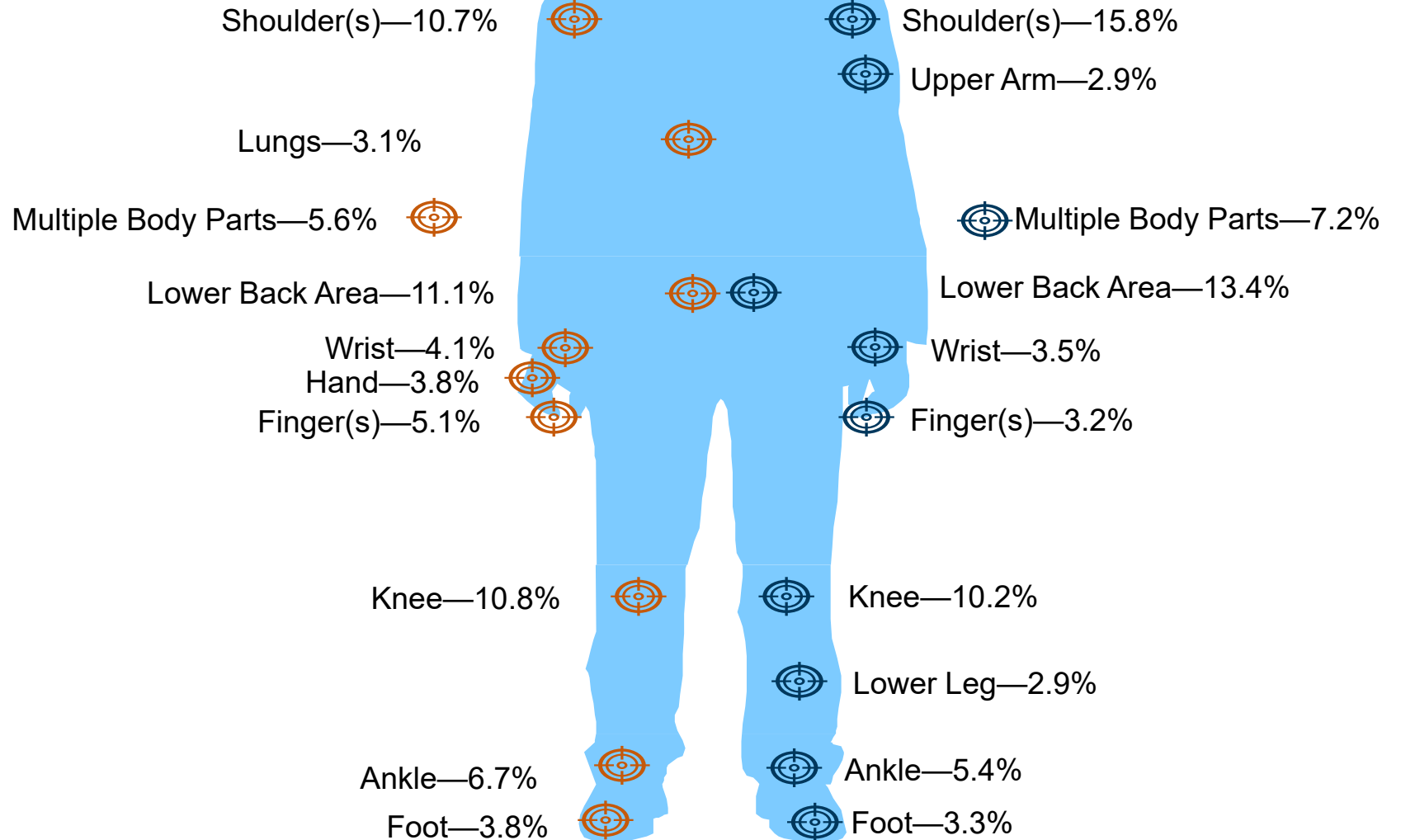Top 10 Injuries by **Total Losses**

Lung injuries were not in the top ten claims by count in previous years. Lungs took the place of eyes this year, possibly due to COVID-19.

The most expensive part of body on average is multiple body parts ($77,193/claim).

The average cost per claim for shoulders, lower back, and knees are $69k, $58k, and $45k respectively.

Shoulder(s)—10.7%

Shoulder(s)—15.8%

Upper Arm—2.9%

Lungs—3.1%

Multiple Body Parts—5.6%

Multiple Body Parts—7.2%

Lower Back Area—11.1%

Lower Back Area—13.4%

Wrist—4.1%
Hand—3.8%
Finger(s)—5.1%

Wrist—3.5%

Finger(s)—3.2%

Knee—10.8%

Knee—10.2%

Lower Leg—2.9%

Ankle—6.7%

Ankle—5.4%

Foot—3.8%

Foot—3.3%

Top 10 Nature and Cause of Indemnity Claims

INJURY BY NATURE

Categories (top to bottom):
- DISLOCATION
- INFLAMMATION
- MULTIPLE PHYSICAL INJURIES ONLY
- ALL OTHER SPECIFIC INJURIES NOC
- LACERATION
- COVID-19
- FRACTURE
- SPRAIN OR TEAR
- CONTUSION
- STRAIN OR TEAR

X-axis: 0, 1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000, 9000, 10000

Legend: IG 1, IG 2, IG 3, IG 4, IG 5

INJURY BY CAUSE

Categories (top to bottom):
- SLP TRP FALL FROM DIFFERENT LEV
- SLIP/TRIP/FALL ON ICE OR SNOW
- TWISTING
- FALLING OR FLYING OBJECT
- PUSHING OR PULLING
- SLIP/TRIP/FALL ON SAME LEVEL
- FALL/ SLIP OR TRIP/ NOC
- STRAIN OR INJURY BY/NOC.
- COVID-19
- LIFTING

X-axis: 0, 500, 1000, 1500, 2000, 2500, 3000, 3500, 4000

Legend: IG 1, IG 2, IG 3, IG 4, IG 5

Group 1- Manufacturing **Group 2-** Construction **Group 3-** Office & Clerical **Group 4-** Stores & Dealers **Group 5-** Transportation **Group 6-** All Other

COVID-19 was a new categorization in cause and nature codes this year in response to the pandemic. As a result, it is in the top 10 most common codes reported for both lists.
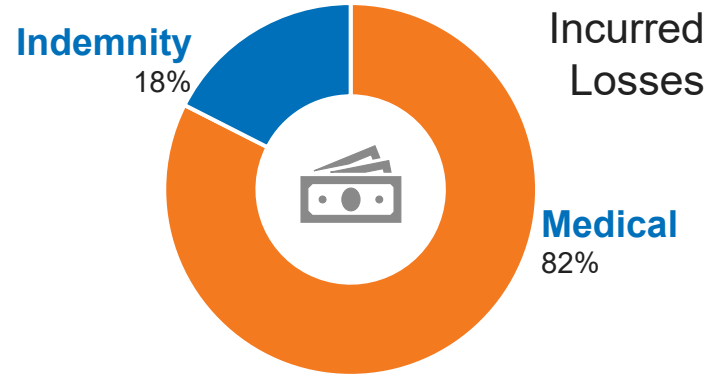
Source: PA 2023 Loss Cost Filing – Unit Data Policy Year 2020

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Claim Closure Rates

Claim closure rates continue to rise across all reporting levels except 7th report

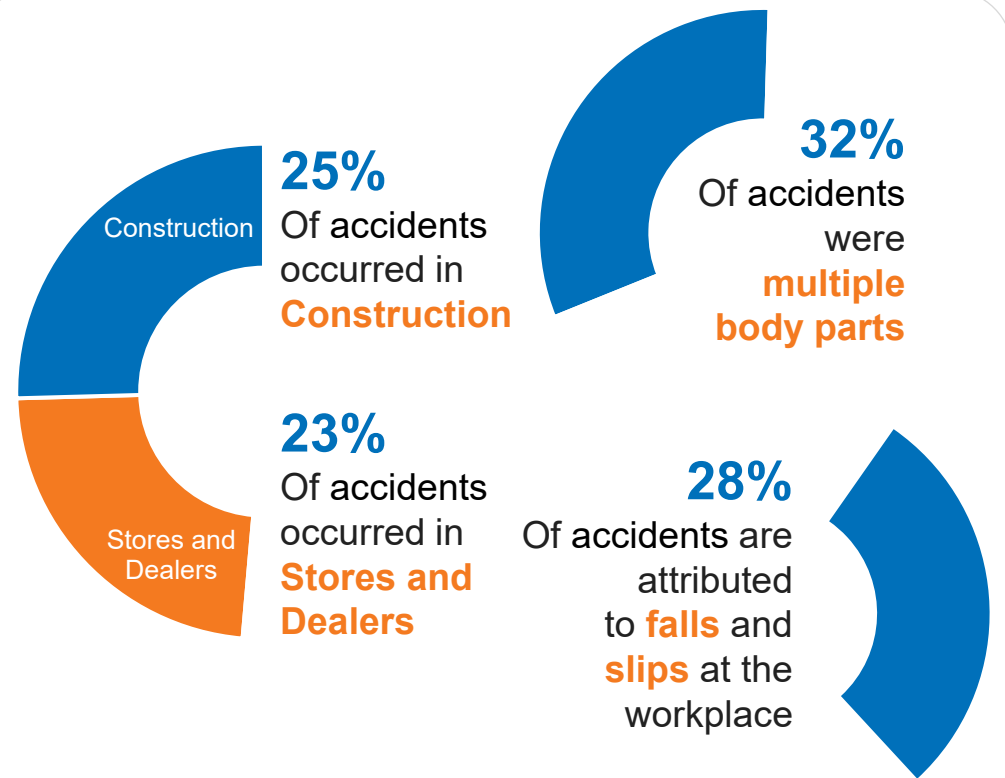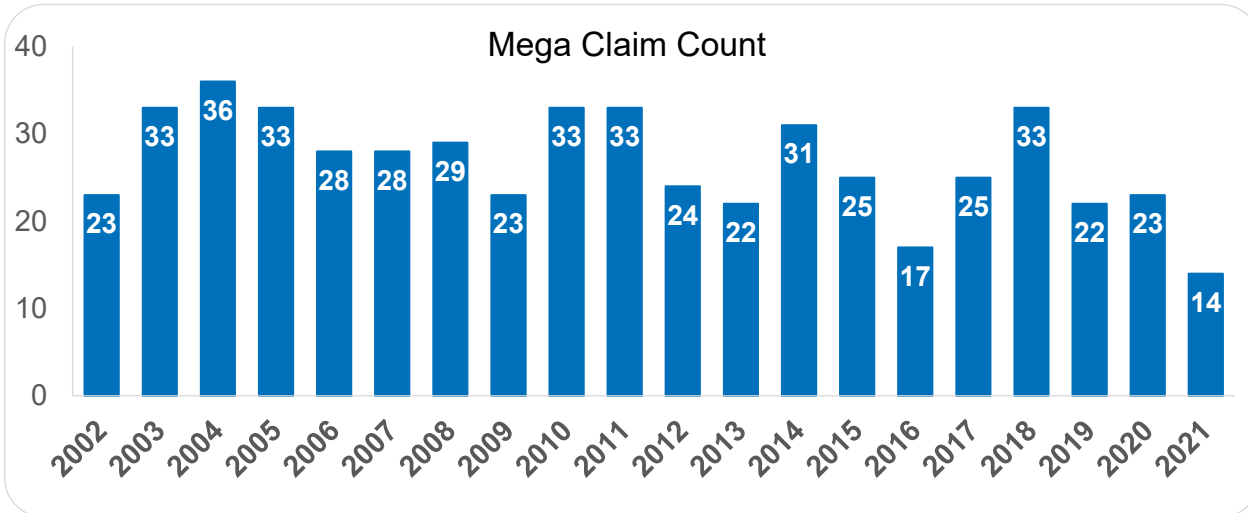Source: PA 2024 Loss Cost Filing, Unit Data
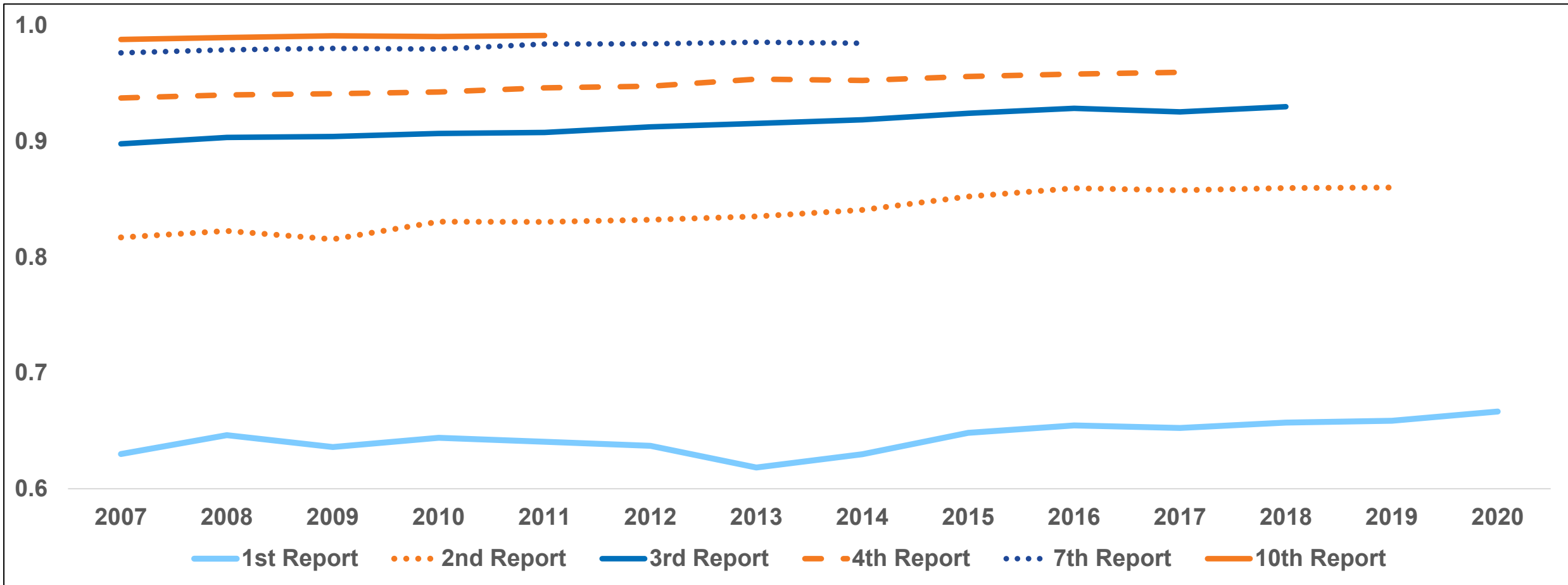
Mega Claim Overview of Characteristics

The PCRB performed an analysis of very large workers compensation claims as a part of a collaborative research effort with other DCO's. These PA claims were defined as total incurred losses exceeding $3 million on an inflation adjusted basis and were categorized by specific categories of industries, types of claims, part of body injured, cause of injury and nature of injury.

535
Mega claims reported for accident **years 2002 - 2021**

Incurred Losses
- **Indemnity** 18%
- **Medical** 82%

Average claim value of $3.17 million

25% Of accidents occurred in **Construction**

32% Of accidents were **multiple body parts**

23% Of accidents occurred in **Stores and Dealers**

28% Of accidents are attributed to **falls** and **slips** at the workplace

Mega Claim Count

Year	Count
2002	23
2003	33
2004	36
2005	33
2006	28
2007	28
2008	29
2009	23
2010	33
2011	33
2012	24
2013	22
2014	31
2015	25
2016	17
2017	25
2018	33
2019	22
2020	23
2021	14

Indemnity Data

Gender Statistics

All Pennsylvania Workers

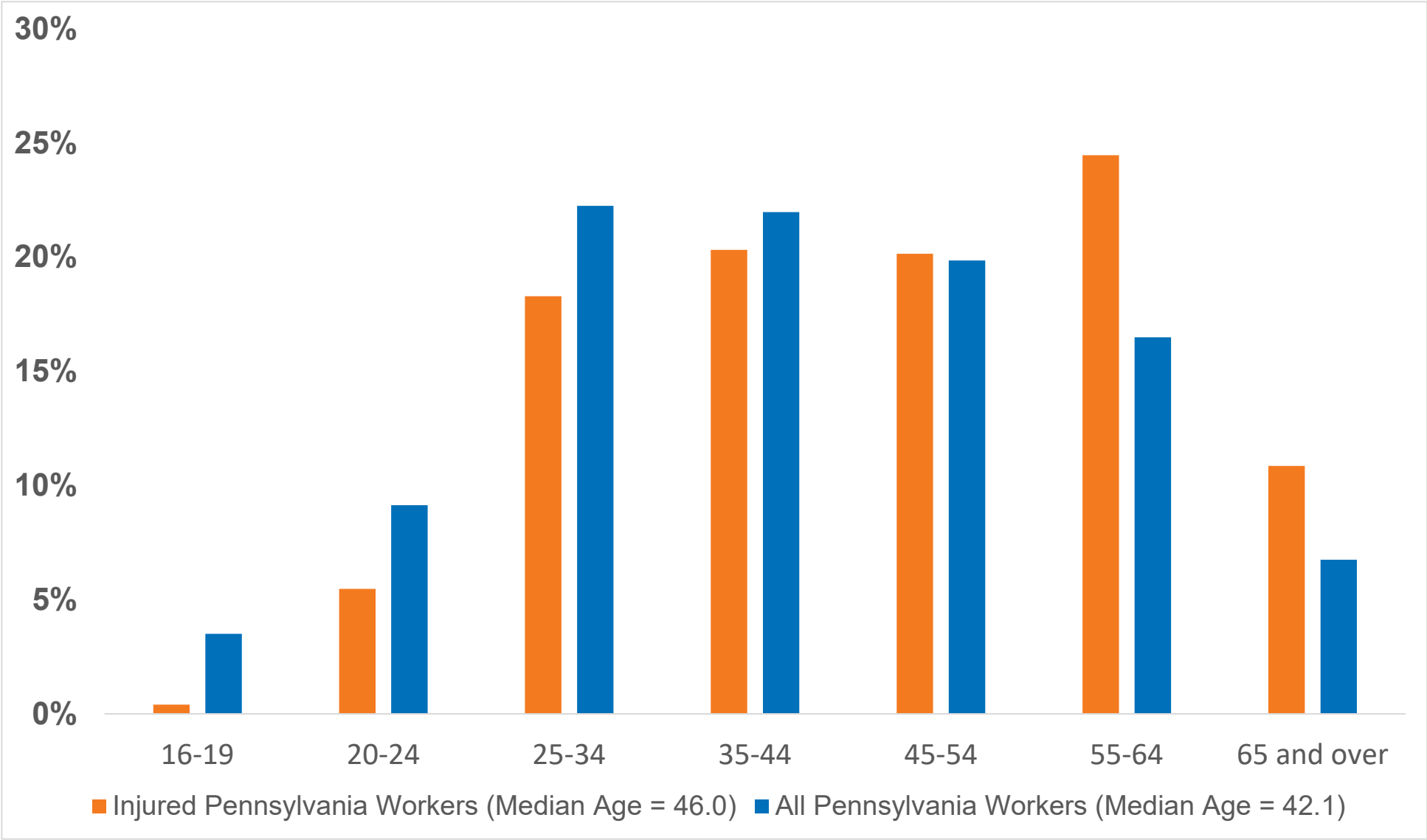- Female 46%
- Male 54%
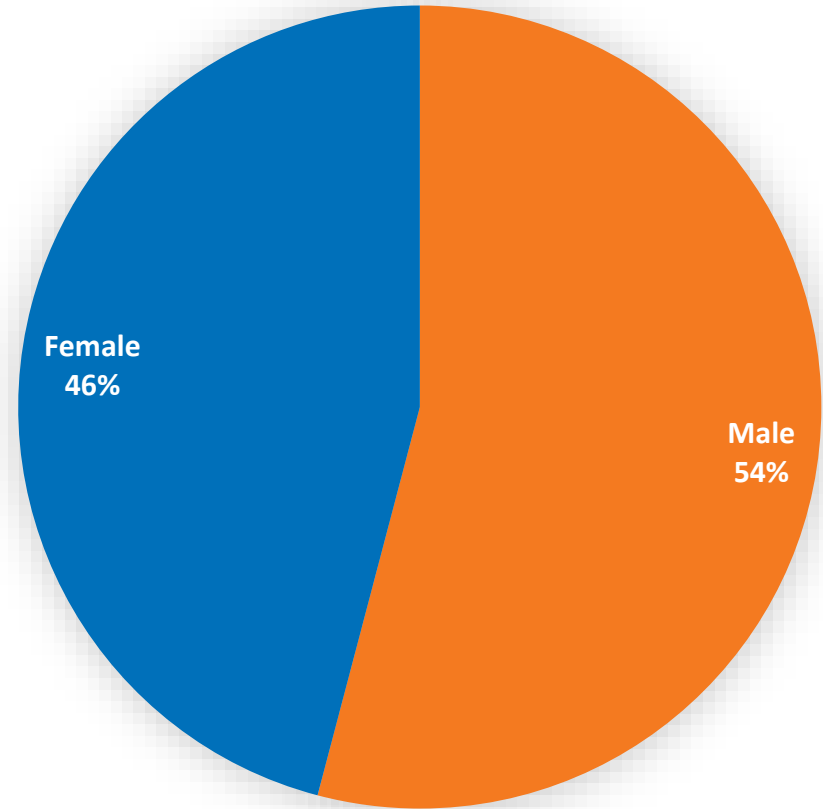
Pennsylvania Injured Workers

- Other 1%
- Female 31%
- Male 68%
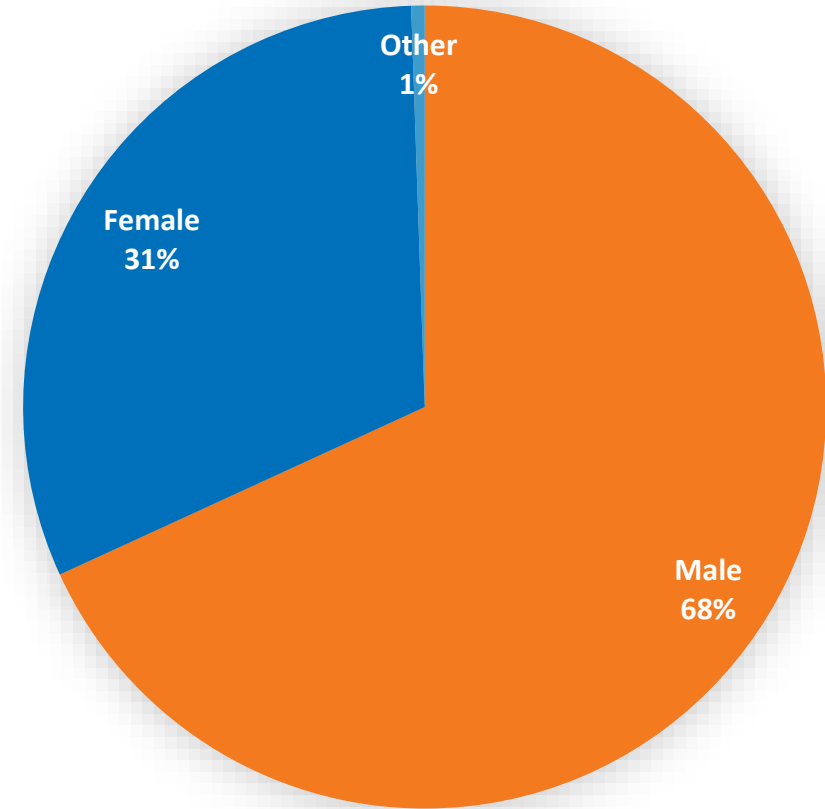
Men make up more than 2/3 of the injured workers in PA, while they only make up half of the total population of workers. Parcel Delivery and Trucking are the classifications with the most claims; these are both male-dominated occupations.
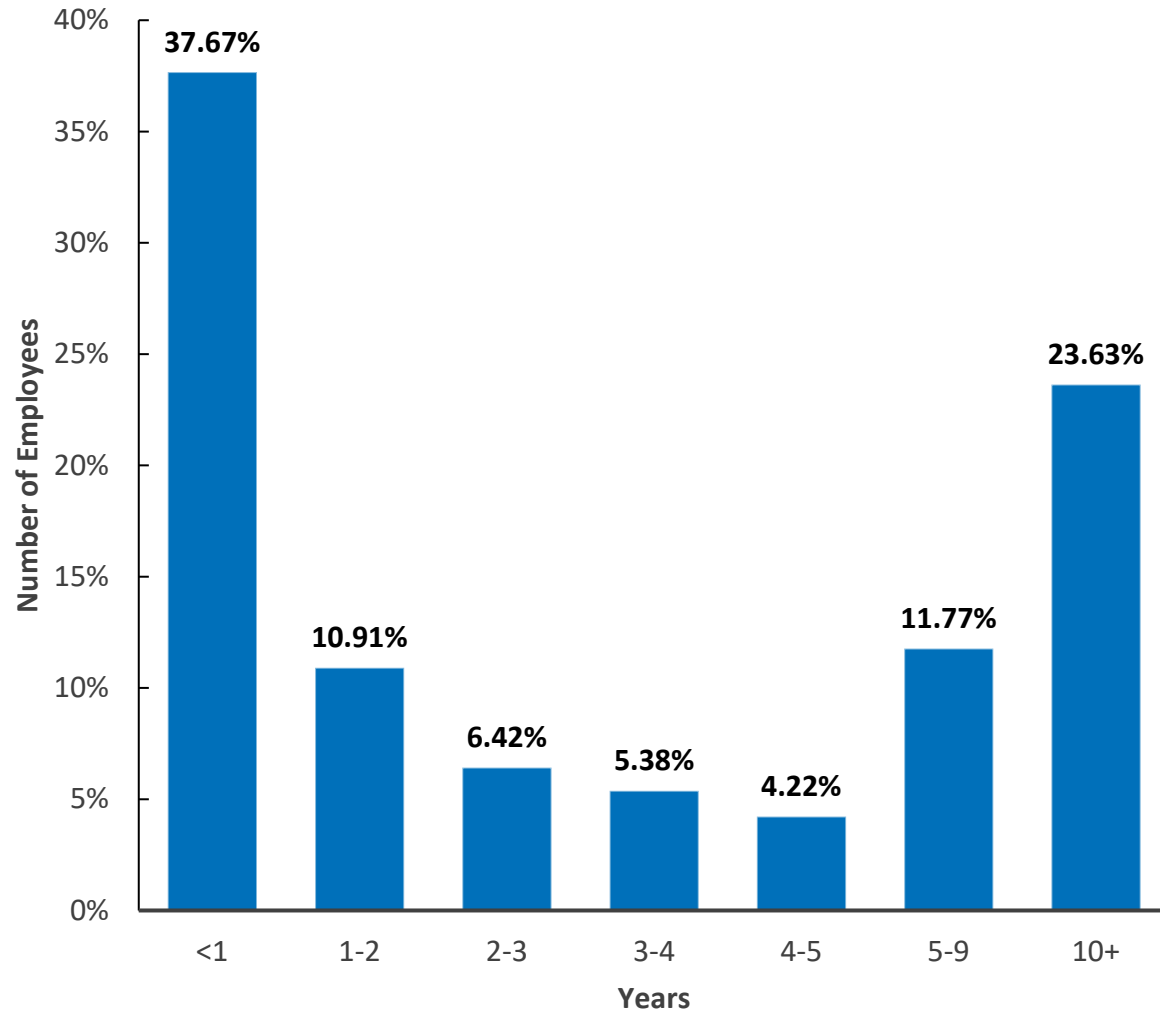
Age of Injured Worker

The median age of injured PA workers is 3.9 years higher than the median age of all PA workers.

Legend: ■ Injured Pennsylvania Workers (Median Age = 46.0) ■ All Pennsylvania Workers (Median Age = 42.1)

X-axis categories: 16-19, 20-24, 25-34, 35-44, 45-54, 55-64, 65 and over

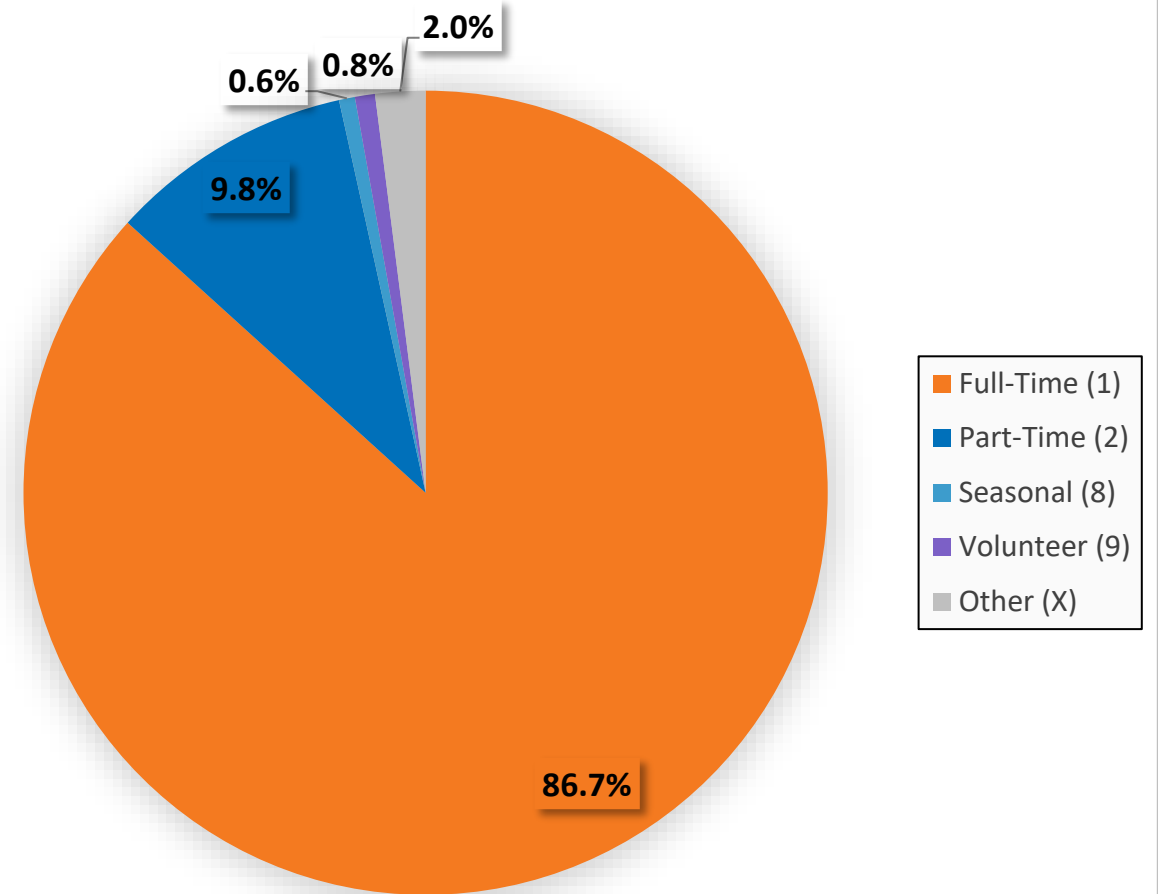Source: PA Indemnity Data Call—Accident Year 2022; Bureau of Labor & Statistics

Characteristics of Injured Workers

Length of Employment

Bar chart — Number of Employees (%) by Years:
- <1: 37.67%
- 1-2: 10.91%
- 2-3: 6.42%
- 3-4: 5.38%
- 4-5: 4.22%
- 5-9: 11.77%
- 10+: 23.63%

Employment Status

Pie chart:
- Full-Time (1): 86.7%
- Part-Time (2): 9.8%
- Seasonal (8): 0.6%
- Volunteer (9): 0.8%
- Other (X): 2.0%

Source: PA Indemnity Data Call—Accident Year 2022

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Injured Workers Wages and Benefit Levels

Receive 90% of Pre-injury wage 30.8% (bar: <$670)

Receive 50% of State Average weekly wage 24.8% (bar: $670-$904)

Receive 66.67% of Pre-injury wage 37.7% (bar: $904-1807)

Capped at State Average Weekly Wage 6.7% (bar: >$1807)

Pre-Injury Weekly Wage: <$670, $670-$904, $904-1807, >$1807

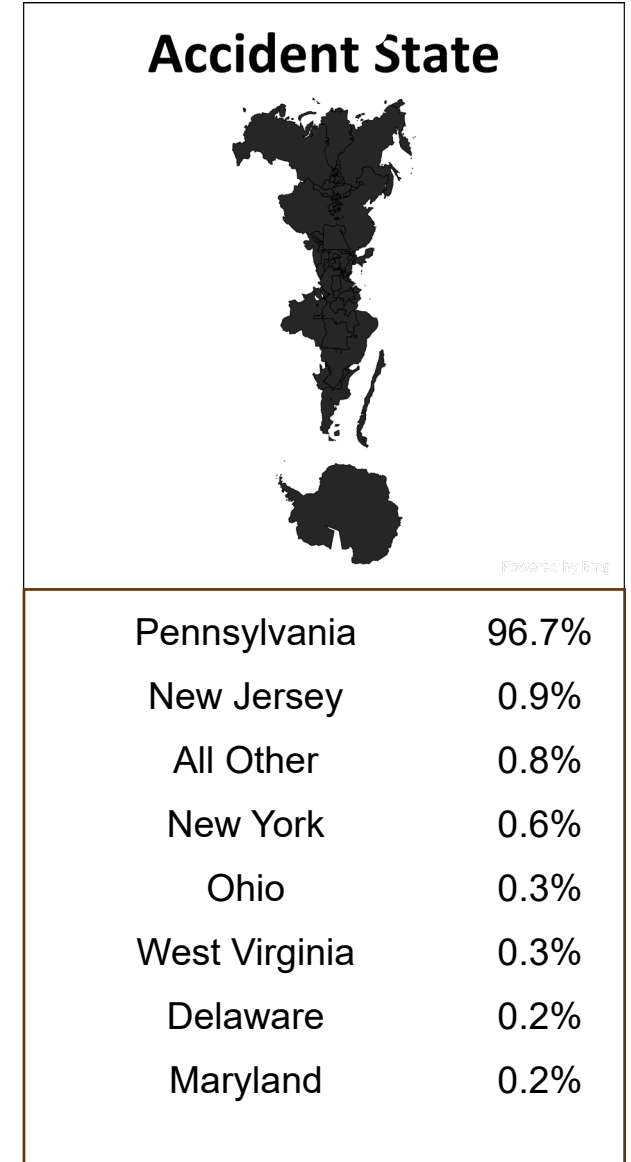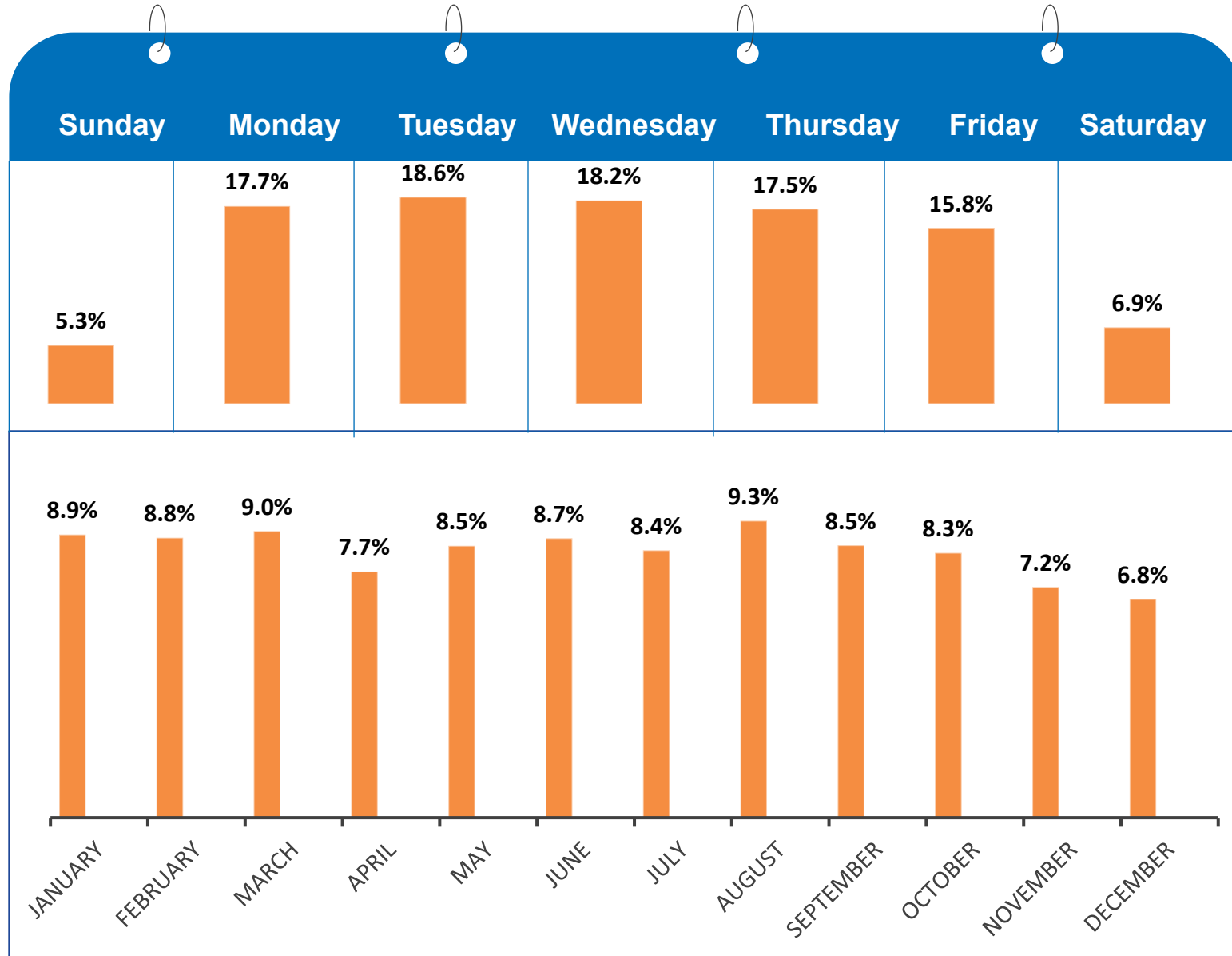**Pre-Injury Weekly Wage**
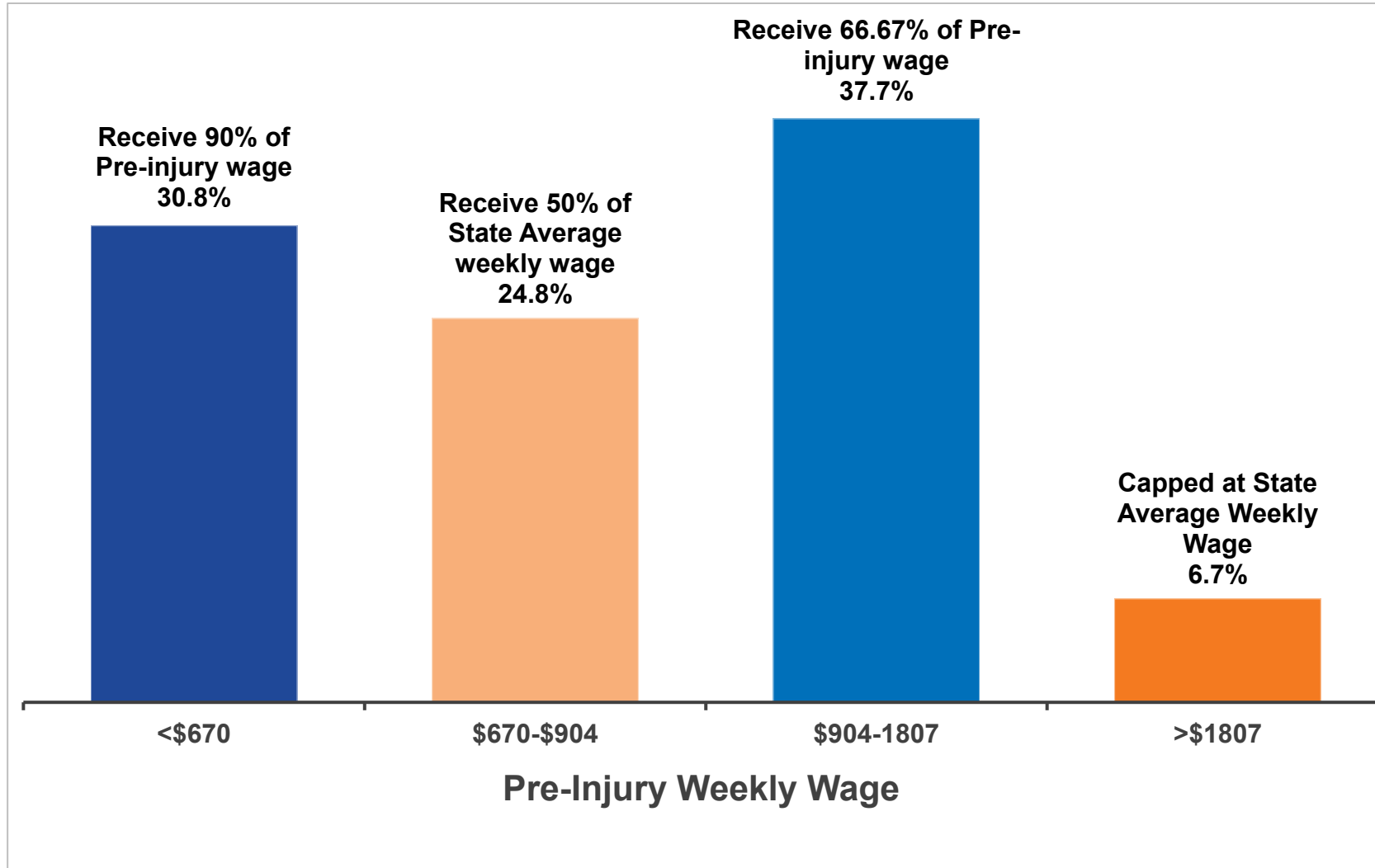
Under the Workers' Compensation Act, injured workers are entitled to indemnity benefits equal to two-thirds of their weekly wage for a work-related injury. However, there are minimum and maximum adjustments provided in the Act, and the benefit rate is set using the annual maximum in place at the time of injury.

State Average Weekly Wage in Pennsylvania was $1,205 effective 1/1/22, this was an increase of 6.6% from the previous year.

Source: PA Indemnity Data Call—Accident Year 2022

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Characteristics of Accidents

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5.3%	17.7%	18.6%	18.2%	17.5%	15.8%	6.9%

Accident State

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
8.9%	8.8%	9.0%	7.7%	8.5%	8.7%	8.4%	9.3%	8.5%	8.3%	7.2%	6.8%

Pennsylvania	96.7%
New Jersey	0.9%
All Other	0.8%
New York	0.6%
Ohio	0.3%
West Virginia	0.3%
Delaware	0.2%
Maryland	0.2%

Source: PA Indemnity Data Call—Accident Year 2022
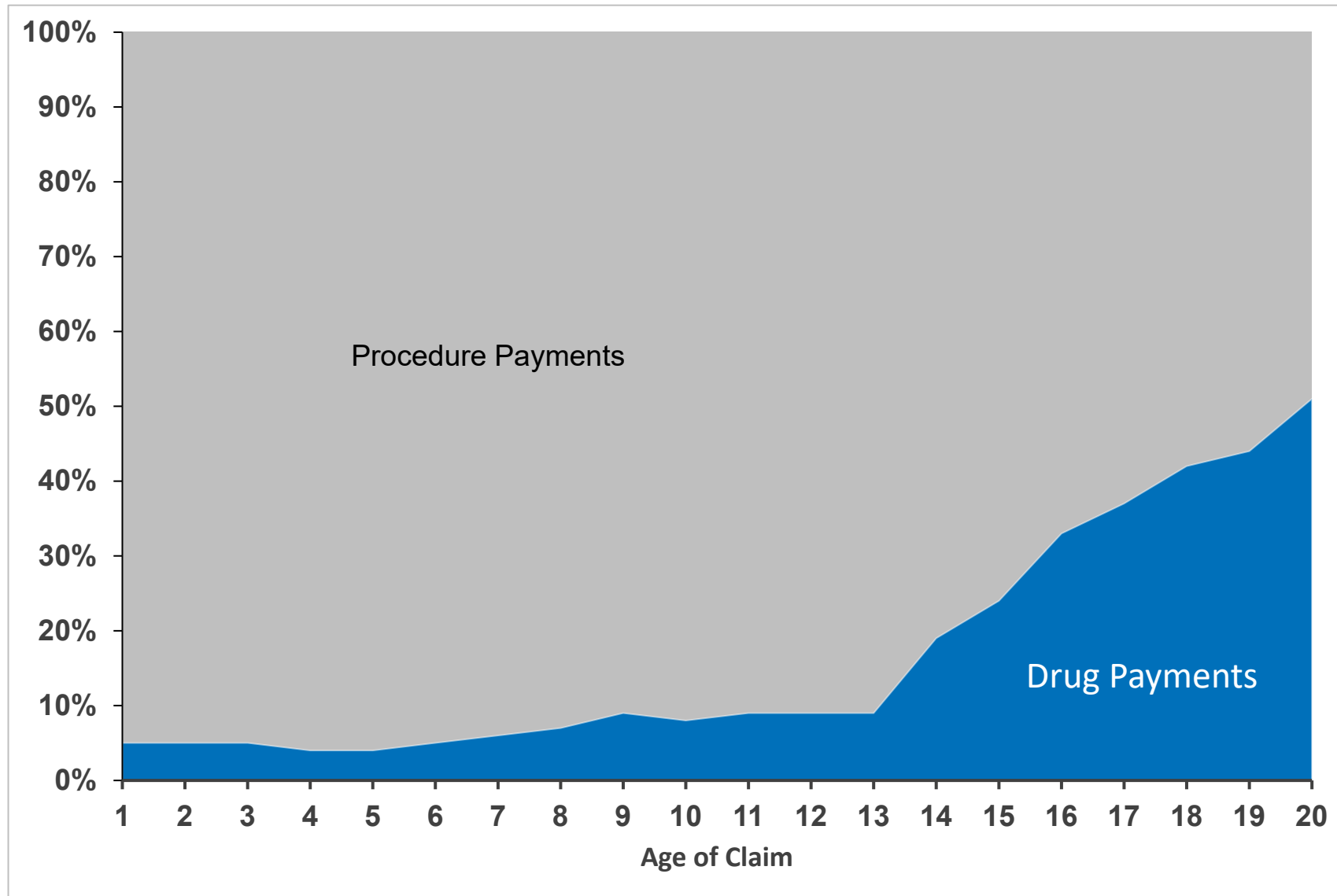
Duration of Indemnity Claims

Duration of indemnity payments has decreased for accidents occurring in 2022 compared to 2021 except for a slight improvement in claims lasting 0-2 weeks.

Legend: 2021 (orange), 2022 (blue)

28
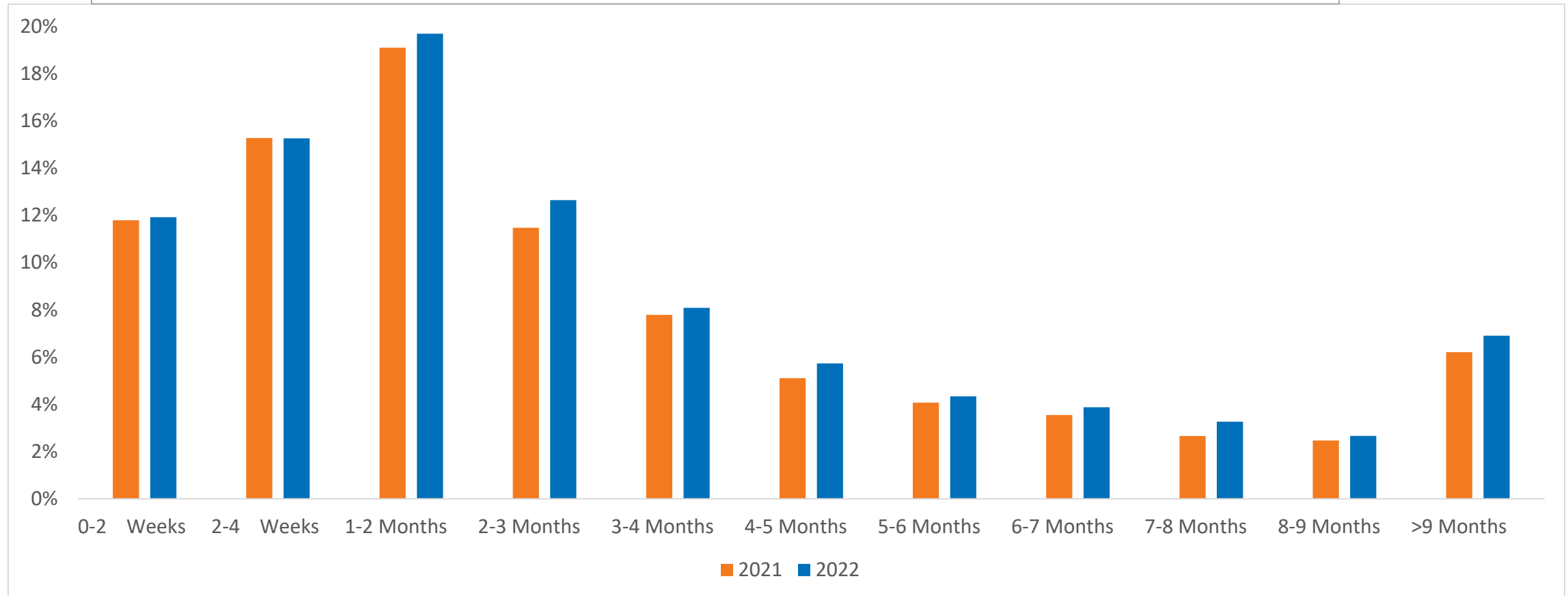
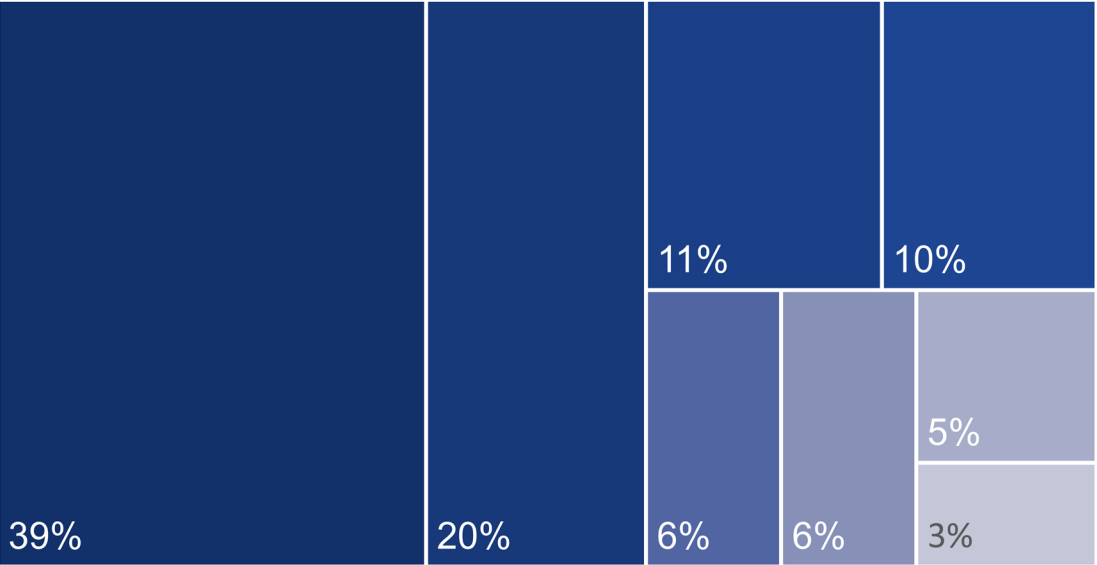# Medical Data

Medical Cost Breakdown

90% of all medical dollars are attributed to procedures, while 10% are due to drug costs.

As the age of workers' compensation claims grows, payments for maintenance medications become a more significant portion of the total medical spend.
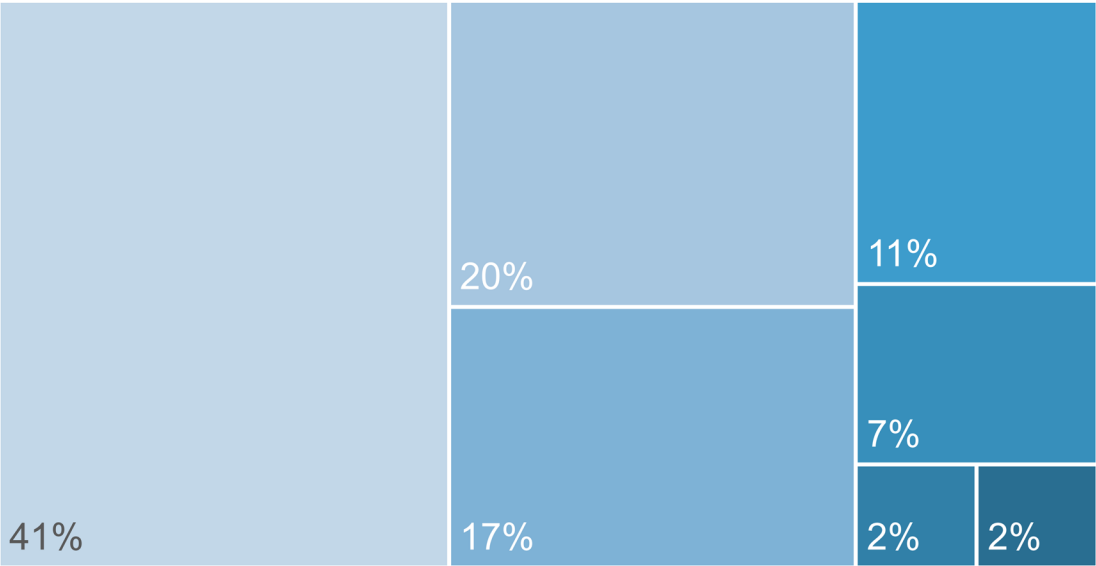
Medical Services Breakdown
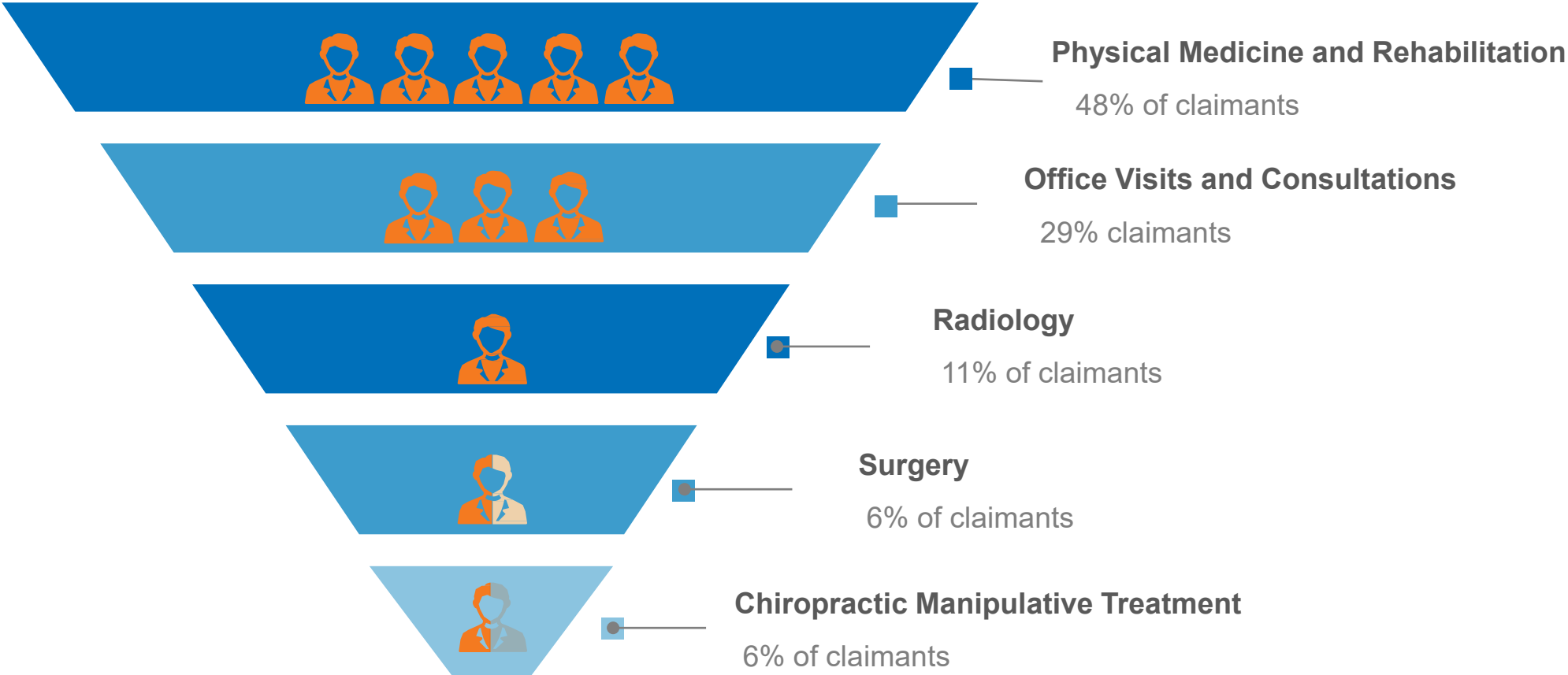

Medical Service Group

- 39% - Physicians
- 20% - Hospital Outpatient
- 11% - Hospital Inpatient
- 10% - Drugs
- 6% - Other
- 6% - Ambulatory Surgical Centers
- 5% - ER
- 3% - Durable Medical Equipment

Medical Professional Services

- 41% - Physical Medicine
- 20% - Surgery
- 17% - Evaluation & Management
- 11% - Radiology
- 7% - Medicine
- 2% - Anesthesia
- 2% - Pathology & Laboratory

Source: PA Medical Data Call Service Year 2022

Medical Visits Per Claim

Physical Medicine and Rehabilitation

48% of claimants

Office Visits and Consultations

29% claimants

Radiology

11% of claimants

Surgery

6% of claimants
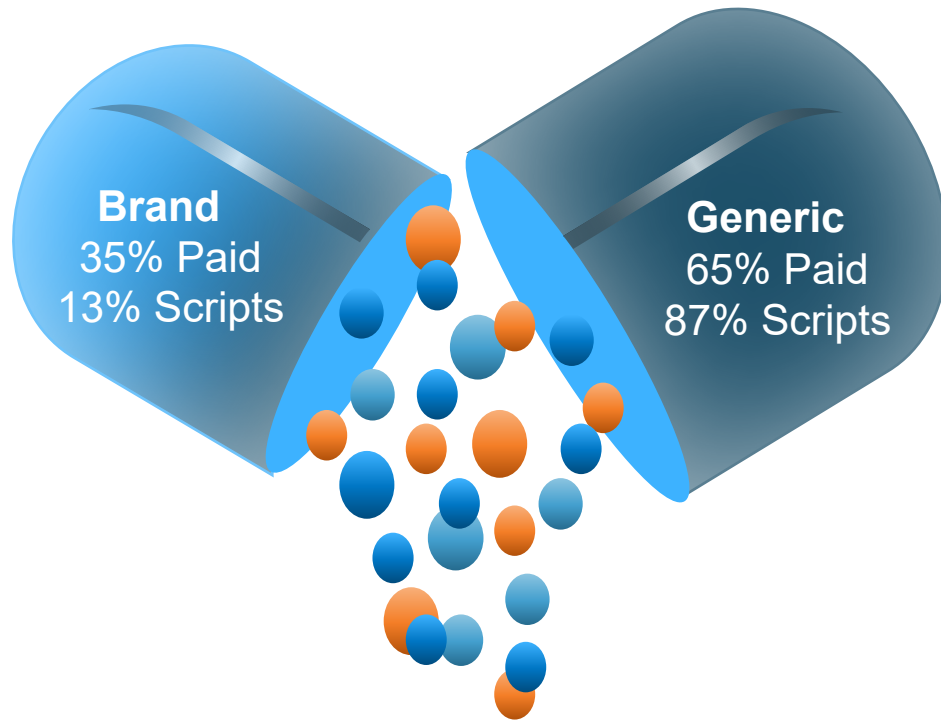
Chiropractic Manipulative Treatment

6% of claimants

*Based on 1,139,353 professional visits and 117,622 claims

*When examining the number of actual visits to a health care provider, workers compensation claimants appear to visit physical medicine and rehabilitation providers more frequently than any other health care provider.
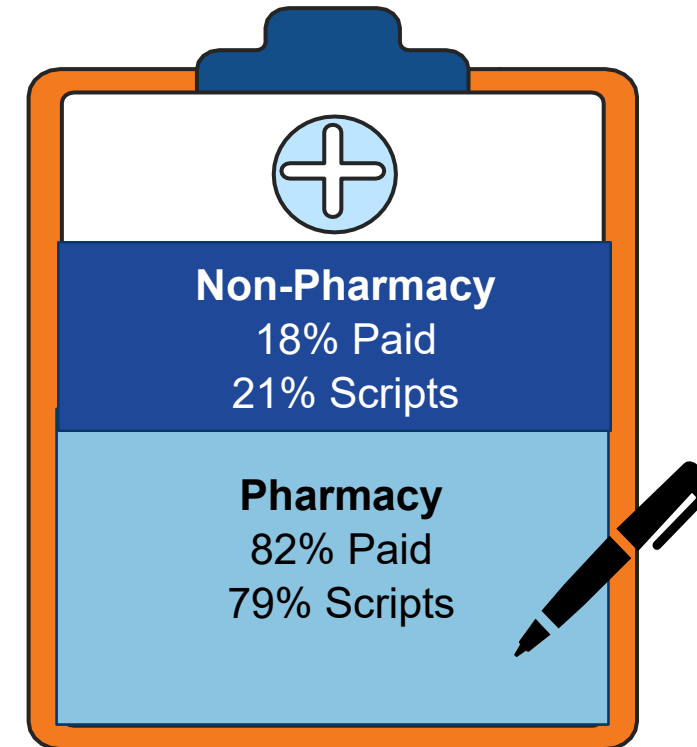
Source: PA Medical Data Call Service Year 2022

Prescription Drug Dispensing

Distribution of Drugs

Brand
35% Paid
13% Scripts

Generic
65% Paid
87% Scripts

Dispensing of Drugs

Non-Pharmacy
18% Paid
21% Scripts

Pharmacy
82% Paid
79% Scripts

Prescription Drugs

The volume of drugs prescribed to workers compensation claimants continues to grow. This is a distribution of these prescription drugs organized by the **Controlled Substance Act Schedule**, which is based on potential of abuse.

Schedule II

- High potential for abuse
- Some accepted uses In the U.S.
- Abuse leads to physical and/or psychological dependence and is considered dangerous.
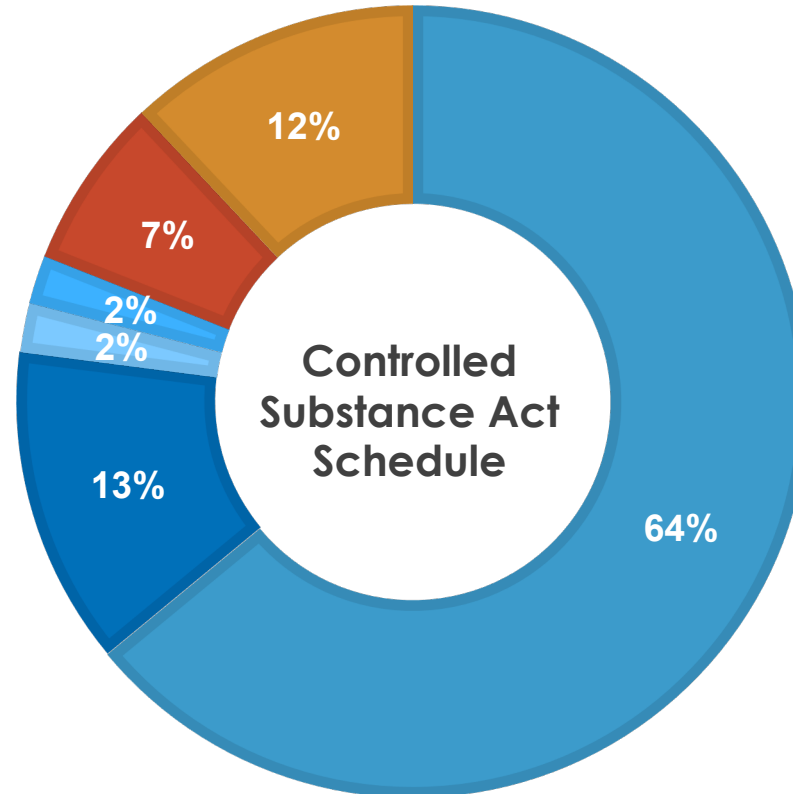
Schedule III

- Potential for abuse, but lower than previous categories.
- There are accepted medical uses.
- Abuse can lead to mild physical dependence or great psychological dependence.

Schedule IV

- Relatively low potential for abuse.
- Have accepted medical uses in the U.S.
- Abuse leads to limited dependence.

Schedule V

- Low potential for abuse.
- Have accepted medical uses in the U.S.
- Abuse may lead to limited dependence.

Controlled Substance Act Schedule
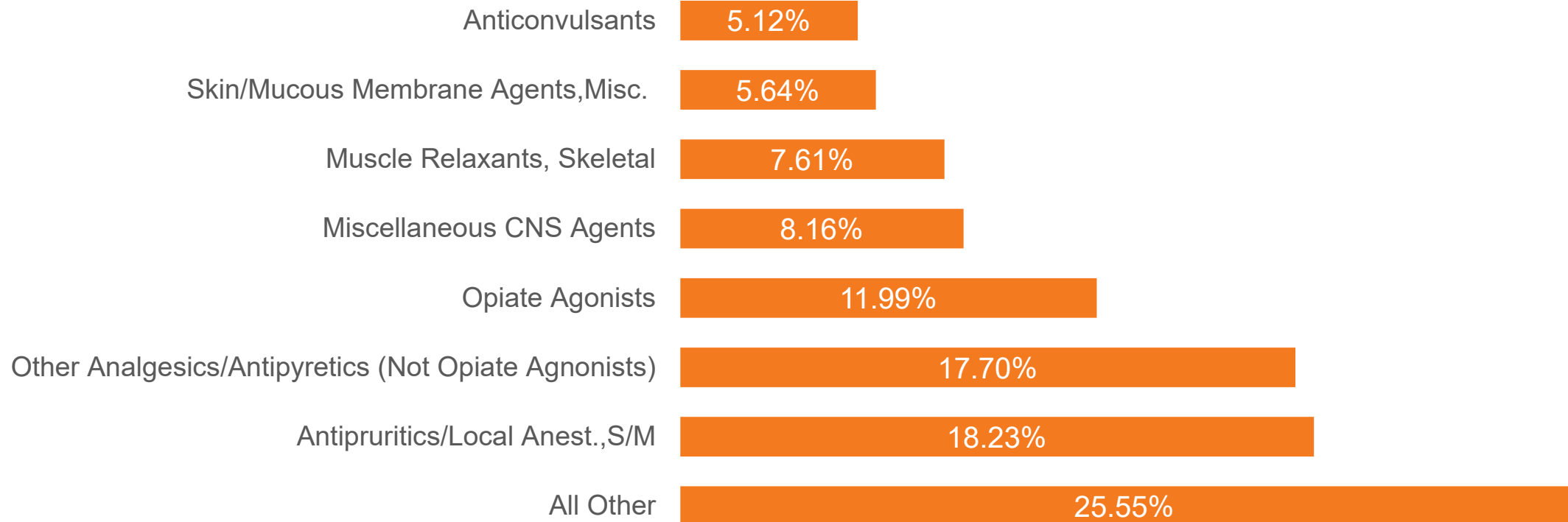
- 64%
- 13%
- 2%
- 2%
- 7%
- 12%

Legend: ■ Not Controlled Substance ■ Schedule 2 ■ Schedule 3 ■ Schedule 4 ■ Schedule 5 ■ OTC
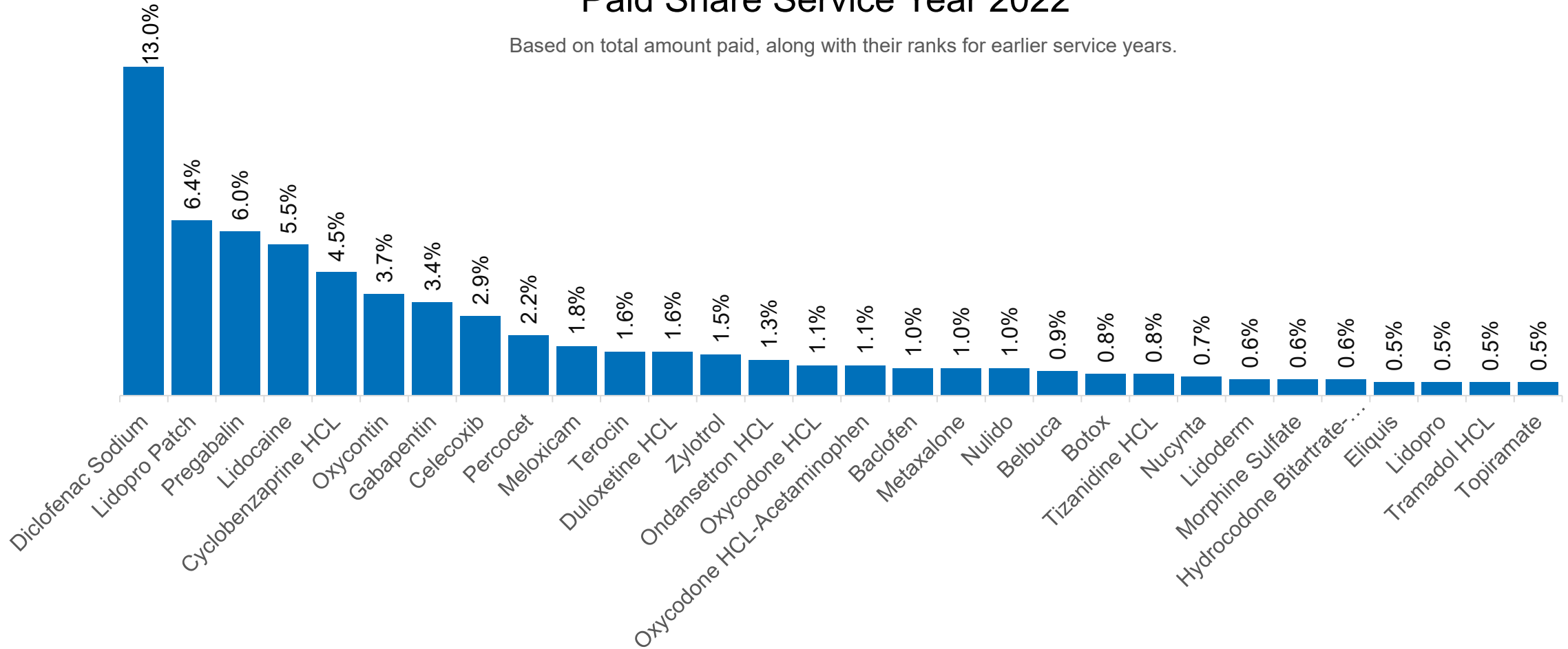
Prescription Drugs
Therapeutic Classifications

Antipruritic/Local Anest., S/M has replaced Analgesics/Antipyretics as the most prevalently prescribed drug class, making Analgesics/Antipyretics the 2nd most prescribed drug class.

Drug Class	Percentage
Anticonvulsants	5.12%
Skin/Mucous Membrane Agents, Misc.	5.64%
Muscle Relaxants, Skeletal	7.61%
Miscellaneous CNS Agents	8.16%
Opiate Agonists	11.99%
Other Analgesics/Antipyretics (Not Opiate Agonists)	17.70%
Antipruritics/Local Anest., S/M	18.23%
All Other	25.55%

Source: PA Medical Data Call Service Year 2022

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Prescribing Patterns

Paid Share Service Year 2022

Based on total amount paid, along with their ranks for earlier service years.

Drug	Paid Share
Diclofenac Sodium	13.0%
Lidopro Patch	6.4%
Pregabalin	6.0%
Lidocaine	5.5%
Cyclobenzaprine HCL	4.5%
Oxycontin	3.7%
Gabapentin	3.4%
Celecoxib	2.9%
Percocet	2.2%
Meloxicam	1.8%
Terocin	1.6%
Duloxetine HCL	1.6%
Zylotrol	1.5%
Ondansetron HCL	1.3%
Oxycodone HCL	1.1%
Oxycodone HCL-Acetaminophen	1.1%
Baclofen	1.0%
Metaxalone	1.0%
Nulido	1.0%
Belbuca	0.9%
Botox	0.8%
Tizanidine HCL	0.8%
Nucynta	0.7%
Lidoderm	0.6%
Morphine Sulfate	0.6%
Hydrocodone Bitartrate-…	0.6%
Eliquis	0.5%
Lidopro	0.5%
Tramadol HCL	0.5%
Topiramate	0.5%

Diclofenac Sodium represents both oral/NSAID (68%) and topical (32%) versions of this top drug.
Lyrica went off patent in June 2019, which caused the increasing trend in its generic version Pregabalin. We have also observed increasing trends for several dermatological agents.

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Top 30 Drugs

From 2018 to 2022, the PCRB observed a significant decrease in the prevalence of Opioids. Prescription counts dropped by 50.9%, while the overall paid amount fell by 51.9%. Six of the top 30 drugs are opioids, which are highlighted below.

Drug Name	Rank By Service Year				
	2022	2021	2020	2019	2018
Diclofenac Sodium	1	1	1	2	5
Lidopro Patch	2	4	15	14	14
Pregabalin	3	2	2	n/a	n/a
Lidocaine	4	3	3	3	3
Cyclobenzaprine HCL	5	6	6	13	13
Oxycontin	6	5	4	1	2
Gabapentin	7	7	5	5	4
Celecoxib	8	8	8	12	12
Percocet	9	10	9	8	9
Meloxicam	10	12	11	6	8
Terocin	11	11	10	7	10
Duloxetine HCL	12	13	13	10	11
Zylotrol	13	n/a	n/a	n/a	n/a
Ondansetron HCL	14	16	16	16	n/a
Oxycodone HCL	15	14	12	11	6

Drug Name	Rank By Service Year				
	2022	2021	2020	2019	2018
Oxycodone HCL-Acetaminophen	16	15	14	9	7
Baclofen	17	18	17	15	16
Metaxalone	18	17	19	18	20
Nulido	19	9	7	27	107
Belbuca	20	20	23	39	64
Botox	21	19	25	24	49
Tizanidine HCL	22	21	20	20	21
Nucynta	23	24	29	41	24
Lidoderm	24	26	24	23	27
Morphine Sulfate	25	22	21	21	15
Hydrocodone Bitartrate-Acetaminophen	26	23	18	19	19
Eliquis	27	n/a	n/a	n/a	n/a
Lidopro	28	n/a	n/a	n/a	n/a
Tramadol HCL	29	25	22	17	18
Topiramate	30	28	26	25	25

# Medical Payments by Category

There is a decrease in medical payments that begins during 2020-Q2 and lasts until 2021-Q2. After this quarter, medical payments gradually rise until they reach pre-pandemic levels in 2022-Q2. Physical Medicine and Drug payments surpassed pre-pandemic levels during the first half of 2023.


Source: PA Medical Data Call Data

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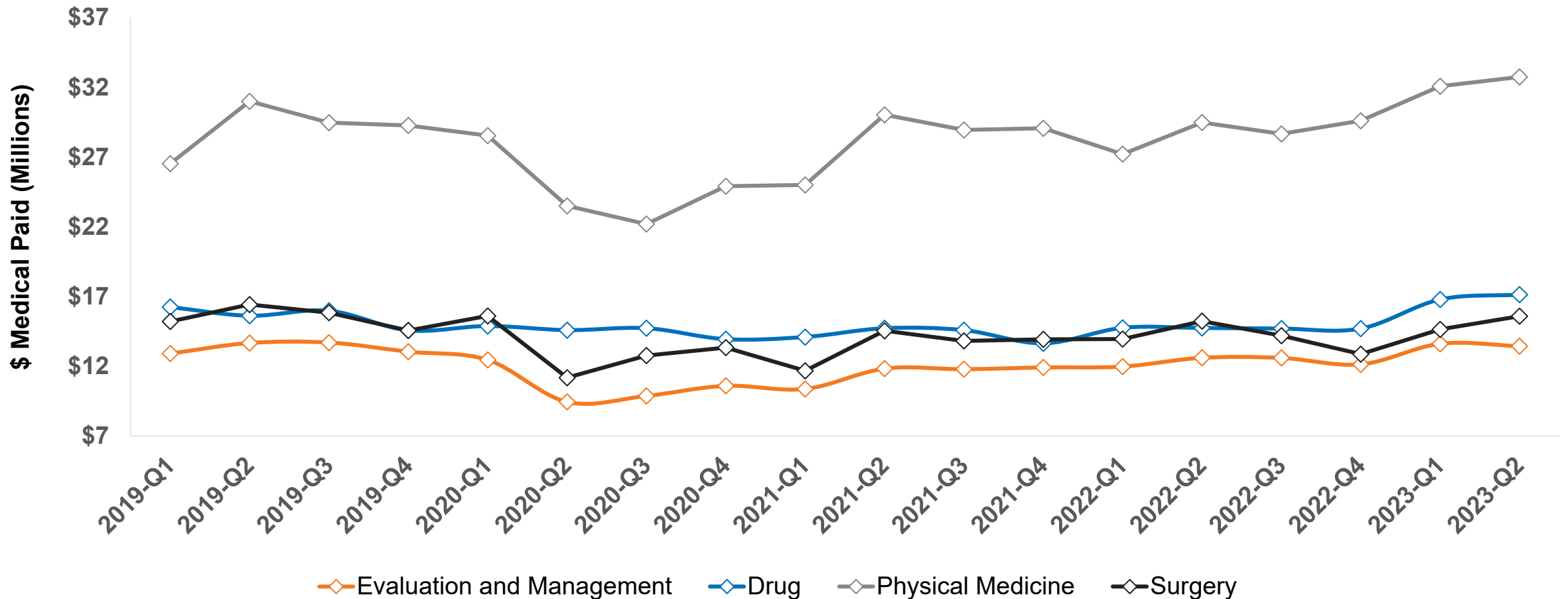
Medical Payments for Mental Health Claims

Claims including mental health procedures have become more prevalent since the pandemic with transactions peaking during the 2020-Q3 and remained elevated through 2023, even nearing peak levels during the 2022-Q4 and 2023-Q1.

Legend: ◇ % Share Paid   ◇ % Share Transactions
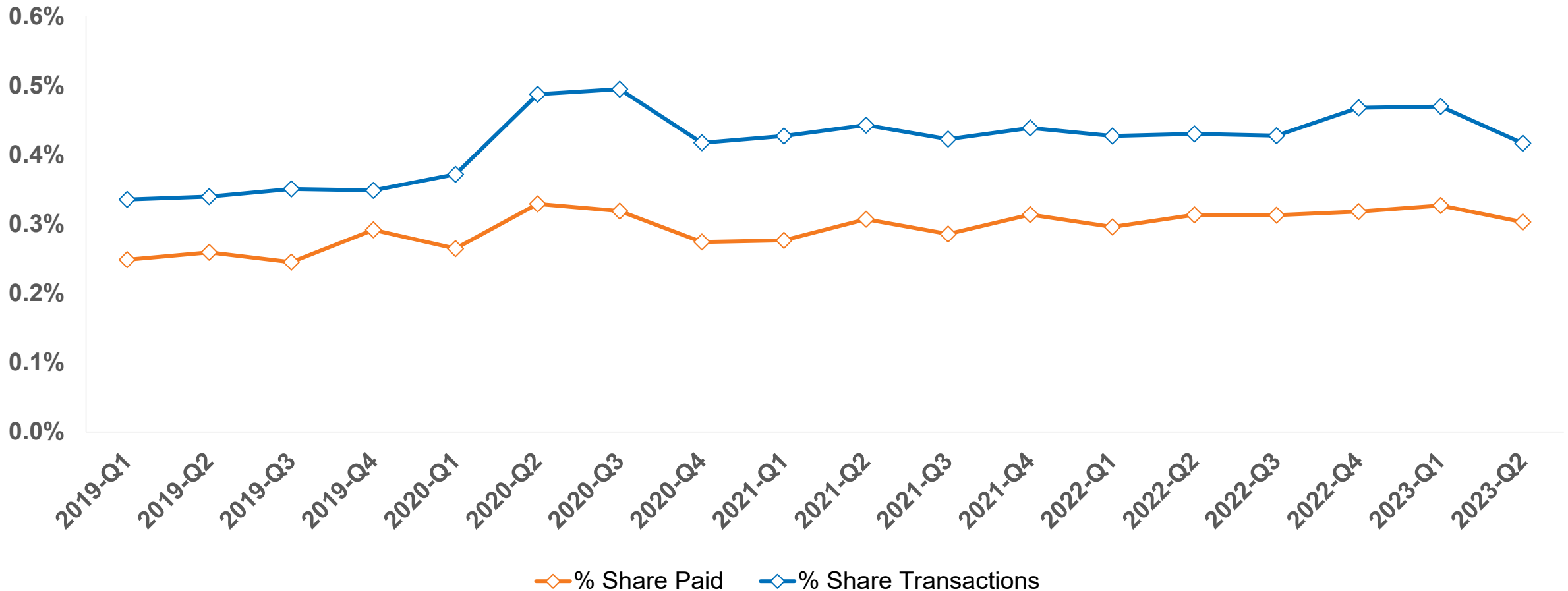
Medical Payments for Telemedicine

Telemedicine activity was reported at higher levels during 2020 due to the pandemic reaching 12,155 transactions in 2020-Q2. Since the spike, levels have normalized higher than pre-pandemic telemedicine increasing to over 1,100 transactions per quarter from less than 300 transactions per quarter.
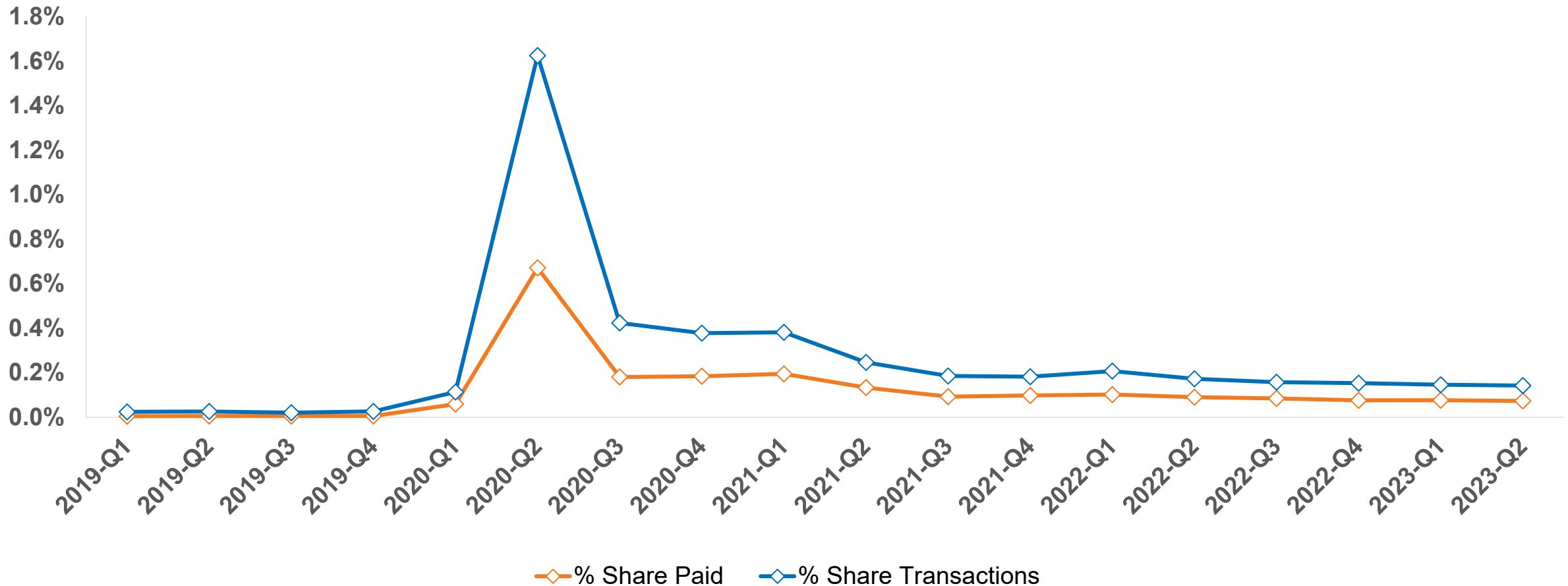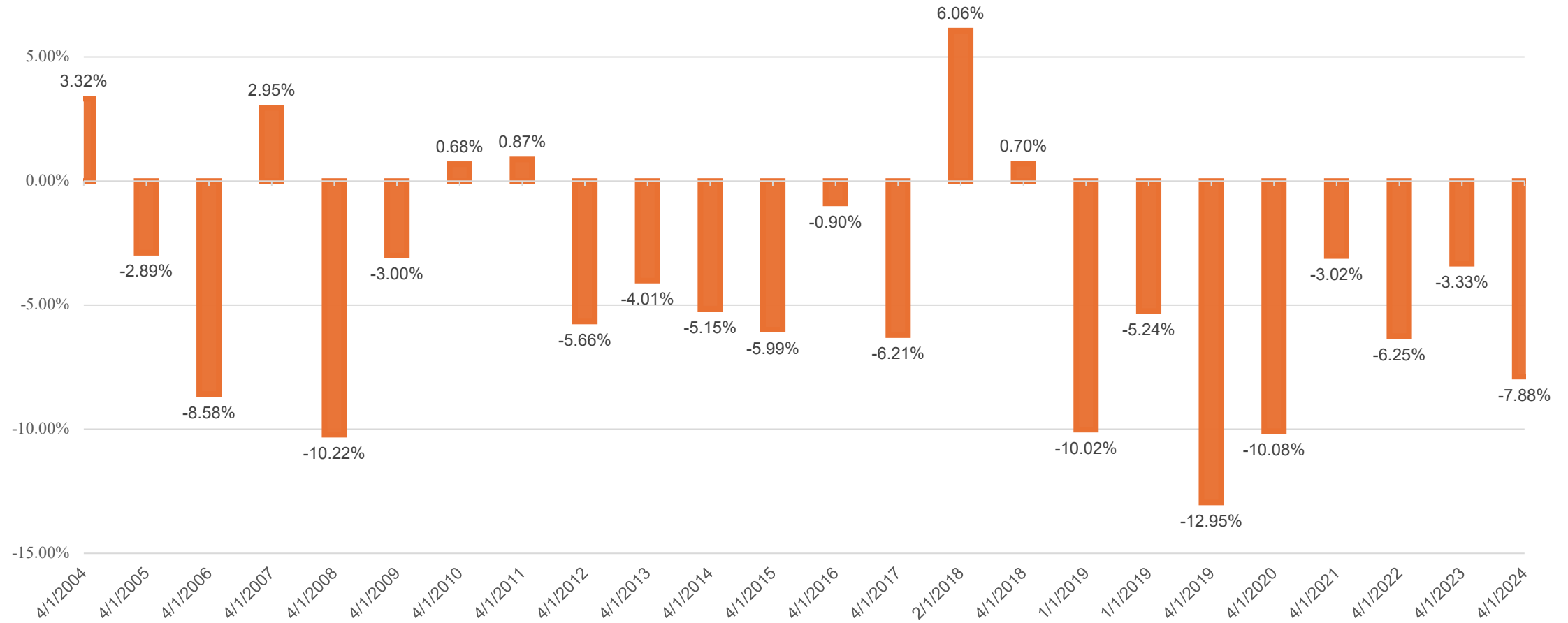
Loss Cost Filing Information

Components of 2023 Indication
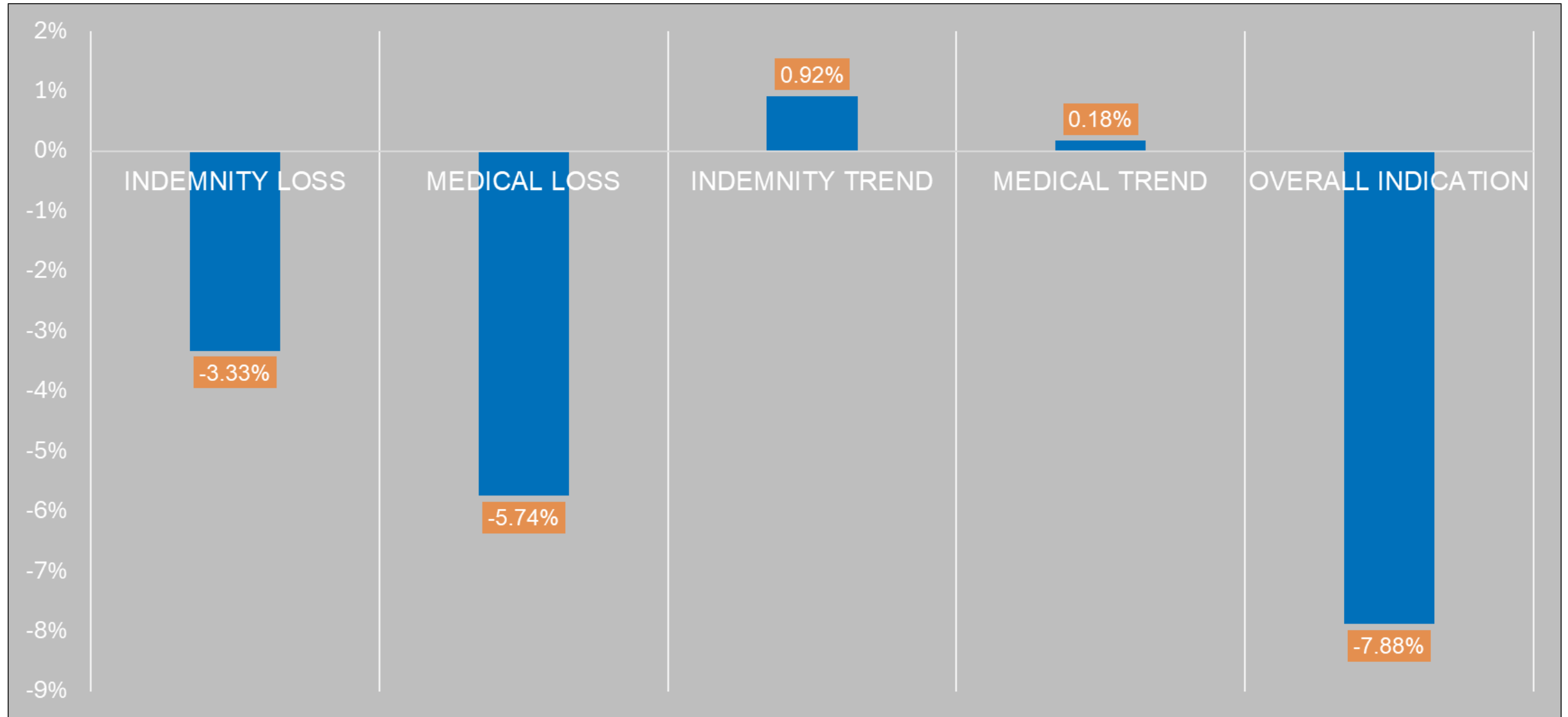
Indemnity/Medical Splits
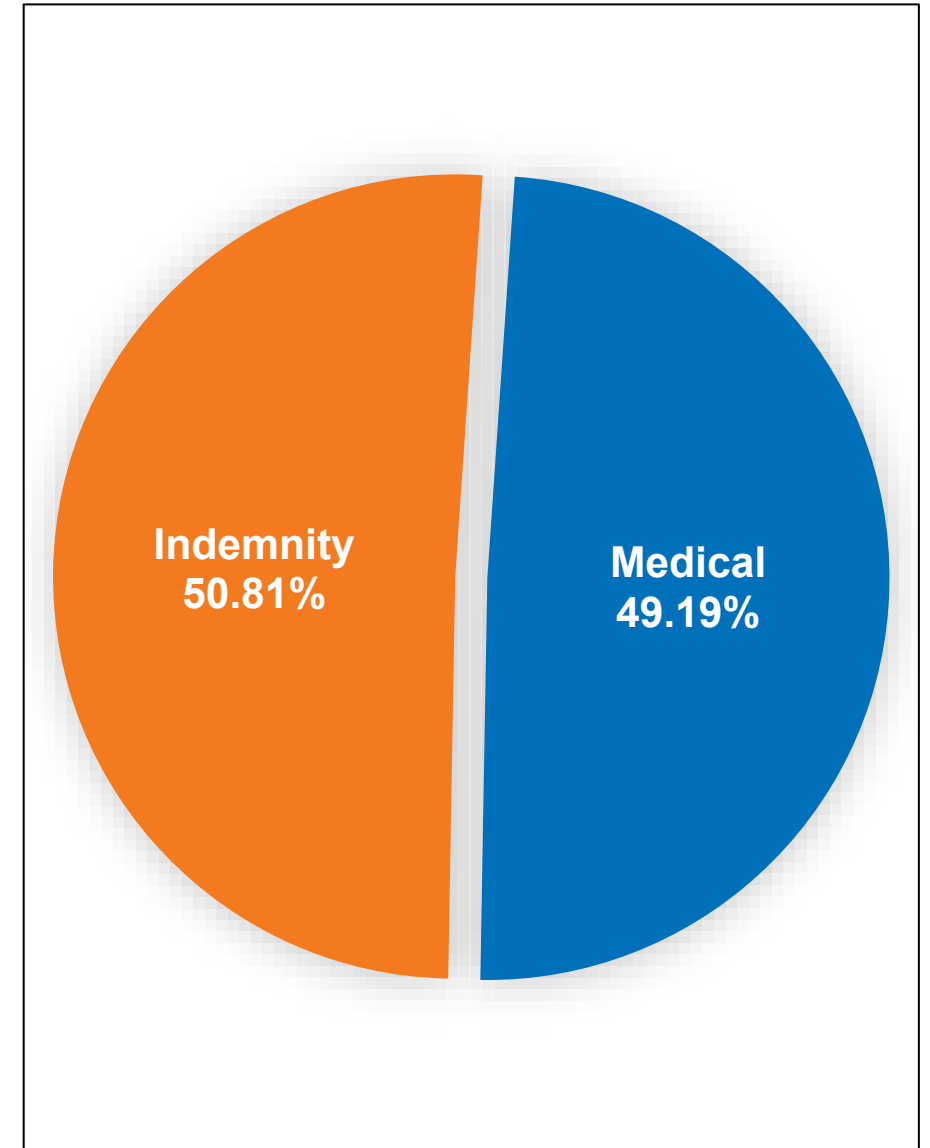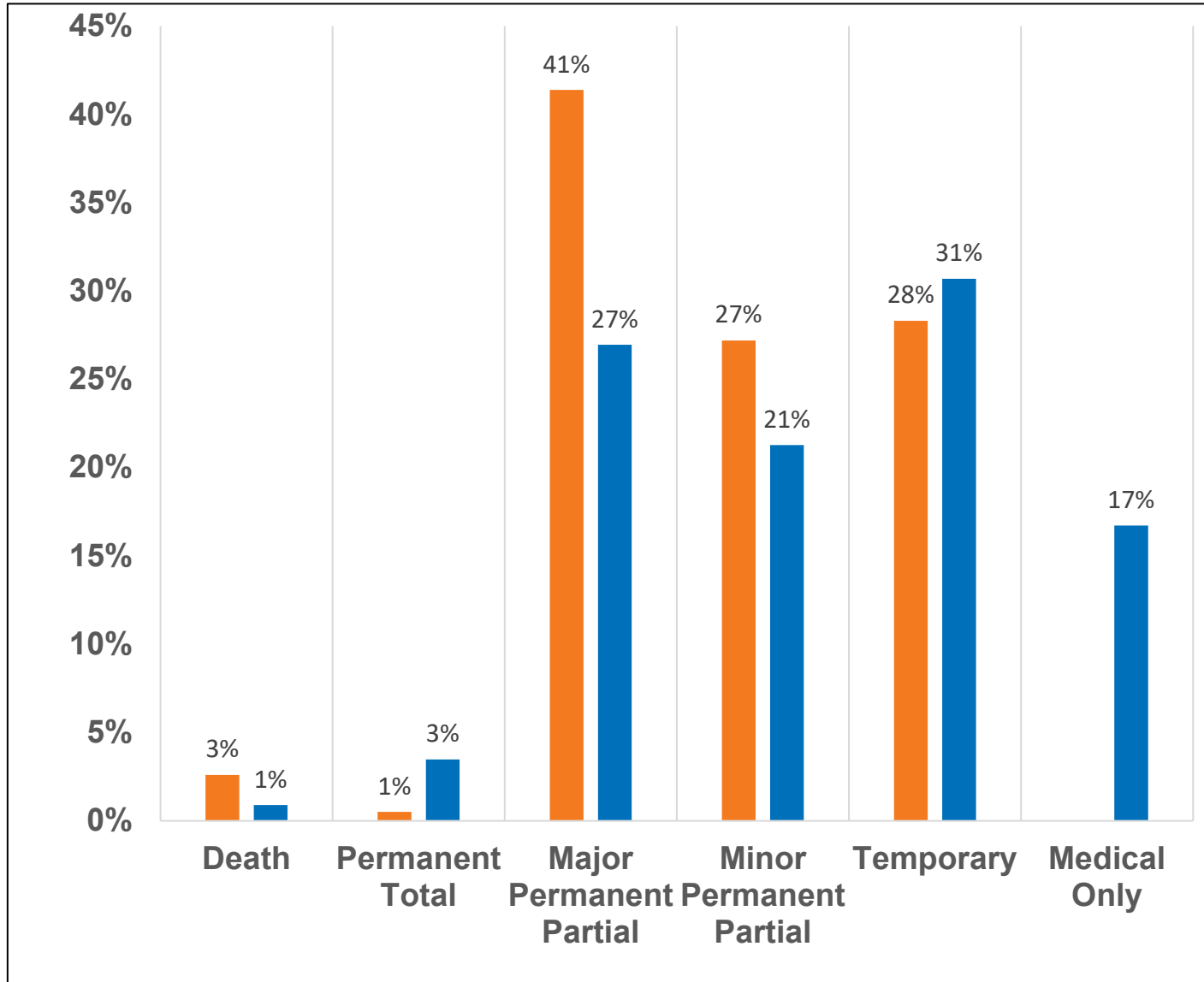
History of Loss Cost Changes

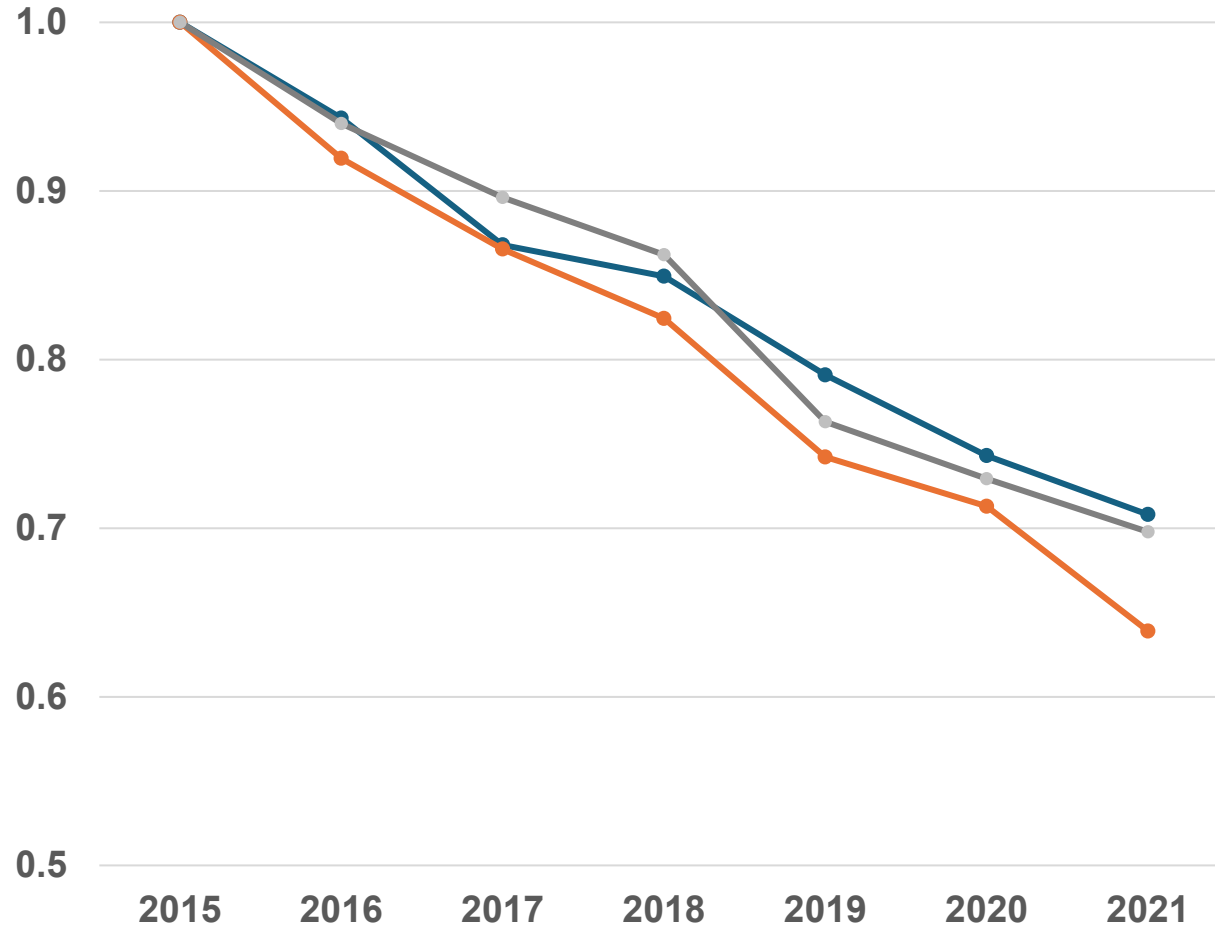Loss Cost Levels have decreased 63.9% since 4/1/2004.

Source: PA 2024 Loss Cost Filings: 2004-2024

Trends in Average Cost
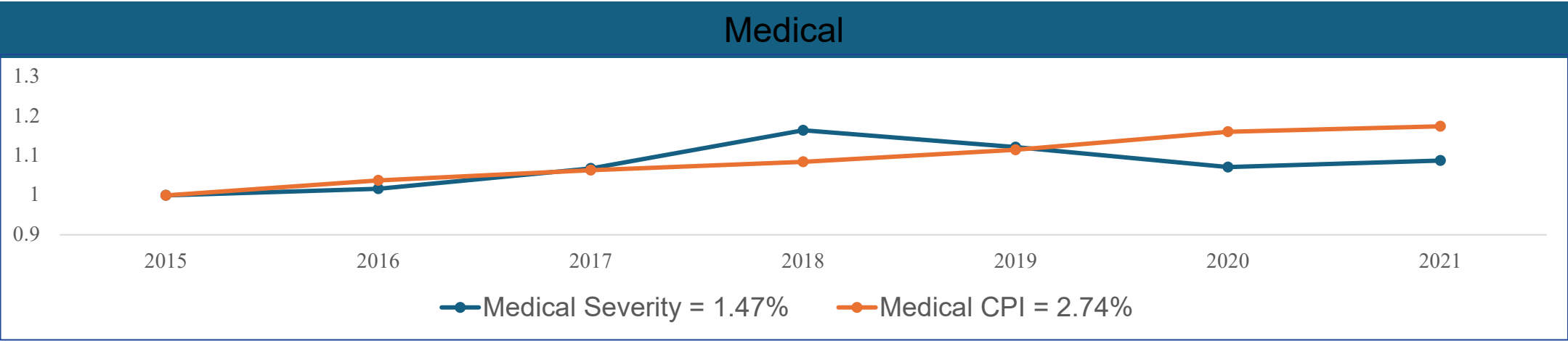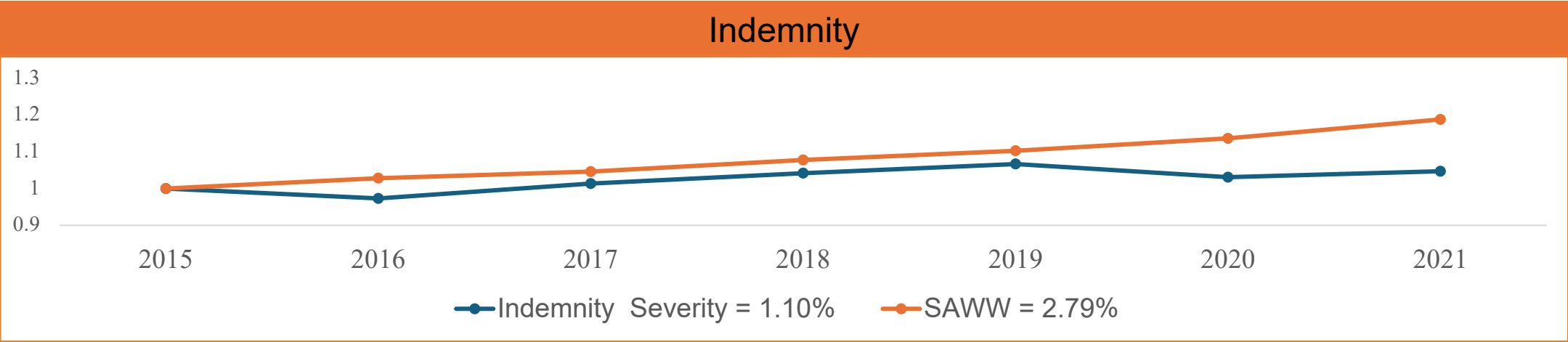
Frequency Trend

Frequency trend for all industries is -6.1%. This continues the downward long-term frequency trend that has been observed for more than 20 years.

Manufacturing	-5.6%	
Contracting	-6.9%	
Other Industries	-6.1%	

PCRB

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Founded in 1915, the Pennsylvania Compensation Rating Bureau (PCRB) is a nonprofit data collection organization serving as a trusted, essential, and objective resource that supports a healthy workers compensation system for Pennsylvania. PCRB provides data-driven products and services that anticipate and respond to marketplace conditions and identify emerging trends, including accurate and valuable statistical and actuarially-based information, marketplace knowledge, and rating plans. PCRB also conducts innovative research, provides educational services, and engages in outreach that delivers knowledge to empower actionable decisions.

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