

Data Transmittal Memorandum
Economic Value of Plan Benefits
Monte Carlo IIb – Occurrence Deductible
Username _____
Password _____

Addressees

Addressee Number 1

Company Name _____ **ID** _____

Address _____

City _____ **State** _____ **Zip** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 2

Company Name _____ **ID** _____

Address _____

City _____ **State** _____ **Zip** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 3

Company Name _____ ID _____

Address _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

Email _____ Contact _____

Plans

Name _____ ID _____

Addressee: Number 1 _____ Number 2 _____ Number 3 _____

DOL Number _____ Designation _____

Benefits: M _____ Rx _____ D _____ V _____ STD _____

Valuations

Number _____ Computation Date _____

Projected Period: Beginning _____ Ending _____

Network _____

Annual Medical Cost _____ Index (Penetration Factor) _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Network _____

Annual Medical Cost _____ Index (Penetration Factor) _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

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Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Network _____

Annual Medical Cost _____ Index (Penetration Factor) _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Occurrence Number _____ Benefit _____

Frequency _____ Deductible _____

Commentary

Occurrence Number is that assigned to each Work-Product and represents the benefit under review. The Work-Product permits up to five occurrences. It is expected that with some plans with numerous per occurrence deductibles, two or more Work-Products will be needed.

Annual Medical Cost (for Network A) is the assumed annual market basket of covered medical expenses as such are defined by the Plan per covered person (not family) presuming that all such services were obtained through Network A providers. This cost is typically in the \$4,000 to \$5,000 range.

Index (Penetration Factor) is the percentage that represents the incidence (or usage) of Network A by the covered persons.

Benefit means the selection made from Exhibit I, attached.

Frequency means the frequency shown on Exhibit I, attached.
 These should be entered as shown thereon.

Exhibit I

<u>Benefit</u>	<u>Frequency</u>
ER Hospital Care	00.78
ER Urgent Care	00.76
IP Anesthesiology	00.05
IP Basic/Miscellaneous	00.12
IP Pathology	00.06
IP Radiology	00.10
OP Anesthesiology	00.14
OP Miscellaneous	00.08
OP Pathology	01.64
OP Radiology	00.73
PP Inpatient (Primary Physician)	00.29
PP Outpatient (Office, Clinic, Walk-In)	05.10
Rx Formulary	03.15
Rx Generic	11.35
Rx Brand/Non-Formulary	01.30
SP Inpatient (Specialist Phys./Surgeon)	00.06
SP Outpatient (Office, Clinic)	00.29
SS Ambulance (Special Services)	00.04
SS Home Care (Special Services)	00.07
SU DME (Supplies/Durable Medical Equip)	00.05
SU Miscellaneous (Supplies/Misc)	00.81
Therapy - Infusion	00.44
Therapy - Occupational	00.01
Therapy - Physical	00.29
Therapy - Speech	00.01

