

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>Medical Service and Setting</u>	<u>Frequency</u>
<u>Inhospital/Institutional Care</u>	
Basic Services	.060
Anesthesia	.034
Radiology	.013
Pathology	.016
<u>Outpatient Care</u>	
Basic Services	.028
Anesthesia	.032
Radiology	.295
Pathology	.160
Hospital Emergency Room	.089

<u>Rx and Related</u>		
Generic		4.730
Non-Generic		7.489
Supplies		.284
<u>Durable Medical Equipment</u>		
Rental		.012
Purchase		.009
<u>Primary Physician</u>		
Office/Clinic/Emergi-center		5.607
Inpatient		.085
Chiropractor		.218
<u>Surgeon/Specialist</u>		
Office/Outpatient		.185
Inpatient		.037
<u>Assistant Surgeon</u>		
Outpatient		.032
Inpatient		.025
<u>Special Care</u>		
All therapy		.085
Home Health Care		.017
Ambulance		.043
Miscellaneous		.104