

# Data Transmittal Memorandum Monte Carlo II Work-Product

Username sampleuser

Password sampleuser

## New Plan and New Valuation

### Addressees

#### Addressee Number 1

Company Name Administrators, Inc. ID T0001

Address 414 Main Street

City Portland State OR Zip 97114

Tel. 601-414-8888 Fax 601-516-1414

Email jsmith@admin.com Contact John Smith

#### Addressee Number 2

Company Name Self-Funding Actuarial ID E0001

Address 8025 North Point Blvd, Ste. 207W

City Winston-Salem State NC Zip 27106

Tel. 336-759-2035 Fax 336-896-0392

Email harker2@earthlink.net Contact Carlton Harker

#### Addressee Number 3

Company Name ABC Manufacturing Co. ID P0006

Address 1841 Bypass Road

City Tupelo State MS Zip 37116

Tel. 614-160-1425 Fax 614-280-8416  
 Email bowner@abcco.com Contact Bill Owner

**Plans**

Name ABC Medical Plan ID 001

Addressee: Number 1 T0001 Number 2 E0001 Number 3 P0006

DOL Number \_\_\_\_\_ Designation \_\_\_\_\_

Benefits: M  Rx  D \_\_\_\_\_ V \_\_\_\_\_ STD \_\_\_\_\_  
 (For Aggregate Stop-Loss purpose only)

**Valuations**

Computation Date DEC09 Val. Number 01

Projection Period

Beg. Month JAN10 End Month DEC10

Plan Benefits

	<u>Network A</u>	<u>Network B</u>	<u>Network C</u>
C.Y Deductible	<u>250</u>	<u>750</u>	<u>1500</u>
Participant Copay	<u>20</u>	<u>30</u>	<u>40</u>
Out-of-Pocket	<u>500</u>	<u>1500</u>	<u>5000</u>
Specific Stop-Loss	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>
Ann. Med. Cost	<u>3,500</u>	<u>4,500</u>	<u>6000</u>
Penetration Factor	<u>80</u>	<u>15</u>	<u>5</u>
Lognormal Dispersal Factor	<u>4.3</u>		

# Data Transmittal Memorandum Monte Carlo II Work-Product

**Username** sampleuser  
**Password** sampleuser  
**Existing Plan Name** ABC Medical Plan  
**Existing Plan ID** 001  
**New Valuation Only**

## Plans and Addressees

Unless otherwise indicated, use the presently stored data with respect to Addressees and Plans.

## Valuations

Computation Date DEC10 Val. Number 01

### Projection Period

Beg. Month JAN11 End Month DEC11

### Plan Benefits

	<u>Network A</u>	<u>Network B</u>	<u>Network C</u>
C.Y Deductible	<u>300</u>	<u>1000</u>	<u>2000</u>
Participant Copay	<u>10</u>	<u>25</u>	<u>40</u>
Out-of-Pocket	<u>500</u>	<u>2000</u>	<u>5000</u>
Specific Stop-Loss	<u>70000</u>	<u>70000</u>	<u>70000</u>
Ann. Med. Cost	<u>4000</u>	<u>5000</u>	<u>7000</u>
Penetration Factor	<u>75</u>	<u>15</u>	<u>10</u>
Lognormal Dispersal Factor	<u>4.3</u>		