Addresses



Please add a new Addressee or make any desired changes to your saved Addressees (shown below).

| Addressee ID | T0001 | |
|----------------|----------------------|--|
| Company Name | Administrators, Inc. | |
| Address | 414 Main Street | |
| City | Portland | |
| State | OR | |
| ZIP | 97114 | |
| Telephone | 601-414-8888 | |
| Fax | 601-516-1414 | |
| Email | jsmith@admin.com | |
| Contact Person | John Smith | |

Change Cancel

9.928 miliseconds

Addresses

Back

Please add a new Addressee or make any desired changes to your saved Addressees (shown below).

| Addressee ID | E0001 |
|-----------------|-----------------------------------|
| Company Name | Self-Funding Actuarial Service |
| Address | 8025 North Point Blvd Ste 207W |
| City | Winston-Salem |
| State | NC |
| ZIP | 27106 |
| Telephone | 336-759-2035 |
| Fax | 336-896-0392 |
| Email | harker2@earthlink.net |
| Contact Person | Carlton Harker |

Change Cancel

9.712 miliseconds

Addresses

Back

Please add a new Addressee or make any desired changes to your saved Addressees (shown below).

| P0006 | |
|-----------------------|--|
| ABC Manufacturing Co. | |
| 1841 Bypass Road | |
| Tupelo | |
| MS | |
| 37116 | |
| 614-160-1425 | |
| 614-280-8416 | |
| bowner@abcco.com | |
| Bill Owner | |
| | |

Change Cancel

26.521 miliseconds

Monte Carlo II - Plans

Back

Please add a new Plan or make any desired changes to your saved Plans (shown below).

| Plan ID | 001 | |
|---------------------------------------|---------------------|--|
| Plan Name | ABC Medical Plan | |
| Addressee 1 ID | T0001 | |
| Addressee 2 ID | E0001 | |
| Addressee 3 ID | P0006 | |
| DOL Number | | |
| Other Designation | | |
| Medical Benefits (Aggregate Purposes) | are included | |
| Rx Benefits (Aggregate Purposes) | are included | |
| Dental Benefits (Aggregate Purposes) | | |
| Vision Benefits (Aggregate Purposes) | | |
| STD Benefits (Aggregate Purposes) | | |

Change Cancel

14.404 miliseconds

Monte Carlo II - Valuations

Back

Please add a new Valuation or make any desired changes to your saved Valuations (shown below).

For those fields below marked with '(\$)', enter the dollar amount rounded to the nearest dollar (up to \$999,999,999).

| Val Number | 01 |
|---|-------------|
| Computation Date | DEC 2009 |
| Projected Period Begin Month | JAN 2010 |
| Projected Period End Month | DEC 2010 |
| Calendar Year Deductible - Network A | 250 |
| Calendar Year Deductible - Network B | 750 |
| Calendar Year Deductible - Network C | 1500 |
| Particpant Copay - Network A | 20 |
| Particpant Copay - Network B | 30 |
| Particpant Copay - Network C | 40 |
| Out-of-Pocket (Excl. Ded.) - Network A | 500 |
| Out-of-Pocket (Excl. Ded.) - Network B | 1500 |
| Out-of-Pocket (Excl. Ded.) - Network C | 5000 |
| Specific Stop-Loss Limit - Network A | 50000 |
| Specific Stop-Loss Limit - Network B | 50000 |
| Specific Stop-Loss Limit - Network C | 50000 |
| Annual Medical Cost - Network A | 3500 |
| Annual Medical Cost - Network B | 4500 |
| Annual Medical Cost - Network C | 6000 |
| Penetration Factor - Network A | 80 |
| Penetration Factor - Network B | 15 |

| Penetration Factor - Network C | 5 |
|--------------------------------|-----|
| Lognormal Dispersal Index | 4.3 |
| Valrecord | 1 |
| Plan ID (Preset) | 001 |

Change Cancel

30.925 miliseconds