

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. 13-190V

(Filed: May 30, 2014)

* * * * *

TORY MOODY and SARAH MOODY,
Parents of minor child, VEM,

Petitioners,

v.

SECRETARY OF HEALTH
AND HUMAN SERVICES,

Respondent.

* * * * *

UNPUBLISHED
Special Master Dorsey

Decision on Proffer; Damages;
Measles, Mumps, Rubella
(MMR) vaccine; Varicella vaccine;
Table Encephalopathy.

David Porter Murphy, Greenfield, IN, for petitioners.

Heather Lynn Pearlman, United States Department of Justice, Washington, DC, for respondent.

DECISION AWARDING DAMAGES¹

On March 12, 2012, Tory Moody and Sarah Moody (“petitioners”) filed a petition on behalf of a minor, VEM, pursuant to the National Vaccine Injury Compensation Program.² 42 U.S.C. §§ 300aa-1 to -34 (2006). The petition alleges that VEM received a measles, mumps, rubella (“MMR”) and varicella vaccines on April 1, 2010, and suffered “febrile status epilepticus after immunizations with subsequent decline, and now with intractable epilepsy which was caused-in-fact by the MMR and Varicella vaccinations” Petition at 2, 5.

¹ Because this decision contains a reasoned explanation for the undersigned’s action in this case, the undersigned intends to post this ruling on the website of the United States Court of Federal Claims, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, § 205, 116 Stat. 2899, 2913 (codified as amended at 44 U.S.C. § 3501 note (2006)). As provided by Vaccine Rule 18(b), each party has 14 days within which to request redaction “of any information furnished by that party: (1) that is a trade secret or commercial or financial in substance and is privileged or confidential; or (2) that includes medical files or similar files, the disclosure of which would constitute a clearly unwarranted invasion of privacy.” Vaccine Rule 18(b).

² The National Vaccine Injury Compensation Program is set forth in Part 2 of the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755, codified as amended, 42 U.S.C. §§ 300aa-1 to -34 (2006) (Vaccine Act or the Act). All citations in this decision to individual sections of the Vaccine Act are to 42 U.S.C.A. § 300aa.

Respondent has conceded that petitioners have satisfied all legal prerequisites for compensation under the Vaccine Act and recommends that compensation be awarded to petitioners. Respondent's Report at 2, 4-5, filed June 11, 2013.

Informed by respondent's concession that an award of damages is appropriate, the undersigned finds that petitioners are entitled to compensation under the Vaccine Act.

On May 29, 2014, respondent filed a Proffer on Award of Compensation ("Proffer"). In the Proffer, respondent represented that petitioners agree with the proffered award. Based on the record as a whole, the undersigned finds that petitioners are entitled to an award as stated in the Proffer.

Pursuant to the terms stated in the attached Proffer, the undersigned awards petitioners:

- A. A lump sum payment of \$864,746.00, in the form of a check payable to petitioners, as guardians/conservators of VEM's estate, for the benefit of VEM.** No payments shall be made until petitioners provide the Secretary with documentation establishing the appointment of petitioners as the guardians/conservators of VEM's estate. If petitioners are not authorized by a court of competent jurisdiction to serve as guardians/conservators of the estate of VEM, any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of VEM upon submission of written documentation of such appointment to the Secretary.
- B. A lump sum payment of \$3,747.89, representing compensation for past unreimbursable expenses, payable to Tory Moody and Sarah Moody, petitioners.**
- C. A lump sum payment of \$800,033.55, representing the trust seed which consists of the present year cost of five years of VEM's non-medical life care items (\$547,877.82) for the years 2048 through 2052 plus Year One life care expenses (\$252,155.73), payable to PEOPLESBANK, a Codorus Valley Company of York, Pennsylvania, to establish an irrevocable reversionary trust for the benefit of VEM, by and among the United States, as Grantor, and PEOPLESBANK, a Codorus Valley Company of York, Pennsylvania, as Trustee and petitioners, as Guardians/Conservators.**
- D. A lump sum payment of \$108,846.13, representing compensation for satisfaction of the State of Indiana Medicaid lien, payable jointly to petitioners as guardians/conservators of the Estate of VEM and Indiana Medicaid:**

Indiana Medicaid
HP Enterprise Services
Attn: TPL Casualty Dept.
P.O. Box 7262
Indianapolis, IN 46207

Petitioners agree to endorse this payment to Indiana Medicaid.

- E. An amount sufficient to purchase an annuity contract, subject to the conditions described in the Proffer and the attachments to that Proffer.

Proffer ¶ II.

In the absence of a motion for review filed pursuant to RCFC Appendix B, the clerk of the court **SHALL ENTER JUDGMENT** herewith.³

IT IS SO ORDERED.

s/ Nora Beth Dorsey
Nora Beth Dorsey
Special Master

³ Pursuant to Vaccine Rule 11(a), entry of judgment is expedited by the parties' joint filing of notice renouncing the right to seek review.

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS**

TORY MOODY and SARAH MOODY,
Parents of minor child, VEM,

Petitioners,

v.

SECRETARY OF HEALTH AND
HUMAN SERVICES,

Respondent.

No. 13-190V
Special Master Dorsey
ECF

RESPONDENT'S PROFFER ON AWARD OF COMPENSATION

I. Items of Compensation

A. Life Care Items

The parties engaged life care planners to provide an estimation of VEM's future vaccine-injury related needs, and the parties' planners came to a joint consensus regarding appropriate items of care. All items of compensation identified in the joint life care plan, filed on May 22, 2014 as Respondent's Exhibit A, are supported by the evidence, and are illustrated by the chart entitled Items of Compensation for VEM, attached hereto as Tab A.¹ Respondent proffers that VEM should be awarded all items of compensation set forth in the joint life care plan and illustrated by the chart attached at Tab A. Petitioners agree.

¹ The chart at Tab A illustrates the annual benefits provided by the life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the anniversary of the date of judgment.

B. Lost Future Earnings

The parties agree that based upon the evidence, VEM will never be gainfully employed. Therefore, respondent proffers that VEM should be awarded full lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for VEM's lost future earnings is **\$614,746.00** at net present value. Petitioners agree.

C. Pain and Suffering

Respondent proffers that VEM should be awarded **\$250,000.00** in actual and projected pain and suffering. This amount reflects that the award for projected pain and suffering has been reduced to net present value. *See* 42 U.S.C. § 300aa-15(a)(4). Petitioners agree.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents their expenditure of past unreimbursable expenses related to VEM's vaccine-related injury. Respondent proffers that petitioners should be awarded past unreimbursable expenses in the amount of **\$3,747.89**. Petitioners agree.

E. Medicaid Lien

Respondent proffers that VEM's should be awarded funds to satisfy the State of Indiana Medicaid lien in the amount of **\$108,846.13**, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of Indiana may have against any individual as a result of any Medicaid payments the State of Indiana has made to or on behalf of VEM from the date of her eligibility for benefits through the date of judgment in this case as a result of her vaccine-related injury suffered on or about April 1, 2010, under Title XIX of the Social Security Act.

F. Attorneys' Fees and Costs

This proffer does not address final attorneys' fees and costs. Petitioners are entitled to reasonable final attorneys' fees and costs, to be determined at a later date upon petitioners filing substantiating documentation.

II. Form of the Award

The parties recommend that the compensation provided to VEM should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Special Master's decision and the Court's judgment award the following:²

A. A lump sum payment of **\$864,746.00**, representing compensation for lost future earnings (**\$614,746.00**) and pain and suffering (**\$250,000.00**), in the form of a check payable to petitioners, as guardians/conservators of VEM's estate, for the benefit of VEM. No payments shall be made until petitioners provide the Secretary with documentation establishing the appointment of petitioners as the guardians/conservators of VEM's estate. If petitioners are not authorized by a court of competent jurisdiction to serve as guardians/conservators of the estate of VEM, any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of VEM upon submission of written documentation of such appointment to the Secretary;

B. A lump sum payment of **\$3,747.89**, representing compensation for past unreimbursable expenses, payable to Tory Moody and Sarah Moody, petitioners;

C. A lump sum payment of **\$800,033.55**, representing the trust seed which consists of the present year cost of five years of VEM's non-medical life care items (**\$547,877.82**) for the years 2048 through 2052 **plus** Year One life care expenses (**\$252,155.73**), payable to

² Should VEM die prior to the entry of judgment, the parties reserve the right to move the Court for appropriate relief. In particular, respondent would oppose any award for future medical expenses, future lost earnings, and future pain and suffering.

PEOPLESBANK, a Codorus Valley Company of York, Pennsylvania, to establish an irrevocable reversionary trust for the benefit of VEM, by and among the United States, as Grantor, and PEOPLESBANK, a Codorus Valley Company of York, Pennsylvania, as Trustee and petitioners, as Guardians/Conservators.

D. A lump sum payment of **\$108,846.13**, representing compensation for satisfaction of the State of Indiana Medicaid lien, payable jointly to petitioners as guardians/conservators of the Estate of VEM and Indiana Medicaid:

Indiana Medicaid
HP Enterprise Services
Attn: TPL Casualty Dept.
P.O. Box 7262
Indianapolis, IN 46207

Petitioners agree to endorse this payment to Indiana Medicaid.

E. An amount sufficient to purchase an annuity contract,³ subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company⁴ from which the annuity will be purchased. Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through

³ To satisfy the conditions set forth herein, in respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

⁴ The Life Insurance Company must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

- a. A.M. Best Company: A++, A+, A+g, A+p, A+r, or A+s;
- b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;
- c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;
- d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

respondent's purchase of an annuity, which annuity shall make payments directly to PEOPLESBANK a Codorus Valley Company of York, Pennsylvania, as trustees for VEM's Vaccine Trust, only so long as VEM is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to the Trust in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to the guardian/conservator and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items.

2. Life-contingent annuity

Petitioners will continue to receive the annuity payments from the Life Insurance Company only so long as VEM is alive at the time that a particular payment is due. Written notice shall be provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of VEM's death.

3. Guardianship Issues

No payments shall be made until petitioners provide respondent with documentation establishing that they have been appointed as the guardians/conservators of VEM's estate. If petitioners are not authorized by a court of competent jurisdiction to serve as

guardians/conservators of the estate of VEM, any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of VEM upon submission of written documentation of such appointment to the Secretary.

III. Summary of Recommended Payments Following Judgment

A.	Lump Sum paid to petitioners as guardians/conservators of VEM's estate:	\$864,746.00
B.	Lump sum paid to petitioners:	\$ 3,747.89
C.	PeoplesBank a Codorus Valley Company of York, Pennsylvania, for the benefit of VEM Vaccine Trust	\$800,033.55
D.	Reimbursement for Medicaid lien:	\$108,846.13
E.	An amount sufficient to purchase the annuity contract described above in section II. E.	
F.	Reasonable final attorneys' fees and litigation costs:	TBD

Respectfully submitted,

STUART F. DELERY
Assistant Attorney General

RUPA BHATTACHARYYA
Director
Torts Branch, Civil Division

VINCENT J. MATANOSKI
Deputy Director
Torts Branch, Civil Division

ALTHEA W. DAVIS
Senior Trial Counsel
Torts Branch, Civil Division

s/ HEATHER L. PEARLMAN
HEATHER L. PEARLMAN
Senior Trial Attorney
Torts Branch, Civil Division
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P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
Tel: (202) 353-2699

DATED: May 29, 2014



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2014	2015	2016	2017	2018	2019	2020	2021
	<u>MEDICAL INSURANCE</u>									
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MEDICARE PART A	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%								
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%								
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%								
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%								
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>									
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>									
12	INSERTION OF VNS - HOSPITAL CHARGES	5%	0.00							
13	INSERTION OF VNS - PROVIDER FEES	5%	0.00							
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%	0.00							
15	REPLACEMENT OF VNS LEADS	5%	0.00							
16	KETOGENIC DIET DIETICIAN	4%	658.35	59.85	59.85	59.85				
17	DIGITAL SCALE FOR KETOGENIC DIET	4%	123.50							
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>									
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



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NO.	ITEM	GROWTH RATE	PAID IN CASH 2014	2015	2016	2017	2018	2019	2020	2021
<u>MEDICATIONS (With Insurance Offsets)</u>										
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OVER THE COUNTER MEDICATIONS</u>										
31	POLYETHYLENE GLYCOL POWDER	4%	107.34	107.34	107.34	107.34	107.34	107.34	107.34	107.34
32	CO-ENZYME Q	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>										
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>										
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	50,758.16	50,758.16	50,758.16	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39	ANNUAL PT or OT RE-EVALUATION	5%								
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%	4,000.00	4,000.00	4,000.00	4,000.00	2,200.00	2,200.00	2,200.00	2,200.00
42	CAMP	4%			467.33	467.33	467.33	467.33	467.33	467.33
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
<u>EDUCATIONAL / VOCATIONAL</u>										
44	PARAPROFESSIONAL ASSISTANCE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



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CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2014	2015	2016	2017	2018	2019	2020	2021
	<u>ARCHITECTURAL MODIFICATIONS</u>									
47	MODIFICATION OF BATHROOM	4%	11,606.00							
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%	5,415.00							
49	WIDEN 5 DOORWAYS	4%	2,875.00							
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%	11,000.00							
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%	0.00							
	<u>EQUIPMENT (With Insurance Offsets)</u>									
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%				6.00	2,400.00	480.00	480.00	480.00
56	ADAPTED TRICYCLE	4%	1,939.33							
57	JOGGING STROLLER / WHEELCHAIR	4%	1,087.07	217.41	217.41	217.41	217.41	217.41	217.41	217.41
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%	250.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	49.33	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%	330.00							
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	120.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%	158.00							
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%		125.00	125.00	125.00	125.00	125.00	125.00	125.00
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%				33.00	11.00	11.00	11.00	11.00
66	STANDER	4%	2,315.00							
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%	99.00	33.00	33.00	33.00	33.00	33.00	33.00	33.00
69	ANTI-BURST ROUND EXERCISE BALL	4%	24.99	8.33	8.33	8.33	8.33	8.33	8.33	8.33
70	THERAPY ROLL	4%	345.00	69.00	69.00	69.00	69.00	69.00	69.00	69.00
71	CHEWY TUBE	4%	30.00	30.00						
72	SPECIAL NEEDS SWING WITH HARNESS	4%	554.90							
	<u>ORTHOTICS AND PROSTHETICS (With Insurance Offsets)</u>									
73	BILATERAL HINGED AFOS	4%	0.00							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2014	2015	2016	2017	2018	2019	2020	2021
	SUPPLIES									
74	DIAPERS	4%	1,200.85	1,200.85	1,200.85	1,200.85				
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%					1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%	120.45	120.45	120.45	120.45	120.45	120.45	120.45	120.45
77	DISPOSABLE GLOVES	4%	94.90	94.90	94.90	94.90	94.90	94.90	94.90	94.90
78	HAND SANITIZER	4%	92.16	92.16	92.16	92.16	92.16	92.16	92.16	92.16
79	WIPES	4%	102.20							
80	BARRIER CREAM	4%	25.56	25.56	25.56	25.56	25.56	25.56	25.56	25.56
81	DRY DISPOSABLE WASHCLOTHS	4%		306.60	306.60	306.60	306.60	306.60	306.60	306.60
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	35.00	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%	116.00	116.00	116.00	116.00	116.00	116.00	116.00	116.00
	TRANSPORTATION									
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	123.84	123.84	123.84	123.84	123.84	123.84	123.84	123.84
87	NEUROSURGEON AT IU - RILEY	4%	72.00	10.29	1.47	0.21	0.03	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%	1,290.24	1,290.24	1,290.24	322.56	322.56	322.56	322.56	322.56
89	NATIONAL SEATING AND REHAB FOR WC/SEATING EVALUATION	4%								
90	MODIFICATIONS FOR VAN	4%	27,000.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00
	HOME CARE AND FACILITY CARE									
91	HOME HEALTH AIDE - WEEKDAY CARE	4%	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00
95	RN - WEEKEND RESPITE CARE	5%	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%								
97	SKILLED NURSING FACILITY	5%								
	SUBTOTAL - 1ST YEAR EXPENSES		252,155.73							
98	PAST UNREIMBURSED EXPENSES		3,747.89							
99	PAIN AND SUFFERING		250,000.00							
100	LOST WAGES		614,746.00							
101	STATE OF INDIANA MEDICAID LIEN		108,846.13							
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK, PA.		547,877.82							
	TOTAL:		1,777,373.57	189,627.65	190,056.16	138,368.06	139,321.68	137,401.65	137,401.65	137,401.65

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH								
NO.	ITEM	RATE	2022	2023	2024	2025	2026	2027	2028	2029
	<u>MEDICAL INSURANCE</u>									
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MEDICARE PART A	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%								
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%								
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%								
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%								
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>									
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>									
12	INSERTION OF VNS - HOSPITAL CHARGES	5%								
13	INSERTION OF VNS - PROVIDER FEES	5%								
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%								
15	REPLACEMENT OF VNS LEADS	5%								
16	KETOGENIC DIET DIETICIAN	4%								
17	DIGITAL SCALE FOR KETOGENIC DIET	4%								
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>									
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	2022	2023	2024	2025	2026	2027	2028	2029
<u>MEDICATIONS (With Insurance Offsets)</u>										
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OVER THE COUNTER MEDICATIONS</u>										
31	POLYETHYLENE GLYCOL POWDER	4%	107.34	107.34	107.34	107.34	107.34	107.34	107.34	107.34
32	CO-ENZYME Q	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>										
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>										
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39	ANNUAL PT or OT RE-EVALUATION	5%								
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%	2,200.00	2,200.00						
42	CAMP	4%	467.33	467.33	467.33	467.33	467.33	467.33	467.33	467.33
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
<u>EDUCATIONAL / VOCATIONAL</u>										
44	PARAPROFESSIONAL ASSISTANCE	4%	0.00	0.00	0.00	0.00	0.00			
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%	0.00	0.00	0.00	0.00	0.00			
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%	0.00	0.00	0.00	0.00	0.00			

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH								
NO.	ITEM	RATE	2022	2023	2024	2025	2026	2027	2028	2029
	ARCHITECTURAL MODIFICATIONS									
47	MODIFICATION OF BATHROOM	4%								
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%			5,415.00					
49	WIDEN 5 DOORWAYS	4%								
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%								
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%								
	EQUIPMENT (With Insurance Offsets)									
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%	480.00	480.00	480.00	480.00	480.00	480.00	480.00	
56	ADAPTED TRICYCLE	4%			2,684.33					
57	JOGGING STROLLER / WHEELCHAIR	4%	217.41	217.41	217.41	217.41	217.41	217.41	217.41	217.41
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%								
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%								
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00
66	STANDER	4%	2,652.00							5,716.00
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%	33.00	33.00	33.00	33.00	33.00	33.00	33.00	33.00
69	ANTI-BURST ROUND EXERCISE BALL	4%	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33
70	THERAPY ROLL	4%	69.00	69.00	69.00	69.00	69.00	69.00	69.00	69.00
71	CHEWY TUBE	4%								
72	SPECIAL NEEDS SWING WITH HARNESS	4%						299.95		
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)									
73	BILATERAL HINGED AFOS	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	2022	2023	2024	2025	2026	2027	2028	2029
	SUPPLIES									
74	DIAPERS	4%								
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%	120.45	120.45	120.45	120.45	120.45	120.45	120.45	120.45
77	DISPOSABLE GLOVES	4%	94.90	94.90	94.90	94.90	94.90	94.90	94.90	94.90
78	HAND SANITIZER	4%	92.16	92.16	92.16	92.16	92.16	92.16	92.16	92.16
79	WIPES	4%								
80	BARRIER CREAM	4%	25.56	25.56	25.56	25.56	25.56	25.56	25.56	25.56
81	DRY DISPOSABLE WASHCLOTHS	4%	306.60	306.60	306.60	306.60	306.60	306.60	306.60	306.60
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%	116.00	116.00	116.00	116.00	116.00	116.00	116.00	116.00
	TRANSPORTATION									
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	123.84	123.84	123.84	123.84	123.84	123.84	123.84	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%	322.56	322.56	322.56	322.56	322.56	322.56	322.56	322.56
89	NATIONAL SEATING AND REHAB FOR WC/SEATING EVALUATION	4%								
90	MODIFICATIONS FOR VAN	4%	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00	2,700.00
	HOME CARE AND FACILITY CARE									
91	HOME HEALTH AIDE - WEEKDAY CARE	4%	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00	28,461.00
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00	21,465.00
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00	10,935.00
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00	13,992.00
95	RN - WEEKEND RESPITE CARE	5%	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00	8,910.00
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%								
97	SKILLED NURSING FACILITY	5%								
	SUBTOTAL - 1ST YEAR EXPENSES									
98	PAST UNREIMBURSED EXPENSES									
99	PAIN AND SUFFERING									
100	LOST WAGES									
101	STATE OF INDIANA MEDICAID LIEN									
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK, PA.									
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	TOTAL:		140,053.65	137,401.65	143,300.98	135,201.65	135,201.65	135,501.60	135,201.65	140,417.01

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

			RESIDENTIAL CARE BEGINS							
NO.	ITEM	GROWTH RATE	2030	2031	2032	2033	2034	2035	2036	2037
	<u>MEDICAL INSURANCE</u>									
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MEDICARE PART A	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%								
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%								
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%								
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%								
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>									
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>									
12	INSERTION OF VNS - HOSPITAL CHARGES	5%								
13	INSERTION OF VNS - PROVIDER FEES	5%								
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%								
15	REPLACEMENT OF VNS LEADS	5%								
16	KETOGENIC DIET DIETICIAN	4%								
17	DIGITAL SCALE FOR KETOGENIC DIET	4%								
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>									
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

			RESIDENTIAL CARE BEGINS							
NO.	ITEM	GROWTH RATE	2030	2031	2032	2033	2034	2035	2036	2037
	<u>MEDICATIONS (With Insurance Offsets)</u>									
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>									
31	POLYETHYLENE GLYCOL POWDER	4%	107.34	107.34	107.34	107.34	107.34	107.34	107.34	107.34
32	CO-ENZYME Q	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>									
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>									
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39	ANNUAL PT or OT RE-EVALUATION	5%								
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%								
42	CAMP	4%								
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>									
44	PARAPROFESSIONAL ASSISTANCE	4%								
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%								
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

			RESIDENTIAL CARE BEGINS							
NO.	ITEM	GROWTH RATE	2030	2031	2032	2033	2034	2035	2036	2037
	ARCHITECTURAL MODIFICATIONS									
47	MODIFICATION OF BATHROOM	4%								
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%								
49	WIDEN 5 DOORWAYS	4%								
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%								
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%								
	EQUIPMENT (With Insurance Offsets)									
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%								
56	ADAPTED TRICYCLE	4%								
57	JOGGING STROLLER / WHEELCHAIR	4%								
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%								
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%								
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%								
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
66	STANDER	4%	816.57	816.57	816.57	816.57	816.57	816.57	816.57	816.57
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%								
69	ANTI-BURST ROUND EXERCISE BALL	4%								
70	THERAPY ROLL	4%								
71	CHEWY TUBE	4%								
72	SPECIAL NEEDS SWING WITH HARNESS	4%								
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)									
73	BILATERAL HINGED AFOS	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

			RESIDENTIAL CARE BEGINS							
NO.	ITEM	GROWTH RATE	2030	2031	2032	2033	2034	2035	2036	2037
	SUPPLIES									
74	DIAPERS	4%								
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%								
77	DISPOSABLE GLOVES	4%								
78	HAND SANITIZER	4%								
79	WIPES	4%								
80	BARRIER CREAM	4%								
81	DRY DISPOSABLE WASHCLOTHS	4%								
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%								
	TRANSPORTATION									
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	103.20	103.20	103.20	103.20	103.20	103.20	103.20	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%								
89	NATIONAL SEATING AND REHAB FOR WC/SEATING EVALUATION	4%	34.08	6.82	6.82	6.82	6.82	6.82	6.82	6.82
90	MODIFICATIONS FOR VAN	4%								
	HOME CARE AND FACILITY CARE									
91	HOME HEALTH AIDE - WEEKDAY CARE	4%								
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%								
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%								
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%								
95	RN - WEEKEND RESPITE CARE	5%								
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00
97	SKILLED NURSING FACILITY	5%								
	SUBTOTAL - 1ST YEAR EXPENSES									
98	PAST UNREIMBURSED EXPENSES									
99	PAIN AND SUFFERING									
100	LOST WAGES									
101	STATE OF INDIANA MEDICAID LIEN									
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK, PA.									
			-----	-----	-----	-----	-----	-----	-----	-----
	TOTAL:		121,854.36	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH								
NO.	ITEM	RATE	2038	2039	2040	2041	2042	2043	2044	2045
	<u>MEDICAL INSURANCE</u>									
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MEDICARE PART A	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%								
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%								
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%								
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%								
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>									
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>									
12	INSERTION OF VNS - HOSPITAL CHARGES	5%								
13	INSERTION OF VNS - PROVIDER FEES	5%								
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%								
15	REPLACEMENT OF VNS LEADS	5%								
16	KETOGENIC DIET DIETICIAN	4%								
17	DIGITAL SCALE FOR KETOGENIC DIET	4%								
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>									
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH								
NO.	ITEM	RATE	2038	2039	2040	2041	2042	2043	2044	2045
	<u>MEDICATIONS (With Insurance Offsets)</u>									
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>									
31	POLYETHYLENE GLYCOL POWDER	4%	107.34	107.34	107.34	107.34	107.34	107.34	107.34	107.34
32	CO-ENZYME Q	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>									
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>									
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%	0.00	0.00	0.00	0.00	0.00			
39	ANNUAL PT or OT RE-EVALUATION	5%								
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%								
42	CAMP	4%								
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>									
44	PARAPROFESSIONAL ASSISTANCE	4%								
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%								
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH								
NO.	ITEM	RATE	2038	2039	2040	2041	2042	2043	2044	2045
	ARCHITECTURAL MODIFICATIONS									
47	MODIFICATION OF BATHROOM	4%								
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%								
49	WIDEN 5 DOORWAYS	4%								
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%								
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%								
	EQUIPMENT (With Insurance Offsets)									
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%								
56	ADAPTED TRICYCLE	4%								
57	JOGGING STROLLER / WHEELCHAIR	4%								
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%								
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%								
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%								
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
66	STANDER	4%	816.57	816.57	816.57	816.57	816.57	816.57	816.57	816.57
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%								
69	ANTI-BURST ROUND EXERCISE BALL	4%								
70	THERAPY ROLL	4%								
71	CHEWY TUBE	4%								
72	SPECIAL NEEDS SWING WITH HARNESS	4%								
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)									
73	BILATERAL HINGED AFOS	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

NO.	ITEM	GROWTH RATE	2038	2039	2040	2041	2042	2043	2044	2045
	SUPPLIES									
74	DIAPERS	4%								
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%								
77	DISPOSABLE GLOVES	4%								
78	HAND SANITIZER	4%								
79	WIPES	4%								
80	BARRIER CREAM	4%								
81	DRY DISPOSABLE WASHCLOTHS	4%								
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%								
	TRANSPORTATION									
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	103.20	103.20	103.20	103.20	103.20	103.20	103.20	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%								
89	NATIONALSEATING AND REHAB FOR WC/SEATING EVALUATION	4%	6.82	6.82	6.82	6.82	6.82	6.82	6.82	6.82
90	MODIFICATIONS FOR VAN	4%								
	HOME CARE AND FACILITY CARE									
91	HOME HEALTH AIDE - WEEKDAY CARE	4%								
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%								
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%								
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%								
95	RN - WEEKEND RESPITE CARE	5%								
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00
97	SKILLED NURSING FACILITY	5%								
	SUBTOTAL - 1ST YEAR EXPENSES									
98	PAST UNREIMBURSED EXPENSES									
99	PAIN AND SUFFERING									
100	LOST WAGES									
101	STATE OF INDIANA MEDICAID LIEN									
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK,PA.									
			-----	-----	-----	-----	-----	-----	-----	-----
	TOTAL:		121,827.10	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10	121,827.10

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH						Medicare/ Medigap Coverage		
NO.	ITEM	RATE	2046	2047	2048	2049	2050	2051	2052	2053
	<u>MEDICAL INSURANCE</u>									
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%	10,802.80	10,802.80	10,802.80	10,802.80	10,802.80			
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%		0.00	0.00	0.00	0.00			
3	MEDICARE PART A	5%	0.00	0.00	0.00	0.00	0.00			
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%	1,405.80	1,405.80	1,405.80	1,405.80	1,405.80			
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%						7,256.00	7,256.00	7,256.00
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%						3,180.10	3,180.10	3,180.10
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%								
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%								
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>									
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>									
12	INSERTION OF VNS - HOSPITAL CHARGES	5%								
13	INSERTION OF VNS - PROVIDER FEES	5%								
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%								
15	REPLACEMENT OF VNS LEADS	5%								
16	KETOGENIC DIET DIETICIAN	4%								
17	DIGITAL SCALE FOR KETOGENIC DIET	4%								
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>									
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH						Medicare/ Medigap Coverage		
NO.	ITEM	RATE	2046	2047	2048	2049	2050	2051	2052	2053
	<u>MEDICATIONS (With Insurance Offsets)</u>									
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>									
31	POLYETHYLENE GLYCOL POWDER	4%	107.34	107.34	0.00	0.00	0.00			
32	CO-ENZYME Q	4%	0.00	0.00	0.00	0.00	0.00			
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>									
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	0.00	0.00	0.00	0.00	0.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>									
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%								
39	ANNUAL PT or OT RE-EVALUATION	5%						409.34	409.34	409.34
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%								
42	CAMP	4%								
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	0.00	0.00	0.00	0.00	0.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>									
44	PARAPROFESSIONAL ASSISTANCE	4%								
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%								
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH						Medicare/ Medigap Coverage		
NO.	ITEM	RATE	2046	2047	2048	2049	2050	2051	2052	2053
	ARCHITECTURAL MODIFICATIONS									
47	MODIFICATION OF BATHROOM	4%								
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%								
49	WIDEN 5 DOORWAYS	4%								
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%								
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%								
	EQUIPMENT (With Insurance Offsets)									
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%								
56	ADAPTED TRICYCLE	4%								
57	JOGGING STROLLER / WHEELCHAIR	4%								
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%								
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	0.00	0.00	0.00	0.00	0.00	16.44
61	SEIZURE MONITOR	4%								
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	0.00	0.00	0.00	0.00	0.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%								
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%								
66	STANDER	4%	816.57	816.57	0.00	0.00	0.00	0.00	0.00	816.57
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%								
69	ANTI-BURST ROUND EXERCISE BALL	4%								
70	THERAPY ROLL	4%								
71	CHEWY TUBE	4%								
72	SPECIAL NEEDS SWING WITH HARNESS	4%								
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)									
73	BILATERAL HINGED AFOS	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH						Medicare/ Medigap Coverage		
NO.	ITEM	RATE	2046	2047	2048	2049	2050	2051	2052	2053
	SUPPLIES									
74	DIAPERS	4%								
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	0.00	0.00	0.00	0.00	0.00	1,642.50
76	BED LINERS	4%								
77	DISPOSABLE GLOVES	4%								
78	HAND SANITIZER	4%								
79	WIPES	4%								
80	BARRIER CREAM	4%								
81	DRY DISPOSABLE WASHCLOTHS	4%								
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	0.00	0.00	0.00	0.00	0.00	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%								
	TRANSPORTATION									
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	0.00	0.00	0.00	0.00	0.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	0.00	0.00	0.00	0.00	0.00	36.96
86	NEUROLOGIST	4%	103.20	103.20	0.00	0.00	0.00	0.00	0.00	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%								
89	NATIONAL SEATING AND REHAB FOR WC/SEATING EVALUATION	4%	6.82	6.82	0.00	0.00	0.00	0.00	0.00	6.82
90	MODIFICATIONS FOR VAN	4%								
	HOME CARE AND FACILITY CARE									
91	HOME HEALTH AIDE - WEEKDAY CARE	4%								
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%								
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%								
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%								
95	RN - WEEKEND RESPITE CARE	5%								
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	0.00	0.00	0.00	0.00	0.00	74,825.00
97	SKILLED NURSING FACILITY	5%								
	SUBTOTAL - 1ST YEAR EXPENSES									
98	PAST UNREIMBURSED EXPENSES									
99	PAIN AND SUFFERING									
100	LOST WAGES									
101	STATE OF INDIANA MEDICAID LIEN									
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK, PA.									
	TOTAL:		121,827.10	121,827.10	12,208.60	12,208.60	12,208.60	10,845.44	10,845.44	120,356.60

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2054	2055	2056	2057	2058	2059	2060
	<u>MEDICAL INSURANCE</u>								
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%							
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%							
3	MEDICARE PART A	5%							
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%							
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%							
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%							
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>								
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>								
12	INSERTION OF VNS - HOSPITAL CHARGES	5%							
13	INSERTION OF VNS - PROVIDER FEES	5%							
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%							
15	REPLACEMENT OF VNS LEADS	5%							
16	KETOGENIC DIET DIETICIAN	4%							
17	DIGITAL SCALE FOR KETOGENIC DIET	4%							
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>								
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2054	2055	2056	2057	2058	2059	2060
	<u>MEDICATIONS (With Insurance Offsets)</u>								
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>								
31	POLYETHYLENE GLYCOL POWDER	4%							
32	CO-ENZYME Q	4%							
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>								
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>								
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%							
39	ANNUAL PT or OT RE-EVALUATION	5%	409.34	409.34	409.34	409.34	409.34	409.34	409.34
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%							
42	CAMP	4%							
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>								
44	PARAPROFESSIONAL ASSISTANCE	4%							
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%							
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2054	2055	2056	2057	2058	2059	2060
	ARCHITECTURAL MODIFICATIONS								
47	MODIFICATION OF BATHROOM	4%							
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%							
49	WIDEN 5 DOORWAYS	4%							
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%							
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%							
	EQUIPMENT (With Insurance Offsets)								
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%							
56	ADAPTED TRICYCLE	4%							
57	JOGGING STROLLER / WHEELCHAIR	4%							
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%							
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%							
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%							
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
66	STANDER	4%	816.57	816.57	816.57	816.57	816.57	816.57	816.57
67	COMMUNE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%							
69	ANTI-BURST ROUND EXERCISE BALL	4%							
70	THERAPY ROLL	4%							
71	CHEWY TUBE	4%							
72	SPECIAL NEEDS SWING WITH HARNESS	4%							
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)								
73	BILATERAL HINGED AFOS	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2054	2055	2056	2057	2058	2059	2060
	SUPPLIES								
74	DIAPERS	4%							
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%							
77	DISPOSABLE GLOVES	4%							
78	HAND SANITIZER	4%							
79	WIPES	4%							
80	BARRIER CREAM	4%							
81	DRY DISPOSABLE WASHCLOTHS	4%							
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%							
	TRANSPORTATION								
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	103.20	103.20	103.20	103.20	103.20	103.20	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%							
89	NATIONALSEATING AND REHAB FOR WC/SEATING EVALUATION	4%	6.82	6.82	6.82	6.82	6.82	6.82	6.82
90	MODIFICATIONS FOR VAN	4%							
	HOME CARE AND FACILITY CARE								
91	HOME HEALTH AIDE - WEEKDAY CARE	4%							
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%							
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%							
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%							
95	RN - WEEKEND RESPITE CARE	5%							
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00
97	SKILLED NURSING FACILITY	5%							
	SUBTOTAL - 1ST YEAR EXPENSES								
98	PAST UNREIMBURSED EXPENSES								
99	PAIN AND SUFFERING								
100	LOST WAGES								
101	STATE OF INDIANA MEDICAID LIEN								
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK,PA.								
			-----	-----	-----	-----	-----	-----	-----
	TOTAL:		120,356.60	120,356.60	120,356.60	120,356.60	120,356.60	120,356.60	120,356.60

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2061	2062	2063	2064	2065	2066	2067
	<u>MEDICAL INSURANCE</u>								
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%							
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%							
3	MEDICARE PART A	5%							
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%							
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%							
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%							
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>								
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>								
12	INSERTION OF VNS - HOSPITAL CHARGES	5%							
13	INSERTION OF VNS - PROVIDER FEES	5%							
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%							
15	REPLACEMENT OF VNS LEADS	5%							
16	KETOGENIC DIET DIETICIAN	4%							
17	DIGITAL SCALE FOR KETOGENIC DIET	4%							
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>								
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2061	2062	2063	2064	2065	2066	2067
	<u>MEDICATIONS (With Insurance Offsets)</u>								
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>								
31	POLYETHYLENE GLYCOL POWDER	4%							
32	CO-ENZYME Q	4%							
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>								
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>								
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%							
39	ANNUAL PT or OT RE-EVALUATION	5%	409.34	409.34	409.34	409.34	409.34	409.34	409.34
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%							
42	CAMP	4%							
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>								
44	PARAPROFESSIONAL ASSISTANCE	4%							
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%							
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2061	2062	2063	2064	2065	2066	2067
	ARCHITECTURAL MODIFICATIONS								
47	MODIFICATION OF BATHROOM	4%							
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%							
49	WIDEN 5 DOORWAYS	4%							
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%							
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%							
	EQUIPMENT (With Insurance Offsets)								
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%							
56	ADAPTED TRICYCLE	4%							
57	JOGGING STROLLER / WHEELCHAIR	4%							
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%							
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%							
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%							
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
66	STANDER	4%	816.57	816.57	816.57	816.57	816.57	816.57	816.57
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%							
69	ANTI-BURST ROUND EXERCISE BALL	4%							
70	THERAPY ROLL	4%							
71	CHEWY TUBE	4%							
72	SPECIAL NEEDS SWING WITH HARNESS	4%							
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)								
73	BILATERAL HINGED AFOS	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2061	2062	2063	2064	2065	2066	2067
	SUPPLIES								
74	DIAPERS	4%							
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%							
77	DISPOSABLE GLOVES	4%							
78	HAND SANITIZER	4%							
79	WIPES	4%							
80	BARRIER CREAM	4%							
81	DRY DISPOSABLE WASHCLOTHS	4%							
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%							
	TRANSPORTATION								
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	103.20	103.20	103.20	103.20	103.20	103.20	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%							
89	NATIONALSEATING AND REHAB FOR WC/SEATING EVALUATION	4%	6.82	6.82	6.82	6.82	6.82	6.82	6.82
90	MODIFICATIONS FOR VAN	4%							
	HOME CARE AND FACILITY CARE								
91	HOME HEALTH AIDE - WEEKDAY CARE	4%							
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%							
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%							
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%							
95	RN - WEEKEND RESPITE CARE	5%							
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00
97	SKILLED NURSING FACILITY	5%							
	SUBTOTAL - 1ST YEAR EXPENSES								
98	PAST UNREIMBURSED EXPENSES								
99	PAIN AND SUFFERING								
100	LOST WAGES								
101	STATE OF INDIANA MEDICAID LIEN								
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK,PA.								
			-----	-----	-----	-----	-----	-----	-----
	TOTAL:		120,356.60	120,356.60	120,356.60	120,356.60	120,356.60	120,356.60	120,356.60

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							2074
NO.	ITEM	RATE	2068	2069	2070	2071	2072	2073	LIFE
	<u>MEDICAL INSURANCE</u>								
1	ANTHEM ESSENTIAL DIRECT ACCESS / ANTHEM BLUE CROSS BLUE SHIELD PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET	5%							
2	ANTHEM BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS (included in above costs)	5%							
3	MEDICARE PART A	5%							
4	MEDICARE PART B PREMIUM & DEDUCTIBLE	5%							
5	MEDIGAP - MEDICARE ADVANTAGE PLAN / BLUE MEDICARE ACCESS VALUE (UNDER 65)	5%	7,256.00	7,256.00	7,256.00	7,256.00	7,256.00		
6	BLUE MEDICARE ACCESS VALUE - DRUG COVERAGE	5%	3,180.10	3,180.10	3,180.10	3,180.10	3,180.10		
7	MEDICARE SUPPLEMENT (AGE 65 AND OVER)	5%						5,000.00	5,000.00
8	MEDICARE DRUG PLAN SUPPLEMENT (Premium & Medication Costs)	5%						3,797.04	3,797.04
	<u>ROUTINE MEDICAL CARE - (With Insurance Offsets)</u>								
9	NEUROLOGIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	PRIMARY CARE PHYSICIAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	PHYSICAL MEDICINE AND REHABILITATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>EMERGENCY MEDICAL CARE/AGGRESSIVE TREATMENT (With Insurance Offsets)</u>								
12	INSERTION OF VNS - HOSPITAL CHARGES	5%							
13	INSERTION OF VNS - PROVIDER FEES	5%							
14	REPLACEMENT OF VNS GENERATOR - HOSPITAL CHARGES	5%							
15	REPLACEMENT OF VNS LEADS	5%							
16	KETOGENIC DIET DIETICIAN	4%							
17	DIGITAL SCALE FOR KETOGENIC DIET	4%							
	<u>DIAGNOSTIC TESTING (With Insurance Offsets)</u>								
18	HIP X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	SPINE SERIES X-RAYS	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	LIPID PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	BANZEL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	PHENOBARBITAL LEVEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	METABOLIC PANEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	LAB DRAW	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2068	2069	2070	2071	2072	2073	2074 LIFE
	<u>MEDICATIONS (With Insurance Offsets)</u>								
25	LEVOCARNITIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	ONFI (CLOBAZAM)	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	CETIRIZINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	DIAZEPAM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	BANZEL	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	PHENOBARB ELIXIR	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>OVER THE COUNTER MEDICATIONS</u>								
31	POLYETHYLENE GLYCOL POWDER	4%							
32	CO-ENZYME Q	4%							
	<u>NUTRITION AND FEEDING (With Insurance Offsets)</u>								
33	ELECARE JUNIOR VANILLA	4%	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00	29,592.00
34	JOEY FEEDING BAG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	MicKEY BUTTON	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	MicKEY RIGHT ANGLE V PORT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<u>THERAPEUTIC MODALITIES (With Insurance Offsets)</u>								
37	SPEECH/ OCCUPATIONAL / PHYSICAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38	PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY	4%							
39	ANNUAL PT or OT RE-EVALUATION	5%	409.34	409.34	409.34	409.34	409.34	409.34	409.34
40	SPEECH THERAPY RE-EVALUATION	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41	MUSIC THERAPY	4%							
42	CAMP	4%							
43	NURSE CASE MANAGER	4%	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00
	<u>EDUCATIONAL / VOCATIONAL</u>								
44	PARAPROFESSIONAL ASSISTANCE	4%							
45	PSYCHOLOGICAL TESTING AND EDUCATIONAL ASSESSMENT	4%							
46	VOCATIONAL / AVOCATIONAL EVALUATION	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							
NO.	ITEM	RATE	2068	2069	2070	2071	2072	2073	2074 LIFE
	ARCHITECTURAL MODIFICATIONS								
47	MODIFICATION OF BATHROOM	4%							
48	RAMPS FOR ENTRANCE AND EXIT TO HOME	4%							
49	WIDEN 5 DOORWAYS	4%							
50	SURE HANDS LIFT - CEILING MOUNTED LIFT SYSTEM	4%							
51	REPLACEMENT SLINGS / BODY SUPPORTS FOR LIFT SYSTEM (Covered by Ins.)	4%							
	EQUIPMENT (With Insurance Offsets)								
52	TILT N SPACE CUSTOM MANUAL WHEELCHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	WHEELCHAIR MAINTENANCE AND REPAIR (Includes tires/wheels)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
54	ACTIVITY CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55	SLEEPSAFE BED MATTRESS AND PADDING	4%							
56	ADAPTED TRICYCLE	4%							
57	JOGGING STROLLER / WHEELCHAIR	4%							
58	ADAPTIVE TOYS / THERAPEUTIC TOYS	4%							
59	KANGAROO FEEDING PUMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	WATERPIK CLASSIC WATER FLOSSER	4%	16.44	16.44	16.44	16.44	16.44	16.44	16.44
61	SEIZURE MONITOR	4%							
62	SIMPLE ENVIRONMENTAL CONTROL UNIT	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00
63	ADAPTIVE EQUIPMENT FOR EATING	4%							
64	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
65	ADAPTIVE EQUIPMENT FOR EATING - REPLACEMENTS	4%							
66	STANDER	4%	816.57	816.57	816.57	816.57	816.57	816.57	816.57
67	COMMODE CHAIR / ROLLING SHOWER CHAIR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	PEANUT EXERCISE BALLS, 2 SIZES	4%							
69	ANTI-BURST ROUND EXERCISE BALL	4%							
70	THERAPY ROLL	4%							
71	CHEWY TUBE	4%							
72	SPECIAL NEEDS SWING WITH HARNESS	4%							
	ORTHOTICS AND PROSTHETICS (With Insurance Offsets)								
73	BILATERAL HINGED AFOS	4%							

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.



ITEMS OF COMPENSATION
V. E. M.
CL. CT. NO. 13-0190V

		GROWTH							2074
NO.	ITEM	RATE	2068	2069	2070	2071	2072	2073	LIFE
	SUPPLIES								
74	DIAPERS	4%							
75	ADULT SIZE MEDIUM INCONTINENCE BRIEFS	4%	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50	1,642.50
76	BED LINERS	4%							
77	DISPOSABLE GLOVES	4%							
78	HAND SANITIZER	4%							
79	WIPES	4%							
80	BARRIER CREAM	4%							
81	DRY DISPOSABLE WASHCLOTHS	4%							
82	MEDICAL ID BRACELET, SHOE TAG OR NECKLACE	4%	11.67	11.67	11.67	11.67	11.67	11.67	11.67
83	CONTOURED VINYL MATTRESS PROTECTOR	4%							
	TRANSPORTATION								
84	PRIMARY CARE PHYSICIAN	4%	36.00	36.00	36.00	36.00	36.00	36.00	36.00
85	PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN	4%	36.96	36.96	36.96	36.96	36.96	36.96	36.96
86	NEUROLOGIST	4%	103.20	103.20	103.20	103.20	103.20	103.20	103.20
87	NEUROSURGEON AT IU - RILEY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	IU CHILDREN'S THERAPY CENTER - REHAB FOR THERAPIES	4%							
89	NATIONALSEATING AND REHAB FOR WC/SEATING EVALUATION	4%	6.82	6.82	6.82	6.82	6.82	6.82	6.82
90	MODIFICATIONS FOR VAN	4%							
	HOME CARE AND FACILITY CARE								
91	HOME HEALTH AIDE - WEEKDAY CARE	4%							
92	HOME HEALTH AIDE - WEEKDAY CARE DURING SCHOOL BREAKS	4%							
93	RN - WEEKDAY CARE DURING SCHOOL BREAKS	5%							
94	HOME HEALTH AIDE - WEEKEND RESPITE CARE	4%							
95	RN - WEEKEND RESPITE CARE	5%							
96	GROUP HOME OR LONG TERM CARE FACILITY FOR YOUNGER ADULTS	4%	74,825.00	74,825.00	74,825.00	74,825.00	74,825.00		
97	SKILLED NURSING FACILITY	5%						71,175.00	71,175.00
	SUBTOTAL - 1ST YEAR EXPENSES								
98	PAST UNREIMBURSED EXPENSES								
99	PAIN AND SUFFERING								
100	LOST WAGES								
101	STATE OF INDIANA MEDICAID LIEN								
102	TRUST SEED: PEOPLES BANK, A CODORUS VALLEY CO. OF YORK,PA.								
			-----	-----	-----	-----	-----	-----	-----
	TOTAL:		120,356.60	120,356.60	120,356.60	120,356.60	120,356.60	115,067.54	115,067.54

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