Moyer v. HHS, Case No. 08-463V

Tab A

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8	Compensation Year 9
			2011	2012	2013	2014	2015	2016	2017	2018	2019
Ins. MOP including Deductible	5%		3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
Medicare Part A Deductible	5%										
Medicare Part B	5%										
Medigap F	5%										
Medigap F Deductible	5%										
PCP Eval	5%	*									
PCP	5%	*									
Ophthal-mology	5%	*									
Gastro-enterology	5%	*									
Changing G Tube	5%	*									
Nephrology	5%	*									
Neurology	5%	*									
Pulmon-ology	5%	*									
O2 Saturation Levels	5%	*									
Pulmonary: Home Instruction	5%	*									
Orthopaedist	5%	*									
Developmental Pediatrician	5%	*									
CP Clinic at Dayton Childrens	5%	*									
CP Clinic - Coordinator Fee	5%	*									
ER and Urgent Care	5%	*									
Hospitalization	5%	*									
Dental Care & Sedation	5%	*									
Spasticity Mngt	5%	*									
Botox	5%	*									
MD Visit for Botox	5%	*									
Scoliosis Surgery	5%	*									
Hip Surgery	5%	*									
Knee Surgery	5%	*									
PT after Surgery	5%	*									
Orthopaedic X-rays	5%	*									
EEG	5%	*									
Blood Work	5%	*									

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8	Compensation Year 9
			2011	2012	2013	2014	2015	2016	2017	2018	2019
Swallow Study	5%	*									
VCUG	5%	*									
Renal Ultrasound	5%	*									
Urine Cultures	5%	*									
Sleep Study	5%	*									
Chest X-ray	5%	*									
Abdominal X-ray	5%	*									
Medicare Part D	5%										
Keppra	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Carnitor	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Lactulose	5%	*	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18
Prevacid	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
Proventil	5%	*	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96
Albuterol	5%	*	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Diastat	5%	*	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00
Baclofen	5%	*					100.00	100.00	100.00	100.00	100.00
Oral Antibiotics	5%	*	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
Miralax	4%		218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12
PT Eval	4%	*									
WC Adjustment	4%	*									
OT Eval	4%	*									
ST Eval	4%	*									
ST	4%	*									
CPAP	4%	*									
Tubing and Mask	4%	*									
Control II Disinfective	4%										
AFOs	4%	*								32.00	32.00
Hand Splints	4%	*									
Bracing Spine	4%	*									
Walker/ Stander	4%	*									
Hoyer Lift	4%	*									
Slings	4%	*							97.84		

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8	Compensation Year 9
			2011	2012	2013	2014	2015	2016	2017	2018	2019
Shower WC	4%	*									
Manual Zippie WC	4%	*									
Seating System	4%	*									
Adult WC	4%	*									
WC Maint	4%	*	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Bath Chair	4%		440.00								
Portable Ramp	4%		500.00								
Car Seat	4%		600.00								
Corner Chair	4%	*									
Therapy Ball	4%		21.99		21.99		21.99		21.99		21.99
Therapy Mat	4%		174.00			174.00			174.00		
Therapy Table	4%		564.99								
Bolsters	4%		93.50			93.50			93.50		
Wedges	4%	*									
Hospital Bed	4%	*									
Bed Rails	4%										
Bedside Table	4%						78.00				
Feeding Kit	4%	*									
Mic-Key Button	4%	*									
Extension Set	4%	*									
60cc Syringes	4%	*									
10cc Syringes	4%	*									
Pediasure	4%		2,146.20	2,146.20	2,146.20	2,146.20	2,146.20	2,146.20	2,146.20		
Ensure	4%									949.00	949.00
Pedialyte	4%		14.00	14.00	14.00	14.00	14.00	14.00	14.00		
Diapers	4%		1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65
Wipes	4%		481.80	481.80	481.80	481.80	481.80	481.80	481.80	481.80	481.80
Gloves	4%		132.00	132.00	132.00	132.00	132.00	132.00	132.00	132.00	132.00
Blue Pads	4%		83.95	83.95	83.95	83.95	83.95	83.95	83.95	83.95	83.95
Portable Suction Machine	4%	*									
Bulb Syringe	4%	*									
Suction Canisters & Cath	4%	*									

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8	Compensation Year 9
			2011	2012	2013	2014	2015	2016	2017	2018	2019
Yankauer Suction & Cath	4%	*									
Nebulizer	4%	*									
Nebulizer Filters	4%	*									
Percussor	4%	*									
Skilled Nursing	4%		2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42
Attendant Care	4%		14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00
Attendant Care	4%		23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00
Case Mngr	4%		2,000.00	2,000.00	2,000.00	2,000.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00
Residential Camp	4%		735.00	735.00	735.00	735.00	735.00	735.00	735.00	735.00	735.00
Trust Seed/ Residential Care	4%		223,022.30								
Home Mod: Ramp/Bath Add	4%		50,865.02								
Van	4%		11,415.00								
Van Mods	4%		15,718.50								
Lost Future Earnings			622,261.55								
Pain and Suffering			195,363.66								
Past Unreimbursable Expenses			2,935.07								
Medicaid Lien			17,098.57								
Annual Totals			1,194,338.43	53,264.28	53,286.27	53,531.78	52,864.27	52,764.28	53,151.61	51,585.08	51,607.07

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.
Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.
As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, as trustee for the the benefit of S. M., for Trust seed funds ($223,022.30) and Yr 1 life care expenses ($133,657.28): $356,679.58.
As soon as practicable after entry of judgment, respondent shall make the following payment to the guardian(s)/conservator(s) of the estate of S. M. for lost future earnings ($622,261.55) and pain and suffering ($195,363.66): $817,625.21.
As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Rachel and Joel Moyer for past unreimbursable expenses: $2,935.07.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Ohio, for reimbursement of the state's Medicaid lien: $17,098.57.
Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.
Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Appendix A: Items of Compensation for S, M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
			2020	2021	2022	2023	2024	2025	2026	2027	2028
Ins. MOP including Deductible	5%		3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00		
Medicare Part A Deductible	5%										
Medicare Part B	5%										
Medigap F	5%										
Medigap F Deductible	5%										
PCP Eval	5%	*									
PCP	5%	*									
Ophthal-mology	5%	*									
Gastro-enterology	5%	*								432.00	432.00
Changing G Tube	5%	*								940.50	940.50
Nephrology	5%	*									
Neurology	5%	*								238.00	238.00
Pulmon-ology	5%	*								725.20	725.20
O2 Saturation Levels	5%	*								38.08	38.08
Pulmonary: Home Instruction	5%	*									
Orthopaedist	5%	*								79.00	79.00
Developmental Pediatrician	5%	*									
CP Clinic at Dayton Childrens	5%	*									
CP Clinic - Coordinator Fee	5%	*									
ER and Urgent Care	5%	*								809.47	
Hospitalization	5%	*								5,420.83	5,420.83
Dental Care & Sedation	5%	*								4,328.50	
Spasticity Mngt	5%	*									
Botox	5%	*									
MD Visit for Botox	5%	*									
Scoliosis Surgery	5%	*									
Hip Surgery	5%	*									
Knee Surgery	5%	*									
PT after Surgery	5%	*									
Orthopaedic X-rays	5%	*									
EEG	5%	*								1,863.00	
Blood Work	5%	*								306.00	306.00

Appendix A: Items of Compensation for S, M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
			2020	2021	2022	2023	2024	2025	2026	2027	2028
Swallow Study	5%	*									
VCUG	5%	*									
Renal Ultrasound	5%	*									
Urine Cultures	5%	*								95.00	95.00
Sleep Study	5%	*									
Chest X-ray	5%	*								211.21	211.21
Abdominal X-ray	5%	*									
Medicare Part D	5%										
Keppra	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	1,310.64	1,310.64
Carnitor	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	715.89	715.89
Lactulose	5%	*	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18
Prevacid	5%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	2,036.09	2,036.09
Proventil	5%	*	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96
Albuterol	5%	*	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,459.78	1,459.78
Diastat	5%	*	35.00	35.00	35.00	35.00	35.00	35.00	35.00	351.92	351.92
Baclofen	5%	*	100.00	100.00	100.00	100.00	100.00	100.00	100.00	746.25	746.25
Oral Antibiotics	5%	*	8.00	8.00	8.00	8.00	8.00	8.00	8.00	154.86	154.86
Miralax	4%		218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12
PT Eval	4%	*								600.00	600.00
WC Adjustment	4%	*								172.00	
OT Eval	4%	*									
ST Eval	4%	*								504.00	504.00
ST	4%	*									
CPAP	4%	*									589.00
Tubing and Mask	4%	*								121.14	121.14
Control II Disinfective	4%		32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
AFOs	4%	*								2,000.00	
Hand Splints	4%	*								560.00	560.00
Bracing Spine	4%	*									
Walker/ Stander	4%	*								3,530.00	
Hoyer Lift	4%	*									
Slings	4%	*									

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
			2020	2021	2022	2023	2024	2025	2026	2027	2028
Shower WC	4%	*									
Manual Zippie WC	4%	*									
Seating System	4%	*									
Adult WC	4%	*									
WC Maint	4%	*	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Bath Chair	4%										
Portable Ramp	4%										
Car Seat	4%										
Corner Chair	4%	*									
Therapy Ball	4%			21.99		21.99		21.99			
Therapy Mat	4%		174.00			174.00			174.00		
Therapy Table	4%			564.99							
Bolsters	4%		93.50			93.50			93.50		
Wedges	4%	*									
Hospital Bed	4%	*									
Bed Rails	4%										
Bedside Table	4%										
Feeding Kit	4%	*								366.36	366.36
Mic-Key Button	4%	*								453.00	453.00
Extension Set	4%	*								83.76	83.76
60cc Syringes	4%	*								92.56	92.56
10cc Syringes	4%	*								45.76	45.76
Pediasure	4%										
Ensure	4%		949.00	949.00	949.00	949.00	949.00	949.00	949.00	949.00	949.00
Pedialyte	4%										
Diapers	4%		1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65
Wipes	4%		481.80	481.80	481.80	481.80	481.80	481.80	481.80		
Gloves	4%		132.00	132.00	132.00	132.00	132.00	132.00	132.00		
Blue Pads	4%		83.95	83.95	83.95	83.95	83.95	83.95	83.95		
Portable Suction Machine	4%	*									
Bulb Syringe	4%	*								47.76	47.76
Suction Canisters & Cath	4%	*								79.44	79.44

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
			2020	2021	2022	2023	2024	2025	2026	2027	2028
Yankauer Suction & Cath	4%	*								41.28	41.28
Nebulizer	4%	*								272.00	
Nebulizer Filters	4%	*								12.00	12.00
Percussor	4%	*								550.00	
Skilled Nursing	4%		2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42	2,903.42		
Attendant Care	4%		14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00	14,400.00		
Attendant Care	4%		23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00	23,040.00		
Case Mngr	4%		1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	500.00	500.00
Residential Camp	4%		735.00	735.00	735.00	735.00	735.00	735.00	735.00		
Trust Seed/ Residential Care	4%										
Home Mod: Ramp/Bath Add	4%										
Van	4%			19,788.00							
Van Mods	4%			15,718.50							
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals			51,852.58	87,678.56	51,585.08	51,874.57	51,585.08	51,607.07	51,852.58	35,659.19	22,723.22

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.
Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.
As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, as trustee for the the benefit of S. M., for Trust seed funds ($223,022.30) and Yr 1 life care expenses ($133,657.28): $356,679.58.
As soon as practicable after entry of judgment, respondent shall make the following payment to the guardian(s)/conservator(s) of the estate of S. M., for lost future earnings ($622,261.55) and pain and suffering ($195,363.66): $817,625.21.
As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Rachel and Joel Moyer for past unreimbursable expenses: $2,935.07.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Ohio, for reimbursement of the state's Medicaid lien: $17,098.57.
Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.
Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Appendix A: Items of Compensation for S, M,

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25	Compensation Year 26	Compensation Year 27
			2029	2030	2031	2032	2033	2034	2035	2036	2037
Ins. MOP including Deductible	5%										
Medicare Part A Deductible	5%										
Medicare Part B	5%										
Medigap F	5%										
Medigap F Deductible	5%										
PCP Eval	5%	*									
PCP	5%	*									
Ophthal-mology	5%	*									
Gastro-enterology	5%	*	432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00	432.00
Changing G Tube	5%	*	940.50	940.50	940.50	940.50	940.50	940.50	940.50	940.50	940.50
Nephrology	5%	*									
Neurology	5%	*	238.00	238.00	238.00	238.00	238.00	238.00	238.00	238.00	238.00
Pulmon-ology	5%	*	725.20	725.20	725.20	725.20	725.20	725.20	725.20	725.20	725.20
O2 Saturation Levels	5%	*	38.08	38.08	38.08	38.08	38.08	38.08	38.08	38.08	38.08
Pulmonary: Home Instruction	5%	*									
Orthopaedist	5%	*	79.00	79.00	79.00	79.00	79.00	79.00	79.00	79.00	79.00
Developmental Pediatrician	5%	*									
CP Clinic at Dayton Childrens	5%	*									
CP Clinic - Coordinator Fee	5%	*									
ER and Urgent Care	5%	*		809.47			809.47			809.47	
Hospitalization	5%	*	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83
Dental Care & Sedation	5%	*	4,328.50		4,328.50		4,328.50		4,328.50		4,328.50
Spasticity Mngt	5%	*									
Botox	5%	*									
MD Visit for Botox	5%	*									
Scoliosis Surgery	5%	*									
Hip Surgery	5%	*									
Knee Surgery	5%	*									
PT after Surgery	5%	*									
Orthopaedic X-rays	5%	*			401.35						
EEG	5%	*									
Blood Work	5%	*	306.00	306.00	306.00	306.00	306.00	306.00	306.00	306.00	306.00

Appendix A: Items of Compensation for S, M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25	Compensation Year 26	Compensation Year 27
			2029	2030	2031	2032	2033	2034	2035	2036	2037
Swallow Study	5%	*									
VCUG	5%	*									
Renal Ultrasound	5%	*		440.00							
Urine Cultures	5%	*	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00	95.00
Sleep Study	5%	*									
Chest X-ray	5%	*	211.21	211.21	211.21	211.21	211.21	211.21	211.21	211.21	211.21
Abdominal X-ray	5%	*			169.86						
Medicare Part D	5%										
Keppra	5%	*	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64
Carnitor	5%	*	715.89	715.89	715.89	715.89	715.89	715.89	715.89	715.89	715.89
Lactulose	5%	*	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18	96.18
Prevacid	5%	*	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09
Proventil	5%	*	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96	525.96
Albuterol	5%	*	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78
Diastat	5%	*	351.92	351.92	351.92	351.92	351.92	351.92	351.92	351.92	351.92
Baclofen	5%	*	746.25	746.25	746.25	746.25	746.25	746.25	746.25	746.25	746.25
Oral Antibiotics	5%	*	154.86	154.86	154.86	154.86	154.86	154.86	154.86	154.86	154.86
Miralax	4%		218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12	218.12
PT Eval	4%	*	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
WC Adjustment	4%	*				172.00					172.00
OT Eval	4%	*									
ST Eval	4%	*	504.00	504.00	504.00	504.00	504.00	504.00	504.00	504.00	504.00
ST	4%	*									
CPAP	4%	*					589.00				
Tubing and Mask	4%	*	121.14	121.14	121.14	121.14	121.14	121.14	121.14	121.14	121.14
Control II Disinfective	4%		32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
AFOs	4%	*		2,000.00			2,000.00			2,000.00	
Hand Splints	4%	*	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00	560.00
Bracing Spine	4%	*									
Walker/ Stander	4%	*						3,530.00			
Hoyer Lift	4%	*									
Slings	4%	*									

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25	Compensation Year 26	Compensation Year 27
			2029	2030	2031	2032	2033	2034	2035	2036	2037
Shower WC	4%	*									
Manual Zippie WC	4%	*									
Seating System	4%	*									
Adult WC	4%	*			5,500.00					5,500.00	
WC Maint	4%	*	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Bath Chair	4%										
Portable Ramp	4%										
Car Seat	4%										
Corner Chair	4%	*									
Therapy Ball	4%										
Therapy Mat	4%										
Therapy Table	4%										
Bolsters	4%										
Wedges	4%	*									
Hospital Bed	4%	*									
Bed Rails	4%										
Bedside Table	4%										
Feeding Kit	4%	*	366.36	366.36	366.36	366.36	366.36	366.36	366.36	366.36	366.36
Mic-Key Button	4%	*	453.00	453.00	453.00	453.00	453.00	453.00	453.00	453.00	453.00
Extension Set	4%	*	83.76	83.76	83.76	83.76	83.76	83.76	83.76	83.76	83.76
60cc Syringes	4%	*	92.56	92.56	92.56	92.56	92.56	92.56	92.56	92.56	92.56
10cc Syringes	4%	*	45.76	45.76	45.76	45.76	45.76	45.76	45.76	45.76	45.76
Pediasure	4%										
Ensure	4%		949.00	949.00	949.00	949.00	949.00	949.00	949.00	949.00	949.00
Pedialyte	4%										
Diapers	4%		1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65
Wipes	4%										
Gloves	4%										
Blue Pads	4%										
Portable Suction Machine	4%	*			542.00					542.00	
Bulb Syringe	4%	*	47.76	47.76	47.76	47.76	47.76	47.76	47.76	47.76	47.76
Suction Canisters & Cath	4%	*	79.44	79.44	79.44	79.44	79.44	79.44	79.44	79.44	79.44

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Year 23	Compensation Year 24	Compensation Year 25	Compensation Year 26	Compensation Year 27
			2029	2030	2031	2032	2033	2034	2035	2036	2037
Yankauer Suction & Cath	4%	*	41.28	41.28	41.28	41.28	41.28	41.28	41.28	41.28	41.28
Nebulizer	4%	*	272.00		272.00		272.00		272.00		272.00
Nebulizer Filters	4%	*	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Percussor	4%	*				550.00					550.00
Skilled Nursing	4%										
Attendant Care	4%										
Attendant Care	4%										
Case Mngr	4%		500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Residential Camp	4%										
Trust Seed/ Residential Care	4%		111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15
Home Mod: Ramp/Bath Add	4%										
Van	4%										
Van Mods	4%										
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals			138,245.87	136,894.84	144,859.08	134,367.37	141,644.34	137,175.37	138,245.87	142,496.84	138,967.87

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.
Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.
As soon as practicable after entry of judgment, respondent shall make the following payment to Regions Bank, as trustee for the the benefit of S. M. for Trust seed funds ($223,022.30) and Yr 1 life care expenses ($133,657.28): $356,679.58.
As soon as practicable after entry of judgment, respondent shall make the following payment to the guardian(s)/conservator(s) of the estate of S. M. for lost future earnings ($622,261.55) and pain and suffering ($195,363.66): $817,625.21.
As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, Rachel and Joel Moyer for past unreimbursable expenses: $2,935.07.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of Ohio, for reimbursement of the state's Medicaid lien: $17,098.57.
Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.
Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Appendix A: Items of Compensation for S, M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-59	Compensation Years 60-Life
			2038	2039	2040	2041	2042	2043-2069	2070-Life
Ins. MOP including Deductible	5%								
Medicare Part A Deductible	5%							1,132.00	
Medicare Part B	5%							1,546.80	1,384.80
Medigap F	5%							2,208.00	1,593.36
Medigap F Deductible	5%							2,000.00	
PCP Eval	5%	*							
PCP	5%	*							
Ophthal-mology	5%	*							
Gastro-enterology	5%	*	432.00	432.00	432.00	432.00	432.00		
Changing G Tube	5%	*	940.50	940.50	940.50	940.50	940.50		
Nephrology	5%	*							
Neurology	5%	*	238.00	238.00	238.00	238.00	238.00		
Pulmon-ology	5%	*	725.20	725.20	725.20	725.20	725.20		
O2 Saturation Levels	5%	*	38.08	38.08	38.08	38.08	38.08		
Pulmonary: Home Instruction	5%	*							
Orthopaedist	5%	*	79.00	79.00	79.00	79.00	79.00		
Developmental Pediatrician	5%	*							
CP Clinic at Dayton Childrens	5%	*							
CP Clinic - Coordinator Fee	5%	*							
ER and Urgent Care	5%	*		809.47			809.47		
Hospitalization	5%	*	5,420.83	5,420.83	5,420.83	5,420.83	5,420.83		
Dental Care & Sedation	5%	*		4,328.50		4,328.50			
Spasticity Mngt	5%	*							
Botox	5%	*							
MD Visit for Botox	5%	*							
Scoliosis Surgery	5%	*							
Hip Surgery	5%	*							
Knee Surgery	5%	*							
PT after Surgery	5%	*							
Orthopaedic X-rays	5%	*				401.35			
EEG	5%	*							
Blood Work	5%	*	306.00	306.00	306.00	306.00	306.00		

Appendix A: Items of Compensation for S.M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-59	Compensation Years 60-Life
			2038	2039	2040	2041	2042	2043-2069	2070-Life
Swallow Study	5%	*							
VCUG	5%	*							
Renal Ultrasound	5%	*			440.00				
Urine Cultures	5%	*	95.00	95.00	95.00	95.00	95.00		
Sleep Study	5%	*							
Chest X-ray	5%	*	211.21	211.21	211.21	211.21	211.21		
Abdominal X-ray	5%	*				169.86			
Medicare Part D	5%							6,174.00	6,174.00
Keppra	5%	*	1,310.64	1,310.64	1,310.64	1,310.64	1,310.64		
Carnitor	5%	*	715.89	715.89	715.89	715.89	715.89		
Lactulose	5%	*	96.18	96.18	96.18	96.18	96.18		
Prevacid	5%	*	2,036.09	2,036.09	2,036.09	2,036.09	2,036.09		
Proventil	5%	*	525.96	525.96	525.96	525.96	525.96		
Albuterol	5%	*	1,459.78	1,459.78	1,459.78	1,459.78	1,459.78		
Diastat	5%	*	351.92	351.92	351.92	351.92	351.92		
Baclofen	5%	*	746.25	746.25	746.25	746.25	746.25		
Oral Antibiotics	5%	*	154.86	154.86	154.86	154.86	154.86	8.00	8.00
Miralax	4%		218.12	218.12	218.12	218.12	218.12	218.12	218.12
PT Eval	4%	*	600.00	600.00	600.00	600.00	600.00		
WC Adjustment	4%	*					172.00		
OT Eval	4%	*							
ST Eval	4%	*	504.00	504.00	504.00	504.00	504.00		
ST	4%	*							
CPAP	4%	*	589.00						
Tubing and Mask	4%	*	121.14	121.14	121.14	121.14	121.14		
Control II Disinfective	4%		32.00	32.00	32.00	32.00	32.00	32.00	32.00
AFOs	4%	*		2,000.00			2,000.00		
Hand Splints	4%	*	560.00	560.00	560.00	560.00	560.00		
Bracing Spine	4%	*							
Walker/ Stander	4%	*				3,530.00			
Hoyer Lift	4%	*							
Slings	4%	*							

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-59	Compensation Years 60-Life
			2038	2039	2040	2041	2042	2043-2069	2070-Life
Shower WC	4%	*							
Manual Zippie WC	4%	*							
Seating System	4%	*							
Adult WC	4%	*				5,500.00			
WC Maint	4%	*	300.00	300.00	300.00	300.00	300.00		
Bath Chair	4%								
Portable Ramp	4%								
Car Seat	4%								
Corner Chair	4%	*							
Therapy Ball	4%								
Therapy Mat	4%								
Therapy Table	4%								
Bolsters	4%								
Wedges	4%	*							
Hospital Bed	4%	*							
Bed Rails	4%								
Bedside Table	4%								
Feeding Kit	4%	*	366.36	366.36	366.36	366.36	366.36		
Mic-Key Button	4%	*	453.00	453.00	453.00	453.00	453.00		
Extension Set	4%	*	83.76	83.76	83.76	83.76	83.76		
60cc Syringes	4%	*	92.56	92.56	92.56	92.56	92.56		
10cc Syringes	4%	*	45.76	45.76	45.76	45.76	45.76		
Pediasure	4%								
Ensure	4%		949.00	949.00	949.00	949.00	949.00	949.00	949.00
Pedialyte	4%								
Diapers	4%		1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65	1,244.65
Wipes	4%								
Gloves	4%								
Blue Pads	4%								
Portable Suction Machine	4%	*				542.00			
Bulb Syringe	4%	*	47.76	47.76	47.76	47.76	47.76		
Suction Canisters & Cath	4%	*	79.44	79.44	79.44	79.44	79.44		

Appendix A: Items of Compensation for S. M.

ITEMS OF COMPENSATION	G.R.	*	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Years 33-59	Compensation Years 60-Life
			2038	2039	2040	2041	2042	2043-2069	2070-Life
Yankauer Suction & Cath	4%	*	41.28	41.28	41.28	41.28	41.28		
Nebulizer	4%	*		272.00		272.00			
Nebulizer Filters	4%	*	12.00	12.00	12.00	12.00	12.00		
Percussor	4%	*					550.00		
Skilled Nursing	4%								
Attendant Care	4%								
Attendant Care	4%								
Case Mngr	4%		500.00	500.00	500.00	500.00	500.00	500.00	500.00
Residential Camp	4%								
Trust Seed/ Residential Care	4%		111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15	111,511.15
Home Mod: Ramp/Bath Add	4%								
Van	4%								
Van Mods	4%								
Lost Future Earnings									
Pain and Suffering									
Past Unreimbursable Expenses									
Medicaid Lien									
Annual Totals			134,234.37	141,055.34	134,085.37	148,389.08	137,176.84	127,523.72	123,615.08

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.
Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.
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Items denoted with an asterisk (*) covered by health insurance and/or Medicare.