In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. [Redacted]V
(Filed: October 24, 2008; Re-filed Redacted February 19, 2009)

NOT TO BE PUBLISHED
PUBLIC DOCUMENT

JANE and JOHN DOE/25, as legal representatives of their son, CHILD DOE/25,	*	
Petitioners,	*	Proffer on Award of Compensation; Dihtheria-Tetanus-Accelular-Pertusis (DTaP) Vaccination; Conceded Table Encephalophathy
v.	*	
SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,	*	
Respondent.	*	

Mindy Michaels Roth, Britcher, Leone & Roth, L.L.C., Glen Rock, NJ, for petitioner

Lisa Ann Watts, U.S. Department of Justice, Washington, D.C., for respondent

DECISION[1]

GOLKIEWICZ, Chief Special Master.

This is an action seeking an award under the National Childhood Vaccine Injury Compensation Program (the "Act" or "the Program"), 42 U.S.C. §300aa-10 et seq., on account of an injury to the petitioners' son, Child Doe/25. On March 2, 2007, respondent filed a Rule 4(c)

[1] The undersigned intends to post this decision on the United States Court of Federal Claims' website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002). As provided by Vaccine Rule 18(b), each party has 14 days within which to request redaction "of any information furnished by that party that (1) that is a trade secret or commercial or financial information and is privileged or confidential, or (2) that are medical files and similar files, the disclosure of which would constitute a clearly unwarranted invasion of privacy." Vaccine Rule 18(b). Otherwise, the entire decision will be available to the public. Id.

Report indicating that petitioners were entitled to an award of compensation in this case. In the report, the respondent conceded that Child Doe/25 suffered a Table encephalopathy, and concluded that "there is no evidence that the encephalopathy was due to factors unrelated to the vaccine." Respondent's Rule 4(c) Report at 5, filed March 14, 2007.

After negotiations between the parties, respondent filed Respondent's Proffer on Award of Compensation on August 25, 2008. Petitioner filed a Notice, on September 4, 2008, in which petitioner accepted respondent's proffer award of compensation and also requested the undersigned to include specific language in the undersigned's decision. Respondent objected to this additional language. See Respondent's Notice of Objection to Petitioner's Request to Alter Respondent's Proffer on Award of Compensation in Violation of 42 U.S.C. § 300aa-15(g).

After additional negotiations, respondent filed Respondent's Amended Proffer on Award of Compensation on September 29, 2008. Petitioner filed a notice to accept the amended award on October 10, 2008.

After a complete review of the record, the court finds that petitioners are entitled to compensation under the National Childhood Vaccine Injury Compensation Program, 42 U.S.C. §300aa-10 et seq., as reflected in respondent's Proffer on Award of Compensation and the attached ***Appendix A: Items of Compensation for Child Doe/25***. The court is convinced, based on its experience and information in the record, that this award shall provide reasonable compensation to cover Child Doe/25's vaccine-related expenses.

Form of Compensation Award

1. **Lump Sum:**

A lump sum of **$1,438,127.01,** representing compensation for lost future earnings ($578,499.09), pain and suffering ($230,609.92), and life care expenses for Year One ($629,018.00), in the form of a check payable to Wachovia Bank, N.A., as trustee of the Child Doe/25 Protective Arrangement Trust, for the benefit of Child Doe/25.[2]

A lump sum of **$1,569,816.68,** representing compensation for the reimbursement of the New Jersey State Medicaid lien, payable jointly to petitioner, Jane and John Doe/25, and

New Jersey DMAHS - Medicaid
Bureau of Budget & Accounting
Lockbox 656
160 S. Broadstreet - First Floor

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[2] On October 20, 2008, petitioner filed a copy of the documents establishing the Child Doe/25 Protective Arrangement Trust ("Trust"). See Notice of Filing Documents, filed October 20, 2008.

Trenton, NJ 08646-0656
Attn: Maureen Brey

Petitioners shall endorse this payment to the State of New Jersey.

2. **Annuity:**

Section 15(f)(4) requires that payment of compensation be based on the net present value of the elements of compensation. One way of discounting to net present value is to use the cost of an annuity to provide periodic payments to meet projected needs of a petitioner for the remainder of his life.[3] Special masters are specifically empowered by § 15 (f)(4) of the Act to order that the compensation awarded under the Program be used to purchase an annuity.

The court awards an amount sufficient to purchase an annuity contract, subject to the conditions described in the following footnote, that will provide payment for the life care items contained in the life care plan, as illustrated in the chart at Appendix A attached hereto, paid to the life insurance company from which the annuity will be purchased.[4] Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity, which annuity shall make payments directly to Wachovia Bank, N.A., as trustee of the Child Doe/25 Protective Arrangement Trust for the benefit of Child Doe/25, only so long as Child Doe/25 is alive at the time a particular payment is due.

At the Secretary's sole discretion, the periodic payments may be provided to the trustee in monthly, quarterly, annual or other installments. The "annual amounts," set forth in the chart in

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[3]The personal representative of the estate of Child Doe/25 shall provide written notice to respondent within twenty days of his death.

[4]The annuity company must meet the following criteria, adapted from the Proffer; these criteria appear to be taken from the December 1990 draft of the Uniform Periodic Payment of Judgments Act.

1) has a minimum of $250,000,000 of capital and surplus, exclusive of any mandatory security valuation reserve; and

2) has one of the following ratings from two of the following organizations;

a) A.M. Best Company: A+, A+g, A+p, A+r or A+s;

b) Moody's Investors 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.

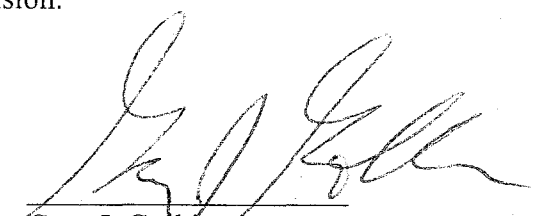
Appendix A, describe only the total yearly sum to be paid to the trustee and do not require that the payment be made in one annual installment.

CONCLUSION

Petitioners, Jane and John Doe/25, as legal representatives of Child Doe/25, a minor, are entitled to an award under the Vaccine Program to provide for compensable expenses as reflected in the attached Appendix A. In summary, petitioners are awarded compensation, in accordance with the form of payment titled "1. Lump Sum" above, of $1,438,127.01, for pain and suffering, lost wages and Year One life care expenses; a lump sum of $1,569,816.68, to reimburse the state's medicaid lien; and in accordance with the form of payment titled "2. Annuity" above, an amount sufficient to purchase the annuity contract to provide payments in accordance with Appendix A.

Based on the foregoing, this Court adopts the parties' Proffer and finds that petitioners are entitled to compensation in the amount and on the terms set forth therein. The Clerk of the Court is directed to enter judgment according to this decision.[5]

IT IS SO ORDERED.



Gary J. Golkiewicz
Chief Special Master

[5] Pursuant to Vaccine Rule 11(a), the parties can expedite entry of judgment by each party filing a notice renouncing the right to seek review by a U.S. Court of Federal Claims Judge.

ITEMS OF COMPENSATION	G.R.	*	M	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
				2008	2009	2010	2011	2012	2013	2014	2015
AETNA HMO Premium & MOP	5%		M	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00
NJ Ind. Hlth Plan C Prem & MOP	5%		M								
Medicare Part B Premium	5%		M								
Medicare Part A	5%	*									
Medigap	5%		M								
Medicare D Premium	5%		M								
Primary Care Physician	5%	*									
Synagis Injections	5%	*									
Neurologist	5%	*									
Physiatrist	5%	*									
Pulmonologist	5%	*									
ENT	5%	*									
Urologist	5%	*									
Opthal-mologist	5%	*									
Pedodontist	5%	*									
Orthopedist	5%	*									
Nutritionist/ Gastroenterologist	5%	*									
Audiologist	5%	*									
Orthotist	5%	*									
Lab Test	5%	*									
Diagnostic Tests	5%	*									
ER Visits	5%	*									
Hospitalizations	5%	*									
Misc RX and Antibiotics	5%	*	M								
OTC Lactinex	4%			90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Bowel & Bladder Supplies	4%		M	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00
Respiratory Supplies	5%	*									
Gastrostomy Supplies	5%	*									
Nutritional Formula	4%	*									
RN (24H)	4%		M	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00
Facility Care	4%		M								
Case Management	4%		M	3,600.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00
Van Conversion	4%			50,000.00							
Wheelchair Adaptive Equip. Eval	4%	*									
PT	4%	*	M	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00

Appendix A: Items of Compensation -

ITEMS OF COMPENSATION	G.R.	*	M	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
				2008	2009	2010	2011	2012	2013	2014	2015
OT	4%	*	M	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
Speech/ Oral Motor Therapy	4%	*	M	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00
Misc. Equipment	4%	*									
Wheelchair Maintenance	4%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Portable WC Ramp	4%			500.00							
Video Monitor	4%			150.00			150.00			150.00	
Specialized Bed	4%	*									
Switches	4%			200.00			200.00			200.00	
Swing Frame	4%			1,180.00							
Swing Seat	4%			420.00							
Adaptive Toys	4%			100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Supine Stander	4%	*									
Adaptive Chair	4%			4,500.00					4,500.00		
Hand Held Shower	4%			60.00							60.00
Roll-in Shower Chair	4%				1,120.00						1,175.00
Home Mods	0%			100,000.00							
Lost Future Earnings				578,499.09							
Pain & Suffering				230,609.92							
Medicaid Lien Reimbursement				1,569,816.68							
Annual Totals				3,007,943.69	471,688.00	470,568.00	470,918.00	470,568.00	475,068.00	470,918.00	471,803.00

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 Wachovia Bank, N.A., as Trustee of the [redacted] Protective Arrangement Trust for the benefit of [redacted] for Yr 1 life care expenses ($629,018.00), lost future earnings ($578,499.09), and pain and suffering ($230,609.92): $1,438,127.01.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the New Jersey DMAHS - Medicaid, Bureau of Budget & Accounting, Lockbox 656, 160 S. Broadstreet - First Floor, Trenton, NJ 08646-0656, Attn. Maureen Brey, for reimbursement of the state's Medicaid lien: $1,569,816.68.
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., compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
Items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.

ITEMS OF COMPENSATION	C.R	*	M	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
				2016	2017	2018	2019	2020	2021	2022	2023
AETNA HMO Premium & MOP	5%		M	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00
NJ Ind. Hlth Plan C Prem & MOP	5%		M								
Medicare Part B Premium	5%		M								
Medicare Part A	5%	*									
Medigap	5%		M								
Medicare D Premium	5%		M								
Primary Care Physician	5%	*									
Synagis Injections	5%	*									
Neurologist	5%	*									
Physiatrist	5%	*									
Pulmonologist	5%	*									
ENT	5%	*									
Urologist	5%	*									
Opthal-mologist	5%	*									
Pedodontist	5%	*									
Orthopedist	5%	*									
Nutritionist/ Gastroenterologist	5%	*									
Audiologist	5%	*									
Orthotist	5%	*									
Lab Test	5%	*									
Diagnostic Tests	5%	*									
ER Visits	5%	*									
Hospitalizations	5%	*									
Misc RX and Antibiotics	5%	*	M								
OTC Lactinex	4%			90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Bowel & Bladder Supplies	4%		M	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00
Respiratory Supplies	5%	*									
Gastrostomy Supplies	5%	*									
Nutritional Formula	4%	*									
RN (24H)	4%		M	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00
Facility Care	4%		M								
Case Management	4%		M	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00
Van Conversion	4%					40,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
Wheelchair Adaptive Equip. Eval	4%	*									
PT	4%	*	M	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00

Appendix A: Items of Compensation

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
				2016	2017	2018	2019	2020	2021	2022	2023
OT	4%	*	M	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
Speech/ Oral Motor Therapy	4%	*	M	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00
Misc. Equipment	4%	*									
Wheelchair Maintenance	4%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Portable WC Ramp	4%										500.00
Video Monitor	4%				150.00			150.00			150.00
Specialized Bed	4%	*									
Switches	4%				200.00			200.00			200.00
Swing Frame	4%					1,180.00					
Swing Seat	4%					420.00					
Adaptive Toys	4%			100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Supine Stander	4%	*									
Adaptive Chair	4%					4,500.00					4,500.00
Hand Held Shower	4%									60.00	8.57
Roll-in Shower Chair	4%							1,335.00			
Home Mods	0%										
Lost Future Earnings											
Pain & Suffering											
Medicaid Lien Reimbursement											
Annual Totals				470,568.00	470,918.00	516,668.00	474,568.00	476,253.00	474,568.00	474,628.00	479,926.57

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 Wachovia Bank, N.A., as Trustee of the [redacted] Protective Arrangement Trust for the benefit of [redacted] for Yr 1 life care expenses ($629,018.00), lost future earnings ($578,499.09), and pain and suffering ($230,609.92): $1,438,127.01
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the New Jersey DMAHS - Medicaid, Bureau of Budget & Accounting, Lockbox 656, 160 S. Broadstreet - First Floor, Trenton, NJ 08646-0656, Attn: Maureen Brey, for reimbursement of the state's Medicaid lien: $1,569,816.68
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., compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
Items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Years 23-28	Compensation Year 29
				2024	2025	2026	2027	2028	2029	2030-2035	2036
AETNA HMO Premium & MOP	5%		M	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00	10,740.00
NJ Ind. Hlth Plan C Prem & MOP	5%		M								
Medicare Part B Premium	5%		M								
Medicare Part A	5%	*									
Medigap	5%		M								
Medicare D Premium	5%		M								
Primary Care Physician	5%	*									
Synagis Injections	5%	*									
Neurologist	5%	*									
Physiatrist	5%	*									
Pulmonologist	5%	*									
ENT	5%	*									
Urologist	5%	*									
Opthal-mologist	5%	*									
Pedodontist	5%	*									
Orthopedist	5%	*									
Nutritionist/ Gastroenterologist	5%	*									
Audiologist	5%	*									
Orthotist	5%	*									
Lab Test	5%	*									
Diagnostic Tests	5%	*									
ER Visits	5%	*									
Hospitalizations	5%	*									
Misc RX and Antibiotics	5%	*	M								
OTC Lactinex	4%			90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Bowel & Bladder Supplies	4%		M	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00	2,658.00
Respiratory Supplies	5%	*									
Gastrostomy Supplies	5%	*									
Nutritional Formula	4%	*									
RN (24H)	4%		M	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	438,000.00	
Facility Care	4%		M								301,855.00
Case Management	4%		M	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	2,160.00	3,600.00
Van Conversion	4%			4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
Wheelchair Adaptive Equip. Eval	4%	*									
PT	4%	*	M	5,280.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Years 23-28	Compensation Year 29
				2024	2025	2026	2027	2028	2029	2030-2035	2036
OT	4%	*	M	5,280.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00	1,980.00
Speech/ Oral Motor Therapy	4%	*	M	5,760.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00
Misc. Equipment	4%	*									
Wheelchair Maintenance	4%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Portable WC Ramp	4%										
Video Monitor	4%					150.00	50.00	50.00	50.00	50.00	
Specialized Bed	4%	*									
Switches	4%					200.00	66.67	66.67	66.67	66.67	66.67
Swing Frame	4%							1,180.00			
Swing Seat	4%							420.00			
Adaptive Toys	4%			100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Supine Stander	4%	*									
Adaptive Chair	4%			450.00	450.00	450.00	450.00	450.00	450.00	450.00	450.00
Hand Held Shower	4%			8.57	8.57	8.57	8.57	8.57	8.57		
Roll-in Shower Chair	4%							1,335.00			
Home Mods	0%										
Lost Future Earnings											
Pain & Suffering											
Medicaid Lien Reimbursement											
Annual Totals				475,026.57	463,146.57	463,496.57	463,263.24	466,198.24	463,263.24	463,254.67	328,499.57

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 Wachovia Bank, N.A., as Trustee of the [redacted] Protective Arrangement Trust for the benefit of [redacted] for Yr 1 life care expenses ($629,018.00); lost future earnings ($578,499.09); and pain and suffering ($230,609.92): $1,438,127.01.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the New Jersey DMAHS - Medicaid, Bureau of Budget & Accounting, Lockbox 656, 160 S. Broadstreet - First Floor, Trenton, NJ 08646-0656, Attn: Maureen Brey, for reimbursement of the state's Medicaid lien: $1,569,816.68.
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., compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
Items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.

Appendix A: Items of Compensation

ITEMS OF COMPENSATION	G R	*	M	Compensation Year 30	Compensation Year 31-35	Compensation Years 36-37	Compensation Years 38-Life
				2037	2038-2042	2043-2044	2045-Life
AETNA HMO Premium & MOP	5%		M	10,740.00	10,740.00		
NJ Ind. Hlth Plan C Prem & MOP	5%		M			10,198.00	
Medicare Part B Premium	5%		M				1,156.80
Medicare Part A	5%	*					
Medigap	5%		M				2,172.00
Medicare D Premium	5%		M				468.00
Primary Care Physician	5%	*					
Synagis injections	5%	*					
Neurologist	5%	*					
Physiatrist	5%	*					
Pulmonologist	5%	*					
ENT	5%	*					
Urologist	5%	*					
Opthal-mologist	5%	*					
Pedodontist	5%	*					
Orthopedist	5%	*					
Nutritionist/ Gastroenterologist	5%	*					
Audiologist	5%	*					
Orthotist	5%	*					
Lab Test	5%	*					
Diagnostic Tests	5%	*					
ER Visits	5%	*					
Hospitalizations	5%	*					
Misc RX and Antibiotics	5%	*	M			3,306.00	4,881.00
OTC Lactinex	4%			90.00	90.00	90.00	90.00
Bowel & Bladder Supplies	4%		M	2,658.00	2,658.00	2,658.00	2,658.00
Respiratory Supplies	5%	*					
Gastrostomy Supplies	5%	*					
Nutritional Formula	4%	*					
RN (24H)	4%		M				
Facility Care	4%		M	301,855.00	301,855.00	301,855.00	301,855.00
Case Management	4%		M	3,600.00	2,160.00	2,160.00	2,160.00
Van Conversion	4%			4,000.00	4,000.00	4,000.00	4,000.00
Wheelchair Adaptive Equip. Eval	4%	*					
PT	4%	*	M	1,980.00	1,980.00		

Appendix A: Items of Compensation

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 30	Compensation Year 31-35	Compensation Years 36-37	Compensation Years 38-Life
				2037	2038-2042	2043-2044	2045-Life
OT	4%	*	M	1,980.00	1,980.00		
Speech/ Oral Motor Therapy	4%	*	M	480.00	480.00		
Misc. Equipment	4%	*					
Wheelchair Maintenance	4%			500.00	500.00	500.00	500.00
Portable WC Ramp	4%						
Video Monitor	4%						
Specialized Bed	4%	*					
Switches	4%			66.67	66.67	66.67	66.67
Swing Frame	4%						
Swing Seat	4%						
Adaptive Toys	4%			100.00	100.00	100.00	100.00
Supine Stander	4%	*					
Adaptive Chair	4%			450.00	450.00	450.00	450.00
Hand Held Shower	4%						
Roll-in Shower Chair	4%						
Home Mods	0%						
Lost Future Earnings							
Pain & Suffering							
Medicaid Lien Reimbursement							
Annual Totals				328,499.67	327,059.67	325,383.67	320,557.47

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 Wachovia Bank, N.A., as Trustee of the [redacted] Protective Arrangement Trust for the benefit of [redacted] for Yr 1 life care expenses ($629,018.00), lost future earnings ($578,499.09); and pain and suffering ($230,609.92): $1,438,127.01.
As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the New Jersey DMAHS - Medicaid, Bureau of Budget & Accounting, Lockbox 656, 160 S. Broadstreet - First Floor, Trenton, NJ 08646-0656, Attn: Maureen Brey, for reimbursement of the state's Medicaid lien: $1,569,816.68
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., compounded annually from the date of judgment.
Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
Items denoted with an "M" payable in 12 monthly installments totaling the annual amount indicated.