# In the United States Court of Federal Claims OFFICE OF SPECIAL MASTERS

Filed: December 3, 2012

* * * * * * * * * * * * * * *	*	UNPUBLISHED
JILLIAN LOWRIE, parent and next friend	*	
of, EMILY PAIGE LOWRIE, a minor,	*	No. 03-1585V
	*	
Petitioner,	*	Chief Special Master
	*	Campbell-Smith
V.	*	
	*	Proffer on Award of
SECRETARY OF HEALTH	*	Compensation; diphtheria
AND HUMAN SERVICES,	*	tetanus acellular pertussis
	*	(DTaP) vaccination;
Respondent.	*	encephalopathy; Table Injury
* * * * * * * * * * * * * * *	*	

Robert T. Moxley, Robert T. Moxley, PC, Cheyenne, WY, for petitioner.

Darryl R. Wishard, U.S. Dep't of Justice, Washington, DC, for respondent.

# **DECISION AWARDING DAMAGES<sup>1</sup>**

On June 30, 2003, Jillian Lowrie (petitioner), as the parent and next friend of her daughter, Emily Paige Lowrie (Emily), filed a petition pursuant to the National Vaccine Injury Compensation Program ("Vaccine Program").<sup>2</sup>

<sup>&</sup>lt;sup>1</sup>Because this decision contains a reasoned explanation for the undersigned's action in this case, 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: (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). Otherwise, "the entire" decision will be available to the public. <u>Id.</u>

<sup>&</sup>lt;sup>2</sup> 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 "Act"). All

Petitioner alleged that the diphtheria, tetanus, and acellular pertussis (DTaP) vaccination administered to Emily on July 6, 2000, caused her to suffer an encephalopathy as defined by the Vaccine Injury Table, 42 C.F.R. § 100.3(a)(2).

Two fact hearings were conducted prior to the reassignment of the case to the undersigned. After reassignment, petitioner's counsel filed four motions for summary judgment. On September 6, 2012, respondent filed Respondent's Amended Vaccine Rule 4 Report and Motion for Ruling on the Record (R's Amended Report) stating that the Secretary had determined that no further resources would be expended to defend the case. <u>See</u> R's Amended Report at 6.

A ruling issued in this case on October 26, 2012, finding that petitioner was entitled to Program compensation. See Entitlement Ruling, Oct. 26, 2012. The parties indicated that they expected to file a proffer on damages shortly after resolution of the case on the merits. A deadline was set for the parties to file the proffer by October 31, 2012. Id.<sup>3</sup>

On December 3, 2012, respondent's counsel filed Respondent's Proffer on Award of Compensation ("Proffer"), with an accompanying life care plan.<sup>4</sup>

Based on the record as a whole, the undersigned finds that the Proffer is reasonable and appropriate and that petitioner is entitled to an awarded as stated in the Proffer. Pursuant to the terms stated in the Proffer, the court awards to petitioner a combination of a lump sum payment and future annuity payments as described below:

• A lump sum payment of \$1,030,314.22, in the form of a check payable to petitioner as guardian or conservator of Emily Paige Lowrie, for the benefit of Emily Paige Lowrie, representing compensation for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and life care expenses for Year One (\$119,874.88). No payment shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian or conservator of Emily Paige Lowrie's estate.

citations in this decision to individual sections of the Vaccine Act are to 42 U.S.C.A. § 300aa.

<sup>3</sup> On October 31, 2012, petitioner filed a status report stating that the parties could not file the proffer by October 31, 2012, but anticipated filing the proffer within 30 days. A scheduling Order issued on November 2, 2012, directing the parties to file the Proffer by December 3, 2012.

<sup>4</sup> The Items of Compensations of Emily Paige Lowrie is attached as Appendix A to the Proffer. <u>See</u> Appendix A, Proffer.

- A lump sum payment of \$190,165.40, in the form of a check payable to petitioner, Jillian Lowrie, representing compensation for past unreimbursable expenses.
- An amount sufficient to purchase an annuity contract, subject to the conditions described in paragraph II.C. of the attached Proffer, paid to the life insurance company from which the annuity will be purchased.

Proffer at II.

In the absence of a motion for review filed pursuant to RCFC Appendix B, the clerk of the court **SHALL ENTER JUDGMENT**, in accordance with the terms of the parties' Proffer.<sup>5</sup>

# IT IS SO ORDERED.

<u>s/Patricia E. Campbell-Smith</u> Patricia E. Campbell-Smith Chief Special Master

<sup>&</sup>lt;sup>5</sup> Pursuant to Vaccine Rule 11(a), entry of judgment is expedited by the parties' joint filing of notice renouncing right to seek review.

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

JILLIAN LOWRIE, parent and next friend of EMILY PAIGE LOWRIE, a minor,	) ) )	
Petitioner,	)	
	)	No. 03-1585V ECF
v.	)	
	)	
	)	Chief Special Master
SECRETARY OF THE DEPARTMENT OF	)	Patricia Campbell-Smith
HEALTH AND HUMAN SERVICES,	)	
	)	
Respondent.	)	
*		

# **RESPONDENT'S PROFFER ON AWARD OF COMPENSATION**

# I. <u>Items of Compensation</u>

# A. <u>Life Care Items</u>

The respondent engaged life care planner, Ginger Walton, MSN, FNP, CNCLP, and petitioner engaged life care planner Terry Kennedy Arnold, RN, CDMS, CRRN, CLCP, CNLCP, to provide an estimation of Emily Paige Lowrie's future vaccine injury-related needs. For the purposes of this proffer, the term "vaccine-related" is as described in the Chief Special Master's Ruling on Entitlement filed October 26, 2012. All items of compensation identified in the life care plan are supported by the evidence, and are illustrated by the chart entitled Appendix A: Items of Compensation for Emily Paige Lowrie, attached hereto as Tab A.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> 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.

Respondent proffers that Emily Paige Lowrie should be awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Tab A. Petitioner agrees.

#### B. Lost Future Earnings

The parties agree that based upon the evidence of record, Emily Paige Lowrie will not be gainfully employed in the future. Therefore, respondent proffers that Emily Paige Lowrie should be awarded 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 Emily Paige Lowrie's lost future earnings is \$739,989.57. Petitioner agrees.

# C. <u>Pain and Suffering</u>

Respondent proffers that Emily Paige Lowrie should be awarded \$170,449.77 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. <u>See</u> 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

## D. <u>Past Unreimbursable Expenses</u>

Evidence supplied by petitioner documents her expenditure of past unreimbursable expenses related to Emily Paige Lowrie's vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$190,165.40. Petitioner agrees.

#### E. <u>Medicaid Lien</u>

Petitioner represents that there are no outstanding Medicaid liens against Emily Paige Lowrie.

## II. Form of the Award

The parties recommend that the compensation provided to Emily Paige Lowrie 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:

A. A lump sum payment of \$1,030,314.22, representing compensation for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and life care expenses for Year One (\$119,874.88), in the form of a check payable to petitioner as guardian or conservator of Emily Paige Lowrie, for the benefit of Emily Paige Lowrie. No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian or conservator of Emily Paige Lowrie's estate;

B. A lump sum payment of \$190,165.40, representing compensation for past unreimbursable expenses, payable to Jillian Lowrie, petitioner;

C. An amount sufficient to purchase the annuity contract,<sup>2</sup> subject to the conditions described below, that will provide payments for the life care items contained in the life care plan,

<sup>&</sup>lt;sup>2</sup> In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

as illustrated by the chart at Tab A attached hereto, paid to the life insurance company<sup>3</sup> from which the annuity will be purchased.<sup>4</sup> 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 petitioner as guardian or conservator of the estate of Emily Paige Lowrie, for the benefit of Emily Paige Lowrie, only so long as Emily Paige Lowrie is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner 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 petitioner 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 nonmedical 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

- 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;

<sup>&</sup>lt;sup>3</sup> 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;

d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

<sup>&</sup>lt;sup>4</sup> Petitioner authorizes the disclosure of certain documents filed by the petitioner in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

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. Petitioner agrees.

# 2. <u>Life-contingent annuity</u>

Petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as Emily Paige Lowrie 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 Emily Paige Lowrie's death.

## 3. <u>Guardianship</u>

No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian or conservator of Emily Paige Lowrie's estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian or conservator of the estate of Emily Paige Lowrie, any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian or conservator of the estate of Emily Paige Lowrie upon submission of written documentation of such appointment to the Secretary.

# III. Summary of Recommended Payments Following Judgment

A.	Lump Sum paid to petitioner as guardian or conservator of Emily Paige Lowrie's estate:	\$1,030,314.22
B.	Lump sum paid to petitioner:	\$ 190,165.40
C.	An amount sufficient to purchase the annuity contract described above in section II. D.	

Respectfully submitted,

STUART F. DELERY Principal Deputy Assistant Attorney General

RUPA BHATTACHARYYA Director Torts Branch, Civil Division

VINCENT J. MATANOSKI Deputy Director Torts Branch, Civil Division

CATHARINE E. REEVES Assistant Director Torts Branch, Civil Division

<u>/s/Darryl R. Wishard</u> DARRYL R. WISHARD Trial Attorney Torts Branch, Civil Division U.S. Department of Justice P.O. Box 146 Benjamin Franklin Station Washington, D.C. 20044-0146 Telephone: (202) 616-4357

Dated: December 3, 2012

Appendix A: Items of Compensation for Emily Paige Lowrie

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				Lump Sum							
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	М	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-9
				2012	2013	2014	2015	2016	2017	2018	2019-2020
AETNA In Netwrk Ded./MOP	5%			3,450.00	3,450.00	3,450.00	3,450.00	3,450.00	3,450.00		
AETNA Out of Netwrk Ded./MOP	5%			7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00		
AETNA Rx Deductible	5%			100.00	100.00	100.00	100.00	100.00	100.00		
THIRP Premium	5%		Μ							8,460.00	8,460.00
THIRP Ded. & Rx Ded.	5%									1,200.00	1,200.00
THIRP MOP	5%									3,000.00	3,000.00
Medicare Part A Deductible	5%										
Medicare Part B Premium	5%		М								
Medicare Part B Deductible	5%										
Medicare Part D	5%		М								
Medigap Plan A	5%		М								
Medigap Plan F	5%		М								
Pediatrician/ Internal Med	5%	*		100.00	100.00	100.00	100.00	100.00	100.00		
Lab Work	5%	*									
Neurologist	5%	*		140.00	140.00	140.00	140.00	140.00	105.00		
EEG	5%	*									
CT Scan	5%	*									
MRI Brain	5%	*									
VNS	5%	*									
VNS Programming	5%	*							245.00		
Endometrial Ablation	5%	*									
Psychiatrist	5%	*									
Neuro-psychological Eval	5%	*									
Psycho-therapeutic Counseling	4%	*									
Dentist/ Hygienist	5%			162.00	162.00	162.00	162.00	162.00	162.00	162.00	162.00
ER Annuallized to meet 1/2.5 yrs	5%	*		120.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Mileage: Dr. Apts	4%			302.68	302.68	302.68	302.68	302.68	309.12	309.12	309.12
Therapeutic Horseback Riding	4%			730.00	730.00	730.00	730.00	730.00	730.00	730.00	730.00
Helmet	4%			144.95					144.95		
Riding Boots	4%			139.95	139.95	139.95	139.95		139.95		
Mileage: Therapeutic Riding	4%			212.52	212.52	212.52	212.52	212.52	212.52	212.52	212.52
Aqua Therapy	4%	1	М		3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00
Mileage: Aqua Therapy	4%	1		110.40	110.40	110.40	110.40	110.40	110.40	110.40	110.40
Sensory Integration Camp	4%			1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00

Appendix A: Items of Compensation for Emily Paige Lowrie

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				Lump Sum							
	C D	*	N	Compensation							
ITEMS OF COMPENSATION	G.R.	Ŷ	Μ		Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-9
	40/			2012	2013	2014	2015	2016	2017	2018	2019-2020
Mileage: Camp	4%			193.20	193.20	193.20	193.20	193.20	193.20	193.20	193.20
Art Therapy	4%		М	2,000.00	2,000.00	2,000.00	2,000.00				
Sensory Integration Therapy	4%	*	М	4,800.00	4,800.00	2,400.00	2,400.00	2,400.00	2,400.00		
Mileage: Sensory Int Therapy	4%		Μ	463.68	463.68	231.84	231.84	231.84	231.84	231.84	231.84
ABA Therapy & Initial Eval	4%		Μ	3,250.00	1,600.00	1,600.00	1,600.00	1,600.00	1,600.00	1,600.00	1,600.00
Keppra (Brand)	5%	*	Μ	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	5,540.40	5,540.40
Lexapro	5%	*	Μ	60.00	60.00	60.00	60.00	60.00	60.00	120.00	120.00
Diastat	5%	*	Μ	20.00	20.00	20.00	20.00	20.00	20.00	40.00	40.00
Risperadol	5%	*	Μ	60.00	60.00	60.00	60.00	60.00	60.00	120.00	120.00
Miralax	4%			291.88	291.88	291.88	291.88	291.88	291.88	291.88	291.88
Toilet Wipes	4%			177.48	177.48	177.48					
Non Sterile Gloves	4%			13.25	13.25	13.25					
Chux	4%			75.04	75.04	75.04	75.04	75.04	75.04	75.04	75.04
Washable Chux	4%			17.22	17.22	17.22	17.22	17.22	17.22	17.22	17.22
Absorbent Mattress	4%			24.97	24.97	24.97	24.97	24.97	24.97	24.97	24.97
Sonicare Toothbrush	4%			56.00					56.00		
Sonicare Repl Heads	4%			19.77	19.77	19.77	19.77	19.77	19.77	19.77	19.77
Seizure Alarm	4%			400.00						400.00	
Video Monitor	4%			199.00						199.00	
House Alarm Monthly Fee	4%		Μ	407.88	407.88	407.88	407.88	407.88	407.88	407.88	407.88
Comp., Printer & Touch Screen	4%			1,010.00					1,010.00		
Wireless Connection	4%		Μ	480.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00
iPad	4%			499.00	166.33	166.33	166.33	166.33	166.33	166.33	166.33
iPad Applications	4%			237.92	47.48	47.48	47.48	47.48	47.48	47.48	47.48
Sensory Gym Equip	4%			1,205.67							
Buddy Bike	4%			399.99							
Music/ Audio Equip	4%			164.96					164.96		
Specialized Clothing	4%			132.95	132.95	132.95	132.95	132.95	132.95	132.95	132.95
Sensory Integ Equip	4%			300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Cooling Vests & ThermoPaks	4%			225.00					210.00		
ThermoPaks	4%				35.00	17.50	17.50	17.50	17.50	17.50	17.50
Medical & Ed Case Mngt	4%		М	4,080.00	4,080.00	4,080.00	4,080.00	4,080.00	4,080.00	4,080.00	4,080.00
Monarch School Reg Fee	4%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Monarch School Challenger 3	4%			32,450.00	32,450.00						

**Appendix A: Items of Compensation for Emily Paige Lowrie** 

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				Lump Sum							
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	М	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Years 8-9
				2012	2013	2014	2015	2016	2017	2018	2019-2020
Ancillary Therapeutic Services	4%		Μ	4,500.00	4,500.00	4,500.00	4,500.00	4,500.00	4,500.00	4,500.00	4,500.00
Behavioral Mngt	4%			575.00							
Counseling/ Supportive Ed	4%		Μ		5,000.00	5,000.00	5,000.00				
Camp for All	4%			800.00	800.00	800.00	800.00	800.00			
Mileage: Camp	4%			74.52	74.52	74.52	74.52	74.52			
Monarch Summer Camp	4%			3,150.00	3,150.00	3,150.00	3,150.00	3,150.00			
Monarch: Voyager Trans. Fees	4%		Μ			30,050.00	30,050.00	30,050.00	30,050.00	30,050.00	30,050.00
Respite Services	4%		Μ	14,400.00	14,400.00	14,400.00					
Attendant Care	4%		Μ	15,048.00	15,048.00	15,048.00					
Transport to/from School	4%		Μ	8,880.00	8,880.00	8,880.00					
Monarch: Voyager Supp.Living	4%		Μ				22,000.00	22,000.00	22,000.00	22,000.00	22,000.00
Monarch School Trans. Fee	4%		Μ				15,360.00	15,360.00	15,360.00	15,360.00	15,360.00
Rescare: Semi Independent Living	4%		Μ								
Mileage: Facility	4%		Μ								
Lost Future Earnings				739,989.57							
Pain and Suffering				170,449.77							
Past Unreimbursable Expenses				190,165.40							
Annual Totals				1,220,479.62	118,276.20	113,226.86	112,068.13	104,928.18	102,845.96	105,459.50	104,860.50

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 the court-appointed guardian(s)/ conservators(s) of the estate of Emily Paige Lowrie for the benefit of Emily Paige Lowrie, for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and Yr 1 life care expenses (\$119,874.88): \$1,030,314.22.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Jillian Lowrie, for past un-reimbursable expenses: \$190,165.40.

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.

				Compensation							
ITEMS OF COMPENSATION	G.R.	*	М	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
				2021	2022	2023	2024	2025	2026	2027	2028
AETNA In Netwrk Ded./MOP	5%										
AETNA Out of Netwrk Ded./MOP	5%										
AETNA Rx Deductible	5%										
THIRP Premium	5%		М	8,460.00	8,460.00	8,460.00	9,288.00	9,288.00	9,288.00	9,288.00	9,288.00
THIRP Ded. & Rx Ded.	5%			1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00
THIRP MOP	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
Medicare Part A Deductible	5%										
Medicare Part B Premium	5%		М								
Medicare Part B Deductible	5%										
Medicare Part D	5%		М								
Medigap Plan A	5%		М								
Medigap Plan F	5%		М								
Pediatrician/ Internal Med	5%	*									
Lab Work	5%	*									
Neurologist	5%	*									
EEG	5%	*									
CT Scan	5%	*									
MRI Brain	5%	*									
VNS	5%	*									
VNS Programming	5%	*									
Endometrial Ablation	5%	*									
Psychiatrist	5%	*									
Neuro-psychological Eval	5%	*									
Psycho-therapeutic Counseling	4%	*									
Dentist/ Hygienist	5%			162.00	162.00	162.00	162.00	162.00	162.00	162.00	162.00
ER Annuallized to meet 1/2.5 yrs	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Mileage: Dr. Apts	4%			154.56	154.56	154.56	154.56	154.56	154.56	154.56	154.56
Therapeutic Horseback Riding	4%										
Helmet	4%										
Riding Boots	4%										
Mileage: Therapeutic Riding	4%										
Aqua Therapy	4%		М	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00
Mileage: Aqua Therapy	4%										
Sensory Integration Camp	4%										

ITEMS OF COMPENSATION	G.R.	*	М	Compensation Year 10 2021	Compensation Year 11 2022	Compensation Year 12 2023	Compensation Year 13 2024	Compensation Year 14 2025	Compensation Year 15 2026	Compensation Year 16 2027	Compensation Year 17 2028
Mileage: Camp	4%										
Art Therapy	4%		М								
Sensory Integration Therapy	4%	*									
Mileage: Sensory Int Therapy	4%		М								
ABA Therapy & Initial Eval	4%		Μ								
Keppra (Brand)	5%	*	Μ	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40
Lexapro	5%	*	Μ	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
Diastat	5%	*	Μ	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Risperadol	5%	*	Μ	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
Miralax	4%			291.88	291.88	291.88	291.88	291.88	291.88	291.88	291.88
Toilet Wipes	4%										
Non Sterile Gloves	4%										
Chux	4%			75.04	75.04	75.04	75.04	75.04	75.04	75.04	75.04
Washable Chux	4%			17.22	17.22	17.22	17.22	17.22	17.22	17.22	17.22
Absorbent Mattress	4%			24.97	24.97	24.97	24.97	24.97	24.97	24.97	24.97
Sonicare Toothbrush	4%				56.00					56.00	
Sonicare Repl Heads	4%			19.77	19.77	19.77	19.77	19.77	19.77	19.77	19.77
Seizure Alarm	4%						400.00				
Video Monitor	4%						199.00				
House Alarm Monthly Fee	4%		Μ	407.88	407.88	407.88	407.88	407.88	407.88	407.88	407.88
Comp., Printer & Touch Screen	4%										
Wireless Connection	4%		Μ	480.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00
iPad	4%			166.33	166.33	166.33	166.33	166.33	166.33	166.33	166.33
iPad Applications	4%			47.48	47.48	47.48	47.48	47.48	47.48	47.48	47.48
Sensory Gym Equip	4%				483.68						
Buddy Bike	4%				399.99						
Music/ Audio Equip	4%				164.96					164.96	
Specialized Clothing	4%			132.95	132.95	132.95	132.95	132.95	132.95	132.95	132.95
Sensory Integ Equip	4%			300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Cooling Vests & ThermoPaks	4%				210.00					210.00	
ThermoPaks	4%			17.50	17.50	17.50	17.50	17.50	17.50	17.50	17.50
Medical & Ed Case Mngt	4%		Μ	3,060.00	3,060.00	3,060.00	3,060.00	3,060.00	2,040.00	2,040.00	2,040.00
Monarch School Reg Fee	4%										
Monarch School Challenger 3	4%										

	G D			Compensation	-	Compensation	Compensation	Compensation	Compensation	Compensation	Compensation
ITEMS OF COMPENSATION	G.R.	Ť	Μ		Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
				2021	2022	2023	2024	2025	2026	2027	2028
Ancillary Therapeutic Services	4%		Μ								
Behavioral Mngt	4%										
Counseling/ Supportive Ed	4%		Μ								
Camp for All	4%										
Mileage: Camp	4%										
Monarch Summer Camp	4%										
Monarch: Voyager Trans. Fees	4%		Μ	31,200.00	31,200.00	31,200.00					
Respite Services	4%		Μ								
Attendant Care	4%		Μ								
Transport to/from School	4%		Μ								
Monarch: Voyager Supp.Living	4%		Μ	22,000.00	22,000.00	22,000.00					
Monarch School Trans. Fee	4%		Μ	15,360.00	15,360.00	15,360.00					
Rescare: Semi Independent Living	4%		Μ				164,250.00	164,250.00	164,250.00	164,250.00	164,250.00
Mileage: Facility	4%		Μ				381.80	381.80	381.80	381.80	381.80
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				95,557.98	96,872.61	95,557.98	193,056.78	192,457.78	191,437.78	191,868.74	191,437.78

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 the court-appointed guardian(s)/ conservators(s) of the estate of Emily Paige Lowrie for the benefit of Emily Paige Lowrie, for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and Yr 1 life care expenses (\$119,874.88): \$1,030,314.22.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Jillian Lowrie, for past un-reimbursable expenses: \$190,165.40.

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.

ITEMS OF COMPENSATION	G.R.	*	М	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Years 23-27	Compensation Years 28-32	Compensation Year 33
				2029	2030	2031	2032	2033	2034-2038	2039-2043	2044
AETNA In Netwrk Ded./MOP	5%										
AETNA Out of Netwrk Ded./MOP	5%										
AETNA Rx Deductible	5%										
THIRP Premium	5%		М	10,176.00	10,176.00	10,176.00	10,176.00	10,176.00	11,016.00	12,096.00	13,020.00
THIRP Ded. & Rx Ded.	5%			1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00
THIRP MOP	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
Medicare Part A Deductible	5%										
Medicare Part B Premium	5%		М								
Medicare Part B Deductible	5%										
Medicare Part D	5%		М								
Medigap Plan A	5%		М								
Medigap Plan F	5%		М								
Pediatrician/ Internal Med	5%	*									
Lab Work	5%	*									
Neurologist	5%	*									
EEG	5%	*									
CT Scan	5%	*									
MRI Brain	5%	*									
VNS	5%	*									
VNS Programming	5%	*									
Endometrial Ablation	5%	*									
Psychiatrist	5%	*									
Neuro-psychological Eval	5%	*									
Psycho-therapeutic Counseling	4%	*									
Dentist/ Hygienist	5%			162.00	162.00	162.00	162.00	162.00	162.00	162.00	162.00
ER Annuallized to meet 1/2.5 yrs	5%	*		40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Mileage: Dr. Apts	4%			154.56	154.56	154.56	154.56	154.56	154.56	154.56	154.56
Therapeutic Horseback Riding	4%										
Helmet	4%										
Riding Boots	4%										
Mileage: Therapeutic Riding	4%										
Aqua Therapy	4%		М	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00	3,120.00
Mileage: Aqua Therapy	4%										
Sensory Integration Camp	4%										

ITEMS OF COMPENSATION	G.R.	*	М	Compensation Year 18 2029	Compensation Year 19 2030	Compensation Year 20 2031	Compensation Year 21 2032	Compensation Year 22 2033	Compensation Years 23-27 2034-2038	Compensation Years 28-32 2039-2043	Compensation Year 33 2044
Mileage: Camp	4%										
Art Therapy	4%		Μ								
Sensory Integration Therapy	4%	*	Μ								
Mileage: Sensory Int Therapy	4%		Μ								
ABA Therapy & Initial Eval	4%		М								
Keppra (Brand)	5%	*	Μ	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40	5,540.40
Lexapro	5%	*	Μ	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
Diastat	5%	*	Μ	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
Risperadol	5%	*	Μ	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
Miralax	4%			291.88	291.88	291.88	291.88	291.88	291.88	291.88	291.88
Toilet Wipes	4%										
Non Sterile Gloves	4%										
Chux	4%			75.04	75.04	75.04	75.04	75.04	75.04	75.04	75.04
Washable Chux	4%			17.22	17.22	17.22	17.22	17.22	17.22	17.22	17.22
Absorbent Mattress	4%			24.97	24.97	24.97	24.97	24.97	24.97	24.97	24.97
Sonicare Toothbrush	4%						56.00	11.20	11.20	11.20	11.20
Sonicare Repl Heads	4%			19.77	19.77	19.77	19.77	19.77	19.77	19.77	19.77
Seizure Alarm	4%				400.00	66.67	66.67	66.67	66.67	66.67	66.67
Video Monitor	4%				199.00	33.17	33.17	33.17	33.17	33.17	33.17
House Alarm Monthly Fee	4%		М	407.88	407.88	407.88	407.88	407.88	407.88	407.88	407.88
Comp., Printer & Touch Screen	4%										
Wireless Connection	4%		М	480.00	480.00	480.00	480.00	480.00	480.00	480.00	480.00
iPad	4%			166.33	166.33	166.33	166.33	166.33	166.33	166.33	166.33
iPad Applications	4%			47.48	47.48	47.48	47.48	47.48	47.48	47.48	47.48
Sensory Gym Equip	4%						483.68	48.37	48.37	48.37	48.37
Buddy Bike	4%						399.99	40.00	40.00	40.00	40.00
Music/ Audio Equip	4%						164.96	32.99	32.99	32.99	32.99
Specialized Clothing	4%			132.95	132.95	132.95	132.95	132.95	132.95	132.95	132.95
Sensory Integ Equip	4%			300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
Cooling Vests & ThermoPaks	4%						210.00	42.00	42.00	42.00	42.00
ThermoPaks	4%			17.50	17.50	17.50	17.50	17.50	17.50	17.50	17.50
Medical & Ed Case Mngt	4%		Μ	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00
Monarch School Reg Fee	4%										
Monarch School Challenger 3	4%										

**Appendix A: Items of Compensation for Emily Paige Lowrie** 

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ITEMS OF COMPENSATION	G.R.	*	М		Compensation Year 19	Compensation Year 20	Compensation Year 21	Year 22	Compensation Years 23-27	Compensation Years 28-32	Compensation Year 33
Ancillary Therapeutic Services	4%		М	2029	2030	2031	2032	2033	2034-2038	2039-2043	2044
Behavioral Mngt	4%		IVI								
Counseling/ Supportive Ed	4%		М								
Camp for All	4%		101								
Mileage: Camp	4%										
Monarch Summer Camp	4%										
Monarch: Voyager Trans. Fees	4%		М								
Respite Services	4%		М								
Attendant Care	4%		Μ								
Transport to/from School	4%		Μ								
Monarch: Voyager Supp.Living	4%		Μ								
Monarch School Trans. Fee	4%		Μ								
Rescare: Semi Independent Living	4%		Μ	164,250.00	164,250.00	164,250.00	164,250.00	164,250.00	164,250.00	164,250.00	164,250.00
Mileage: Facility	4%		Μ	381.80	381.80	381.80	381.80	381.80	381.80	381.80	381.80
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Annual Totals				192,325.78	192,924.78	192,425.62	193,740.25	192,600.18	193,440.18	194,520.18	195,444.18

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 the court-appointed guardian(s)/ conservators(s) of the estate of Emily Paige Lowrie for the benefit of Emily Paige Lowrie, for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and Yr 1 life care expenses (\$119,874.88): \$1,030,314.22.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Jillian Lowrie, for past un-reimbursable expenses: \$190,165.40.

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.

ITEMS OF COMPENSATION	G.R.	*	М	Compensation Year 34	Compensation Years 35-52	Compensation Years 53-Life
				2045	2046-2063	2064-Life
AETNA In Netwrk Ded./MOP	5%					
AETNA Out of Netwrk Ded./MOP	5%					
AETNA Rx Deductible	5%					
THIRP Premium	5%		Μ	13,020.00		
THIRP Ded. & Rx Ded.	5%			1,200.00		
THIRP MOP	5%			3,000.00		
Medicare Part A Deductible	5%				1,156.00	
Medicare Part B Premium	5%		Μ		1,198.80	1,198.80
Medicare Part B Deductible	5%				140.00	
Medicare Part D	5%		Μ		8,291.46	8,291.46
Medigap Plan A	5%		Μ		4,142.50	
Medigap Plan F	5%		Μ			1,824.00
Pediatrician/ Internal Med	5%	*				
Lab Work	5%	*				
Neurologist	5%	*				
EEG	5%	*				
CT Scan	5%	*				
MRI Brain	5%	*				
VNS	5%	*				
VNS Programming	5%	*				
Endometrial Ablation	5%	*				
Psychiatrist	5%	*				
Neuro-psychological Eval	5%	*				
Psycho-therapeutic Counseling	4%	*				
Dentist/ Hygienist	5%			162.00	162.00	162.00
ER Annuallized to meet 1/2.5 yrs	5%	*				
Mileage: Dr. Apts	4%			154.56	154.56	154.56
Therapeutic Horseback Riding	4%					
Helmet	4%					
Riding Boots	4%					
Mileage: Therapeutic Riding	4%					
Aqua Therapy	4%		Μ	3,120.00	3,120.00	3,120.00
Mileage: Aqua Therapy	4%					
Sensory Integration Camp	4%					

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ITEMS OF COMPENSATION	G.R.	*	М	Compensation Year 34	Compensation Years 35-52	Compensation Years 53-Life
				2045	2046-2063	2064-Life
Mileage: Camp	4%					
Art Therapy	4%		Μ			
Sensory Integration Therapy	4%	*	Μ			
Mileage: Sensory Int Therapy	4%		Μ			
ABA Therapy & Initial Eval	4%		Μ			
Keppra (Brand)	5%	*	Μ	5,540.40		
Lexapro	5%	*	Μ	120.00		
Diastat	5%	*	Μ	40.00		
Risperadol	5%	*	Μ	120.00		
Miralax	4%			291.88	291.88	291.88
Toilet Wipes	4%					
Non Sterile Gloves	4%					
Chux	4%			75.04	75.04	75.04
Washable Chux	4%			17.22	17.22	17.22
Absorbent Mattress	4%			24.97	24.97	24.97
Sonicare Toothbrush	4%			11.20	11.20	11.20
Sonicare Repl Heads	4%			19.77	19.77	19.77
Seizure Alarm	4%			66.67	66.67	66.67
Video Monitor	4%			33.17	33.17	33.17
House Alarm Monthly Fee	4%		Μ	407.88	407.88	407.88
Comp., Printer & Touch Screen	4%					
Wireless Connection	4%		Μ	480.00	480.00	480.00
iPad	4%			166.33	166.33	166.33
iPad Applications	4%			47.48	47.48	47.48
Sensory Gym Equip	4%			48.37	48.37	48.37
Buddy Bike	4%			40.00	40.00	40.00
Music/ Audio Equip	4%			32.99	32.99	32.99
Specialized Clothing	4%			132.95	132.95	132.95
Sensory Integ Equip	4%			300.00	300.00	300.00
Cooling Vests & ThermoPaks	4%			42.00	42.00	42.00
ThermoPaks	4%			17.50	17.50	17.50
Medical & Ed Case Mngt	4%		Μ	2,040.00	2,040.00	2,040.00
Monarch School Reg Fee	4%					
Monarch School Challenger 3	4%					

				Compensation	Compensation	Compensation
ITEMS OF COMPENSATION	G.R.	*	М	Year 34	Years 35-52	Years 53-Life
				2045	2046-2063	2064-Life
Ancillary Therapeutic Services	4%		Μ			
Behavioral Mngt	4%					
Counseling/ Supportive Ed	4%		Μ			
Camp for All	4%					
Mileage: Camp	4%					
Monarch Summer Camp	4%					
Monarch: Voyager Trans. Fees	4%		Μ			
Respite Services	4%		М			
Attendant Care	4%		М			
Transport to/from School	4%		Μ			
Monarch: Voyager Supp.Living	4%		Μ			
Monarch School Trans. Fee	4%		Μ			
Rescare: Semi Independent Living	4%		Μ	164,250.00	164,250.00	164,250.00
Mileage: Facility	4%		Μ	381.80	381.80	381.80
Lost Future Earnings						
Pain and Suffering						
Past Unreimbursable Expenses						
Annual Totals				195,404.18	187,292.54	183,678.04

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 the court-appointed guardian(s)/ conservators(s) of the estate of Emily Paige Lowrie for the benefit of Emily Paige Lowrie, for lost future earnings (\$739,989.57), pain and suffering (\$170,449.77), and Yr 1 life care expenses (\$119,874.88): \$1,030,314.22.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Jillian Lowrie, for past un-reimbursable expenses: \$190,165.40.

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.