

## SPECIFIED PHYSICAL CONDITIONS MATRIX

### I. Compensation for ACUTE CONDITIONS

Proof		Lump Sum	Enhancer	ACTUAL HOSPITAL EXPENSES
A1	<p>Declaration under penalty of perjury (1) asserting the manifestation of one or more conditions (or the symptom(s) thereof) on Table 1, (2) asserting that such condition(s) (or the symptom(s) thereof) occurred within the applicable timeframe specified in Table 1, and (3) identifying the route, circumstances, and date(s) or approximate date(s) of alleged exposure;</p> <p><i>Plus, for ZONE A RESIDENTS or ZONE B RESIDENTS only, the following:</i></p> <p>(1) Declaration from a third-party (e.g., family member, employer, medical professional, co-worker) under penalty of perjury that corroborates the assertions made by the claimant in his/her declaration regarding manifestation of the condition(s) or symptom(s) and/or route of exposure; or</p> <p>(2) Extrinsic evidence showing the manifestation of the condition(s) or symptom(s), the route or location of exposure and/or treatment of the condition(s) or symptom(s).</p>	<p>CLEAN-UP WORKER -- \$1,300.00</p> <p>ZONE A RESIDENT and ZONE B RESIDENT -- \$900.00</p>	No	No
A2	<p>Declaration under penalty of perjury (1) asserting the manifestation of one or more conditions (or the symptom(s) thereof) on Table 1, (2) asserting that such condition(s) (or the symptom(s) thereof) occurred within the applicable timeframe specified in Table 1, and (3) identifying the route, circumstances, and date(s) or approximate date(s) of alleged exposure;</p> <p><i>Plus the following:</i></p> <p>Medical records establishing presentment to a medical professional with the condition(s) or symptom(s) claimed in the declaration, where such condition(s) or symptom(s) are persisting at the time of presentment. The CLAIMS ADMINISTRATOR shall determine, based on the totality of the evidence in the medical records, whether that evidence more likely than not supports the assertions made in the declaration.</p>	<p>CLEAN-UP WORKER -- \$7,750.00</p> <p>ZONE A RESIDENT and ZONE B RESIDENT -- \$5,450.00</p>	<p>Overnight hospitalization: Day 1 -- \$10,000.00 Days 2 - 6 -- \$8,000.00/day Day 7 onwards -- \$10,000.00/day</p> <p>Hospitalization must occur within one week of the first presentment of the condition(s) or symptom(s) to a medical professional and hospitalization is documented to be for treatment of the condition(s) or symptom(s) listed in Table 1.</p>	Yes

Proof	Lump Sum	Enhancer	ACTUAL HOSPITAL EXPENSES
<p><i>A-3 Applies to CLEAN-UP WORKERS Only.</i></p> <p>Declaration under penalty of perjury (1) asserting the manifestation of one or more conditions (or the symptom(s) thereof) on Table 1, (2) asserting that such condition(s) (or the symptom(s) thereof) occurred within the applicable timeframe specified in Table 1, and (3) identifying the route, circumstances, and date(s) or approximate date(s) of alleged exposure;</p> <p><i>Plus the following:</i></p> <p><b>For claimants with information contained in the Medical Encounters database:</b>  Claims will be evaluated to determine qualification for payment on Level A3 as set forth on Table 2. "Underlying data, documentation, and records," as used on Table 2, shall include: (i) supporting data, documentation, and records from the Medical Encounters database; (ii) supporting data, documentation, and records from other sources of information in the possession of BP that contain individual medical information regarding persons performing RESPONSE ACTIVITIES; and (iii) any other data, documentation, or records (either in the possession of BP or provided by the claimant) reflecting such MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility during or immediately after the performance of RESPONSE ACTIVITIES. Where the underlying data, documentation, and records are to be reviewed pursuant to Table 2, the CLAIMS ADMINISTRATOR shall determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration; or</p> <p><b>For claimants without information contained in the Medical Encounters database but with information contained in another source of information in the possession of BP containing individual medical information regarding persons performing RESPONSE ACTIVITIES and/or who are identified in any other data, documentation, or records (either in the possession of BP or provided by the claimant) reflecting that MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility immediately after the performance of RESPONSE ACTIVITIES:</b> The CLAIMS ADMINISTRATOR shall review and determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration.</p>	<p>\$12,350.00</p>	<p>Overnight hospitalization:  Day 1 -- \$10,000.00  Days 2 - 6 -- \$8,000.00/day  Day 7 onwards -- \$10,000.00/day</p> <p>Hospitalization must occur within one week of the first presentment of the condition(s) or symptom(s) to a medical professional and hospitalization is documented to be for treatment of the condition(s) or symptom(s) listed in Table 1.</p>	<p>Yes</p>

Proof	Lump Sum	Enhancer	ACTUAL HOSPITAL EXPENSES
<p><i>A-4 Applies to CLEAN-UP WORKERS Only.</i></p> <p>Declaration under penalty of perjury (1) asserting the manifestation of sunstroke (heat stroke), loss of consciousness (fainting) due to heat, heat fatigue (exhaustion) and/or disorders of sweat glands, including heat rash, (2) asserting that such condition(s) occurred during or immediately following a shift working as a clean-up worker, and (3) identifying the circumstances and date(s) or approximate date(s) of that shift;</p> <p><i>Plus the following:</i></p> <p><b>For claimants with information contained in the Medical Encounters database:</b> Claims will be evaluated to determine qualification for payment on Level A4 as set forth on Table 2. "Underlying data, documentation, and records," as used on Table 2, shall include: (i) supporting data, documentation, and records from the Medical Encounters database; (ii) supporting data, documentation, and records from other sources of information in the possession of BP that contain individual medical information regarding persons performing RESPONSE ACTIVITIES; and (iii) any other data, documentation or records (either in the possession of BP or provided by the claimant) reflecting such MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility during or immediately after the performance of RESPONSE ACTIVITIES. Where the underlying data, documentation, and records are to be reviewed pursuant to Table 2, the CLAIMS ADMINISTRATOR shall determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration; or</p> <p><b>For claimants without information contained in the Medical Encounters database but with information contained on another source of information in the possession of BP containing individual medical information regarding persons performing RESPONSE ACTIVITIES and/or who are identified in any other data, documentation, or records (either in the possession of BP or provided by the claimant) reflecting that MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility immediately after the performance of RESPONSE ACTIVITIES:</b> The CLAIMS ADMINISTRATOR shall review and determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration.</p>	<p>\$2,700.00</p>	<p>Overnight hospitalization:  Day 1 -- \$10,000.00  Days 2 - 6 -- \$8,000.00/day  Day 7 onwards -- \$10,000.00/day</p> <p>Hospitalization must occur within one day of the first presentment of the condition(s) to a medical professional and hospitalization is documented to be for treatment of sunstroke (heat stroke), loss of consciousness (fainting) due to heat, heat fatigue (exhaustion), and/or disorders of sweat glands, including heat rash.</p>	<p>Yes</p>

**II. Compensation for CHRONIC CONDITIONS**

Proof	Lump Sum	Enhancer	ACTUAL HOSPITAL EXPENSES
<p>Declaration under penalty of perjury (1) asserting the manifestation of one or more conditions (or the symptom(s) thereof) on Table 3, (2) asserting that such condition(s) (or the symptom(s) thereof) occurred within the applicable timeframe specified in Table 3, and (3) identifying the route, circumstances, and date(s) or approximate date(s) of alleged exposure;</p> <p><i>Plus one of the following:</i></p> <p>(1) Medical records establishing presentment to a medical professional with the condition(s) or symptom(s) claimed in the declaration, where such condition(s) or symptom(s) are persisting at the time of presentment. The CLAIMS ADMINISTRATOR shall determine, based on the totality of the evidence in the medical records, whether that evidence more likely than not supports the assertions made in the declaration; or</p> <p><b>(2)(a) For claimants with information contained in the Medical Encounters database:</b> Claims will be evaluated to determine qualification on Level B1 as set forth on Table 2. "Underlying data, documentation, and records," as used on Table 2, shall include: (i) supporting data, documentation, and records from the Medical Encounters database; (ii) supporting data, documentation, and records from other sources of information in the possession of BP that contain individual medical information regarding persons performing RESPONSE ACTIVITIES; and (iii) any other data, documentation or records (either in the possession of BP or provided by the claimant) reflecting such MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility during or immediately after the performance of RESPONSE ACTIVITIES. Where the underlying data, documentation, and records are to be reviewed pursuant to Table 2, the CLAIMS ADMINISTRATOR shall determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration; or</p> <p><i>Section continues on next page</i></p>	<p>CLEAN-UP WORKER -- \$60,700.00</p> <p>ZONE A RESIDENT and ZONE B RESIDENT -- \$36,950.00</p>	<p>Overnight hospitalization Day 1 --\$10,000.00 Days 2 - 6 -- \$8,000.00/day Day 7 onwards -- \$10,000.00/day</p> <p>Hospitalization must occur within one week of the first presentment of the condition(s) or symptom(s) to a medical professional and hospitalization is documented to be for treatment of the condition(s) or symptom(s) listed in Table 3.</p>	<p>Yes</p>

<p><b>(2)(b) For claimants without information contained in the Medical Encounters database but with information contained on another source of information in the possession of BP containing individual medical information regarding persons performing RESPONSE ACTIVITIES and/or who are identified in any other data, documentation, or records (either in the possession of BP or provided by the claimant) reflecting that MEDICAL BENEFITS SETTLEMENT CLASS MEMBER'S transport to a medical facility immediately after the performance of RESPONSE ACTIVITIES:</b> The CLAIMS ADMINISTRATOR shall review and determine, based on the totality of the evidence in such data, documentation, and records, whether that evidence more likely than not supports the assertions made in the declaration.</p> <p><i>Plus:</i></p> <p>Medical records that (a) establish ongoing care/treatment or chronic nature of the condition(s) or symptom(s) and (b) indicate that exposure was considered by either the claimant or the medical professional to be related to the condition(s) or symptom(s).</p>			
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**Table 1: Acute SPECIFIED PHYSICAL CONDITIONS**

<p><b>SPECIFIED PHYSICAL CONDITIONS</b> (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)</p>	<p><b>Associated Symptoms</b> (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)</p>	<p><b>Route of exposure to oil, other hydrocarbons, and other substances released from the MC252 WELL and/or the <i>Deepwater Horizon</i> and its appurtenances, and/or dispersants and/or decontaminants used in connection with the RESPONSE ACTIVITIES</b></p>	<p><b>Timeframe</b> <b>Between Exposure and Manifestation</b></p>
<p><b><u>OCULAR</u></b></p>			
<p>Conjunctivitis; Corneal ulcer; Keratitis</p>	<p>One or more of the following identified in the declaration:</p> <ul style="list-style-type: none"> <li>i. eye irritation; or</li> <li>ii. eye burn</li> </ul>	<p>Airborne or direct contact</p>	<p>Occurring within 24 hours of exposure</p>

<b>UPPER AIRWAY / RESPIRATORY</b>			
Acute rhinosinusitis; Acute tracheobronchitis; Acute bronchitis	Two or more of the following identified in the declaration: i. nasal congestion, nasal discharge or post-nasal drip; ii. headache, facial pain/pressure or sinus pain; iii. decreased sense of smell; iv. cough; v. sputum production; vi. wheezing; or vii. shortness of breath	Inhalation	Occurring within 72 hours of exposure
Acute exacerbation of pre-existing asthma	N/A	Inhalation	Occurring within 48 hours of exposure
Acute exacerbation of COPD	N/A	Inhalation	Occurring within 48 hours of exposure
Epistaxis (nose bleeding)	N/A	Inhalation	Occurring within 48 hours of exposure
<b>ENT</b>			
Acute pharyngitis (throat irritation)	N/A	Inhalation	Occurring within 48 hours of exposure

**DERMAL**

Acute contact dermatitis (rash); Atopic dermatitis (rash); Eczematous reaction; Folliculitis; Irritant contact dermatitis; Urticaria (hives)	Two or more of the following identified in the declaration (where sunburn, animal or insect bite, or allergic reaction to food, plant, or medication are not also indicated): i. redness; ii. inflammation or pain; iii. blistering; iv. crusting; v. swelling; vi. itching; vii. lesion; viii. dryness or flaking; ix. peeling; x. scaly skin; xi. welts; or xii. pimples	Direct skin contact	Occurring within 72 hours of exposure
Acne vulgaris; Oil acne	N/A	Direct skin contact	Occurring within 72 hours of exposure



**NEUROPHYSIOLOGICAL / NEUROLOGICAL / ODOR-RELATED**

Headache; Dizziness Fainting; Seizure	N/A	Inhalation	Occurring within 24 hours of exposure
Gastrointestinal distress	One or more of the following identified in the declaration: i. nausea; ii. diarrhea; iii. vomiting; iv. abdominal cramps; or v. abdominal pain	Inhalation	Occurring within 24 hours of exposure

**Table 2**

	One or More Specific Codes (Category 1) on Medical Encounters Database Consistent with Declaration	Inclusive Info on Medical Encounters Database Consistent with Declaration (other than Code)	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3/A4
1	Yes	N/A	No	No	N/A	Yes
2	Yes	N/A	Yes	Yes	Yes	Yes
3	Yes	N/A	Yes	Yes	No	No

	General Code (Category 2) on Medical Encounters Database Consistent with Declaration	Inclusive Info on Medical Encounters Database Consistent with Declaration (other than Code)	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3/A4
4	Yes	Yes	No	No	N/A	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	No	No
7	Yes	No	No	Yes	Yes	Yes
8	Yes	No	No	Yes	No	No
9	Yes	No	Yes	Yes	Yes	Yes
10	Yes	No	Yes	Yes	No	No

	Other Selected Codes (Category 3) on Medical Encounters Database Consistent with Declaration	Inclusive Info on Medical Encounters Database Consistent with Declaration (other than Code)	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3
11	Yes	N/A	N/A	Yes	Yes	Yes
12	Yes	N/A	N/A	Yes	No	No

	No Code on Medical Encounters Database or Code on Medical Encounters Database is Inconsistent with Declaration	Inclusive Info on Medical Encounters Database Consistent with Declaration (other than Code)	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3/A4
13	Yes	Yes	No	Yes	Yes	Yes
14	Yes	Yes	No	Yes	No	No
15	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	No	No
17	Yes	No	No	Yes	Yes	Yes
18	Yes	No	No	Yes	No	No

	No Code on Medical Encounters Database	No Inclusive Info on Medical Encounters Database	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3/A4
19	Yes	Yes	N/A	Yes	Yes	Yes
20	Yes	Yes	N/A	Yes	No	No

	Facially Erroneous Code on Medical Encounters Database	Inclusive Info on Medical Encounters Database Consistent with Declaration (other than Code)	Exclusionary Info on Medical Encounters Database	Review Underlying Data, Documentation and Records	Underlying Data, Documentation, and Records Corroborate Declaration	Qualify on A3/A4
21	Yes	Yes	No	Yes	Yes	Yes
22	Yes	Yes	No	Yes	No	No
23	Yes	Yes	Yes	Yes	Yes	Yes
24	Yes	Yes	Yes	Yes	No	No
25	Yes	No	No	Yes	Yes	Yes
26	Yes	No	No	Yes	No	No

<b>Category 1</b> <b>Specific Codes for Diseases/Disorders</b>	<b>Category 2</b> <b>General Codes for Diseases/Disorders</b>	<b>Category 3</b> <b>Other Selected Codes</b>
051 - Chemical burns 0721 - Sunstroke (heat stroke) 0722 - Loss of consciousness (fainting) due to heat 0723 - Heat fatigue (exhaustion) 140 - Respiratory diseases, unspecified 141 - Acute respiratory infections (including common cold, sinus symptoms) 182 - Dermatitis (rash) 1431 - Pneumonia 1432 - Influenza, influenza-like illness 1440 - Chronic Obstructive Pulmonary Disease and allied conditions, unspecified 1443 - Asthma 4112 - Convulsions, seizures 4141 - Headache 4171 - Nausea and vomiting 4175 - Abdominal pain	070 - Effects of environmental conditions, unspecified 125 - Disorders of the eye, adnexa, vision 150 - Digestive system diseases and disorders, unspecified 180 - Disorders of the skin and subcutaneous tissue, unspecified 181 - Infections of the skin and subcutaneous tissue 0950 - Other poisonings and toxic effects, unspecified (carbon monoxide poisoning, smoke inhalation) 1421 - Allergic rhinitis 1839 - Other inflammatory conditions of skin, not elsewhere classified (sunburn) 1895 - Disorders of sweat glands, including heat rash 9999 - Non-classifiable	120 - Nervous system and sense organs diseases, unspecified 1232 - Migraine 4111 - Loss of consciousness, not heat-related (fainting) 4113 - Malaise and fatigue 4114 - Dizziness 4115 - Non-specific allergic reaction 419 - Other symptoms, not elsewhere classified (swelling of limb)

**Table 3: Chronic SPECIFIED PHYSICAL CONDITIONS**

<p><b>CHRONIC SPECIFIED PHYSICAL CONDITIONS</b> (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)</p>	<p><b>Route of exposure to oil, other hydrocarbons, and other substances released from the MC252 WELL and/or the <i>Deepwater Horizon</i> and its appurtenances, and/or dispersants and/or decontaminants used in connection with the RESPONSE ACTIVITIES</b></p>	<p><b>Timeframe Between Exposure and Manifestation</b></p>
<p><b><u>OCULAR</u></b></p>		
<p>Sequela from direct chemical splash to eye(s), <i>i.e.</i>, documented objective finding of damage to conjunctiva, cornea and/or surrounding structures.</p>	<p>Direct contact</p>	<p>Beginning within 24 hours of exposure</p>
<p><b><u>RESPIRATORY</u></b></p>		
<p>Chronic rhinosinusitis (an inflammatory condition involving the paranasal sinuses and linings of the nasal passages that lasts 12 weeks or longer, despite attempts at medical management), as supported by (i) evidence of at least two of the following four signs: (1) anterior and/or posterior mucopurulent drainage; (2) nasal obstruction; (3) facial pain, pressure and/or fullness; and (4) decreased sense of smell; and (ii) objective evidence of sinus mucosal disease on CT imaging or endoscopic examination.</p>	<p>Inhalation</p>	<p>Beginning, or exacerbation beginning, within 72 hours of exposure</p>
<p>Reactive airways dysfunction syndrome (irritant-induced asthma), as supported by a (1) positive methacholine challenge test finding or equivalent test, which signifies hyperactive airways; (2) the absence of pre-existing respiratory disease or asthma; and (3) the exclusion of other causes of symptoms.</p>	<p>Inhalation</p>	<p>Beginning, or exacerbation beginning, within 24 hours of exposure</p>

**DERMAL**

Chronic contact dermatitis at the site of contact;  
Chronic eczematous reaction at the site of contact

Direct skin contact

Beginning, or exacerbation  
beginning, within 72 hours of  
exposure