

A medical benefits settlement related to the Deepwater Horizon oil spill will provide payments and benefits to clean-up workers and certain Gulf Coast residents.

A federal court directed this Notice. This is not a solicitation from a lawyer.

- Two settlements—one for medical claims and another for economic and property damage claims—have been reached with BP Exploration & Production Inc. and BP America Production Company (“BP”) over the Deepwater Horizon oil spill.
- This notice explains the Medical Benefits Class Action Settlement (“Medical Benefits Settlement” or “Settlement”).
- The Medical Benefits Settlement offers benefits to qualifying people who resided in the United States as of April 16, 2012, who were either Deepwater Horizon oil spill Clean-Up Workers or who were residents in certain defined beachfront areas and wetlands (“Zones”) during certain time periods in 2010.
- The website DeepwaterHorizonSettlements.com has detailed descriptions and maps to help you determine whether a geographic location may be included in one of these Zones. In general, the Zones include certain beachfront areas within at least 1/2 mile of the water and wetlands areas within at least 1 mile of the water.
- If you are included in the Medical Benefits Settlement (a “Medical Class Member”), your legal rights are affected whether you act or not. Read this Notice carefully.

MEDICAL CLASS MEMBERS’ LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT:	
SUBMIT A CLAIM FORM	The only way to request benefits under the Medical Benefits Settlement.
EXCLUDE YOURSELF (OPT OUT)	Get no benefits from the Medical Benefits Settlement. Requesting exclusion from this Settlement (also called “Opting Out”) allows you to file or continue your own lawsuit against BP about the legal claims involved in this Medical Benefits Settlement.
OBJECT	Write to the Court about why you do not like the Medical Benefits Settlement.
GO TO THE FAIRNESS HEARING	Ask to speak in Court about the fairness of the Medical Benefits Settlement.
DO NOTHING	Get no benefits from the Medical Benefits Settlement. However, if you are a class member, the terms of the Medical Benefits Settlement will still apply to you.

These rights and options—and the deadlines to exercise them—are explained in this Notice.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

Si desea recibir esta notificación en español, llámenos o visite nuestra página web.
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WHAT THIS NOTICE CONTAINS

BASIC INFORMATION.....PAGE 4

1. Why is this Notice being provided?
2. What is this lawsuit about?
3. What is the Deepwater Horizon Incident?
4. Why is this a class action?
5. Why is there a Settlement?
6. If I submitted a Short Form Joinder, do I still need to file a Claim Form?

WHO IS IN THE SETTLEMENTPAGE 5

7. Who is in the Medical Class?
8. Who is a “Clean-Up Worker”?
9. What are the “Specified Physical Conditions”?
10. What are “Zone A” and “Zone B” and how can I tell if I’m included?
11. Are there exceptions to being included in the Medical Class?
12. Does the Medical Benefits Settlement cover claims for economic and property damage?
13. What if I signed a release with the Gulf Coast Claims Facility (“GCCF”) or BP for an economic or property damage claim?
14. What if I’m still not sure whether I am included in the Settlement?

THE SETTLEMENT BENEFITS—WHAT YOU GET IF YOU QUALIFYPAGE 8

15. What are the benefits under the Medical Benefits Settlement?
16. What is the compensation program for Specified Physical Conditions?
17. What is the Periodic Medical Consultation Program?
18. What is the Back-End Litigation Option process for Later-Manifested Physical Conditions?
19. What is the Gulf Region Health Outreach Program?

HOW TO REQUEST BENEFITS—SUBMITTING A CLAIM FORMPAGE 10

20. How do I submit a Claim Form to request benefits?
21. Do I need to submit supporting documents with a Claim Form?
22. When will benefits become available?
23. What are Medical Class Members giving up to get benefits?

EXCLUDING YOURSELF FROM THE MEDICAL CLASS.....PAGE 11

24. If I do not want to participate in this Medical Benefits Settlement, what must I do?
25. If I exclude myself, can I get anything from this Settlement?
26. If I do not exclude myself, can I sue BP later?
27. How do I get out of the Medical Class?

OBJECTING TO THE SETTLEMENT.....PAGE 12

28. How do I tell the Court that I do not like the Medical Benefits Settlement?
29. What is the difference between objecting and asking to be excluded?

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

THE LAWYERS REPRESENTING YOUPAGE 13

- 30. Do I have a lawyer in the case?
- 31. How will the lawyers be paid?

THE COURT’S FAIRNESS HEARING.....PAGE 14

- 32. When and where will the Court decide whether to approve this Medical Benefits Settlement?
- 33. Do I have to come to the Fairness Hearing?

IF YOU DO NOTHING.....PAGE 15

- 34. What happens if I do nothing?

GETTING MORE INFORMATION.....PAGE 15

- 35. How do I get more information?

BASIC INFORMATION

1. Why is this Notice being provided?

You have a right to know about the proposed settlement of this class action lawsuit and about your options relating to the Medical Benefits Settlement. This Notice explains the lawsuit, the Medical Benefits Settlement, your legal rights, what benefits are available, who may be eligible for those benefits, and how to get them.

This Notice does not provide any information related to the Economic and Property Damages Settlement. For more information about the Economic and Property Damages Settlement, and to determine whether your rights are affected by that settlement, or whether you are eligible for a payment under that settlement, visit the website, or call 1-866-992-6174.

Judge Carl J. Barbier of the United States District Court for the Eastern District of Louisiana is overseeing this class action. The case is known as *In re: Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico, on April 20, 2010*, MDL No. 2179. The people who started the lawsuit are called "Plaintiffs," and BP is among the companies being sued.

Do not call the Court or any Judge's office to ask questions about the Medical Benefits Settlement. If you have questions or if you want information, please visit DeepwaterHorizonSettlements.com or call 1-866-992-6174.

2. What is this lawsuit about?

The lawsuit asserts certain medical-related claims arising out of the "Deepwater Horizon Incident" (*see* Question 3) in the Gulf of Mexico beginning on April 20, 2010. Plaintiffs seek money and other relief for alleged physical injuries and health impacts related to the Deepwater Horizon Incident. BP disputes and denies Plaintiffs' claims in that lawsuit.

3. What is the Deepwater Horizon Incident?

"Deepwater Horizon Incident" refers to all events and actions leading up to and including:

- The blowout of the MC252 Well (also known as the "Macondo well") on April 20, 2010;
- The explosions and fire on board the Deepwater Horizon oil rig;
- The sinking of the Deepwater Horizon oil rig on April 22, 2010;
- The release of oil and other substances from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment);
- The efforts to contain the Macondo well; and
- All "Response Activities." The term "Response Activities" is defined in Question 8.

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4. Why is this a class action?

In a class action, one or more people called “Class Representatives” sue on behalf of people who have similar claims. All of these people who have similar claims to the class representative are a “class,” or in this instance “Medical Class Members.” One court resolves the issues for all class members.

5. Why is there a Settlement?

The Court has not decided the case in favor of Plaintiffs or BP. Instead, after extensive, arm’s-length negotiations, Plaintiffs and BP have agreed to settle this case to avoid the cost, delay and risk of a trial. The Class Representatives and their lawyers think the proposed Medical Benefits Settlement is best for all Medical Class Members.

6. If I submitted a Short Form Joinder, do I still need to file a Claim Form?

Yes. Even if you submitted a special short form (“Short Form Joinder”) as part of the lawsuit against BP described in Question 1, you still must submit a Claim Form and provide all required documentation to be eligible to receive benefits under the Medical Benefits Settlement (*see* “How to Request Benefits -- Submitting a Claim Form,” below).

WHO IS IN THE SETTLEMENT

To see if the Medical Benefits Settlement will affect you or if you can get benefits from it, you first have to determine if you are a Medical Class Member.

7. Who is in the Medical Class?

The Medical Class includes all people who resided in the United States as of April 16, 2012 and who:

- Were “Clean-Up Workers” (defined in Question 8) between April 20, 2010 and April 16, 2012; or
- Resided in Zone A (specified beachfront areas) for some time on each of at least sixty days between April 20, 2010, and September 30, 2010 (“Zone A Resident”), and have had a “Specified Physical Condition” (defined below) prior to September 30, 2010; or
- Resided in “Zone B” (specified wetlands) for some time on each of at least sixty days between April 20, 2010, and December 31, 2010 (“Zone B Resident”).

The website has detailed descriptions and maps to help you determine whether a geographic location may be included in Zone A or Zone B. Additionally, you can call 1-866-992-6174 or e-mail info@DeepwaterHorizonMedicalSettlement.com to find out if a geographic location is included in Zone A or Zone B.

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8. Who is a “Clean-Up Worker”?

“Clean-Up Workers” are people who performed “Response Activities,” including:

- Captains, crew, and other workers employed under the Vessels of Opportunity (“VoO”) program who performed Response Activities;
- Workers employed to perform the decontamination of vessels involved in Response Activities;
- Captains, crew, and other workers on vessels other than VoO who performed Response Activities;
- Onshore personnel employed to perform Response Activities; and
- Persons involved in the recovery, transport, and decontamination of wildlife affected by the Deepwater Horizon Incident.

“Response Activities” means the clean-up, remediation efforts, and all other response actions (including the use and handling of dispersants or decontaminants) relating to the release of oil and other substances from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment) that were done at the direction of the Unified Command, BP, or a federal, state, or local authority.

9. What are the “Specified Physical Conditions”?

Specified Physical Conditions are acute (short term) or chronic (ongoing) medical conditions that either first appeared or got worse within specified timeframes following exposure to oil and other substances released from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment), and/or dispersants and/or decontaminants used in connection with the Response Activities.

In general, eligible Specified Physical Conditions fall into the following categories:

- Vision conditions and symptoms;
- Upper airway/respiratory conditions and symptoms;
- Ear, nose and throat conditions and symptoms;
- Skin conditions and symptoms;
- Neurophysiological/neurological/odor-related conditions and symptoms;
- Gastrointestinal or stomach conditions and symptoms; and
- Heat-related conditions (Clean-Up Workers only).

The Specified Physical Conditions Matrix includes a list of the Specified Physical Conditions, the timeframe between exposure and the appearance or worsening of each Specified Physical Condition and related payment amounts. If you received this notice by mail, the Specified Physical Conditions Matrix is included in the notice packet. You may also view the Specified Physical Conditions Matrix on the website or by calling 1-866-992-6174.

10. What are “Zone A” and “Zone B” and how can I tell if I’m included?

Under this Settlement, Zones A and B are defined geographic locations along the Gulf Coast. In general, Zone A includes certain beachfront areas in Louisiana, Mississippi, Alabama, and the Florida Panhandle within at least 1/2 mile of the water. Zone B includes certain wetlands within at least 1 mile of the water.

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The website has detailed descriptions and maps to help you determine whether a geographic location may be included in Zone A or Zone B. Additionally, you can call 1-866-992-6174 or e-mail info@DeepwaterHorizonMedicalSettlement.com to find out if a geographic location is included in Zone A or Zone B.

11. Are there exceptions to being included in the Medical Class?

Yes. The following persons are excluded from the Medical Class:

- Anyone who properly requests to Opt Out from the Medical Class;
- Employees of BP Entities (identified in Section II(L) of the Medical Benefits Settlement Agreement) between April 20, 2010, and April 16, 2012;
- Any judges of the United States District Court for the Eastern District of Louisiana and their law clerks serving at any time between April 20, 2010 and April 16, 2012;
- Any person who was on the Deepwater Horizon on April 20, 2010;
- Any person who previously asserted and released claims against BP for any illness or injury allegedly suffered as a result of exposure to oil or other substances released from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment), and/or dispersants and/or decontaminants used in connection with Response Activities; and
- Certain defined oil and gas workers who, prior to April 20, 2010, worked in such capacities for at least five years (identified in Section I(B)(6) of the Medical Benefits Settlement Agreement).

12. Does the Medical Benefits Settlement cover claims for economic and property damage?

No. The Medical Benefits Settlement does not cover claims for economic and property damage. If you had economic or property damage because of the Deepwater Horizon Incident, you may also be eligible to participate in the Economic and Property Damages Settlement. More information about the Economic and Property Damages Settlement is available on the website or by calling 1-866-992-6174.

13. What if I signed a release with the Gulf Coast Claims Facility (“GCCF”) or BP for an economic or property damage claim?

If you signed a release related to an economic or property damage claim with the GCCF or BP, you may still be eligible for benefits under the Medical Benefits Settlement.

14. What if I’m still not sure whether I am included in the Settlement?

If you are not sure whether you are in the Medical Class, or have any other questions about the Medical Benefits Settlement, visit the website or call the toll free number, 1-866-992-6174. You may also write with questions to Deepwater Horizon Medical Benefits Claims Administrator, 935 Gravier Street, Suite 1400, New Orleans, LA 70112 or send an e-mail to info@DeepwaterHorizonMedicalSettlement.com.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

THE SETTLEMENT BENEFITS —WHAT YOU GET IF YOU QUALIFY

15. What are the benefits under the Medical Benefits Settlement?

The Medical Benefits Settlement will provide the following benefits:

- Creation of a compensation program for Specified Physical Conditions (see Question 16);
- Creation of a Periodic Medical Consultation Program (see Question 17);
- Provision of a Back-End Litigation Option process for Later-Manifested Physical Conditions (see Question 18); and
- Creation of a Gulf Region Health Outreach Program (see Question 19).

16. What is the compensation program for Specified Physical Conditions?

The Medical Benefits Settlement provides for compensation payments to Medical Class Members who have had or still have a Specified Physical Condition and submit a qualifying Claim Form. Payments depend on a number of factors, including: (1) whether the Specified Physical Condition is acute (short-term) or chronic (ongoing), (2) the level of proof submitted, and (3) whether the claimant is a Clean-Up Worker or resident of Zone A or Zone B. Payments may be increased if over-night hospitalization for the Specified Physical Condition occurred, including actual hospital expenses.

Payment amounts are described in the Specified Physical Conditions Matrix. If you received this Notice by mail, the Specified Physical Conditions Matrix is included in the notice packet. The Specified Physical Conditions Matrix is also available on the Settlement website.

The compensation program for Specified Physical Conditions will begin once the Medical Benefits Settlement becomes effective, that is, after the Court grants “final approval” and any appeals are resolved.

17. What is the Periodic Medical Consultation Program?

The Medical Benefits Settlement provides for ongoing medical consultations to all Medical Class Members who submit a qualifying Claim Form.

The Periodic Medical Consultation Program begins with an initial medical visit followed by an additional visit every three years during the term of the Program. Medical visits will consist of a physical examination that includes a medical, occupational and environmental history, as well as vision screening. Additional specified blood, urine, cardiac and respiratory tests will be performed at the discretion of the physician. The Claims Administrator will assist Program participants in scheduling medical visits.

If you received this Notice by mail, a document describing the components of the Periodic Medical Consultation Program is in the notice packet. This document is also available on the website.

The Periodic Medical Consultation Program will begin once the Medical Benefits Settlement becomes effective, that is, after the Court grants “final approval” and any appeals are resolved, and will last for 21 years.

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18. What is the Back-End Litigation Option process for Later-Manifested Physical Conditions?

If you are a Medical Class Member who is diagnosed with a Later-Manifested Physical Condition, you may be able to bring an individual lawsuit against BP under the Back-End Litigation Option process.

A “Later-Manifested Physical Condition”:

- Is a disease that is first diagnosed after April 16, 2012; and
- Is claimed to have resulted from exposure to oil or other substances released from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment) and/or exposure to dispersants and/or decontaminants used in the Response Activities; and
- The exposure occurred:
 - On or before April 16, 2012 (Clean-Up Workers),
 - On or before September 30, 2010 (Zone A Residents), or
 - On or before December 31, 2010 (Zone B Residents).

Under the Back-End Litigation Option process, a Medical Class Member who develops a Later-Manifested Physical Condition and does not choose to pursue workers’ compensation benefits for that condition will be entitled to file suit against BP for that condition, provided that he or she complies with certain procedures and requirements set out in the Medical Benefits Settlement. In the Back-End Litigation Option process, BP can choose to mediate the claim, but if the claim is not resolved in mediation, the Medical Class Member has the right to sue BP in the United States District Court for the Eastern District of Louisiana, subject to certain restrictions. Claims for punitive damages against BP will not be allowed in a Back-End Litigation Option lawsuit.

The Back-End Litigation Option is fully described in Section VIII of the Medical Benefits Settlement Agreement.

19. What is the Gulf Region Health Outreach Program?

The Medical Benefits Settlement will provide \$105 million to fund the Gulf Region Health Outreach Program. This Program will consist of projects to strengthen the healthcare system in the Gulf Coast areas of Louisiana, Mississippi, Alabama, and the Florida Panhandle (“Gulf Coast Communities”). The projects include the following five-year grants:

- A \$50 million grant to expand and improve access to health care.
- A \$36 million grant to address behavioral and mental health needs.
- A \$4 million grant to train community health workers.
- A \$15 million grant to expand and improve environmental health expertise.

In addition, BP will fund an on-line library of health and environmental-related materials pertaining to the Deepwater Horizon Incident. The on-line library will exist for 21 years.

Details about the projects are included in the Medical Benefits Settlement Agreement.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

HOW TO REQUEST BENEFITS—SUBMITTING A CLAIM FORM

20. How do I submit a Claim Form to request benefits?

If you are a Medical Class Member, you must complete and submit a Claim Form to request benefits. If you received this Notice by mail, a Claim Form is included. A copy of the Claim Form is also available on the website, or by calling 1-866-992-6174.

To submit a Claim Form, you must mail it to the address below. If you have questions about how to prepare your Claim Form, you may call 1-866-992-6174 for help.

The address for mailing the Claim Form is:

Deepwater Horizon Medical Benefits Claims Administrator
935 Gravier Street, Suite 1400
New Orleans, LA 70112

The deadline for filing a Claim Form is one year after the Medical Benefits Settlement becomes effective, that is, after the Court grants “final approval” and any appeals are resolved. The exact date of the claim filing deadline will be posted on the website. It is highly recommended that Medical Class Members complete and submit their Claim Form promptly. If you do not submit a Claim Form on time you will lose the opportunity to apply for compensation for a Specified Physical Condition and/or to participate in the Periodic Medical Consultation Program.

After the Court grants “final approval” to the Medical Benefits Settlement (*see* “The Court’s Fairness Hearing,” below) and after any appeals are resolved, the Claims Administrator will begin to provide payments under the Specified Physical Condition compensation program and provide the Periodic Medical Consultation Program benefits to qualifying Medical Class Members.

21. Do I need to submit supporting documents with a Claim Form?

You will need to include supporting documents for the Claim Form to be accepted. Please read the Claim Form instructions carefully. If you have any questions about preparing the Claim Form, call 1-866-992-6174.

22. When will benefits become available?

After the Court grants “final approval” to the Medical Benefits Settlement and after any appeals are resolved (*see* “The Court’s Fairness Hearing,” below), benefits will be provided to qualifying Medical Class Members who submit valid Claim Forms. It is uncertain when any appeals made will be resolved, and resolving them can take time. Please be patient.

23. What are Medical Class Members giving up to get benefits?

If the Medical Benefits Settlement becomes final, all Medical Class Members who submit Claim Forms or do nothing at all will be releasing BP and all of the “Released Parties” (identified in Section II.MMMM of the Medical Benefits Settlement Agreement) from all of the “Released Claims” described and identified in Section XVI of the Medical Benefits Settlement Agreement. This Release means Medical Class Members will no

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longer be able to sue BP and the Released Parties regarding the medical claims specified in the Medical Benefits Settlement Agreement (with the exception of the Back-End Litigation Option process described in Question 18).

Under the Back-End Litigation Option process, a Medical Class Member may be able individually to sue BP after the Medical Benefits Settlement becomes final only for compensatory damages for a Later-Manifested Physical Condition and subject to the conditions described in the Medical Benefits Settlement Agreement.

Among other types of claims, the Release also specifically excludes the following medical claims: (1) claims arising from alleged exposure of a Medical Class Member, *in utero* (before birth), to dispersants and/or decontaminants used in connection with Response Activities, and (2) claims for non-exposure-based physical or bodily trauma injury (other than any heat-related injury) related to the Deepwater Horizon Incident.

The Medical Benefits Settlement Agreement is available on the website. **The Medical Benefits Settlement Agreement provides more detail regarding the Release and the Released Parties and describes the Released Claims with specific descriptions in necessary, accurate legal terminology, so read it carefully.** You can talk to the law firms representing the Medical Class listed in Question 30 for free. You can also, at your own expense, talk to your own lawyer if you have any questions about the Released Claims or what they mean.

EXCLUDING YOURSELF FROM THE MEDICAL CLASS

24. If I do not want to participate in this Medical Benefits Settlement, what must I do?

If you do not want to participate in the Medical Benefits Settlement and you want to keep all of your rights to sue BP and any of the Released Parties about the claims being resolved in the Medical Benefits Settlement, then you must take steps to get out of the Medical Class. This is called asking to be excluded from the class, or sometimes called “Opting Out” of the class. The procedure for Opting Out is described below.

25. If I exclude myself, can I get anything from this Settlement?

No. If you exclude yourself from the Medical Class, you will not be able to make a claim to receive payment for a Specified Physical Condition, participate in the Periodic Medical Consultation Program, or participate in the Back-End Litigation Option process provided for under the Medical Benefits Settlement, and you cannot object to the proposed Medical Benefits Settlement. If you exclude yourself, however, you may sue or be part of a different lawsuit against BP in the future. You will not be bound by anything that happens in this lawsuit.

26. If I do not exclude myself, can I sue BP later?

No. If you are a Medical Class Member, and you do not exclude yourself, you give up the right to sue BP or any of the Released Parties for the claims that the Medical Benefits Settlement resolves. The only exception is that a Medical Class Member may be able to sue BP in the Back-End Litigation Option process described in Question 18 above.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

27. How do I get out of the Medical Class?

To Opt Out of (exclude yourself from) the Medical Class, you must mail in a written request stating “I wish to exclude myself from the Medical Class.” Your written request must also include your full name, address, phone number, date of birth, and a copy of your driver’s license or other government-issued identification. You must sign your written request.

Your written request to Opt Out must be postmarked by **November 1, 2012** and mailed to:

Deepwater Horizon Medical Benefits Settlement Opt Outs
935 Gravier Street, Suite 1400
New Orleans, LA 70112

You cannot ask to be excluded from the Settlement on the phone, by email, or on the website.

If you Opt Out of the Medical Class and then change your mind, there are procedures under which you may be able to revoke your decision. Please visit the website or call 1-866-992-6174 for details about how to revoke an Opt Out.

OBJECTING TO THE SETTLEMENT

28. How do I tell the Court that I do not like the Medical Benefits Settlement?

Only a Medical Class Member can object to the Medical Benefits Settlement. To object, send a letter explaining the objection to the proposed Medical Benefits Settlement in *In re: Oil Spill by the Oil Rig "Deepwater Horizon" in the Gulf of Mexico on April 20, 2010*, MDL No. 2179. The objection letter must include:

- 1) A detailed statement of each objection being made, including the specific reasons for each objection, including any evidence or legal authority you have to support each objection;
- 2) Your name, address and telephone number;
- 3) Written evidence establishing that you are a Medical Class Member, such as proof of residency and/or employment as a Clean-Up Worker; and
- 4) Any supporting papers, materials, or briefs that you want the Court to consider when reviewing the objection.

A Medical Class Member may also object through an attorney hired at his or her own expense. The attorney will have to file a notice of appearance with the Court by **September 7, 2012**, and serve a copy of the notice and the objection containing the information detailed above on Medical Class Counsel and BP’s Counsel by **September 7, 2012**.

Objections must be mailed to each of the following addresses so that they are postmarked no later than **September 7, 2012**. Objections postmarked after this date will not be considered.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

MEDICAL LEAD CLASS COUNSEL	DEFENDANTS' COUNSEL	COURT
<p>James Parkerson Roy <u>Attn:</u> Deepwater Horizon Medical Benefits Settlement Domengeaux Wright Roy & Edwards 556 Jefferson St., Suite 500 P.O. Box 3668 Lafayette, LA 70501</p> <p>Stephen J. Herman <u>Attn:</u> Deepwater Horizon Medical Benefits Settlement Herman Herman Katz & Cotlar LLP 820 O'Keefe Avenue New Orleans, LA 70113</p>	<p>Richard C. Godfrey, P.C. <u>Attn:</u> Deepwater Horizon Medical Benefits Settlement Kirkland & Ellis LLP 300 North LaSalle Street Chicago, IL 60654</p>	<p>Clerk of Court United States District Court for the Eastern District of Louisiana 500 Poydras Street New Orleans, LA 70130</p>

Do not call the Court or any Judge's office to object to the Medical Benefits Settlement. If you have questions, please visit DeepwaterHorizonSettlements.com or call 1-866-992-6174.

29. What is the difference between objecting and asking to be excluded?

Objecting is simply telling the Court that you do not like something about the Medical Benefits Settlement. You can object only if you stay in the Medical Class. Excluding yourself, also called Opting Out, is telling the Court that you do not want to be part of the Medical Class. If you exclude yourself, you cannot object to the Medical Benefits Settlement and you will not be eligible to apply for benefits under the Medical Benefits Settlement.

THE LAWYERS REPRESENTING YOU

30. Do I have a lawyer in the case?

The Court appointed Stephen J. Herman (Lead Class Counsel), James Parkerson Roy (Lead Class Counsel), Brian H. Barr, Jeffery A. Breit, Elizabeth J. Cabraser, Philip F. Cossich, Jr., Robert T. Cunningham, Alphonso Michael Espy, Calvin C. Fayard, Jr., Robin L. Greenwald, Ervin A. Gonzalez, Rhon E. Jones, Matthew E. Lundy, Michael C. Palmintier, Joseph F. Rice, Paul M. Sterbcow, Scott Summy, Mikal C. Watts and Conrad S. P. Williams as Medical Class Counsel to represent the Medical Class Members. You will not be charged for these lawyers. If you want to be represented by your own lawyer in this case, you may hire one at your own expense.

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31. How will the lawyers be paid?

Medical Class Counsel will ask the Court to consider an award of attorneys' fees, costs, and expenses incurred for the benefit of the entire class of 6% of the value of the benefits actually provided under the Medical Settlement Agreement. Class Counsel fees, costs, and expenses under the Medical Settlement Agreement and the Economic and Property Damages Settlement Agreement jointly cannot exceed \$600 million.

Class members' payments will not be reduced if the Court approves the payment of Class Counsel fees, costs, and expenses described above because BP will separately pay these attorney fees, costs, and expenses.

THE COURT'S FAIRNESS HEARING

32. When and where will the Court decide whether to approve this Medical Benefits Settlement?

The Court will hold a Fairness Hearing at **8:30 a.m. on November 8, 2012**, at the United States District Court for the Eastern District of Louisiana, Court Room No. C268, 500 Poydras Street, New Orleans, LA 70130. At the Fairness Hearing, the Court will consider whether the proposed Medical Benefits Settlement is fair, reasonable, and adequate. The Court will also consider Class Counsel's request for fees, costs, and expenses, as described in Question 31.

If there are objections to the Medical Benefits Settlement, the Court will consider them. After the Fairness Hearing, the Court will decide whether to approve the Medical Benefits Settlement and how much to award to Medical Class Counsel as fees, costs, and expenses.

The Fairness Hearing may be moved to a different date without additional notice, so it is recommended that you periodically check the website for updated information.

33. Do I have to come to the Fairness Hearing?

No. Medical Class Counsel will answer any questions the Court may have. However, you are welcome to attend the hearing at your own expense. If you send in a written objection, you do not have to come to the Fairness Hearing to talk about it. As long as you mailed your written objection on time, the Court will consider it.

If you, or an attorney you have hired at your own expense, wish to speak at the Fairness Hearing, you must by **September 7, 2012**, file with the Court and send by first-class mail to Medical Class Counsel and BP's Counsel at the addresses listed in Question 28, a written Notice of your Intention to Speak at the Fairness Hearing. Be sure to include your name, address, telephone number, and your signature.

Do not call the Court or any Judge's office to get more information about the Medical Benefits Settlement. If you have questions, please visit the website or call 1-866-992-6174.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

IF YOU DO NOTHING

34. What happens if I do nothing?

If you are a Medical Class Member and do nothing you will not get a payment for a Specified Physical Condition (*see* Question 16) or be able to participate in the Periodic Medical Consultation Program (*see* Question 17). And, unless you exclude yourself, you will not be able to start a lawsuit, continue with a lawsuit, or be part of any other lawsuit against BP or the Released Parties about the claims being released by the Medical Benefits Settlement. Please note that if you do not exclude yourself, you may still be eligible to participate in the Back-End Litigation Option process for a Later-Manifested Physical Condition (*see* Question 18).

GETTING MORE INFORMATION

35. How do I get more information?

This Notice summarizes the proposed Medical Benefits Settlement. More details are in the Medical Benefits Settlement Agreement. You can get a copy of the Medical Benefits Settlement Agreement on the website. You also may write with questions to Deepwater Horizon Medical Benefits Claims Administrator, 935 Gravier Street, Suite 1400, New Orleans, LA 70112 or send an e-mail to info@DeepwaterHorizonMedicalSettlement.com. You can get a Claim Form on the website, or have a Claim Form mailed to you by calling 1-866-992-6174.

Do not call the Court or any Judge's office to get more information about the Medical Benefits Settlement. If you have questions, please visit the website or call 1-866-992-6174.

QUESTIONS? CALL 1-866-992-6174 OR VISIT DEEPWATERHORIZONSETTLEMENTS.COM

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>For claimants with information contained in the Medical Encounters database: 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>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: 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>A-4 Applies to CLEAN-UP WORKERS Only.</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>For claimants with information contained in the Medical Encounters database: 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>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: 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>B1</p> <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>(2)(a) For claimants with information contained in the Medical Encounters database: 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>(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: 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

SPECIFIED PHYSICAL CONDITIONS (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)	Associated Symptoms (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)	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	Timeframe Between Exposure and Manifestation
<u>OCULAR</u>			
Conjunctivitis; Corneal ulcer; Keratitis	One or more of the following identified in the declaration: <ul style="list-style-type: none"> i. eye irritation; or ii. eye burn 	Airborne or direct contact	Occurring within 24 hours of exposure

UPPER AIRWAY / RESPIRATORY			
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
ENT			
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

Category 1 Specific Codes for Diseases/Disorders	Category 2 General Codes for Diseases/Disorders	Category 3 Other Selected Codes
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>CHRONIC SPECIFIED PHYSICAL CONDITIONS (medically synonymous terms to be accepted by CLAIMS ADMINISTRATOR)</p>	<p>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</p>	<p>Timeframe Between Exposure and Manifestation</p>
<p><u>OCULAR</u></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><u>RESPIRATORY</u></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

Components of the PERIODIC MEDICAL CONSULTATION PROGRAM

Medical Evaluation

Comprehensive medical, occupational and environmental history, and physical examination including vision screening.

Blood / Urine Tests

(To be performed at the discretion of the Program physician performing the examination, taking into account the individual's age, reported symptoms, personal and family history, and clinical presentation. Young children may not be able to perform blood/urine tests.):

- Complete blood count (CBC) automated to include hemoglobin (Hgb), hematocrit (HCT), red blood cell (RBC) indices, white blood cell (WBC) count with differential, and platelet count
 - Comprehensive metabolic panel to include serum glucose, calcium, human serum albumin, serum total protein (TP), sodium, potassium, carbon dioxide (CO₂), chloride, blood urea nitrogen (BUN), creatinine, alkaline phosphatase (ALP), alanine amino transferase (ALT or SGPT), aspartate amino transferase (AST or SGOT), and bilirubin
 - b-2 micro globulin (urine)
 - Gamma glutamyl Transferase (also known as Gamma-glutamyl Transpeptidase; GGTP)
 - Urinalysis automated with microscopy
 - C-reactive protein, high sensitivity (hs-CRP)
 - Hemoglobin A1c (HgBA1c)
 - Lipid panel (including total cholesterol, triglycerides, HDL cholesterol, non HDL cholesterol and calculated LDL)
 - Fecal occult blood test (FOBT) high sensitivity (for adults 50 years old and over)
 - Prostate-specific antigen (PSA) (for males 40 years old and over)
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Cardiac/Respiratory Tests

(To be performed at the discretion of the Program physician performing the examination, taking into account the individual's age, reported symptoms, personal and family history, and clinical presentation. Young children may not be able to perform cardiac/respiratory tests.):

- 12-lead electrocardiogram (EKG, ECG) - resting
- Spirometry (baseline and, if indicated, post bronchodilator)
- Pulse oximetry
- Chest x-ray
- Six minute walk test (for individuals with clinical indication of dyspnea (shortness of breath or difficulty breathing))

Description of Components of the PERIODIC MEDICAL CONSULTATION PROGRAM

Medical Evaluation

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient.

Current Procedural Terminology (CPT) codes:

- Child 1-4 years old = 99382
 - Child 5-11 years old = 99383
 - Adolescence 12-17 years old = 99384
 - Adult 18-39 years = 99385
 - Adult 40-64 years = 99386
 - Adult ≥ 65 years = 99387
-

Blood / Urine Tests

The following outlines the list of tests available to the MEDICAL BENEFITS SETTLEMENT CLASS MEMBER, to be performed at the discretion of the Program physician performing the examination, taking into account the individual's age, reported symptoms, personal and family history, and clinical presentation. Young children may not be able to perform blood/urine tests.

- Complete blood count (CBC) automated to include hemoglobin (Hgb), hematocrit (HCT), red blood cell (RBC) indices, white blood cell (WBC) count with differential, and platelet count.
 - For all ages
 - CPT code = 85025

 - Comprehensive metabolic panel to include serum glucose, calcium, human serum albumin, serum total protein (TP), sodium, potassium, carbon dioxide (CO₂), chloride, blood urea nitrogen (BUN), creatinine, alkaline phosphatase (ALP), alanine amino transferase (ALT or SGPT), aspartate amino transferase (AST or SGOT), and bilirubin.
 - For all ages
 - CPT code = 80053
-

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- b-2 micro globulin (urine)
 - For all ages
 - CPT code = 82232

 - Gamma glutamyl Transferase (also known as Gamma-glutamyl Transpeptidase; GGTP)
 - For all ages
 - CPT code = 82977

 - Urinalysis automated with microscopy
 - For all ages
 - CPT code = 81001

 - C-reactive protein, high sensitivity (hs-CRP)
 - For all ages
 - CPT code = 86141

 - Hemoglobin A1c (HgBA1c)
 - For all ages
 - CPT code = 83036

 - Lipid panel (including total cholesterol, triglycerides, HDL cholesterol, non-HDL cholesterol and calculated LDL)
 - For all ages
 - CPT code = 80061

 - Fecal occult blood test (FOBT) high sensitivity
 - For adults 50 years old and over
 - CPT code = 82270

 - Prostate-specific antigen (PSA)
 - For males 40 years old and over
 - CPT code = 84153
-

Cardiac/Respiratory Tests

The following outlines the list of tests available to the MEDICAL BENEFITS SETTLEMENT CLASS MEMBER, to be performed at the discretion of the Program physician performing the examination, taking into account the individual's age, reported symptoms, personal and family history, and clinical presentation.

- Electrocardiogram (EKG, ECG) - resting
 - Lowest age limit at the discretion of the treating physician.
 - CPT code = 93000
 - Routine ECG with at least 12 leads with interpretations and report.

 - Spirometry
 - For ages ≥ 7 years old
 - CPT codes:
 - Baseline:
 - Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation (94010)
 - With post bronchodilator:
 - Pre and post spirometry, also charge for bronchodilator (94060)
 - Administration of bronchodilator; aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation (94664)
 - Meeting American Thoracic Society criteria (ATS 2005)

 - Pulse oximetry (resting)
 - For ages ≥ 7 years old
 - CPT codes:
 - Noninvasive ear/pulse oximetry single determination (94760)

 - Chest x-ray, two views, frontal and lateral
 - CPT code = 71020

 - 6-minute walk test
 - For individuals with clinical indication of dyspnea (shortness of breath or difficulty breathing)
 - CPT code =
 - Pulmonary stress testing; simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry) (94620)
-