

DISEASE-BASED COMPENSATION SCHEDULE FOR HCV INFECTED PERSONS

ANNEX A

| LEVEL | MEDICAL CONDITIONS CAUSED BY HCV | COMPENSATION PAYABLE | | | | | | |
|----------|--|---|--|---|---|--|--|---------------------------------|
| | | Maximum Cumulative Fixed Payments as Compensation for Damages | Fixed Payments as Compensation for Damages | Loss of Income or Compensation for Loss of Home Services (claim one or the other) | Additional Payment if You Take HCV Drug Therapy | Reimbursement for Uninsured Treatment and Medication Costs | Reimbursement for Out-of-Pocket Expenses | Reimbursement for Costs of Care |
| 6 | You are considered a Level 6 claimant if: 1. you receive a liver transplant; or 2. you develop: a) decompensation of the liver; b) hepatocellular cancer; c) B-cell lymphoma; d) symptomatic mixed cryoglobulinemia; e) glomerulonephritis requiring dialysis; or f) renal failure. | \$225,000* | You will receive \$100,000 | Yes | \$1,000 per month of completed therapy | Yes | Yes | Up to \$50,000 per year |
| 5 | You are considered a Level 5 claimant if you develop: a. cirrhosis (i.e. fibrous bands in the liver extending or bridging from portal area to portal area with the development of nodules and regeneration); b. unresponsive porphyria cutanea tarda which is causing significant disfigurement and disability; c. unresponsive thrombocytopenia (low platelets) which is associated with purpura or other spontaneous bleeding, or which results in excessive bleeding following trauma or a platelet count below 30x10 ⁹ ; or d. glomerulonephritis not requiring dialysis. | \$125,000* | You will receive \$65,000 | Yes | \$1,000 per month of completed therapy | Yes | Yes | No |
| 4 | You are considered a Level 4 Claimant if you develop: a. bridging fibrosis (i.e. fibrous tissue in the portal areas of the liver with fibrous bands bridging to other portal areas or to central veins but without nodular formation or nodular regeneration). | \$60,000* | There is no further fixed payments paid at this level | Yes | \$1,000 per month of completed therapy | Yes | Yes | No |
| 3 | You are considered a Level 3 Claimant if: 1. you develop non-bridging fibrosis (i.e. fibrous tissue in the portal areas of the liver with fibrous bands extending out from the portal area but without any bridging to other portal tracts or to central veins); or 2. you receive Compensable HCV Drug Therapy (i.e. interferon or ribavirin); or 3. you have met or meet a protocol for Compensable HCV Drug Therapy even though you have not taken the therapy. | | OPTION 2 If you waive the \$30,000 payment, you may claim loss of income or compensation for loss of services in the home OPTION 1 You receive \$30,000 | Yes No | \$1,000 per month of completed therapy | Yes | Yes | No |
| 2 | You are considered a Level 2 Claimant if you test positive on a polymerase chain reaction (PCR) test demonstrating that HCV is present in your blood. | \$30,000 | You will receive \$20,000 | No | Not applicable | Yes | Yes | No |
| 1 | You are considered a Level 1 Claimant if your blood test demonstrates that the HCV antibody is present in your blood. | \$10,000 | You will receive \$10,000 | No | Not applicable | Yes | Yes | No |

*Assuming the \$30,000 Fixed Payment was not waived at Level 3

NOTE: Fixed Payments are cumulative