Chronic Obstructive Pulmonary Disease

1. Qualifying Injuries

The Qualifying Injuries in this disease group are COPD, Chronic Bronchitis, Emphysema, Bullous Lung Disease, Small Airway(s) Disease and Obstructive Airway(s) Disease.

Obstructive Lung Defect, Small Obstructive Lung Defect, Ground Glass Syndrome, Peripheral Airway(s) Dysfunction, WTC Cough and Chronic Cough are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Medical Verification Requirements
A0 & A1	Physician Diagnosis of Qualifying Injury in the COPD disease group.
A2 to A4	**Spirometry tests:** Post-bronchodilator $FEV_1/FVC \leq 0.7$ ($\leq 70\%$) (use post-BD when possible; otherwise, use pre-BD value) *Source: European Respiratory Society/American Thoracic Society COPD Guidelines – 2005* ***OR*** For Emphysema only, a CT Scan that states as a conclusion any or all of the following: Emphysema (panlobular, panacinar or paraseptal), Bullous disease, or giant bullae; provided, however, that conclusions on a CT Scan reflecting mild or minor emphysematous changes, air-trapping, pneumatoceles, cysts or cystic disease, and/or bronchiectasis shall not qualify.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
A0	No further requirements.	Tier 3
A1	**Pulmonary Function Test results showing:** FVC $\leq$79% of predicted ***or*** FEV_1 of $\leq$79% of predicted; ***OR*** **Carbon Monoxide Diffusion Capacity Test results showing:** DLCO of $\leq$74% of predicted; ***OR*** **Cardio-Pulmonary Stress Test results showing:** VO_2 max of $\leq$25ml/(kg·min) ***or*** VO_2 max of $\leq$7.1 METs.	Tier 4

To prove impairment for Severity Levels exceeding A1:
A Primary Plaintiff must submit the results from any two Pulmonary Function Test(s) ("PFTs"), Carbon Monoxide Diffusion Capacity Test(s), and/or Cardio-Pulmonary Stress Test(s). The Primary Plaintiff's most recent test must be included among those two tests and must meet the Impairment Criteria for Severity Level A2, A3 or A4. The other test must be at least three months prior to the most recent test, and must satisfy, at a minimum, the Impairment Criteria for Severity Level A1. To determine the Base Point for such a Primary Plaintiff's Qualifying Injury, the Allocation Neutral shall average the Base Points specified on Exhibit C to this Agreement for these two tests.

The preceding paragraph shall not apply to deceased Primary Plaintiffs, however. Deceased Primary Plaintiffs may satisfy the Impairment Criteria for Severity Level A2, A3 or A4, respectively, by submitting the results of any one (1) test that complies with the requirements for the claimed Severity Level as set forth below.

Severity Level	Criteria	Tier Level
A2	**Pulmonary Function Test results showing:** FVC 60% to 69% of predicted ***or*** FEV_1 55% to 64% of predicted; ***OR*** **Carbon Monoxide Diffusion Capacity Test results showing:** DLCO of 55% to 64% of predicted; ***OR*** **Cardio-Pulmonary Stress Test results showing:** VO_2 max of 18 to 21ml/(kg·min) ***or*** VO_2 max of 5.1 to 6.0 METs.	Tier 4
A3	**Pulmonary Function Test results showing:** FVC 50% to 59% of predicted ***or*** FEV_1 45% to 54% of predicted; ***OR*** **Carbon Monoxide Diffusion Capacity Test results showing:** DLCO of 45% to 54% of predicted; ***OR*** **Cardio-Pulmonary Stress Test results showing:** VO_2 max of 15 to 17ml/(kg·min) ***or*** VO_2 max of 4.3 to 5.0 METs.	Tier 4
A4	**Pulmonary Function Test results showing:** FVC less than 50% of predicted ***or*** FEV_1 less than 45% of predicted; ***OR*** **Carbon Monoxide Diffusion Capacity Test results showing:** DLCO of less than 45% of predicted; ***OR*** **Cardio-Pulmonary Stress Test results showing:** VO_2 max of <15ml/(kg·min) ***or*** VO_2 max of <4.3 METs.	Tier 4

Interstitial Lung Disease

1. Qualifying Injuries

The Qualifying Injuries in this disease group include Chemical Pneumonitis, BOOP, Eosinophilic or other Granulomatosis, Hypersensitivity Pneumonitis, Sarcoidosis, Silicosis, Asbestosis, Pulmonary or Interstitial Fibrosis, Interstitial Lung Disease, Pneumoconiosis and Wegener's Granulomatosis.

Restrictive Lung Defect is an example of a medical condition, finding or observation that, in the absence of a Qualifying Injury, shal not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Medical Verification Requirements
B0 to B4	Chest CT or X-ray finding supporting such diagnosis, such as bibasilar reticular abnormalities (*e.g.* , increased interstitial markings, honey-combing, hazy opacifications that are worse in the subpleural and inferior regions) with or without ground glass opacities or a lung biopsy that supports said diagnosis. Source: ATS/ERS Criteria for Diagnosis of Idiopathic Pulmonary Disease in Absence of Surgical Lung Biopsy

3. Impairment Criteria

Severity Level	Required Testing and Results	Tier Level
B0	No further requirements.	**Tier 4**
B1	**Full Pulmonary Function Test** showing: TLC less than or equal to 79% predicted; ***and*** FVC less than or equal to 79% predicted; ***and*** FEV_1/FVC (%)>70% predicted.	**Tier 4**

To prove impairment for Severity Levels exceeding B1:

Except with respect to the separate Impairment Criteria for Sarcoidosis at the B3 and B4 Severity Levels, a Primary Plaintiff must submit the results from two full PFTs. The Primary Plaintiff's most recent full PFT, or any other full PFT within one year prior to March 12, 2010, must be included among those two tests and must meet the Impairment Criteria for Severity Level B2, B3 or B4. The other PFT must be at least three months prior to the PFT referenced above and must satisfy, at a minimum, the Impairment Criteria for Severity Level B1. To determine the Base Points for such a Primary Plaintiff's Qualifying Injury, the Allocation Neutral shall average the Base Points specified on Exhibit C to this Agreement for these two tests.

The preceding paragraph shall not apply to deceased Primary Plaintiffs, however. Deceased Primary Plaintiffs may satisfy the Impairment Criteria for Severity Level B2, B3 or B4, respectively, by submitting the results of any one (1) test that complies with th requirements for the claimed Severity Level as set forth below. In addition, the preceding paragraph shall not apply to Primary Plaintiffs who submit the results of one (1) full PFT satisfying the Impairment Criteria for B2, B3 or B4 and the results of one (1) high resolution CT Scan that the Allocation Neutral determines confirms impairment at the B2, B3 or B4 Severity Levels.

Severity Level	Required Testing and Results	Tier Level
B2	**Full Pulmonary Function Test** showing: TLC less than or equal to 69% predicted; ***and*** FVC less than or equal to 69% predicted; ***and*** FEV_1/FVC (%)>70% predicted	**Tier 4**
B3	**Full Pulmonary Function Test** showing: TLC less than or equal to 59% predicted; ***and*** FVC less than or equal to 59% predicted; ***and*** FEV_1/FVC (%)>70% predicted. ***OR*** , for Sarcoidosis only, a CT Scan and/or X-ray showing diffuse interstitial infiltrates without hilar adenopathy (this is the equivalent of Stage III radiographic Sarcoidosis staging).	**Tier 4**
B4	**Full Pulmonary Function Test** showing: TLC lower than 50% predicted; ***and*** FVC lower than 50% predicted; ***and*** FEV_1/FVC (%)>70% predicted. ***OR*** , for Sarcoidosis only, a CT Scan and/or X-ray showing diffuse fibrosis, often associated with fibrotic-appearing conglomerate masses, traction bronchiectasis, and traction cysts (this is the equivalent of Stage IV radiographic Sarcoidosis staging).	**Tier 4**

Asthma/RADS

1. Qualifying Injuries

The Qualifying Injuries in this disease group are Asthma, Reactive Airway(s) Disease ("RADS"), Chronic Asthmatic Bronchitis, Asthma Exacerbation, Airway(s) Hyperreactivity, and Hyperreactive Airway(s).

Hyperresponsiveness, Bronchospasm, and WTC Syndrome are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Medical Verification Requirements
C0 & C1	Physician Diagnosis of Qualifying Injury in the Asthma/RADS disease group.
C2 to C4	**Pulmonary Function Test (PFT)**: Pre-bronchodilator FEV_1 of <80% predicted, ***and*** Post-bronchodilator FEV_1 improvement of 12% or 250 cc; ***OR*** **Positive Methacholine Challenge Test (MCT)**: ≥20% decrease in FEV_1 at or below 8 mg/ml *Sources: Global Initiative for Asthma/World Health Organization; American College of Chest Physicians Consensus Statement*

3. Impairment Criteria

Severity Level	Criteria	Tier Level
C0	No further requirements.	Tier 4
C1	MCT response (*i.e.* , ≥20% decrease in FEV_1) at between 3 and 5 mg/ml; ***OR*** PFT with Post-BD FEV_1 of ≤80% of predicted; ***OR*** Pharmacy records or physician notes of any steroid or bronchodilator use;***OR*** Plaintiff can satisfy the scoring criteria set forth in Exhibit Q through a combination of MCT, Post-BD FEV_1 and medication use to achieve a score of 1-6.	Tier 4
C2	MCT response (*i.e.* , ≥20% decrease in FEV_1) at greater than 0.5 and up to and including 3 mg/ml; ***OR*** Plaintiff can satisfy the scoring criteria set forth in Exhibit Q through a combination of MCT, Post-BD FEV_1 and medication use to achieve a score of 7-9.	Tier 4
C3	MCT response (*i.e.* , ≥20% decrease in FEV_1) at 0.25 or greater and up to and including 0.5 mg/ml; ***OR*** Plaintiff can satisfy the scoring criteria set forth in Exhibit Q through a combination of MCT, Post-BD FEV_1 and medication use to achieve a score of 10-11.	Tier 4
C4	MCT response (*i.e.* , ≥20% decrease in FEV_1) at up to 0.25 mg/ml; ***OR*** Physician statement that Asthma is not controlled despite the Primary Plaintiff's ingestion of either: (1) ≥20 mg prednisone per day, >16 mg methylprednisolone per day or >3 mg dexamethasone per day and Qualifying Medical Records, including without limitation prescription records, demonstrating such daily oral steroid use by the Primary Plaintiff for at least six (6) months; ***or*** (2) at least four (4) courses of any of ≥20 mg prednisone per day, >16 mg methylprednisolone per day or >3 mg dexamethasone per day within one year AND a physician statement that the Primary Plaintiff cannot tolerate such long-term daily oral steroid use; provided, however, that in the Allocation Neutral's judgment such physician statement(s) were issued in the course and in furtherance of the Primary Plaintiff's medical care and not upon the Primary Plaintiff's or his or her counsel's request.	Tier 4

Alternative Base Points for Primary Plaintiffs who qualify for C1:

For Primary Plaintiffs who (i) satisfy the Impairment Criteria for C1 and (ii) who submit a PFT that satisfies the requirements of the PFT Impairment Table (as defined below) in the PFT Only Criteria (as defined below) at PFT Impairment Level 2, Level 3 or Level 4 as specified in the PFT Impairment Table (collectively, "the Additive PFT"), the Allocation Neutral shall add to Base Points for Qualifying Injury C1 as set forth in Exhibit C to this Agreement 1250 Base Points for an Additive PFT that satisfies the requirements of Level 2 in the PFT Impairment Table, 2500 Base Points for an Additive PFT that satisfies the requirements of Level 3 in the PFT Impairment Table, or 3750 Base Points for an Additive PFT that satisfies the requirements of Level 4 in the PFT Impairment Table (collectively, "Additive PFT Base Points"). Notwithstanding any other provision of this Agreement, the sum of Base Points for Qualifying Injury C1 and any Additive PFT Base Points shall be deemed the Primary Plaintiff's Base Points.

Alternative proof of impairment for Severity Levels exceeding C1 (hereinafter, "PFT Only Criteria"):

In addition to satisfying the Impairment Criteria set forth above, a Primary Plaintiff may demonstrate impairment exceeding Severity Level C1 by submitting the results from three PFTs. For Primary Plaintiffs who rely upon three PFTs to establish such impairment, the Allocation Neutral shall calculate Base Points according to the following table:

PFT Impairment Table

PFT Impairment Level	Requirements	Base Points
Level 1	PFT with Post-BD FEV_1 of 70% to 80% of predicted	Base Points 7,500
Level 2	PFT with Post-BD FEV_1 of 60% to 69% of predicted	Base Points 25,000
Level 3	PFT with Post-BD FEV_1 of 50% to 59% of predicted	Base Points 60,000
Level 4	PFT with Post-BD FEV_1 below 50% of predicted	Base Points 85,000

Two of the three PFTs submitted must satisfy the requirements of PFT Impairment Level 2, PFT Impairment Level 3 or PFT Impairment Level 4 in the PFT Impairment Table. The three PFTs must be at least three months apart from one another. To determine how many Base Points to award, the Allocation Neutral shall average the Base Points set forth in the PFT Impairment Table for each PFT.

Notwithstanding the forgoing requirements of this PFT Only Criteria, a Primary Plaintiff with two (2) PFTs one of which is at PFT Impairment Level 2, PFT Impairment Level 3 or PFT Impairment Level 4, the Primary Plaintiff's Base Points shall be calculated by summing the Base Points associated with each PFT set forth in the PFT Impairment Table and dividing the total by three (3).

Alternative proof of impairment for Severity Levels exceeding C0:

Any Primary Plaintiff also may satisfy the Impairment Criteria for Severity Levels C1, C2, C3 or C4, respectively, through a single positive MCT response that produces a ≥20% decrease in FEV_1 within the methacholine dosage specified above in mg/ml. Where the dosage that produces a 20% decrease in FEV_1 is not apparent from the face of a Primary Plaintiff's Qualifying Medical Record(s) submitted to the Allocation Neutral, however, the Allocation Neutral may determine whether the Primary Plaintiff satisfies the Impairment Criteria in C1, C2, C3 or C4, respectively, by interpolating according to the following formula the actual methacholine dosage in mg/ml that would have produced the requisite 20% decrease:

$$PC_{20} = \text{anti}\log\left[\log C_1 + \frac{(\log C_2 - \log C_1)(20 - R_1)}{R_2 - R_1}\right]$$

For purposes of applying this formula:

C_1 = second-to-last methacholine concentration (prior to ≥20% decrease in FEV_1)

C_2 = final methacholine concentration (resulting in ≥20% decrease in FEV_1)

R_1 = percent decrease in FEV_1 (from baseline or post-diluent if a diluent step is used, whichever is higher) after C_1

R_2 = percent decrease in FEV_1 (from baseline or post-diluent if a diluent step is used, whichever is higher) after C_2

PC_{20} = the methacholine dose (in mg/ml) required to produce 20% decrease in FEV_1 for purposes of placing the Primary Plaintiff into Severity Level C1, C2, C3 or C4, if applicable

In order for the Allocation Neutral to interpolate, the Primary Plaintiff must submit all data necessary to calculate PC_{20} from a single Qualifying Medical Record. The Allocation Neutral shall not interpret based upon data from different Qualifying Medical Records.

Laryngitis/Pharyngitis

1. Qualifying Injuries

The Qualifying Injuries in this disease group are Chronic Laryngitis and Chronic Pharyngitis. In addition, the Qualifying Injuries in this disease group shall include Laryngitis or Pharyngitis occurring with such frequency that it amounts to a chronic disease in the Allocation Neutral's judgment based upon the Primary Plaintiff's submission to the Allocation Neutral of Qualifying Medical Records.

Acute Laryngitis, Acute Pharyngitis, and Upper Respiratory Infections ("URI") are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Medical Verification Requirements
D0 & D1	Physician Diagnosis of Qualifying Injury in the Laryngitis/Pharyngitis disease group.
D2 & D3	Physical examination or endoscopy, including Laryngoscopy or Pharyngoscopy finding redness, inflammation and/o swelling of pharyngeal or laryngeal mucosal membranes.

3. Impairment Criteria

Severity Level	Required Testing and Results	Tier Level
D0	No further requirements.	**Tier 2**
D1	Physician evaluation of audibility, intelligibility, and functional efficiency meet many needs of everyday speech; ***OR*** Strobovideolaryngoscopy ("SVL"), objective voice and speech measures, and Voice Handicap Index ("VHI") are mildly to moderately abnormal.	**Tier 3**
D2	SVL, objective voice and speech measures, and VHI are moderately to severely abnormal.	**Tier 4**
D3	SVL, objective voice and speech measures, and VHI are severely abnormal.	**Tier 4**

Chronic Rhinosinusitis

1. Qualifying Injuries

The Qualifying Injuries in this disease group are Chronic Rhinosinusitis, Chronic Rhinitis, Chronic Sinusitis and Vocal Cord Dysfunction. In addition, the Qualifying Injuries in this disease group shall include Rhinosinusitis, Rhinitis, or Sinusitis occurring with such frequency that it amounts to a chronic disease in the Allocation Neutral's judgment based upon the Primary Plaintiff's submission to the Allocation Neutral of Qualifying Medical Records.

Allergic Rhinitis, Acute Sinusitis, and Acute Rhinitis are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Medical Verification Requirements
E0 & E1	Physician Diagnosis of a Qualifying Injury in the Chronic Rhinosinusitis disease group.
E2 & E3	Evidence of sinus mucosal disease on CT or MRI; ***OR*** Evidence of sinus mucosal disease from nasal endoscopy. *Source: British Society for Allergy and Clinical Immunology guidelines for the management of rhinosinusitis and nasal polyposis. Scadding GK; Durham SR; Mirakian R; Jones NS; Drake-Lee AB; Ryan D; Dixon TA; Huber PA; Nasser SM - Clin Exp Allergy. 2008 Feb; 38(2):260-75. Epub 2007 Dec 20.*

3. Impairment Criteria

Severity Level	Required Testing and Results	Tier Level
E0	No further requirements.	**Tier 2**
E1	Endoscopy, Sinus CT or MRI shows mild to moderate mucosal thickening, mild to moderate obstruction of nasopharynx or opharynx; ***OR*** Laryngoscopy shows mild to moderate alteration in vocal fold (cord) function.	**Tier 3**
E2	Sinus CT or MRI shows moderately severe mucosal thickening or moderately severe turbinate swelling, moderately severe obstruction of nasopharynx or oropharynx;***OR*** Laryngoscopy shows moderately severe alteration in vocal fold (cord) function	**Tier 4**
E3	Sinus CT or MRI shows diffuse severe mucosal thickening or severe turbinate swelling, severe obstruction of nasopharynx or oropharynx; ***OR*** Laryngoscopy shows severe alteration in vocal fold (cord) function such as bilateral paralysis.	**Tier 4**

Upper Digestive

1. Qualifying Injuries

The Qualifying Injuries in this disease group are Gastroesophageal Reflux Disease (GERD), Barrett's Esophagus, Esophagitis, Esophageal Reflux, Esophageal Ulcer and Esophageal Stricture, and GI Stricture. In addition, the Qualifying Injuries in this disease group shall include Acid Reflux occurring with such frequency that it amounts to a chronic disease in the Allocation Neutral's judgment based upon the Primary Plaintiff's submission to the Allocation Neutral of Qualifying Medical Records.

Heartburn, Chronic Heartburn, Laryngeal Reflux, Gastric Ulcer, Gastric Regurgitation and Gastritis are examples of medical conditions, findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Criteria
F0 to F2	Physician Diagnosis of a Qualifying Injury in the Upper Digestive disease group.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
F0	No further requirements.	Tier 2
F1	Endoscopy reveals mild or moderate findings in the esophagus such as inflammation, esophagitis, erosions, and mucosal breaks.	Tier 3
F2	Endoscopy reveals severe findings in the esophagus such as Barrett's esophagus, benign peptic esophageal stricture, ulcers, hemorrhage, or severe esophagitis.	Tier 4

Sleep Disorders

1. Qualifying Injuries

The Qualifying Injuries in this disease group include Obstructive Sleep Apnea, Sleep Apnea or other Sleep Disordered Breathing.

Symptoms of sleep disorders (*e.g.* , snoring or insomnia) are examples of findings or observations that, in the absence of a Qualifying Injury, shall not be credited by the Allocation Neutral.

2. Diagnostic Criteria

Severity Level	Criteria
G0 to G2	Records documenting Physician Diagnosis of Qualifying Injury in the Sleep Disorders disease group.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
G0	No further requirements.	**Tier 2**
G1	Polysomnography demonstrating obstructive sleep apnea.	**Tier 3**
G2	Polysomnography demonstrating obstructive sleep apnea***AND*** medical records of treatment with CPAP/BiPAP or need to have CPAP/BiPAP titration.	**Tier 4**

Death

1. Qualifying Criteria

Death of the Primary Plaintiff on or before the Final Settlement Agreement Effective Date.

2. Diagnostic Criteria

Severity Level	Criteria
H0 to H2	Death of the Primary Plaintiff established by a certificate, hospital notes, or other authoritative document (*e.g.*, physician letter) confirming death.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
H0	***Death Unrelated to WTC Exposure*** – No further requirements.	Tier 2
H1	***Death Potentially Related to WTC Exposure*** – Based upon the Claim Form and Qualifying Medical Records, the Allocation Neutral: (i) determines that the Primary Plaintiff: a. satisfies the Medical Proof Criteria for Qualifying Injuries B2-B4 in the Interstitial Lung Disease Disease Group; ***or*** b. satisfies the Medical Proof Criteria for Qualifying Injuries C2-C4 in the Asthma/RADS Disease Group; ***or*** c. satisfies the Medical Proof Criteria for Qualifying Injury I3 (Blood Cancer) in the Cancer Disease Group; ***or*** d. is the subject of a writing by the Chief Medical Examiner of the City of New York concluding that the Primary Plaintiff died as the result of an injury caused by his or her work or volunteer service at the WTC Site or other location(s) at which the Primary Plaintiff's alleged exposure gave rise to his or her Debris Removal Claims against the Insureds or any of them;***AND*** (ii) determines that the Qualifying Injury referenced in the proceeding clause (i).a, (i).b or (i).c or the cause of death referenced by the Chief Medical Examiner of the City of New York as set forth in (i).d did not pre-exist the Primary Plaintiff's alleged exposure giving rise to his or her Debris Removal Claims; ***AND*** (iii) cannot rule out a causal relationship between the Primary Plaintiff's death and the Qualifying Injury referenced in the proceeding clause (i).a, (i).b, (i).c or (i).d.	Tier 4
H2	***Death Related to WTC Exposure*** – Based upon the Claim Form and Qualifying Medical Records, the Allocation Neutral (i) determines that Primary Plaintiff: a. satisfies the Diagnostic Criteria and the Impairment Criteria for Qualifying Injuries B2-B4 in the Interstitial Lung Disease Disease Group;***or*** b. satisfies the Diagnostic Criteria and the Impairment Criteria for Qualifying Injuries C2-C4 in the Asthma/RADS Disease Group; ***AND*** (ii) determines that the Qualifying Injury referenced in the proceeding clause (i).a or (i).b did not pre-exist the Primary Plaintiff's alleged exposure giving rise to his or her Debris Removal Claims;***AND*** (iii) concludes, in the Allocation Neutral's judgment, that the Primary Plaintiff's death is causally related to the Qualifying Injury referenced in the proceeding clause (i).a or (i).b. In making this determination regarding causation, the Allocation Neutral shall consider, but shall not be bound by, argumentative, conclusory and/or unverified findings by a physician or other medical professional in Qualifying Medical Record(s) with respect to cause of death.	Tier 4

Cancer

1. Qualifying Injury

Diagnosis of cancer or pre-cancerous condition by a qualified physician.

For purposes of I0, "Pre-cancerous conditions" shall consist of dysplasia, pre-malignant, preneoplasia, intraepithelial neoplasia, adenomatous colon polyps or actinic keratosis condition, but shall not include benign tumors, brain lesions, enlarged lymph nodes, lung nodules, polyps (*e.g.* , nasal, laryngeal, throat, sinus or vocal cord), cysts or benign skin lesions (*e.g.* , seborrheic keratosis, lipoma, dermatofibroma, pyogenic granuloma, epidermoid cyst or papilloma).

2. Diagnostic Criteria

Severity Level	Criteria
I0 to I3	Histopathology report documenting pre-cancerous or cancerous condition;***OR*** Physician documentation of diagnosis of or treatment for pre-cancerous or cancerous condition.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
I0	Pre-Cancerous Condition & Skin Cancers Except Melanoma – No requirements other than physician documentation of diagnosis of or treatment for (i) a pre-cancerous condition or (ii) any skin cancer other than melanoma, including without limitation basal cell carcinoma and squamous cell carcinoma.	Tier 2
I1	Solid Tumor Cancer (Non-Respiratory) and Melanoma – Physician documentation of diagnosis of or treatment for a (i) solid tumor cancer that does not satisfy the Impairment Criteria for Qualifying Injury I2 or (ii) melanoma.	Tier 4
I2	Solid Tumor Cancer (Respiratory) – Physician documentation of diagnosis of or treatment for a solid tumor cancer originating (i) in the larynx (including cancers of the supraglottis, glottis and subglottis); (ii) in the airways or tissues of the lung(s) (including in the trachea, bronchi, or tracheobronchial tree); or (iii) in the mesothelium, including pleural mesothelioma, peritoneal mesothelioma and pericardial mesothelioma.	Tier 4
I3	Blood Cancer – Physician documentation of diagnosis of or treatment for a blood cancer.	Tier 4

Cardiac

1. Qualifying Injury

Diagnosis of a cardiac condition by a qualified physician.

Miscellaneous cardiac conditions (J0), shall not include: congenital heart defects (*e.g.* , septal defects, valve defects, or other malformations); heart conditions caused by infectious diseases (*e.g.* , bacterial, viral, fungal or parasitic conditions); and heart conditions caused by autoimmune diseases (*e.g.* , lupus).

2. Diagnostic Criteria

Severity Level	Criteria
J0 to J2	Physician documentation of diagnosis of or treatment for hypertension, heart attack, or miscellaneous cardiac condition.

3. Impairment Criteria

Severity Level	Criteria	Tier Level
J0	No further requirements.	**Tier 2**
J1	Physician documentation of diagnosis of or treatment for hypertension.	**Tier 2**
J2	Physician documentation of diagnosis of or treatment for a heart attack.	**Tier 2**

Restrictive Lung Disease

1. Qualifying Injury

The only Qualifying Injury in this disease group is Restrictive Lung Disease.

2. Diagnostic Criteria

Severity Level	Criteria
K0 & K1	Physician Diagnosis of Restrictive Lung Disease, to the extent that such Physician Diagnosis is not attributable to obesity in the Allocation Neutral's judgment (*i.e.* , the Primary Plaintiff's Body Mass Index is below 30)
K2 & K3	Physician Diagnosis of Restrictive Lung Disease, based upon Restrictive Pulmonary Function Tests, to the extent that such Physician Diagnosis is not attributable to obesity in the Allocation Neutral's judgment (*i.e.* , the Primary Plaintiff's Body Mass Index is below 30); no or normal imaging studies.

3. Impairment Criteria

Severity Level	Required Testing and Results	Tier Level
K0	No further requirements	**Tier 2**
K1	**Full Pulmonary Function Test** showing: TLC less than or equal to 79% predicted; ***and*** FVC less than or equal to 79% predicted; ***and*** FEV_1/FVC (%)>70% predicted.	**Tier 3**
K2	**Full Pulmonary Function Test** showing: TLC less than or equal to 59% predicted; ***and*** FVC less than or equal to 59% predicted; ***and*** FEV_1/FVC (%)>70% predicted.	**Tier 4**
K3	**Full Pulmonary Function Test** showing: TLC lower than 50% predicted; ***and*** FVC lower than 50% predicted; ***and*** FEV_1/FVC (%)>70% predicted.	**Tier 4**