SF-DCT INFORMATION FOR OVERLAP SYNDROME (OS) CLAIMS

OPTION 1

(OS Claims are not eligible for Disease Option 2)

OVERLAP SYNDROME (OS)

The diagnosis of Overlap Syndrome (OS) is applied when features of Systemic Sclerosis (Scleroderma) (skler-a-DER-ma) - appear in conjunction with one or more other connective tissue diseases. In the Dow Corning Plan, Overlap Syndrome requires the diagnosis of **either** Systemic Lupus Erythematosus (SLE) Inflammatory Muscle Disease **or** Rheumatoid Arthritis (RA), **PLUS** one or more features of Scleroderma as more fully described herein.

Scleroderma is a chronic and progressive disease that causes inflammation and thickening of the skin and the formation of scar tissue in the organs.

Checklist of documents to submit for a Overlap Syndrome claim:

- ❑ **An evaluation by a Qualified Medical Doctor (QMD) (see page 4)**

OR

- ❑ **Medical records supporting the Plan criteria for Overlap Syndrome (see pages 5-9)**

AND

- ❑ **For Level A and B claims only, documentation of the severity level of the disease (see pages 10-25)**

QMD Requirements

QMD STATEMENT OR DIAGNOSIS

A QMD is a physician who writes a letter for purposes of the settlement and is/or became board certified in one or more of the following specialties before he or she wrote the letter:

1. Internal Medicine; **or**
2. Rheumatology; **or**
3. Allergy/Immunology; **or**
4. Doctor of Osteopathy with similar specialty certifications; **or**
5. Foreign doctor with equivalent specialty certification.

A physician with a status of “Board Eligible” does not qualify as a QMD. A physician can be Board Certified in more than one of these specialties. A QMD can also be your treating physician.

OVERLAP SYNDROME (OS)

Overlap Syndrome (OS) as defined in the Dow Corning Plan requires **BOTH** of the following:

1. A diagnosis of Systemic Lupus Erythematosus (SLE), Inflammatory Muscle Disease, or Rheumatic Arthritis (RA); **AND**

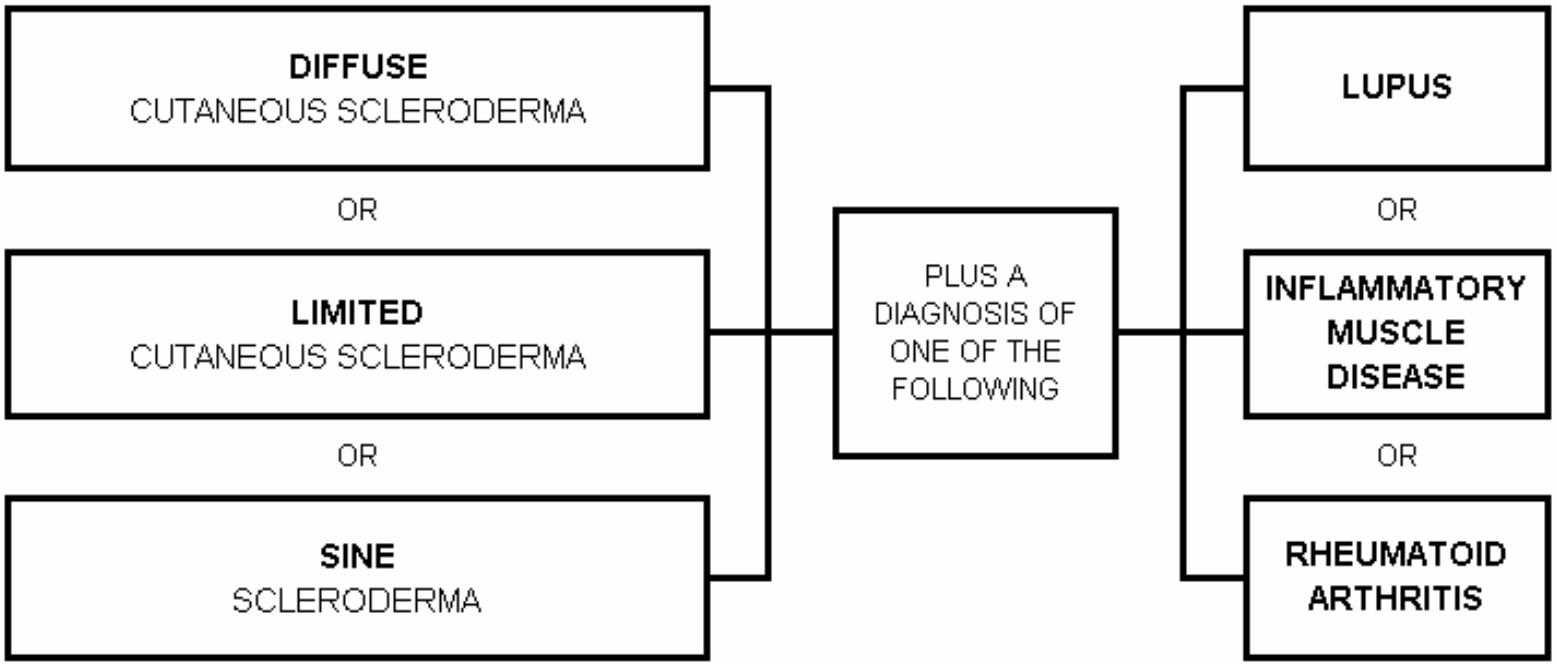
2. Any **ONE** of the following three symptoms found on physical exam (see page 8):

   a. Diffuse Cutaneous Scleroderma; **or**
   b. Limited Cutaneous Scleroderma; **or**
   c. Sine Scleroderma.

This may not be the same definition applied by some physicians, so it is very important that you follow the Plan criteria to qualify for OS compensation.

For additional information on ways to approve Overlap Syndrome (see page 6)

OVERLAP CONFIRMATION



Overlap Syndrome: Diagnosis of SLE, Inflammatory Muscle Disease (PM or DM) or Rheumatoid Arthritis:

For Overlap Syndrome, either the QMD or your medical records must indicate that you have been diagnosed with either SLE, Inflammatory Muscle Disease (PM or DM), or Rheumatoid Arthritis. Your medical records do not have to document or list the specific symptoms of any of these diseases as long as there is a diagnosis of **ONE** of the following:

Systemic Lupus Erythematosus (SLE) – Lupus is a condition of chronic inflammation when the body's tissues are attacked by its own immune system; **or**

Inflammatory Muscle Disease - Inflammatory muscle disease is an autoimmune disorder that results in muscle weakness. The muscles involved are the "skeletal" muscles, that is, the muscles of the limbs making movement difficult. Sometimes the muscles of swallowing, speaking, or even breathing may be involved. Examples of Inflammatory Muscle Disease include Polymyositis (PM) and Dermatomyositis (DM); **or**

Rheumatoid Arthritis (RA) - Rheumatoid arthritis is an autoimmune disease that causes chronic inflammation of the joints. Rheumatoid arthritis can also cause inflammation of the tissue around the joints, as well as other organs in the body.

Overlap Syndrome: Signs and Symptoms

Either the QMD or your medical records must document **ONE** of the following subsets of Scleroderma found on physical exam.

1. **Diffuse Cutaneous Scleroderma** consists of: skin thickening present on the trunk, in addition to the face, proximal and distal extremities; **or**

2. Limited Cutaneous Scleroderma consists of: skin thickening limited to sites distal to the elbow and knee, but also involving the face and neck. This subset may show features of CREST syndrome: Calcinosis, Raynaud's Phenomenon, Esophageal Dysmotility, Sclerodactly (skin thickening of the fingers), and Telangiectasis; **or**

3. Sine Scleroderma consists of: characteristic internal organ manifestation, vascular and serologic abnormalities, but without any clinically detectable skin changes.

Scleroderma – unacceptable records

Common reasons why claimants receive a deficiency notice about the symptom of Scleroderma:

- Skin thickening (Scleroderma) not found on physical exam.
- Medical records reflect skin tightening but no skin thickening.
- Medical records do not contain a diagnosis of either Lupus, Inflammatory Muscle Disease or Rheumatoid Arthritis.

If your claim does not qualify for Overlap Syndrome, the SF-DCT will review your claim for ACTD.

If Overlap Syndrome is not approved, the SF-DCT will review your file to see if you qualify for Atypical Connective Tissue Disease (ACTD)**(1)** as that condition is defined in the Plan.

The compensation amounts for approved Overlap Syndrome and ACTD claims are the same. Compensation amounts in Disease Option 1 are not based on the disease or condition that a claimant is approved for; it is based solely on the severity of the disease or the claimant's level of disability.

(1) The eligible symptoms for ACTD are listed in the Disease Claimant Information Guide at Tab 1.

What are the levels of compensation for Overlap Syndrome?

- **Severity or Disability Level A** – $50,000 – Death or Total Disability (100%)
- **Severity or Disability Level B** – $20,000 – Major organ involvement or major disease activity including central nervous system, cardio-pulmonary, vasculitic, or renal involvement or Hemolytic Anemia (marked) or Thrombocytopenic Purpura or Severe Granulocytopenia
- **Severity or Disability Level C** – $10,000 – Other

If Premium Payments are approved by the District Court, approved Overlap Syndrome claimants could receive an additional payment of up to 20% of their approved compensation amount.

The compensation amounts for approved Overlap Syndrome and ACTD claims are the same. Compensation amounts in Disease Option 1 are not based solely on the disease or condition that a claimant is approved for; it is based solely on the severity of the disease or the claimant's level of disability.

Level A – Death, $50,000 (U.S.)

To qualify for Level A based on a claimant's death, you must submit <u>ONE</u> of the following:

- A death certificate that indicates that the primary or secondary cause of death is SLE, PM, DM, Rheumatoid Arthritis, Scleroderma, Overlap Syndrome or a credited symptom; **<u>or</u>**
- An autopsy report that indicates that the cause of death is related to SLE, PM, DM, Rheumatoid Arthritis, Scleroderma or Overlap Syndrome; **<u>or</u>**
- A letter from a QMD or the claimant's medical records that directly relate the primary or secondary cause of death to SLE, PM, DM, Rheumatoid Arthritis, Scleroderma or Overlap Syndrome or one of the approved symptoms.

Level A based on a claimant's death can be approved without a death certificate or autopsy report. The claimant's death cannot be caused by any other disease or condition.

Functional Disability Level A Claims

- The Claims Resolution Procedures document defines Disability A as: “Death or total disability resulting from the compensable condition. An individual will be considered totally disabled if she demonstrates a functional capacity adequate to consistently perform none or only a few of the usual duties or activities of vocation or self-care.”

- The SF-DCT’s current standard for Disability Level A claims requires claimants to submit proof that you are disabled in both vocation **and** self-care. The CAC has a motion pending before the court on this issue. Until the court rules, you may accept a lower payment for a Level B Disability claim (if you qualify) and, if the Court rules in favor of the CAC, the SF-DCT will identify claims affected by the ruling, re-review them and notify you accordingly.

Level A – Total Disability (100%), $50,000 (U.S.)

Examples of an Overlap Syndrome Total Disability A Claim:

- **Medical records from 1974 reflect that the claimant's Scleroderma of the hands resulted in her quitting her job. Records dated from 1992 to 1993 reflect multiple office visits with evidence of sclerodactly of the fingers which interfered with her ability to grasp objects, type or write legibly. In 1994, the claimant was approved for SSI based solely on the diagnosis of Sclerodactly. Records dated from 1995 through 2000 reflect she required assistance from friends and family members to cook, clean, vacuum and grocery shop due to loss of function in her hands. Because of the pain from her Rheumatoid Arthritis and her Sclerodactly, the claimant's daughter must take her to and from the toilet, assist with cleaning after toileting and assist her with getting on and off the toilet because of thickening and pain in the hands. All of the claimant's grooming is done by her daughter such as combing, brushing and blow drying her hair.**
- **In 1994, the claimant had to quit her job because of Raynaud's Phenomenon. The claimant worked in the deli section of a grocery store, but she was unable to continue working due to severe pain in her hands when exposed to cold temperatures. She was unable to properly pack the meat and keep on ice because she was unable to tolerate the cold. Because of arthritis in the shoulders, elbows and wrist her husband must help her with combing, brushing and washing her hair. Her husband must also assist with feeding because of her inability to grasp small objects due to pain from her Arthritis and thickening of the fingers from Scleroderma.**

Level A Deficiencies:

The following are some of the common reasons why the Level A disability claim may be found deficient:

- The file does not provide any details or descriptions about your inability to perform both vocation and self-care.
- The file reflects detailed descriptions about your inability to perform your vocation (job or homemaking) because of an approved symptom, but it does not contain information about your self-care limitations.
- The file reflects detailed descriptions about your inability to work and perform your self-care activities because of an approved symptom, but it indicates that you are able to perform homemaking duties without difficulty.
- The file reflects conflicting information about either your vocation and/or self-care limitations. (Example: the file states that you are either working or that you are able to perform all or most of your self-care activities.)

Level A Deficiencies (continued):

- The file reflects that your vocation is affected or limited by an ineligible symptom or condition. (Example: work injury, car accident, heart attack, etc.)
- The treating doctor or QMD bases your Level A total disability rank on symptoms that were not eligible or approved. (Example: The QMD states that you are unable to work because of fatigue; chronic fatigue is not an eligible symptom for Overlap Syndrome.)
- The treating doctor or QMD increases your disability rank to Level A total disability but he or she does not perform a new examination or provide current medical records to support the new disability rank. The new disability rank cannot be based solely on a phone call with you or a review of a questionnaire that you completed.
- The treating doctor or QMD states that you are totally disabled, but your medical records dated within the same time frame indicate that you are actively exercising and/or socializing.

Level B – $20,000 (U.S.)

To qualify for Severity Level B, your QMD statement and/or your medical records must document ONE of the following conditions:

- Central Nervous System Involvement; **or**
- Cardiopulmonary Involvement; **or**
- Vasculitis; **or**
- Renal Involvement; **or**
- Hemolytic Anemia (marked); **or**
- Thrombocytopenic Purpura; **or**
- Severe Granulocytopenia.

Level B – Central Nervous System Involvement

Central Nervous System (CNS) involvement includes both the central and peripheral nervous system. Acceptable ways to document this are:

- Records showing Multiple Sclerosis-like symptoms with abnormal cerebral spinal fluid (fluid that surrounds the brain and spinal cord); **or**
- Multiple Sclerosis-like symptoms with an abnormal MRI; **or**
- Peripheral Neuropathy symptoms – numbness, tingling, burning pain, paresthesias, loss or decreased sensation in the extremities; **or**
- Vasculitis – Inflammation of blood vessels affecting the skin often with involvement of other organs.

Level B – Cardiopulmonary Involvement

Cardiopulmonary involvement includes both the heart and the lungs. The physician must state that he or she believes that <u>ONE</u> of the following conditions are related to MCTD:

- Heart – This may include Congestive Heart Failure, pericardial friction rub observed on Echocardiogram, pericardial thickening or effusion, EKG abnormalities (may include atrial and ventricular arrhythmias, ventricular gallops and sinus tachycardia), conduction disturbances, pericarditis and tamponade.
- Lungs – This may include dyspnea on exertion, limited effort tolerance, non-productive cough, chest pain, pleuritic symptoms, i.e., inspiratory crackles, rales, pulmonary hypertension-resulting in exaggerated second heart sound, right ventricular gallops, murmurs of pulmonic and triscupid insufficiency, jugular venous distention, hepatojugular reflux, pedal edema and increased sputum.

Level B – Vasculitis

Vasculitis – inflammation of the blood or lymph vessels documented by lab reports, angiogram or biopsy.

Your medical records must document **ONE** of the following:

- A diagnosis of Vasculitis; **or**
- An abnormal angiogram (x-ray) confirming Vasculitis; **or**
- An abnormal biopsy report confirming Vasculitis.

Level B – Renal Involvement

To establish severe renal Involvement (failure) – your laboratory test or medical records must document **ONE** of the following:

- An abnormal 24 hour urine, creatine clearance, proteinuria >0.5 grams/day or 3+, possible albumin or casts **and** the medical records support ongoing renal dysfunction; **or**
- A diagnosis of nephrotic syndrome, **or**
- Kidney transplant or pending kidney transplant; **or**
- Dialysis treatments.

Level B – Hemolytic Anemia (marked)

Hemolytic Anemia (marked) – Hemolytic Anemia is a condition where there are not enough red blood cells in the blood. It is caused by premature destruction of red blood cells. Laboratory reports or medical records must document **ONE** of the following:

1. Decreased Hemoglobin and Hematocrit (H&H) – Hemoglobin is a protein in red blood cells that carries oxygen. Hematocrit is a blood test that measures the number of red blood cells and the size of red blood cells; **or**
2. Increased Mean Cell Volume (MCV) – The mean cell volume (MCV) is the average volume of a red blood cell; **or**
3. Increased Reticulocytes – A blood test that measures the body's production of immature red blood cells (reticulocytes); **or**
4. Hematuria – Hematuria is the presence of red blood cells (RBCs) in the urine; **or**
5. Jaundice – Jaundice is a yellow color in the skin, the mucous membranes, or the eyes.

Level B – Thrombocytopenic Purpura

Thrombocytopenic Purpura – "Thrombocytopenic" means the blood doesn't have enough platelets. "Purpura" means a person has excessive bruising. You can document this condition by a blood test that shows an abnormal decrease in the number of blood platelets or by physical examination.

In order to receive credit for this symptom, you must submit **ONE** of the following:

- Laboratory test reflects a decreased platelet count **and** a diagnosis of Thrombocytopenic Purpura; **or**
- A bone marrow test confirming a diagnosis of Thrombocytopenic Purpura; **or**
- Medical records reflect a history of abnormal bleeding or bruising **and** a diagnosis of Thrombocytopenic Purpura; **or**
- Medical records reflect bruises found on exam **and** a diagnosis of Thrombocytopenic Purpura.

Level B – Severe Granulocytopenia

Severe Granulocytopenia – Granulocytopenia is an abnormal reduction in the number of white blood cells. White blood cells fight infection and tissue damage.

In order to receive credit for this symptom, you must submit **ONE** of the following:

- Laboratory test reflects a decrease in granulocytes or neutrophils (white blood cells) **and** a diagnosis of Granulocytopenia; **or**

- A diagnosis of Granulocytopenia **and** signs and symptoms noted by history or found on physical examination. Symptoms may include: fever, sore throat, anal ulcers, painful mouth ulcers, poor healing wounds and/or repeated infections.

Level C – Other – $10,000 (U.S.)

If you are approved for Overlap Syndrome but you do not meet the criteria for Severity/Disability Level A or B, then the SF-DCT will automatically approve you for Level C – $10,000 (U.S.).

Other types of diseases or conditions for Disease compensation in the Plan:

A very small percentage of the Overlap Syndrome claims (less than 1%) processed by the SF-DCT are approved. Overlap Syndrome (OS) requires a diagnosis of SLE, Inflammatory Muscle Disease (PM or DM), or Rheumatoid Arthritis. SLE, PM and DM are separate diseases that are eligible for compensation in the Plan under both Disease Option 1 and Disease Option 2. Disease Option 2 compensation is significantly higher than amounts paid for Disease Option 1 claims, and the criteria is therefore more stringent and difficult to meet.

Overlap Syndrome is eligible for compensation **only in Disease Option 1**. Therefore, if you have a diagnosis **and** medical records that support the symptoms of SLE, PM or DM , then you might consider filing a claim for one of those diseases instead of Overlap Syndrome. Most claims that do not qualify for Overlap Syndrome because the claimant does not have a diagnosis of SLE, PM, DM or Rheumatoid Arthritis are reviewed by the SF-DCT for another condition in the Plan called “Atypical Connective Tissue Disease” or “ACTD.” Information about ACTD is in your Disease Claimant Information Guide at Tab 1 and at Annex A-97. Pursuant to Court Order, additional information about ACTD will be released by the SF-DCT on or before January 7, 2008.

The compensation amounts for approved Overlap Syndrome and ACTD claims are the same.