EXPEDITED PAY PROGRAM

The Expedited Pay Program Allocation Methodology contains the following steps:

1. Step 1: Proof of Use is evaluated.
2. Step 2: Proof of Diagnosis of a Qualifying Injury is evaluated.
3. Step 3: Expedited Payment Amount is determined.

Step 1: Proof of Use Evaluation

Each EPP Registered Claimant will be categorized as either 1) a Recorded Usage Claimant, or 2) an Affidavit of Usage Claimant.

Records Use Claimants must provide one of the following

- Contemporaneous records reflecting use (e.g., reference in medical records or insurance records that the patient is using a Recalled Device or Care Orchestrator (a/k/a "DreamMapper") data from a Recalled Device);
- Proof of purchase (receipt, prescription, insurance records, etc.);
- Photographic evidence containing the serial number and manufacture date of the device;
- Proof of participation and registration for Philips Respironics Recall Program; or
- The recall program data provided to the Settlement Administrator by Philips Respironics also may enable the Settlement Administrator to establish recorded usage for some Claimant

All EPP Claimants who do not meet the criteria for Recorded Usage Claimants and provide only their affidavit of usage within the Registration Form will be categorized as Affidavit of Usage Claimants.

Step 2: Proof of Diagnosis of a Qualifying Injury Is Evaluated

The EPP Injury Record Set must contain the Claimant's medical records sufficient to evidence the Claimant's diagnosis with or onset of either a Qualifying Respiratory Injury or Qualifying Cancer identified below after first use of a Recalled Device. Medical records must be dated prior to April 29, 2024, to be considered under the EPP Allocation Methodology.

Qualifying Respiratory Injuries	QRI Cont.	Worsening Qualifying Respiratory Injuries	Qualifying Cancers
1. Asthma, new onset 2. RADS 3. COPD, new onset 4. Emphysema 5. Bronchiectasis 6. Bronchitis*, chronic and persistent 7. Lung obstruction, new onset through PFTs 8. Bronchiolitis Obliterans 9. Pulmonary Fibrosis/Interstitial Lung Disease 10. Pulmonary Fibrosis/Usual Interstitial Pneumonitis 11. Pulmonary Fibrosis/Nonspecific Interstitial Pneumonitis 12. Pulmonary Sarcoidosis	14. Pneumonitis** / Acute Respiratory Distress Syndrome (ARDS) 15. Pneumonitis** / Hypersensitivity Pneumonitis (HP) 16. Pneumonitis** / Non-infectious Pneumonitis 17. Pneumonitis** / Cryptogenic Organizing Pneumonitis (a/k/a Bronchiolitis Obliterans Organizing Pneumonitis or BOOP) 18. Pneumonitis** / Acute Eosinophilic Pneumonitis (AEP) * This injury type specifically excludes any acute or non-persistent bronchitis. ** These injury types specifically excludes any infectious	19. Asthma, worsening 20. COPD, worsening	21. Lung Cancer 22. Acute Myeloid Leukemia (AML) 23. Chronic Myeloid Leukemia (CML) 24. Mucosa Associated Lymphoid Tissue (MALT) of the air-pathway lymphoid tissue 25. Thyroid Cancer 26. Oropharynx Cancer 27. Nasal Cavity/Sinus Cancer 28. Nasopharynx Cancer 29. Esophageal Cancer 30. Oral Cavity Cancer 31. Salivary Cancer 32. Larynx Cancer 33. Hypopharynx Cancer

13. Pneumonitis** / Acute Interstitial Pneumonitis	pneumonia or infectious pneumonitis		

Step 3: Expedited Payment Amount Is Determined

Payment guidelines follow. These numbers are the gross Settlement Value, before deductions for contractual attorneys' fees, case costs, the court-ordered Common Benefit Assessment, and any medical or other liens.

Qualifying Injury Category	Affidavit of Usage	Recorded Usage
Qualifying Respiratory Injury	$7,500	$10,000
Worsening Qualifying Respiratory Injuries	$5,000	$7,500
Qualifying Cancer	$7,500	$10,000

Claimants lacking strong documentation of their injuries or those with low point scores are encouraged to enroll in the EPP.

FULL EVALUATION PROGRAM

The FEP Allocation Methodology contains the following steps:

1. Step 1: Proof of Use is evaluated.
2. Step 2: Initial Base Injury Points are assigned for Primary Qualifying Injury and related Severity Level.
3. Step 3: Adjustments are applied to the Initial Base Injury Points to determine the Adjusted Base Points.
4. Step 4: Final Point Total is Calculated

Step 1: Proof of Use Evaluation: Recorded Usage or Affidavit Usage

Each FEP Registered Claimant is either 1) a Recorded Usage Claimant or 2) an Affidavit of Usage Claimant.

Recorded Usage may be established through one of the following. All FEP Claimants that cannot satisfy one of the following will be a Affidavit of Usage Claimant

- Contemporaneous records reflecting use (e.g., reference in medical records or insurance records that the patient is using a Recalled Device or Care Orchestrator (a/k/a "DreamMapper") data from a Recalled Device);
- Proof of purchase (receipt, prescription, insurance records, etc.);
- Photographic evidence containing the serial number and manufacture date of the device;
- Proof of participation and registration for Philips Respironics Recall Program; or
- The recall program data provided to the Settlement Administrator by Philips Respironics also may enable the Settlement Administrator to establish recorded usage for some Claimants.

FEP Recorded Usage Claimants are eligible for all Injury Groups and Severity Levels ("Levels") below as well as all Adjustments.

Step 2: Proof of Qualifying Injuries, Qualifying Diagnosis and Impairment

Each FEP Registered Claimant first will be placed into the Respiratory Injury or Cancer Base Disease Group ("Injury Group") identified on their Registration Form. (Claimants can identify 2 injuries max).

Then, each FEP Registered Claimant will be placed at the Severity Level that yields them the highest Initial Base Injury Points from the tables below, based on evidence of

1. existence of qualifying injuries,
2. proof of qualifying diagnoses, and
3. satisfaction of impairment criteria

Claimants must "bookmark" where their medical Records satisfy the Qualifying Diagnosis and Impairment Criteria, including:

A) records from the prescriber of the Recalled Device;
B) records, beginning at least 6 months prior to the first use of a Recalled Device, from the doctor who diagnosed the Qualifying Injury.

Step 2A: **Initial Base Injury Points are Assigned for Primary Qualifying Injury and Severity Level**

POINTS RANGE = 0 to 2,750 points

Table 1: FEP Qualifying Respiratory Injuries: As demonstrated through diagnosis or treatment records to have developed after first Recalled Device Usage:

Group	Injury	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
A	Asthma, new onset	50	125	225	325	425	525
A	Reactive Airway Dysfunction Syndrome (RADS)	50	125	225	325	425	525
B	COPD, new onset	50	150	300	425	550	N/A
B	Emphysema	50	150	300	425	550	N/A
C	Bronchiectasis	50	250	500	N/A	N/A	N/A
C	Bronchitis, chronic and persistent *	50	100	N/A	N/A	N/A	N/A
C	Lung obstruction, new onset - established with abnormal pulmonary function testing (PFTs)	50	N/A	N/A	N/A	N/A	N/A
D	Bronchiolitis Obliterans (BO)	50	100	175	325	550	650
D	Pulmonary Fibrosis / Interstitial Lung Disease	50	200	325	500	650	N/A
D	Pulmonary Fibrosis / Usual Interstitial Pneumonitis (UIP)	50	200	325	500	650	N/A
D	Pulmonary Fibrosis / Nonspecific Interstitial Pneumonitis (NSIP)	50	200	325	500	650	N/A
D	Pulmonary Sarcoidosis	50	75	150	250	375	N/A
D	Pneumonitis** / Acute Interstitial Pneumonitis	50	75	125	225	325	N/A
E	Pneumonitis** / Acute Respiratory Distress Syndrome (ARDS)	50	75	125	200	250	325
E	Pneumonitis** / Hypersensitivity Pneumonitis (HP)	50	75	125	225	325	425
E	Pneumonitis** / Non-infectious Pneumonitis	50	75	125	200	250	325
E	Pneumonitis** / Cryptogenic Organizing Pneumonitis (a/k/a Bronchiolitis Obliterans Organizing Pneumonitis or BOOP)	50	75	125	225	325	425
E	Pneumonitis** / Acute Eosinophilic Pneumonitis (AEP)	50	75	125	225	325	425

* This injury type specifically excludes any acute or non-persistent bronchitis.
** This injury type specifically excludes any infectious pneumonia or infectious pneumonitis (including those that are viral, bacterial, or fungal).

Table 2: FEP Worsening Qualifying Respiratory Injuries: As demonstrated through diagnosis or treatment records to have developed prior to first Recalled Device Usage but that worsened after first Recalled Device Usage:

Group	Injury	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
A	Asthma, Worsening	25	125	N/A	N/A	N/A	N/A
B	COPD, Worsening	25	125	N/A	N/A	N/A	N/A

Table 3: FEP Qualifying Cancers: As demonstrated through diagnosis or treatment records to have developed after first Recalled Device Usage.

Group	Injury	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
F	Lung Cancer	50	125	250	375	500	N/A
G	Acute Myeloid Leukemia (AML)	50	375	N/A	N/A	N/A	N/A
H	Chronic Myeloid Leukemia (CML)	50	300	N/A	N/A	N/A	N/A
I	Mucosa Associated Lymphoid Tissue (MALT) of the air-pathway lymphoid tissue	50	175	275	N/A	N/A	N/A
J	Thyroid Cancer	50	75	125	185	250	N/A
K	Oropharynx Cancer	50	100	185	275	375	N/A
L	Nasal Cavity/Sinus Cancer	50	125	250	375	500	N/A
L	Nasopharynx Cancer	50	125	250	375	500	N/A
M	Esophageal Cancer	50	125	250	375	500	N/A
N	Oral Cavity Cancer	50	125	250	375	500	N/A
N	Salivary Cancer	50	125	250	375	500	N/A
O	Larynx Cancer	50	125	250	375	500	N/A
O	Hypopharynx Cancer	50	125	250	375	500	N/A

Step 3: Adjustments are Applied to the Initial Base Injury Points

1. Age
2. Compliance: Using the recalled device for 1 year or more = 50% increase in point
3. Length of time b/t First use and first diagnosis

0-36 months	>36-60 months	>60-120 months	>120 months
N/A	10% Increase	25% Increase	50% Increase

4. Tobacco Use

Tobacco / Vaping History	Description	Adjustment
Never Smoker / Never Tobacco Use / Never Vape	A Claimant who attests to never using tobacco products or vaping products and establishes through 2 or more contemporaneous medical records that they have never been a tobacco user or user of vaping products.	300% Increase
Prior Tobacco User / Vaping Products User	A Claimant who attests to being a prior tobacco user or vaping products user and establishes through 2 or more contemporaneous medical records that they stopped smoking or vaping at least 5 years before being diagnosed with their Qualifying Injury.	100% Increase

5. BMI

Body Mass Index*	Adjustment
BMI < 30.0%	No reduction
BMI 30.1-35.0	10% reduction
BMI 35.1-40.0	20% reduction
BMI 40.1-45.0	30% reduction
BMI 45.1-50	40% reduction
BMI ≥50.1	50% reduction

Step 4: Final Point Total Calculation

The Settlement Administrator will calculate the FEP Registered Claimant's Primary Qualifying Injury Adjusted Points as follows:

Primary Qualifying Injury Base Points x (1+ Age at Diagnosis factor + Proof of Compliance factor + Latency factor + Tobacco Usage and Vaping factor - BMI reduction factor)

=

Primary Qualifying Injury Adjusted Points + (.25 x Secondary Qualifying Injury Adjusted Points)

=

Final Point Total

Extraordinary Injury Fund (a subset of the Full Evaluation Program)

If you are part of the FEP (a group in a settlement), you can apply for extra compensation from a fund called the Extraordinary Injury Fund (EIF). This is on top of the regular settlement money you might get. The EIF has between $75 million and $150 million set aside.

After everyone registers for the settlement, a person in charge, called the "Allocation Special Master," will decide how much of the total money will go into this extra fund. They'll review the claims for special cases that aren't fully covered by the regular process. Some examples of claims that might qualify for extra money from the EIF include things like:

- Death caused by an injury related to the case
- Surgeries or permanent impairments caused by that injury
- People whose total points (used to determine compensation) were higher than the limit set for the regular settlement

Once the Allocation Special Master makes a decision, it's final, but there is a way to ask for a reconsideration.

If there's any money left in the EIF after all the claims are reviewed, it will be shared among all FEP participants based on their points, excluding those who already got extra money from the EIF.

The form, fee, and other details about applying for the EIF will be given out later by the Settlement Administrator, possibly after the registration deadline for the main settlement. The deadline to apply for the EIF will be different from the regular registration deadline. All this information will be sent to the registered participants and their lawyers.