

**PERRINE DUPONT SETTLEMENT CLAIMS OFFICE  
ATTN: EDGAR C. GENTLE, CLAIMS ADMINISTRATOR  
C/O SPELTER VOLUNTEER FIRE DEPARTMENT OFFICE**

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**PERRINE MEDICAL MONITORING PROGRAM (THE "PROGRAM")  
CLAIMANT FREQUENTLY ASKED QUESTIONS AND ANSWERS**

**Q1. WHAT MEDICAL SERVICES ARE COVERED BY THE PROGRAM AND  
WHAT SERVICES ARE NOT COVERED?**

A. The Program is only designed to provide medical monitoring and not medical care. Program services are described in the Schedule of Benefits, attached. All additional services will not be paid by the Program and must be paid for by the Claimant. Before any medical services not described in the Schedule of Benefits are provided, the Program Medical Provider and the Claimant should discuss them, to make sure that the Claimant understands that the Claimant, and not the Program, will pay for them.

**Q2. HOW DO I KNOW IF I AM A CLAIMANT IN THE PERRINE MEDICAL  
MONITORING PROGRAM?**

A. You are a claimant in the Perrine Medical Monitoring Program if you selected yes for medical monitoring when you completed your Medical Monitoring Registration Form between March 1 and August 31, 2011, and your form was approved by the Claims Administrator. To check on your status, you can call the Perrine DuPont Claims Office at (304) 622-7443, or use our toll free number at 1-800-345-0837. If your Medical Monitoring Registration form was approved by the Claims Administrator (meaning that you provided sufficient verification that you lived in Zone 1 for one year, in Zone 2 for three years, or Zone 3 for five years since 1966), you became a claimant. You were then mailed a Perrine Medical Monitoring PROGRAM card.

**Q3. CAN I ELECT NOT TO BE TESTED?**

- A. **YES.** If you check the “yes” box, and not the “no” box when you became a Program Claimant. It is your decision on whether or not you want to be tested. If you are a registered Program claimant, you will receive correspondence and phone calls to set up a Medical Monitoring appointment, but you can decide whether you want to participate.

**Q4. WHAT IS INCLUDED IN THE PROGRAM?**

- A. The PROGRAM has the following 3 components:

1. **Testing.** If you are younger than age 15, you will receive a blood test.

If you are age 15 to 35, you will receive blood and urine tests. A stool sample will be taken for those claimants age 18 to 35.

If you are over 35 years of age, you will receive blood and urine tests, a stool sample will be taken, and you may receive a CT scan if a Program approved medical provider finds that it is medically necessary. You will not receive a CT scan if you are pregnant.

2. **Physician's Visit.** After your test results come in, you will visit with a PROGRAM approved physician who will discuss your results with you, and perform a general check up. If you are over 35 years of age and you are not pregnant, the PROGRAM approved physician will assess whether or not you should have a CT scan. If you are to have a CT scan provided, you will be directed to an approved PROGRAM CT scan facility.

3. **Specialist Visit.** You may also be eligible for a visit with one of the following specialists based on the recommendation of a PROGRAM medical provider: anesthesiologist, dermatologist, gastroenterologist, nephrologists, psychologist, pulmonary disease specialist, radiologist, cardio-thoracic specialist, urologist, or toxicologist.

**Q5. WHAT ARE THE DOCTORS LOOKING FOR?**

- A. The doctors are looking to see for a positive finding of disease possibly associated with exposure to zinc, cadmium, arsenic or lead.

**Q6. WHAT IF THE DOCTOR FINDS I HAVE A DISEASE?**

A. The doctor will refer you to a medical specialist for treatment. The treatment **IS NOT** covered by the PROGRAM.

**Q7. WILL THE PROGRAM COVER MY FOLLOW UP DOCTORS APPOINTMENTS AND CARE IF I AM SICK?**

A. **NO.** The PROGRAM only provides for medical monitoring (which is testing only) and property remediation (clean-up). Specifically, THE PROGRAM ONLY PROVIDES FOR BLOOD TESTING FOR LEAD, CADMIUM AND ARSENIC. IT ALSO PROVIDES FOR A VISIT TO A SPECIALIST FOR LIMITED FOLLOW UP TESTING. **THE PROGRAM DOES NOT PROVIDE FOR TREATMENT OR ANY OTHER TESTING, EVEN IF THE TREATMENT OR TESTING IS RELATED TO THE TESTING WHICH THE MEDICAL MONITORING PROGRAM COVERS OR RECOMMENDED BY THE PHYSICIAN. ATTACHED TO THIS QUESTION AND ANSWER SHEET IS A LIST OF ALL CODES AND SERVICES WHICH WILL BE REIMBURSED BY THE MEDICAL MONITORING PROGRAM. FEES FOR ANY AND ALL SERVICES PROVIDED BY A PHYSICIAN WHICH ARE NOT COVERED BY THE MEDICAL MONITORING PROGRAM WILL BE YOUR RESPONSIBILITY. PLEASE CHECK WITH YOUR PHYSICIAN TO CLARIFY WHICH SERVICES ARE COVERED BY THE MEDICAL MONITORING PROGRAM.**

**Q8. HOW LONG AM I ELIGIBLE TO RECEIVE THESE TESTS UNDER THE PROGRAM?**

A. You are eligible to receive these tests for 30 years.

**Q9. HOW OFTEN WILL I BE TESTED?**

A. Once every 2 years.

**Q10. WILL I RECEIVE A REMINDER WHEN I AM TO BE TESTED?**

A. Yes. You will receive a reminder letter from the PROGRAM every 2 years and you will receive a call from CTIA, the PROGRAM Administrator, to schedule your Medical Monitoring appointment. CTIA is the third party administrator of the PROGRAM and will assist you in scheduling your appointment.

**Q11. IF I DON'T GO TO MY APPOINTMENT FOR A FEW YEARS, WILL I LOSE MY RIGHT TO PARTICIPATE IN THE PROGRAM?**

A. NO. Your right to participate in medical monitoring will last for 30 years, whether or not you miss an appointment.

**Q12. CAN I GO TO MY OWN DOCTOR?**

A. Only if your doctor is one of the approved Medical Monitoring providers. Otherwise, NO.

**Q13. I LIVE WITHIN 50 MILES OF SPELTER, WEST VIRGINIA ("IN-AREA"). WHO ARE THE PHYSICIANS WHO ARE PROVIDING THE MEDICAL MONITORING SERVICES?**

A. United Physician Services, MedExpress, Bridgeport Express and Monongahela Valley Association of Health Centers, Inc. ("MVA"), are our 4 approved PROGRAM providers if you live within 50 miles of Spelter, West Virginia.

United Physician Services has one location in Shinnston, called Shinnston Healthcare, and one location in Bridgeport known as Bridgeport Physicians Care. MedExpress and Bridgeport Express both operate in Bridgeport. MVA has facilities in Shinnston and in Fairmont.

In total, there are six locations which are available for your convenience if you live within 50 miles of Spelter, West Virginia.

**Q14. WHO ARE THE PHYSICIANS WHO ARE PROVIDING THE MEDICAL MONITORING SERVICES IF I LIVE MORE THAN 50 MILES FROM SPELTER, WEST VIRGINIA ("OUT-OF-AREA")?**

A. Medical Providers who participate in the following three networks: (1) MultiPROGRAM; (2) Healthsmart HPO; and (3) Coalition America's Preferred Provider Network ("NPPN") are some of the approved PROGRAM out-of-area providers. Please note that you are not prevented from using the PROGRAM providers who are within the 50 mile area if you choose to do so. The PROGRAM is providing out-of-area providers merely for your convenience. For an exhaustive list of Out-of-Area Medical Monitoring Providers, Please Contact CTIA at 1-800-245-8813.

**Q15. WHO MAKES MY INITIAL APPOINTMENT?**

- A. You will be contacted by CTIA, the PROGRAM's Administrator. CTIA will provide you with a choice of times and locations for your convenience, to set up your initial appointment.

If you would like to contact CTIA to schedule your appointment immediately, please call 1-800-245-8813.

**Q16. WHAT FORMS WILL I FILL OUT DURING MY FIRST MEDICAL MONITORING VISIT?**

- A. On your first Medical Monitoring visit, you will have to fill out two forms:
1. **REQUIRED Medicare Form:** This form will be provided by your medical provider and must be completed and signed by you. We may be required to report to Medicare those individuals who are Medicare eligible, and therefore, you must complete a Medicare Questionnaire. See attached description of the Medicare Benefits Questionnaire.
  2. **Optional Claimant-Patient Data Sharing Consent Form:** This is an **optional** form. You do not have to fill it out unless you want to. **This form allows the Perrine Medical Monitoring PROGRAM to maintain your health information for research.** None of your personal information will be used. Only your medical history may be used for possible scientific and health research, and only after your individual identification information is removed. Third parties outside of the PROGRAM may have access to your medical history and health information for **research purposes only**. If you have any additional questions regarding how your medical history data will be maintained, please feel free to contact the Perrine Settlement Administration Office toll free at 1-800-345-0837.

**Q17. DO I HAVE TO BRING ANYTHING TO THE DOCTOR WITH ME?**

- A. **YES. You must bring (i) your PROGRAM Card; and (ii) photo identification.**

**Q18. WHO DO I CALL IF I'VE LOST MY PROGRAM CARD?**

- A. If you have misplaced your PROGRAM card, please call CTIA at 1-800-245-8813. A new one will be promptly mailed to you.

**Q19. IS MY MEDICAL INFORMATION PROTECTED?**

- A. **YES.** We have entered into agreements with our PROGRAM Administrator, CTIA, and the Medical Monitoring physicians, to ensure that your private health information is protected and that their procedures are Health Insurance Portability and Accountability Act ("HIPAA") compliant to make sure of this.

**Q20. DO I HAVE TO PAY ANYTHING TO PARTICIPATE IN THE PROGRAM?**

- A. **NO.** Yet, if you agree to receive services from your physician that are not covered by the Medical Monitoring PROGRAM, you may receive a bill or fees for said services may be billed to your insurance carrier. **Please make sure that you discuss which services are covered by the Medical Monitoring PROGRAM with your physician. Any fees which are not covered by the PROGRAM WILL BE YOUR FINANCIAL RESPONSIBILITY.**

**Q21. WILL MY MEDICAL INSURANCE BE USED BY THE PROGRAM?**

- A. **NO.** Yet, if you agree to receive services from your physician that are not covered by the Medical Monitoring PROGRAM, you may receive a bill or fees for said services may be billed to your insurance carrier. **Please make sure that you discuss which services are covered by the Medical Monitoring PROGRAM with your physician. Any fees which are not covered by the PROGRAM WILL BE YOUR FINANCIAL RESPONSIBILITY.**

**Q22. WHO IS PAYING FOR THE PROGRAM?**

- A. DuPont is paying for the PROGRAM as part of a Settlement in the matter of Perrine, et al., v. E. I. DuPont DeNemours and Company, Inc.

**Q23. I RECEIVE MEDICARE, MEDICAID, OR SOCIAL SECURITY BENEFITS. WILL MY PARTICIPATION IN THE MEDICAL MONITORING PROGRAM JEOPARDIZE MY BENEFITS?**

- A. Medical Monitoring should not affect your benefits, such as Medicaid or Social Security Benefits, because you are not receiving any cash or assets that would increase your income to the point that you no longer qualify for need-based benefits. Medical Monitoring should not affect Medicare benefits, but because we are reporting to Medicare, we cannot promise what Medicare will or will not do.

**Q24. IS MY INFORMATION CONFIDENTIAL?**

- A. **YES.** All of your health information is considered protected health information ("PHI") and is protected the Health Insurance Portability and Accountability Act ("HIPAA"), as well as by numerous other State and Federal laws and regulations. All of your health information is **CONFIDENTIAL**.

**Q25. DOES DUPONT HAVE ACCESS TO MY PRIVATE MEDICAL INFORMATION?**

- A. **NO.** All of your health information is **CONFIDENTIAL** and is to be used by your provider and other third parties only for the provision of health services for your benefit. DuPont is not involved in any of the decisions regarding your medical testing and the medical opinions which are rendered during the administration of the PROGRAM.  
Please note, that as indicated in the answer to Q16, if you elect to allow your health information to be maintained for possible future research initiatives, that health information may be shared and utilized by third parties outside of the PROGRAM. The information shared and utilized by third parties outside of the PROGRAM for research purposes only **will not** have your personal identifying information, such as name or social security number.

**Q26 YOU HAVE NOT ANSWERED ALL MY QUESTIONS. WHAT DO I DO?**

- A. Call us at (304) 622-7443, or toll free at 1-800-345-0837. You can also visit our website at [www.perrinedupont.com](http://www.perrinedupont.com) or e-mail us at [perrinedupont@gtandslaw.com](mailto:perrinedupont@gtandslaw.com).

Attachments:

1. Schedule of Benefits
2. Description of Medicare Benefits Questionnaire

DRAFT

## **Perrine Medical Monitoring Plan – Schedule of Benefits**

The Perrine Medical Monitoring Plan (Plan) provides limited medical testing benefits. Testing is provided as the result of a court settlement in the matter of Perrine, et al., v. E. I. DuPont DeNemours and Company, Inc. Testing protocols have been established to look for positive findings of disease possibly associated with exposure to zinc, cadmium, arsenic, or lead. **This Plan is for medical monitoring purposes only and does not cover any type of treatment.**

The purpose of this Schedule of Benefits is to provide you an outline of the benefits covered in the Medical Monitoring Plan. Benefits are limited to the procedures identified in this document. If additional procedures and/or tests are performed, it is the responsibility of the patient, or patient's medical insurance, to pay for the additional services. **Please discuss the services performed with the physician first to make certain they are covered.**

Testing is provided once every two years (biennial) for 30 years starting in 2011. You are authorized to provide medical monitoring in accordance with the Plan benefits. The Plan has the following components:

### **1. Biennial Testing-**

- a. Participants younger than age 15 will receive a blood test.
- b. Participants ages 15 – 17 will receive blood and urine tests.
- c. Participants ages 18 & above will receive blood and urine tests and be given a stool hemocult card.
- d. Participants age 35 and older are eligible for CT Scans.

### **2. Physician's Consultation-** Primary Care Physician (PCP) will consult with Participant to review the test results and perform a physical examination. The Participant may be referred for a CT Scan by the Primary Care Physician.

- a. If a CT Scan is recommended, (age 35 and over and not pregnant) the Primary Care Physician **must contact CTI Administrators to obtain and complete the necessary CT Scan Verification form.**
- b. Female Participants (ages 35 – 55) must be tested for pregnancy if a CT Scan is recommended. The pregnancy test is paid for by the plan. CT Scans are not allowed for pregnant participants.
- c. CTI Administrators will assist the Primary Care Physician in selecting an Imaging Facility and Radiologist as well as other specialists.

### **3. Referrals to Specialists-** Based upon test results and recommendations of the Primary Care Physician, the Patient may be referred to a Specialist for additional Testing. Testing is limited and must be in accordance with the procedures specified by the Plan. The PCP may perform the services specified for the Dermatologist; however, all other specialty services must be performed by the designated specialist.

### Step 1- Biennial Testing

#### Covered Procedures for the Primary Care Physician (PCP)

5 minute office visit for established patients or 10 minute for new patients

#### *Tests Must Be Ordered Depending on Age of Participant*

Under Age 15	PCP will perform a blood test only
Age 15 - 17	PCP will perform a blood and urinalysis test
Age 18 or older	PCP will perform a blood, urinalysis and stool sample test

Retests- Retests should be taken based upon the best judgment of the physician using the following guidelines:

- Retest if specimens were lost or damaged.
- Retest if test results appear to be unreliable or improbable based upon the patient's medical history
- Retest if results were very close to exceeding the normal range and other symptoms of bad health were present. In this case, a retest should be taken in six months.

### STEP 2- Physician's Consultation

The consultation should consist of a physical exam, review of laboratory findings, pros and cons of having a CT scan (if the participant is 35 years of age or older and not pregnant) and additional testing with a specialist on an as needed basis.

#### Covered Procedures for the Primary Care Physician

The Primary Care Physician will either have a 30 minute office visit (for existing patients) or a 40 minute office visit (for new patients) in step 2.

### STEP 3 Referrals to Specialists

If the PCP determines an individual needs to have a CT scan or see a specialist, please contact CTI Administrators at 800-245-8813 to identify an approved imaging facility or specialists in your area.

Specialists allowed by the Plan include:

Dermatologist\*, Urologist, Nephrologist,  
Gastroenterologist, Pulmonologist, Psychologist,  
Toxicologist, Anesthesiologist, Cardiothoracic Surgeon,  
Radiologist & Imaging Facility

*\* The Primary Care Physician may perform the services of the Dermatologist; however, all other specialty services must be performed by the designated specialist*

## COVERED PROCEDURES BY SPECIALIST

Dermatologist
<b>Procedure</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description</b>
Dermatologist or PCP will perform a biopsy of a skin lesion and send to a Pathologist for examination.

Urologist
<b>Procedure</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description</b>
Urologist will perform an examination of the urinary bladder with removal of tissue. This tissue will be examined by a Pathologist

Nephrologist
<b>Procedure</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description</b>
Nephrologist will perform a blood and urinalysis test

Gastroenterologist
<b>Procedure</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description</b>
Gastroenterologist will perform an examination of the upper Gastro Intestinal Tract with removal of tissue. This tissue will be examined by a pathologist

Toxicologist and Psychologist
<b>Procedure</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description of Procedures for the Toxicologist</b>
Toxicologist will perform a blood test
<b>Description of Procedures for the Psychologist</b>
Psychological testing (up to 4 one hour tests)

## COVERED PROCEDURES BY SPECIALIST- Continued

<b>Pulmonologist, Cardiothoracic Surgeon, &amp; Anesthesiologist</b>
<b>Description of Procedures for the Pulmonologist</b>
30 minute office visit for established patients or 40 minute for new patients
<b>Description of Procedures for the Cardiothoracic Surgeon</b>
30 minute office visit for established patients or 40 minute for new patients
Cardiothoracic Surgeon will perform an examination and removal of tissue from the lung and or airways. This tissue will be examined by a pathologist
<b>Description of Procedures for the Anesthesiologist</b>
Anesthesia

<b>CT Scans &amp; Radiologist</b>
At the discretion of the Primary Care Physician or designated specialist, some adults may be recommended to obtain a CT Scan (if over age 35 and not pregnant)
<b>Description of Procedures for CT Scans</b>
CT Scan of the chest and or abdomen and pelvis. These can be ordered with or without contrast
<b>Professional Component for the Radiologist</b>
Radiologist will interpret the results of the CT scans and forward them to the PCP.

Covered benefits are paid in full by the Plan. There are no deductibles, co-payments, or coinsurance.

<b>IMPORTANT REMINDER</b>
Please remember benefits are limited to the procedures identified in this document. If additional procedures and/or tests are performed, it is the responsibility of the patient, or patient's medical insurance, to pay for the additional services.

THE PERRINE MEDICAL MONITORING PROGRAM  
MEDICARE BENEFITS QUESTIONNAIRE

All patients in the Perrine Medical Monitoring Program (the "Program") are required to complete a Medicare Benefits Questionnaire.

IF A PATIENT REFUSES TO COMPLETE THE MEDICARE BENEFITS QUESTIONNAIRE, THE PATIENT CANNOT RECEIVE PROGRAM SERVICES. THE COMPLETION OF THE MEDICARE BENEFITS QUESTIONNAIRE FORM AND THE UTILIZATION THEREOF IS FOR BOTH THE PROTECTION OF THE PROGRAM AND TO PROTECT YOU, THE PATIENT.

Under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 ("MMSEA"), codified at 42 U.S.C. Section 1395y (b)(8), Medicare may require the Program to report to Medicare any patient in the Program who is eligible for Medicare.

Reporting is required when there is a payment obligation, including those that arise due to litigation, and that payment obligation results from a claim potentially involving past or future medical expenses. While the Program was funded with monies resulting from the resolution of litigation, the Program does not provide medical care and/or treatment whether past, present or future.

However, the Program does provide for medical testing to determine any finding of disease possibly associated with exposure to zinc, cadmium, arsenic or lead. Reporting would allow Medicare to refuse payment for future testing costs that should have been paid by the Program. Because medical monitoring itself is relatively new in practice, Medicare has yet to make a final determination if reporting is required in this circumstance.

As there is no final determination on the reporting requirement from Medicare at this time, all patients participating in the Program are required to complete a Medicare Benefits Questionnaire to help us determine Medicare eligibility. If Medicare requires reporting, this Medicare Benefits Questionnaire will assist us with satisfying the reporting requirements.

**NONE OF THE PATIENT'S MEDICARE BENEFITS SHOULD BE USED FOR ANY SERVICES THAT ARE COVERED BY THE PROGRAM.**