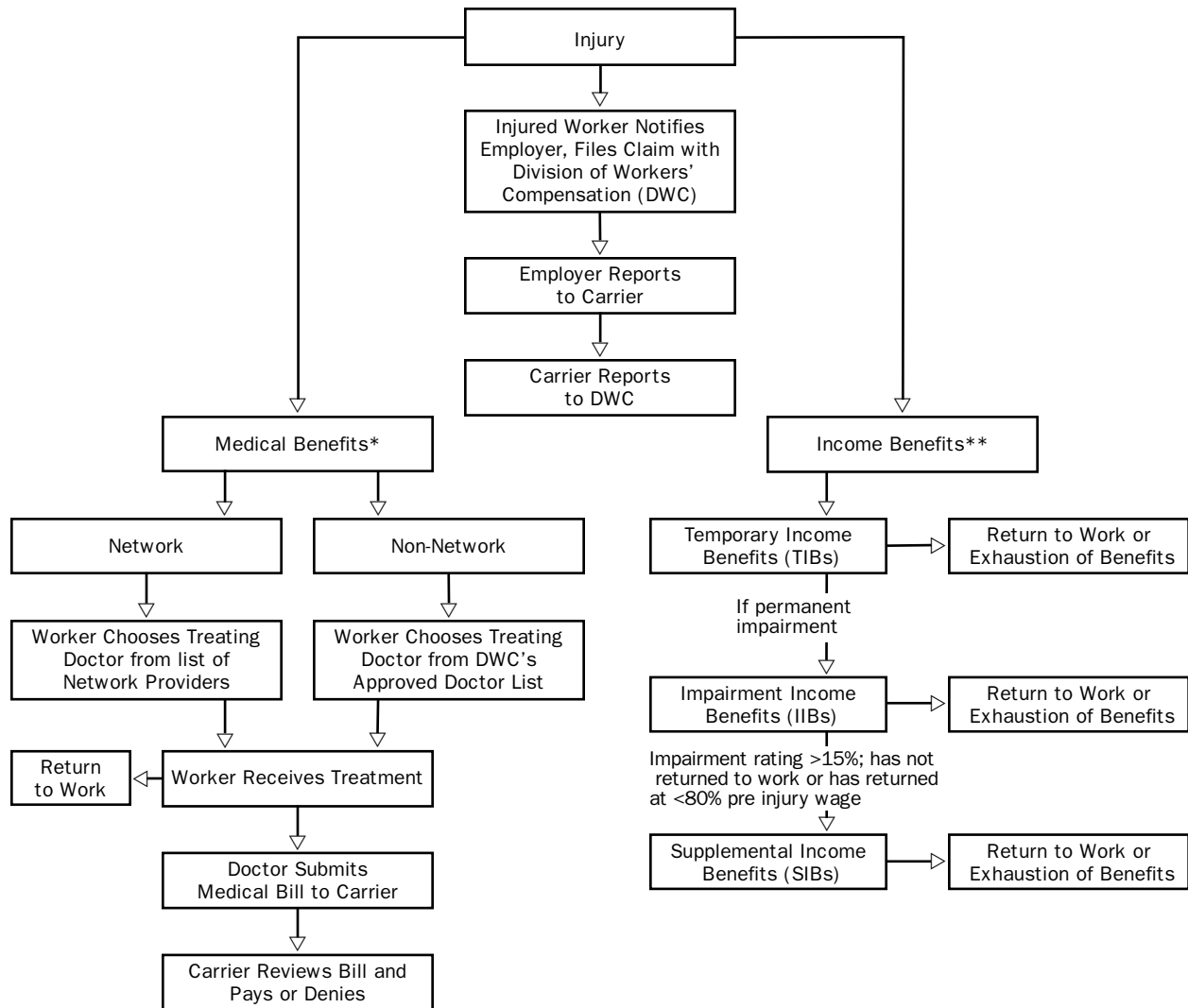


Texas Workers' Compensation Claim Process (effective 9/1/05)



MEDICAL DISPUTES regarding a denial of preauthorization or denial of care that's already been rendered (retrospective medical necessity) are handled by an Independent Review Organization (IRO). Medical disputes regarding fees for network care are handled through the network's complaint process. Medical fee disputes for non-network care are handled through an administrative dispute process at the DWC.

INCOME BENEFIT DISPUTES can be initiated at any point during the claim. These disputes are handled through an administrative dispute resolution process at the DWC.

* Medical benefits initiated immediately after injury. Certain medical treatments require pre-approval from the insurance carrier or network before they can be rendered ("preauthorization").

**Income benefits generally initiated when there have been eight days of lost time. Income benefits paid for first week of lost time if injured worker is not able to work for two weeks. Maximum of all benefits is 401 weeks from date of injury. In addition to income benefits shown, Lifetime Income Benefits (LIBs) are available for injured workers who meet specified eligibility requirements, and Death Benefits are paid to dependents in the event of a fatality.