

## Class Action Summary

# Blue Cross and Blue Shield Antitrust Provider Class Action

*This is not an official Court Notice. Information contained in this Summary is subject to change. There is no monetary settlement at this time.*

If you or your business are insured by or provide covered services to patients insured by Blue Cross and Blue Shield Association on or after **July 1, 2009**, an antitrust class action lawsuit alleging price fixing may affect you.

**Eligible Class Members:** If certified, eligible Class Members are: a) **Acute Care Hospital Provider Class** – all acute care hospitals in the State of Alabama, not owned in whole or in part by any of the “Defendants” (listed on the next page), that had a participation agreement with Blue Cross and Blue Shield of Alabama (“BCBS-AL”), that provided covered services, equipment or supplies to any patient who was insured by, or who was a member or beneficiary of any plan administered by a Defendant and that submitted a claim to BCBS-AL from July 1, 2009 to date (within four years prior to date of the filing of the action); or b) **Non-Acute Care Hospital Provider Class** – all healthcare providers other than acute care hospitals in the State of Alabama, not employed by or owned in whole or in part by any Defendant, who had a participation agreement with BCBS-AL, who provided covered services, equipment or supplies (other than (1) those provided to members of or participants in Medicare, Medicaid or the Federal Employee Health Benefits Programs; (2) those covered by standalone dental or vision insurance; (3) prescription drugs; (4) durable medical equipment; (5) medical devices; or (6) supplies or services provided in an independent clinical laboratory) to any patient who was insured by, or who was a member or beneficiary of any plan administered by a Defendant, and who submitted a claim to BCBS-AL from July 1, 2009 to date (within four years prior to date of the filing of the action).

\*Please note that the Defendants have entered into an approximate \$2.67 billion settlement with Individuals, Insured Groups and Self-Funded accounts that purchased or were enrolled in a Blue Cross or Blue Shield health insurance or administrative services plan. Additional information regarding that “Subscriber Class” settlement is available upon request.

**Case History:** Several class action lawsuits were filed on the behalf of the Subscriber Class and the Provider Class alleging the Defendants conspired to restrain trade and monopolize the markets in which they operate in violation of U.S. federal antitrust laws. In 2013, the lawsuits were consolidated in the Northern District of Alabama. The Provider Class litigation is ongoing at this time. It is impossible to predict the outcome; however, it is possible that money may become available to eligible class members if the Provider Class is certified by the Court and a settlement is reached with any of the Defendants in the future. FRS will update this Summary as the case progresses and new information becomes available.

**Definition of “Defendants”:** The Defendants are: 1) Blue Cross Blue Shield Association; and 2) Individual Blue Plans including BCBS-AL; Premera Blue Cross, which also does business as Premera Blue Cross Blue Shield of Alaska; Blue Cross Blue Shield of Arizona; USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield; Anthem, Inc., f/k/a WellPoint, Inc. d/b/a Anthem Blue Cross Life and Health Insurance Company, Blue Cross of California, Blue Cross of Southern California, Blue Cross of Northern California, and Blue Cross Blue Shield of Georgia, and also does business through its subsidiaries or divisions, including, Anthem Health Plans, Inc. d/b/a Anthem Blue Cross Blue Shield of Connecticut, Rocky Mountain Hospital & Medical Service Inc. d/b/a Anthem Blue Cross Blue Shield of Colorado and Anthem Blue Cross Blue Shield of Nevada, Anthem Insurance Companies, Inc. d/b/a Anthem Blue Cross Blue Shield of Indiana, Anthem Health Plans of Kentucky, Inc. d/b/a Anthem Blue Cross Blue Shield of Kentucky, Anthem Health Plans of Maine, Inc. d/b/a Anthem Blue Cross Blue Shield of Maine, Anthem Blue Cross Blue Shield of Missouri, RightCHOICE Managed Care, Inc., Healthy Alliance Life Insurance Company; HMO Missouri Inc., Anthem Health Plans of New Hampshire d/b/a Anthem Blue Cross Blue Shield of New Hampshire, Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield, Community Insurance Company d/b/a Anthem Blue Cross Blue Shield of Ohio, Anthem Health Plans of Virginia, Inc. d/b/a Anthem Blue Cross and Blue Shield of Virginia, Anthem Blue Cross Blue Shield of Wisconsin, and CompCare Health Services Insurance Corporation; California Physicians’ Service d/b/a Blue Shield of California; Highmark Inc. d/b/a Highmark Blue Shield and Highmark Blue Cross Blue Shield and including predecessor Hospital Service Association of Northeastern Pennsylvania f/d/b/a Blue Cross of Northeastern Pennsylvania; Highmark Blue Cross Blue Shield Delaware Inc. d/b/a Highmark Blue Cross Blue Shield Delaware, Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield West Virginia; CareFirst, Inc. and its subsidiaries or affiliates Group Hospitalization and Medical Services, Inc., CareFirst of Maryland, Inc., and CareFirst BlueChoice, Inc., which collectively d/b/a CareFirst BlueCross BlueShield; Blue Cross and Blue Shield of Florida, Inc.; Hawai’i Medical Service Association d/b/a Blue Cross and Blue Shield of Hawai’i; Blue Cross of Idaho Health Service, Inc. d/b/a Blue Cross of Idaho; Cambia Health Solutions, Inc., f/d/b/a Regence BlueShield of Idaho, Regence Blue Cross Blue Shield of Oregon, Regence Blue Cross Blue Shield of Utah, and Regence Blue Shield (in Washington); Health Care Service Corporation d/b/a Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana (including its predecessor Caring for Montanans, Inc.), Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas; Wellmark, Inc. d/b/a Wellmark Blue Cross and Blue Shield of Iowa; Wellmark of South Dakota, Inc. d/b/a Blue Cross and Blue Shield of South Dakota; Blue Cross and Blue Shield of Kansas, Inc.; Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana; Blue Cross and Blue Shield of Massachusetts, Inc.; Blue Cross Blue Shield of Michigan; BCBSM, Inc., d/b/a Blue Cross and Blue Shield of Minnesota; Blue Cross Blue Shield of Mississippi; Blue Cross and Blue Shield of Kansas City; Blue Cross and Blue Shield of Nebraska; Horizon Healthcare Services, Inc., d/b/a Horizon Blue Cross Blue Shield of New Jersey; HealthNow New York, Inc., d/b/a BlueCross BlueShield of Western New York and BlueShield of Northeastern New York; Excellus Health Plan, Inc., d/b/a Excellus BlueCross BlueShield; Blue Cross and Blue Shield of North Carolina, Inc.; Noridian Mutual Insurance Company d/b/a Blue Cross Blue Shield of North Dakota; Capital BlueCross; Independence Hospital Indemnity Plan, Inc., f/k/a Independence Blue Cross; Triple S-Salud, Inc.; Blue Cross and Blue Shield of Rhode Island; Blue Cross and Blue Shield of South Carolina; Blue Cross Blue Shield of Tennessee, Inc.; Blue Cross and Blue Shield of Vermont; and Blue Cross Blue Shield of Wyoming.

**If a monetary settlement is obtained, information about it will be available from Class Counsel. You also may visit the Court-approved website once one is established. Please understand that you have the right to file on your own if and when there is a monetary settlement. To learn more about our services, visit [www.FRSco.com](http://www.FRSco.com).**

**The Services FRS Provides:** Financial Recovery Strategies (FRS) is a class action claims management consultant; we are not a court appointed claims administrator or class counsel. If you hire FRS, FRS will work within your guidelines to manage the claims process. The services that FRS provides include the following: (i) notifying you when we believe that you may be eligible to participate in settlements likely to be valuable to you; (ii) endeavoring to enhance the likelihood that all of your eligible business units (e.g., subsidiaries, divisions, acquisitions and divestitures) are included in the claims process; (iii) to reduce the support needed from your in-house staff, providing advice on what, if any, documents need to be collected and maintained, and, when requested, assisting in that effort; (iv) when required documents are not available or are too burdensome to collect, attempting to develop innovative alternatives to satisfy documentation requirements and striving to obtain approval of those alternatives; (v) preparing, assembling and submitting your claim package, and managing it throughout the claims processing phase, including working with you to address any concerns or questions claims administrators may have; (vi) providing regular updates on the recovery process; (vii) reviewing your payment to assure that it has not been under calculated; and (viii) following up with you to assure that your recovery check is deposited. FRS’s recovery specialists are always available to answer any questions you may have.

**How to Retain FRS:** If you wish to hire FRS to file and manage a claim on your behalf, you must return a signed Claims Management Agreement and a signed Authority to File and Manage Claims. Before doing so, it is important that you understand their terms and make sure that all information about you is correct.