

Class Action Summary

Sutter Health (California)
Class Action Settlement

This is not an official Court Notice. Information contained in this Summary is subject to change.

If you or your self-funded plan compensated Sutter Health in California for general acute care hospital services or ancillary products from **January 1, 2003 to December 31, 2016**, you may be entitled to participate in the **\$575 MILLION** recovered in class action settlements.

Filing Deadline: May 28, 2021

Eligible Class Members: Eligible class members include all self-funded payors that are citizens of California for purposes of 28 U.S.C. § 1332 (d) (citizenship of entities will be determined as of April 7, 2014) or arms of the State of California and compensated Sutter Health (as listed below in the “Defendant” section) for general acute care hospital services or ancillary products at any time between:

- January 1, 2003 and July 25, 2016 at prices set by contracts between Sutter Health and Aetna;
- January 1, 2003 and December 31, 2016 at prices set by contracts between Sutter Health and Anthem;
- January 1, 2003 and June 25, 2016 at prices set by contracts between Sutter Health and Blue Shield;
- January 1, 2003 and April 30, 2016 at prices set by contracts between Sutter Health and Cigna; or
- January 1, 2003 and June 30, 2016 at prices set by contracts between Sutter Health and United Healthcare/PacifiCare.

Definition of “Defendant”: The Defendant includes Sutter Health and the following affiliates: Sutter East Bay Hospitals (predecessor of Sutter Bay Hospitals); Sutter West Bay Hospitals (n/k/a Sutter Bay Hospitals); Eden Medical Center (formerly d/b/a of Sutter Medical Center, Castro Valley) (predecessor of Sutter Bay Hospitals); Eden Medical Center; Sutter Central Valley Hospitals (predecessor of Sutter Valley Hospitals); Mills-Peninsula Health Services (predecessor of Sutter Bay Hospitals); Sutter Health Sacramento Sierra Region (n/k/a Sutter Valley Hospitals); Sutter Coast Hospital; Palo Alto Medical Foundation for Healthcare, Research and Education (n/k/a Sutter Bay Medical Foundation and d/b/a Palo Alto Medical Foundation for Health Care, Research and Education); and Sutter Medical Foundation (n/k/a Sutter Valley Medical Foundation).

Case History: Commencing in 2014, lawsuits were filed in the Superior Court of California (San Francisco County) alleging that, among other things, the Defendants included provisions in their contracts with the major health insurance companies operating in California that enabled Sutter Health to impose prices for hospital healthcare services and ancillary products that far exceeded the prices it would have been able to charge in and unconstrained, competitive market and foreclosed price competition by Sutter Health’s competitors. In December 2019, the class entered into a settlement with the Defendants in the aggregate amount of \$575 million, which is pending final Court approval. The settlement funds (less expenses, noticing costs and fees) will be distributed to the class if and when final approval is granted for all settlements and at the completion of the claims process.

Class Counsel or the Class Administrator may be contacted for additional settlement information. You also may visit the court approved website once one is established. Please understand that you have the right to file on your own.

To learn more about our services, visit 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.