

Class Action Summary

**Blue Cross and Blue Shield Antitrust Subscriber
Class Action Settlement**

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

If you purchased or were enrolled in a Blue Cross or Blue Shield health insurance or administrative services plan on or after **February 7, 2008**, you may be entitled to participate in the **\$2.67 BILLION** recovered in class action settlements.

Filing Deadline: No Claim Forms are available at this time. A claim filing deadline of November 5, 2021 has been set by the Court.

Eligible Class Members: Eligible Class Members are all **Individuals**, **“Insured Groups”** (defined on next page) and **“Self-Funded Accounts”** (defined on next page) that purchased, were covered by, or were enrolled in a “Blue-Branded Commercial Health Benefit Product” (defined on next page) sold, underwritten, insured, administered, or issued by any “Individual Blue Plan” (listed on next page in the “Defendants” section) during the respective class periods:

- The class period for the fully insured Individuals and Insured Groups is February 7, 2008 through October 16, 2020.
- The class period for the Self-Funded Accounts is September 1, 2015 through October 16, 2020.

Dependents, beneficiaries (including minors), non-employees and “Government Accounts” (defined on next page) are not included in this Subscriber Class. Please note there is a separate litigation against the Defendants, that, if certified, includes as eligible class members acute care hospitals and other healthcare providers in the State of Alabama (additional information regarding this “Provider Class” litigation is available upon request).

Definition of “Defendants”: The Defendants are: 1) Blue Cross Blue Shield Association; and 2) Individual Blue Plans from across the United States. See the Definitions on the next page.

Case History: Several class action lawsuits were filed on 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. At this time, the Subscriber Class has entered into a settlement with the Defendants for a total amount of approximately \$2.67 billion. The settlement is pending final approval. The settlement funds (less any expenses and fees) will be distributed to the Subscriber Class if and when the Court grants final approval of the settlement and a claims process is completed.

**Class Counsel or the Settlement Administrator may be contacted for additional settlement information.
You also may visit the Court-approved website, once it is available.**

***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.

Definitions

Definition of “Blue-Branded Commercial Health Benefit Product”: Blue-Branded Commercial Health Benefit Products include any product or plan under any of the Blue Cross and/or Blue Shield service marks, trademarks, names and/or symbols providing for the payment or administration of health care services (including but not limited to medical, pharmacy, dental, and vision products and services) or expenses through insurance, reimbursement, or other similar healthcare financing mechanism, for Members in the U.S. (however funded, including insured or self-funded) other than a product or plan offered under the Children with Special Health Care Needs Program (CSHCN); Children’s Health Insurance Program (CHIP); Civilian Health and Medical Program of the Department of Veteran’s Affairs (CHAMPVA); Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Indian Health Service, Tribal, and Urban Indian Health Plan; Medicaid; Medicare; Medicare Advantage (including but not limited to Medicare Advantage Prescription Drug Plans and Special Needs Plans, including but not limited to Medicare-Medicaid or Dual-Eligible Plans); Medicare Stand-Alone Prescription Drug Plans; Refugee Medical Assistance Program; State Maternal and Child Health Program (MCH); or TriCare. This excludes any product or plan purchased or offered by a Government Account.

Definition of “Insured Group”: An Insured Group means a health benefit plan, group account, or employer, including all members, sponsors, administrators, and fiduciaries thereof, that purchases, subscribes to, or is covered by Commercial Health Insurance. For associational entities (e.g., trade associations, unions, etc.), this includes any member entity which is covered by, enrolled in, or included in the associational entity’s Blue-Branded Commercial Health Benefit Product. This definition excludes all Government Accounts.

Definition of “Government Account”: A Government Account means only a state, a county, a municipality, an unincorporated association performing municipal functions, a Native American tribe, or the federal government (including the Federal Employee Program). A Government Account includes all members of the Government Account. No other entity that is not a state, county, municipality, unincorporated association performing municipal functions, Native American tribe or the federal government is a Government Account, unless it is required by law to provide any health care coverage it makes available to members only under, or as a participant in, a Commercial Health Benefit Product approved, selected, procured, sponsored or purchased by a Government Account. **Utility companies, school districts, government-funded hospitals, public retiree benefit plans, public libraries, port authorities, transportation authorities, waste disposal districts, police departments, fire departments are not considered a Government Account.**

Definition of “Self-Funded Accounts”: Self-Funded Accounts encompass any account, employer, health benefit plan, ERISA plan, non-ERISA plan, or group, including all sponsors, administrators, fiduciaries, and Members thereof, that purchased, were covered by, participated in, or were enrolled in a Self-Funded Health Benefit Plan during the Self-Funded Settlement Class Period. A Self-Funded Health Benefit Plan is any Commercial Health Benefit Product other than Commercial Health Insurance, including administrative services only contracts or accounts, administrative services contracts or accounts, and jointly administered administrative services contracts or accounts. For associational entities (e.g., trade associations, unions, etc.), the Self-Funded Account includes any member entity which was covered by, enrolled in, or included in the associational entity’s Blue-Branded Commercial Health Benefit Product. A Self-Funded Account that purchased a Blue-Branded Self-Funded Health Benefit Plan and Blue-Branded stop-loss coverage remains a Self-Funded Account.

Definition of “Defendants”: The Defendants are: 1) Blue Cross Blue Shield Association; and 2) Individual Blue Plans from across the United States. including *Blue Cross and Blue Shield of Alabama; Premera Blue Cross, which also does business as Premera Blue Cross Blue Shield of Alaska; Blue Cross Blue Shield of Arizona; US Able 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.; Hawaii Medical Service Association d/b/a Blue Cross and Blue Shield of Hawaii; 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.

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