

**IMPORTANT NOTICE ABOUT YOUR
ANTHEM BLUE CROSS HEALTH PLAN**

If you were enrolled in an individual or family Anthem Blue Cross of California (“Anthem”) health plan in 2014, you may be entitled to a payment under a class action settlement.

A California Court authorized this notice. This is not a solicitation from a lawyer. This notice may affect your legal rights—please read it carefully.

- A settlement will provide payments to California residents who were enrolled in individual and family Anthem plans and received medical services from a potentially misrepresented out-of-network professional in 2014.
- The settlement resolves lawsuits over Anthem’s marketing and/or sale of Affordable Care Act (“ACA”)-compliant individual and family health plans. If you received medical services from a potentially misrepresented out-of-network professional in 2014 for which Anthem has a record, you will automatically receive a payment. You may also submit a claim for any additional payments you made for potentially misrepresented out-of-network professional services in 2014 for which Anthem has no record.

YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT

DO NOTHING	If you received services from a potentially misrepresented out-of-network professional in 2014 (as described on p. 6) and Anthem has a record of this service, you will automatically receive payment (in the form of a check). If you received services from the out-of-network professional in 2014 and Anthem does <u>not</u> have a record of this service and you do nothing, you will get no payment. Also, you will not be able bring a lawsuit against Anthem about the legal claims <i>in this lawsuit</i> .
SUBMIT A CLAIM FORM	If you received services from a potentially misrepresented out-of-network professional in 2014 (as described on p. 6) and Anthem does <u>not</u> have a record of this service, you must submit a claim form to seek a payment. Once the settlement is approved by the Court, Anthem will mail you a claim form. You will then have 30 days to complete and return the claim form to the address provided in order to get a payment.

**QUESTIONS? CALL 866-384-9362, OR VISIT www.FelserAnthemBlueCrossACASettlement.com
SI NECESITA ASISTENCIA EN ESPAÑOL, POR FAVOR LLAME AL 866-384-9362**

EXCLUDE YOURSELF (“Opt-Out”)	Get no payment or other benefits under this settlement. This is the only option that allows you to ever be part of any other lawsuit against Anthem relating to the legal claims <i>in this lawsuit</i> and the only option through which you can seek a recovery for any damages other than the cost of the out-of-network treatment (such as for personal injuries or emotional distress) based on these claims. The deadline to opt-out is July 5, 2016 .
OBJECT	You may write to the Court about why you do not like the settlement. The deadline to submit an objection is July 5, 2016 .

Your rights and options – and the deadlines to exercise them – are explained in this notice. The Court in charge of this case still has to decide whether to approve the settlement. Payments will be made if the Court approves the settlement and after any appeals are resolved.

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BASIC INFORMATION

1. Why should I read this notice?

A Court authorized this notice because you have a right to know about a proposed settlement in four lawsuits against Anthem and all of your options, before the Court decides whether to give final approval to the settlement. This notice tells you: (1) about the terms of a proposed settlement, including the available benefits, (2) how the lawsuits and the settlement affect your legal rights, and (3) how to object or exclude yourself if you do not like the settlement.

The four lawsuits have been coordinated into one proceeding, *Anthem Blue Cross Affordable Care Act Cases*, Judicial Council Proceeding No. 4805 (“the Lawsuits”). Judge Elihu M. Berle of the Superior Court of the State of California for the County of Los Angeles is overseeing the Lawsuits. The people who sued are called the “Plaintiffs.” Anthem is the “Defendant.”

2. What are the Lawsuits about?

During the Affordable Care Act’s (“ACA”) first designated enrollment period between October 1, 2013 and March 31, 2014 (“2014 Open Enrollment Period”), Anthem offered new ACA-compliant individual and family Preferred Provider Organization (“PPO”) and Exclusive Provider Organization (“EPO”) plans to consumers for sale through and outside of the Covered California health insurance exchange. The Lawsuits claim that Anthem misrepresented that specific physicians and hospitals were available under the ACA-compliant health service plans when they were not, and concealed and failed to disclose that the new ACA plans were limited to a much narrower provider network than other plans. The Lawsuits also allege that Anthem sent incorrect ID cards, or failed to send ID cards, to members.

Anthem denies any wrongdoing related to the claims in the Lawsuits.

3. Why is this a class action?

In a class action, people called Class Representatives sue on behalf of other people who have similar claims, called the Class or Class Members. The Class Representatives in this case are Plaintiffs Samantha Berryessa Cowart, Lesley Noble, Betsy Felser, Patricia Griffin, Felicia Moghadam, Steven Moore, Josh Worth, Deborah Nitasaka, J. Christian Conrad and Mendy Lynn Conrad. In a class action, one court resolves the claims for all Class Members, except for people who want to exclude themselves (“opt-out”) from the Class.

4. Why is there a settlement?

The Court did not decide in favor of Plaintiffs or Anthem. Instead, the Parties have entered into a Settlement Agreement. Settling saves the time, expense, and uncertainty of litigation. It also provides Class Members immediate relief, rather than waiting for possible relief years from now, or possibly receiving nothing.

5. How do I know if I am part of the settlement?

You are included in the settlement and can potentially get payment under the settlement if you were enrolled in an Anthem individual PPO or EPO health plan in 2014. The settlement only applies to 2014 health plans purchased by individuals and families, not employer-provided health plans. The settlement does not apply to grandfathered health plans.

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Excluded from the Class are (i) any judicial officer presiding over the Lawsuits and the members of his/her immediate family and judicial staff; (ii) any person who has entered into a written settlement agreement with Anthem with respect to an Anthem individual PPO or EPO health plans, which releases the same claims released under the Settlement Agreement; and (iii) any person who timely opts-out of the Class.

THE SETTLEMENT BENEFITS – WHAT YOU GET

6. What does this settlement provide?

Anthem has agreed to reimburse Class Members who paid more out-of-pocket because they received medical services from an out-of-network professional. Class Members will have the opportunity to recover 100% of the out-of-pocket expenses for medical services rendered by an out-of-network professional in 2014.

Payment: If Anthem has a record of Class Members’ out-of-network medical services, Anthem will send checks directly to Class Members with no claims process required:

- **Class Members enrolled in an EPO plan** will receive a payment equal to 70% of the “billed charges” submitted to Anthem by the medical professional or Class Member. For EPO members, the settlement covers charges incurred in 2014 for services from any out-of-network professional.
- **Class Members enrolled in a PPO plan** will receive a payment equal to 50% of the “billed charges” submitted to Anthem for services provided by any medical professional potentially misrepresented as participating in an ACA PPO health plan. For PPO members, the settlement covers charges incurred in 2014 for services from any medical professionals who were listed as in-network in any Anthem ACA PPO plan but who were not participating in-network at the time medical services were provided.

Notably, EPO members have no plan benefits for treatment with out-of-network doctors. By contrast, PPO members have some benefits for treatment with out-of-network doctors. Accordingly, the settlement percentage for EPO members is higher than it is for PPO members. Once Class Members receive their settlement check, they can submit additional records supporting a larger reimbursement if they paid more for the out-of-network services.

In the aggregate, Anthem will automatically send checks to impacted Class Members totaling Fourteen Million, Nine Hundred Fifty Nine Thousand, Four Hundred Thirty Five Dollars and Zero Cents (\$14,959,435.00).

This payment approximates Class Members’ actual out-of-pocket expenses. Although Anthem is aware of some of the out-of-network *services* rendered to Class Members, Anthem does not have records reflecting how much Class Members actually *paid* for those services.

Claims: If neither Class Members nor their doctor previously submitted claims to Anthem for their out-of-network medical services, they must submit a claim form to receive a payment. Once the settlement is approved by the Court, Anthem will mail a claim form to Class Members who did not submit records to Anthem of out-of-network services. They will then have 30 days to complete and return the claim form to the address provided in order to get a payment. The fund available to pay for these out-of-network claims for which Anthem does not have a record is uncapped.

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Class Members may submit claims for out-of-network services they already paid for and those subject to active collection efforts at any time between **November 20, 2015 and February 19, 2016**.

The Parties agreed to these costs and the Court has approved payment of them.

Anthem also has agreed to undertake measures to improve: member, provider, and broker understanding about ACA-compliant plans, access to in-network providers, and accuracy of provider lists. Going forward, Anthem will treat a provider as in-network for billing purposes if a provider is listed in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services. For more information regarding these business changes visit **www.FelserAnthemBlueCrossACASettlement.com**.

7. What do I need to do to receive a payment I am due?

If Anthem has a record of your out-of-network medical services, you will automatically receive a check: If you received medical services in 2014 from an out-of-network medical professional and you or your medical professional previously submitted records to Anthem, you do not have to do anything to receive a payment. Once the Court approves the settlement, you will automatically receive a check for:

- 70% of the “billed charges” submitted to Anthem, if you were in an EPO plan. For EPO members, the settlement covers charges incurred in 2014 for services from any out-of-network provider.
- 50% of the “billed charges” submitted to Anthem, if you were in a PPO plan for services provided by any medical professional misrepresented as participating in an ACA health plan. For PPO members, the settlement covers charges incurred in 2014 for services from any medical professionals who were listed as in-network in any Anthem ACA PPO plan but who were not participating in-network at the time medical services were provided.

If the amount of the reimbursement check does not fully reimburse you, you will be able to submit a claim form for additional amounts. Once the Court approves the settlement, Anthem will mail you the reimbursement check along with a “Claim Form for Out-of-Pocket Expenses in Excess of Settlement Payment.” **You must submit the Claim Form for Out-of-Pocket Expenses in Excess of Settlement Payment within 30 days of receiving the reimbursement check in order to get an additional payment.** This claim form will also be available on the settlement website: **www.FelserAnthemBlueCrossACASettlement.com**.

If Anthem does not have a record of your out-of-network medical services, you will receive a claim form that you MUST submit to recover: If you received medical services in 2014 from an out-of-network professional and you or the medical professional did not submit records to Anthem, you must submit a claim form to get a payment. Once the Court approves the settlement, Anthem will mail you a “Claim Form for Previously Unsubmitted Out-of-Network Professional Services.” **You must submit the Claim Form for Previously Unsubmitted Out-of-Network Professional Services within 30 days of receiving it in order to get a payment.** This claim form will also be available on the settlement website **www.FelserAnthemBlueCrossACASettlement.com**.

How do I know if Anthem has a record of my out-of-network medical services? If you or your provider submitted a record of out-of-network medical services to Anthem, you would have received an “Explanation of Benefits” by mail showing that Anthem received and processed the claim. You can also check your

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Anthem account online to see if Anthem has a record of your out-of-network claim. Anthem will automatically send you a check if it has a record of your out-of-network service. If you only receive a claim form from Anthem, that means Anthem did not have a record of your out-of-network service.

8. Do all Class Members get a payment?

No. Class Members who did not receive services from an out-of-network professional in 2014 or who did not pay more out-of-pocket because they received medical services from an out-of-network professional in 2014 will not receive a settlement check.

All Class Members and other California consumers will benefit from Anthem's agreement to treat a provider as in-network in the future for billing purposes where a provider is listed as in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services. Anthem also has agreed to undertake other measures to improve: the size of the ACA-compliant plans' provider network; member, provider, and broker understanding about ACA-compliant plans; and accuracy of provider lists. For more information regarding these measures visit www.FelserAnthemBlueCrossACASettlement.com. As a result, all Class Members cannot sue, continue to sue, or be part of any other lawsuit against Anthem about the legal issues in *this lawsuit*. See Q. 15, below.

9. When would I get my payment (if I qualify)?

The Court will hold a Final Fairness hearing on **August 12, 2016 at 9:00 a.m.** to decide whether to approve the settlement. If the Court approves the settlement, there may be appeals that follow. Payments will be made after any appeals are resolved and if the settlement remains in effect. The attorneys do not yet know whether any appeals will be filed. Check www.FelserAnthemBlueCrossACASettlement.com periodically for an update on the status of these proceedings.

10. How long do I have to cash my settlement check?

Class Members have 120 calendar days after their settlement check is mailed to cash their settlement checks.

11. What happens if I don't cash my settlement check?

Settlement checks that are not cashed within 120 days after mailing of the initial check (or 60 days after mailing of a replacement check) will be void and a stop payment will be placed on the checks. If you do not cash your check, you waive any right to any portion of the settlement and you will be bound by the Settlement Agreement.

Any uncashed settlement checks will be donated to St. Jude Children's Research Hospital. In no circumstance will any of the Settlement Funds be retained by, or revert to, Anthem.

12. What happens if I lose my settlement check?

Class Members who have lost a settlement check can request in writing that a new check be issued by contacting the Settlement Administrator at the address below. You must request a replacement check within 120 calendar days of the date of the original settlement check. **Do not call or write Anthem or Anthem's lawyers for information or advice about this lawsuit.**

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Address:
Felser Settlement Administrator
P.O. Box 2508
Faribault, MN 55021-9508

Toll-Free Number: 1-866-384-9362

13. What will happen in the future if a provider is listed as in-network but is later treated as out-of-network by Anthem?

As part of the settlement, Anthem agrees to treat any provider as in-network for billing purposes if that provider is listed as in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services.

14. Who benefits from Anthem's agreement to treat providers listed as in-network as in-network for billing purposes in the future?

All consumers who are enrolled in a California Anthem health plan, or who enroll in one in the future, will benefit from Anthem's agreement to treat any provider as in-network for billing purposes if that provider is listed as in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services.

15. What am I giving up to get a payment or stay in the Class?

Unless you exclude yourself, you are included in the Settlement Class. That means that you cannot sue, continue to sue, or be part of any other lawsuit against Anthem relating to the legal issues in the Lawsuits and you cannot seek a recovery for any damages based on these claims *other than* the cost of the out-of-network treatment as defined above and in the Settlement Agreement (such as for personal injuries or emotional distress). It also means that all of the Court's orders will apply to you and legally bind you. By staying in the Class, you will release your right to sue Anthem for any and all known and unknown claims for relief, causes of action, suits, rights of action, or demands, at law or in equity, whether sounding in contract, tort, equity, or any violation of law or regulation, including, without limitation, claims for injunctive or other equitable relief, damages, debts, indemnity, contribution, or for costs, expenses and attorney's fees, that were or could have been brought in the Lawsuits relating to the marketing and/or sale of ACA Health Plans, including issues relating to the accuracy of provider directories.

IF YOU DO NOTHING

16. What happens if I do nothing at all?

If you do nothing, you will get a settlement check (if you qualify for one) and benefit from Anthem's agreement to undertake measures to improve: the size of the ACA-compliant plans' provider network; member, provider, and broker understanding about ACA-compliant plans; and accuracy of provider lists. Going forward, Anthem will treat a provider as in-network for billing purposes if a provider is listed in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services. If you do nothing, you cannot sue, continue to sue, or be part of any other lawsuit against Anthem relating to the legal issues in the Lawsuits. See Qs. 15 and 20.

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OBJECTING TO THE SETTLEMENT

17. Can I object to the settlement?

Yes. If you do not opt-out of the settlement, you have the right to object to the proposed settlement if you do not think it is fair, reasonable, or adequate. You can give reasons why you think the Court should not approve it. The Court will consider your views.

18. How do I object to the settlement?

Your objection must:

- (a) Identify the coordinated case name and number (*Anthem Blue Cross Affordable Care Act Cases*, Judicial Council Proceeding No. 4805);
- (b) Identify yourself as a Settlement Class Member;
- (c) Attach copies of materials you will submit to the Court or present at the Fairness Hearing (if any);
- (d) Be signed by you; and
- (e) Clearly state in detail: (1) the legal and factual ground(s) for the objection; (2) your name, address and, if available, telephone number; and (3) if represented by counsel, such counsel's name, address and telephone number.

To have your objection or comment considered by the Court, your written objection or comment must be postmarked no later than **July 5, 2016** and mailed to the following address:

Felser Settlement Administrator
P.O. Box 2508
Faribault, MN 55021-9508

19. Who resolves any disputes over the settlement?

The Honorable Elihu M. Berle of the Los Angeles Superior Court, who is presiding over the Lawsuits, will consider your objections and decide disputes regarding any aspect of your participation in the settlement, including whether or not you are a Settlement Class Member. **Do not call or write the Court directly about the Lawsuits.**

EXCLUDING YOURSELF FROM THE SETTLEMENT

If you do not want a payment from this settlement but want to keep your right to sue or continue to sue Anthem on your own about the legal issues in the Lawsuits, then you must follow the steps outlined below. This is called excluding yourself—or is sometimes referred to as “opting-out” of the Settlement Class.

20. What happens if I don't exclude myself (opt-out)?

If you do not opt-out of the settlement, you may be entitled to a payment under the settlement. However, you will not be able to sue Anthem on the legal issues in the Lawsuits, meaning you will release your right to sue Anthem for any and all known and unknown claims for relief, causes of action, suits, rights of action, or demands, at law or in equity, whether sounding in contract, tort, equity, or any violation of law or regulation, including, without limitation, claims for injunctive or other equitable relief, damages, debts, indemnity,

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contribution, or for costs, expenses and attorney's fees, that were or could have been brought in the Lawsuits relating to the marketing and/or sale of ACA Health Plans, including issues relating to the accuracy of provider directories.

21. What happens if I exclude myself (opt-out)?

If you opt-out of the settlement, you will not be entitled to a payment under the settlement and you cannot object to the settlement. However, you may be able to sue Anthem on the legal issues in the Lawsuits.

22. How do I exclude myself (opt-out)?

In order to exclude yourself, you must send a written request to the address listed below. Your written opt-out request must:

- (a) Identify the coordinated case name and number (*Anthem Blue Cross Affordable Care Act Cases*, Judicial Council Proceeding No. 4805);
- (b) Be signed by you;
- (c) Clearly express your desire to be excluded (or to "opt-out") from the Settlement Class; and
- (d) Include your name, address and, if available, telephone number and, if represented by counsel, counsel's name, address and telephone number.

If you ask to be excluded, you will not receive any settlement payment, and you cannot object to the settlement. However, you reserve your right to sue Anthem on the legal issues in the Lawsuits.

If you wish to opt-out from the Class, you must send an opt-out request by mail. The opt-out request must be postmarked no later than **July 5, 2016** and mailed to the following address:

Felser Settlement Administrator
P.O. Box 2508
Faribault, MN 55021-9508

23. If I exclude myself, can I get money from the settlement?

No. If you exclude yourself then you cannot receive a payment from the settlement.

24. What is the difference between objecting and excluding myself (opting-out)?

Objecting is simply telling the Court what you do not like about the settlement. You can object only if you stay in the Class. If you exclude yourself, you have no basis to object because the case no longer affects you.

THE LAWYERS REPRESENTING YOU

25. Who represents my interests in this settlement?

The attorneys who represent the Class Representatives and Class Members include lawyers for Consumer Watchdog, Shernoff Bidart Echeverria Bentley LLP, The Arns Law Firm, Law Offices of Scott C. Glovsky APC, and Martinez Law Office, Inc. Together, the lawyers are called "Class Counsel." You will not be charged for these lawyers. If you want to be represented by your own lawyer, you may hire one at your own

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expense.

If you wish to contact Class Counsel, please contact:

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Travis M. Corby
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26. Why are the lawyers representing the Class recommending settlement?

The Class Representatives and Class Counsel are supporting this settlement because it provides substantial benefits to Class Members. Settlement avoids the time and uncertainty of litigation and provides Class Members immediate relief, rather than waiting for possible relief years from now.

All Class Members will have the opportunity to recover 100% of out-of-pocket expenses for medical services rendered by an out-of-network professional in 2014. For many affected Class Members, they will not need to do anything to get their check and no claims process is required. All Anthem customers will benefit from Anthem's agreement to treat any provider as in-network for billing purposes if that provider is listed as in-network on Anthem's Provider Directory and a member relies on that network status when seeking medical services.

27. Do I have to pay any money to participate in this settlement?

No. You do not have to pay any money to participate in this settlement. You will not be required to pay any attorneys' fees or costs if you remain in this lawsuit.

28. Who pays the lawyers?

Anthem has agreed to pay Class Counsel fees and costs, which must be approved by the Court, in an amount

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not to exceed \$3,950,000.00. Class Counsel are also requesting an additional amount for each of the ten plaintiffs who acted as Class Representatives of \$5,000 each, which is also subject to Court approval. These amounts will not come out of the fund for payments to Class Members.

THE COURT'S FINAL FAIRNESS HEARING

29. When and where will the Court decide whether to grant final approval of this settlement?

A "Final Fairness Hearing" will be held on **August 12, 2016** at **9:00 a.m.** before the Honorable Elihu M. Berle of the Los Angeles County Superior Court. At this hearing the Court will consider whether the settlement is fair, reasonable, and adequate. If there are objections, the Court will consider them. The courtroom where the Final Fairness Hearing will be held is located at: Central Civil West Courthouse, Department 323, 600 S. Commonwealth Ave., Los Angeles, California, 90005. After the hearing, the Court will decide whether to approve the settlement.

30. Do I have to come to the hearing?

No. If you do not opt-out of the Class, you may, but do not need to, attend the Final Fairness Hearing at your own expense. If you send an objection, you do not have to come to Court to talk about it. As long as you mail your written objection or comment on time, the Court will consider it.

31. May I speak at the hearing?

If you are a Settlement Class Member and you do not opt-out, you may speak at the Final Fairness Hearing.

32. When will the settlement take effect?

This settlement will not take effect until after the Final Fairness Hearing and when all appeals, if any, from the Final Order and Judgment have been concluded. The attorneys do not yet know whether any appeals will be filed. Check **www.FelserAnthemBlueCrossACASettlement.com** periodically for an update on the status of these proceedings.

GETTING MORE INFORMATION

33. Are there more details about the settlement?

This notice summarizes the proposed settlement. More details are in the Settlement Agreement. If you would like to obtain a complete copy of the Settlement Agreement, the Lawsuits, and other documents in support of the settlement that have been filed with the Court, you may review and download them on the Anthem Blue Cross settlement website: **www.FelserAnthemBlueCrossACASettlement.com**. You can also call the following toll-free telephone number for information about this settlement: **866-384-9362**.

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