

IMPORTANT NOTICE ABOUT YOUR 2014 ANTHEM BLUE CROSS HEALTH PLAN

Dear Current and Former Anthem Blue Cross Enrollees:

A proposed settlement of a class action affects you because you were enrolled in an Anthem Blue Cross of California health plan in 2014. **You may be entitled to a payment under the settlement.**

The Superior Court of California for the County of Los Angeles authorized this notice. **Please read this notice carefully because it affects your legal rights whether you take action or not.**

QUICK SUMMARY

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| Who was this class action brought against? | Anthem Blue Cross of California (“Anthem”) |
| What is the subject of the class action? | 2014 Affordable Care Act-compliant Anthem Individual and Family Health Plans (“ACA Plans”) |
| Who is a member of the Class? | People who enrolled in the ACA Plans |
| What is this lawsuit about? | Class Members brought lawsuits (the “Lawsuits”) alleging Anthem misrepresented which doctors and hospitals (“providers”) were participating in their ACA Plans’ networks. Some providers listed as “in-network” were not participating in-network for ACA Plans and as a result some Class Members incurred higher costs. The settlement is designed to allow consumers to recover 100% of their extra costs. |
| What did this class action settle for? | Both cash payments to Class Members (described on page 2) and required changes to keep the issues from occurring again. |
| What do I have to do? | See table below or website: www.FelserAnthemBlueCrossACASettlement.com |

YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT

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| DO NOTHING | If you received services from a potentially misrepresented out-of-network professional in 2014 (as described on p. 2) and Anthem has a record of this service, you will automatically receive payment via 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 these Lawsuits</i> . |
| SUBMIT A CLAIM FORM | If you received services from a potentially misrepresented out-of-network professional in 2014 (as described on p. 2) and Anthem does <u>not</u> have a record of this service, you must submit a claim form to seek a payment. Once the Court approves the settlement, 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. |
| EXCLUDE YOURSELF (“Opt-Out”) | Get no payment or other benefits under this settlement. This is the only option that allows you to be part of any other lawsuit against Anthem relating to the legal claims in this case and the only option through which you can seek a recovery for 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 no later than July 5, 2016. |

What does this settlement provide?

Payment: Anthem has agreed to reimburse Class Members a total of \$14.9 million. The \$14.9 million represents payments for out-of-network professional services as follows:

- **Class Members enrolled in an Exclusive Provider Organization (“EPO”) plan** will receive a payment equal to 70% of the “billed charges” for out-of-network services 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 Preferred Provider Organization (“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 providers. By contrast, PPO members have some benefits for treatment with out-of-network providers. Accordingly, the settlement percentage for EPO members is higher than it is for PPO members. Once you receive your settlement check you can submit additional records supporting a larger reimbursement if you paid more for the out-of-network services. **If you or your doctor have already submitted records of out-of-network services to Anthem, you do not need to do anything to receive reimbursement under the settlement.**

Claims: Additionally, all Class Members may submit claims for out-of-network services that have not been previously submitted to Anthem. There is no cap on the claim fund for out-of-network claims for which Anthem does not have a record. **If you have incurred charges for out-of-network services that have not previously been reported to Anthem, you must complete a claim form in order to get a payment. You do not need to submit the claim form at this time.** Once the Court approves the settlement, Anthem will send you the claim form. **For more information, visit: www.FelserAnthemBlueCrossACASettlement.com.**

Changes to practices: Anthem has already made changes to its practices, and agreed to make additional changes, including measures to improve: member, provider, and broker understanding about ACA 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.** Anthem will treat that provider as in-network for billing purposes. More information is at: www.FelserAnthemBlueCrossACASettlement.com.

How do I get what I am entitled to?

Once the Court approves the Settlement, Anthem will mail you one of the following:

- A settlement check for the applicable percentage of your total billed amounts of charges for out-of-network services that Anthem has a record of. Enclosed with your settlement check will be a claim form to submit additional records supporting a larger reimbursement if you paid more for the out-of-network services.
- A claim form for payment of charges for out-of-network services that have not been previously submitted to Anthem. **You will then have 30 days to complete and return the claim form to the address provided in order to get a payment.**

If you do not Opt-Out of the settlement, 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.

What else should I know?

For more information about the Lawsuits, the settlement, or how to object to or exclude yourself from the settlement, other important deadlines (which can change without notice), or the fees requested by attorneys, visit www.FelserAnthemBlueCrossACASettlement.com, or call toll-free at 866-384-9362.

The Court will hold a Final Fairness hearing **on August 12, 2016 at 9:00am** to decide whether to approve the settlement. Check www.FelserAnthemBlueCrossACASettlement.com periodically for updates.

SI NECESITA ASISTENCIA EN ESPAÑOL, POR FAVOR LLAME AL 866-384-9362.