

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
1.	<b>Basic Information</b>	What is the lawsuit about?	In the class action, called <i>In re: Blue Cross Blue Shield Antitrust Litigation</i> , the Plaintiffs (see FAQ 3) claim that the Settling Defendants violated antitrust laws by illegally dividing the United States into "Service Areas" and agreeing not to compete in those areas. They also claim that the Settling Defendants fixed prices for services provided. The class action is pending in the United States District Court for the Northern District of Alabama, Southern Division. U.S. District Judge R. David Proctor is overseeing it.
2.	<b>Basic Information</b>	Why is there a Settlement?	The Court did not decide in favor of the Plaintiffs or Settling Defendants. Instead, both sides have agreed to the Settlement. Both sides want to avoid the risk and cost of further litigation. The Plaintiffs and their attorneys think the Settlement is best for the Settlement Classes.
3.	<b>Basic Information</b>	Who are the Parties to this Settlement?	The Plaintiffs – the Provider Class Representatives – are the group of providers and facilities listed in Paragraph ttt of the Settlement Agreement, available <a href="#">here</a> . The Settling Defendants are all Settling Individual Blue Plans (Primary Licensees, including Controlled Affiliate Licensees) and the Blue Cross Blue Shield Association ("BCBSA"), collectively. "Parties" means the collective of all Provider Class Representatives, all Settlement Class Members, BCBSA, and all Settling Individual Blue Plans.
4.	<b>The Settlement Class</b>	Who is included in the Settlement Classes?	<p>The Settlement Class includes all Providers in the U.S. (except <u>Excluded Providers</u> (see FAQ 5), who are not part of the Settlement Class) who currently provide or provided healthcare services, equipment or supplies to any patient who was insured by, or was a Member of or a beneficiary of, any plan administered by any Settling Individual Blue Plan during from July 24, 2008 to October 4, 2024 ("Settlement Class Period").</p> <p>"Provider" means any person or entity that provides healthcare services in the U.S., including but not limited to a physician, group practice, or facility.</p>

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
5.	<b>The Settlement Class</b>	Who is excluded from the Settlement Classes?	<p>The following are “Excluded Providers” and are not Settlement Class Members:</p> <ul style="list-style-type: none"> <li>(i) Providers owned or employed by any of the <u>Settling Defendants</u> (see FAQ 3);</li> <li>(ii) Providers owned or employed exclusively by Government Entities or Providers that exclusively provided services, equipment or supplies to members of or participants in Medicare, Medicaid or the Federal Employee Health Benefits Programs;</li> <li>(iii) Providers that have otherwise fully released their Released Claims against the Releasees prior to the Execution Date, including but not limited to Providers that were members of any of the settlement classes in <i>Love v. Blue Cross and Blue Shield Association</i>, No. 1:03-cv-21296-FAM (S.D. Fla.), and who were licensed to practice before March 12, 2008; or</li> <li>(iv) Providers that exclusively provide or provided: (a) prescription drugs; (b) durable medical equipment; (c) medical devices; (d) supplies or services provided in an independent clinical laboratory; or (e) services, equipment or supplies covered by standalone dental or vision insurance.</li> </ul> <p><i>Note: Any Provider who falls within the exclusion(s) described in (i), (ii), or (iv) above, for only a portion of the Settlement Class Period, is a Class Member that may recover in the Settlement.</i></p>
6.	<b>The Settlement Class</b>	I am still not sure if I am included.	<p>If you are still not sure if you are included in the Settlement Classes, please review the detailed information contained in the Settlement Agreement, available for download <a href="#">here</a>. You may also contact the Settlement Notice Administrator at <a href="mailto:Administrator@BCBSProviderSettlement.com">Administrator@BCBSProviderSettlement.com</a> or call toll-free at 1-888-452-3095.</p>

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
7.	Settlement Benefits	What does the Settlement provide?	<p>The Settlement pays Class Members who submit valid claims by <b>July 29, 2025</b>. If the Court approves the Settlement, a \$2.8 billion Settlement Fund will be established. The money remaining in the Settlement Fund, after paying the Attorneys' Fee and Expense Awards (which shall include (a) attorneys' fees not to exceed 25% of the Settlement Fund and (b) expenses, costs and, if permitted, Service Awards, totaling approximately \$100 million), and Notice and Settlement Administration costs of approximately \$100 million, is called the "Net Settlement Fund." The Net Settlement Fund will be distributed to Class Members. This Net Settlement Fund will be split as follows:</p> <ol style="list-style-type: none"><li><b>Hospital/Facility Net Settlement Fund:</b> 92% of the Net Settlement Fund will be allocated to a "Hospital/Facility Net Settlement Fund." The Hospital/Facility Net Settlement Fund will be distributed to Health Care Systems that submit claims on behalf of their Health Care Facilities and individual Health Care Facilities that are Authorized Claimants.</li><li><b>Professionals Net Settlement Fund:</b> 8% of the Net Settlement Fund will be allocated to a "Professionals Net Settlement Fund." The Professionals Net Settlement Fund will be distributed to Medical Groups and Medical Organizations that submit claims on behalf of their Medical Professionals, as well as individual Medical Professionals that are Authorized Claimants.</li></ol> <p>The Hospital/Facility Net Settlement Fund and Professionals Net Settlement Fund are separate funds. If the claims submission rate is lower in one fund than the other, the payments to the Authorized Claimants will be proportionately increased in that fund only, without affecting the other fund's payments.</p> <p>The Settling Defendants also agreed to make changes in the way they do business to increase the opportunities for competition in the market for the purchase of goods and services from healthcare providers ("Injunctive Relief") that benefits Class Members. The list of Injunctive Relief measures can be found on pages 6 – 8 of the <a href="#">Class Notice</a>.</p>

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
8.	Settlement Benefits	How much can Class Members get from the Settlement?	Class Members who submit a valid approved claim (“Authorized Claimants”) will receive a payment from the Net Settlement Fund if the Settlement is approved. Payments are based in part on the total amount of estimated Allowed Amounts determined by the Settling Defendants during the Settlement Class Period. (see FAQs 9 and 10). Health Care Systems and Health Care Facilities can claim payments from the Hospital/Facility Net Settlement Fund, while Medical Groups, Medical Organizations and Medical Professionals can claim from the Professional Net Settlement Fund (see FAQ 12).

9.	<p><b>Settlement Benefits</b></p>	<p>How are Health Care Systems' and Health Care Facilities' payment amounts calculated?</p>	<p>Individual Health Care Facilities and Health Care Systems that submit Claim Forms on behalf of their facilities can receive a portion of the Hospital/Facility Net Settlement Fund. Payments are based on the Allowed Amounts determined by Settling Blue Plans for services provided from July 24, 2008, to October 4, 2024.</p> <p><b>1. Payment Calculation Methods:</b></p> <table border="1" data-bbox="747 313 1999 711"> <thead> <tr> <th>Method</th> <th>Eligibility</th> <th>Data Used</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td><b>Default Method</b></td> <td>Claimants for which Plaintiffs' experts have data from 2008-2014</td> <td>Experts use data for 2008-2014</td> <td>Extrapolate Allowed Amounts for 2015-2024 using growth in national hospital expenditures.</td> </tr> <tr> <td><b>Alternative Method</b></td> <td>All Claimants</td> <td>Claimant submits their own data for 2008-2014 and/or 2015-2024</td> <td>Allowed Amounts calculated based on Claimant-submitted data.</td> </tr> </tbody> </table> <p><i>Note: Due to a lack of necessary data, the Default Method is not available for Health Care Facilities located in Arizona, Iowa, Louisiana, Maryland, New Jersey, South Dakota, CareFirst's service area in Virginia, the District of Columbia and Puerto Rico, and Health Care Facilities that were not open prior to January 1, 2015.</i></p> <p><i>Note: For Claimants who submit Allowed Amounts for some but not all years, the Consumer Price Index for hospital and related services will be used to backcast the Allowed Amounts for prior years, forecast the Allowed Amounts for later years and interpolate, assuming linear growth, the Allowed Amounts for years in between years with Allowed Amounts.</i></p> <p><b>2. NPI/TIN Identification Process:</b></p> <p>Authorized Claimants must:</p> <ul style="list-style-type: none"> <li>Identify each National Provider Identifier (NPI) or Taxpayer Identification Number (TIN).</li> <li>Specify the time period for which it is submitting a claim for each NPI or TIN.</li> </ul> <p>Allowed Amounts will be calculated separately for each NPI or TIN.</p> <p><b>3. Allowed Amounts Review:</b></p>	Method	Eligibility	Data Used	Calculation	<b>Default Method</b>	Claimants for which Plaintiffs' experts have data from 2008-2014	Experts use data for 2008-2014	Extrapolate Allowed Amounts for 2015-2024 using growth in national hospital expenditures.	<b>Alternative Method</b>	All Claimants	Claimant submits their own data for 2008-2014 and/or 2015-2024	Allowed Amounts calculated based on Claimant-submitted data.
Method	Eligibility	Data Used	Calculation												
<b>Default Method</b>	Claimants for which Plaintiffs' experts have data from 2008-2014	Experts use data for 2008-2014	Extrapolate Allowed Amounts for 2015-2024 using growth in national hospital expenditures.												
<b>Alternative Method</b>	All Claimants	Claimant submits their own data for 2008-2014 and/or 2015-2024	Allowed Amounts calculated based on Claimant-submitted data.												

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer										
			<p>Authorized Claimants can review their Allowed Amounts before the distribution of the Net Settlement Fund. If corrections are needed, Authorized Claimants must submit supporting materials for review. The Claims Administrator will adjust the Allowed Amounts if necessary.</p> <p><b>4. Regression Model Summary:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;">Factor</th> <th style="width: 70%;">Explanation</th> </tr> </thead> <tbody> <tr> <td><b>Blue Plans' Market Share</b></td> <td>The Blue Plans' share in the Authorized Claimant's Core-Based Statistical Area (CBSA) or county.</td> </tr> <tr> <td><b>Year</b></td> <td>The specific year being evaluated.</td> </tr> <tr> <td><b>Harm Coefficient</b></td> <td>Estimated using the model to calculate the relative effect of Defendants' actions on different Health Care Facilities.</td> </tr> </tbody> </table> <p><b>5. Payment Formula:</b></p> <p>Each Health Care Facility's Allowed Amounts will be multiplied by the applicable Harm Coefficient to determine that Health Care Facility's Adjusted Allowed Amounts. The Health Care Facility's Adjusted Allowed Amounts will be used to calculate the Health Care Facility's payment as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Hospital/Facility Claim Payment Formula</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <math display="block">\frac{\text{NPI or TIN Adjusted Allowed Amounts}}{\text{Total Adjusted Allowed Amounts for All Health Care Facilities That Filed Claims}} \times \text{Hospital/Facility Net Settlement Fund}</math> </td> </tr> </tbody> </table>	Factor	Explanation	<b>Blue Plans' Market Share</b>	The Blue Plans' share in the Authorized Claimant's Core-Based Statistical Area (CBSA) or county.	<b>Year</b>	The specific year being evaluated.	<b>Harm Coefficient</b>	Estimated using the model to calculate the relative effect of Defendants' actions on different Health Care Facilities.	Hospital/Facility Claim Payment Formula	$\frac{\text{NPI or TIN Adjusted Allowed Amounts}}{\text{Total Adjusted Allowed Amounts for All Health Care Facilities That Filed Claims}} \times \text{Hospital/Facility Net Settlement Fund}$
Factor	Explanation												
<b>Blue Plans' Market Share</b>	The Blue Plans' share in the Authorized Claimant's Core-Based Statistical Area (CBSA) or county.												
<b>Year</b>	The specific year being evaluated.												
<b>Harm Coefficient</b>	Estimated using the model to calculate the relative effect of Defendants' actions on different Health Care Facilities.												
Hospital/Facility Claim Payment Formula													
$\frac{\text{NPI or TIN Adjusted Allowed Amounts}}{\text{Total Adjusted Allowed Amounts for All Health Care Facilities That Filed Claims}} \times \text{Hospital/Facility Net Settlement Fund}$													

10.	<b>Settlement Benefits</b>	How are Medical Professionals' payment amounts calculated?	<p>Individual Medical Professionals and Medical Groups/Organizations submitting Claim Forms on behalf of their Medical Professionals are entitled to receive a portion of the Medical Professionals' Settlement Fund. The settlement payment for each Medical Professional will be based on the assignment of points based on the range of Allowed Amounts determined by Settling Blue Plans for services provided to Blue Plan Members between July 24, 2008, and October 4, 2024, multiplied by a factor based on the harm coefficient calculated by Provider Plaintiffs' experts for the geographic area in which the Medical Professional is located, resulting in "Adjusted Points," as follows:</p> <p>Medical Professionals will receive the number of points corresponding to the Allowed Amounts for their NPI or TIN shown in the table below:</p> <table border="1" data-bbox="884 483 1705 1040"> <thead> <tr> <th>Allowed Amounts</th> <th>Points</th> </tr> </thead> <tbody> <tr> <td>Less than or equal to \$250,000</td> <td>1</td> </tr> <tr> <td>More than \$250,000 – but less than or equal to \$500,000</td> <td>2</td> </tr> <tr> <td>More than \$500,000 – but less than or equal to \$750,000</td> <td>3</td> </tr> <tr> <td>More than \$750,000 – but less than or equal to \$1,000,000</td> <td>4</td> </tr> <tr> <td>More than \$1,000,000</td> <td>5</td> </tr> </tbody> </table> <p>On the Claim Form, Claimants will indicate the range that contains their Allowed Amounts. Each Medical Professional NPI or TIN for which a Claimant submits a claim will be assigned a number of "Adjusted Points" equal to the points that correspond to that NPI or TIN's range of Allowed Amounts, multiplied by the multiplier that corresponds to the harm coefficient for the geographic area in which the NPI or TIN is located, as shown in the table below:</p>	Allowed Amounts	Points	Less than or equal to \$250,000	1	More than \$250,000 – but less than or equal to \$500,000	2	More than \$500,000 – but less than or equal to \$750,000	3	More than \$750,000 – but less than or equal to \$1,000,000	4	More than \$1,000,000	5
Allowed Amounts	Points														
Less than or equal to \$250,000	1														
More than \$250,000 – but less than or equal to \$500,000	2														
More than \$500,000 – but less than or equal to \$750,000	3														
More than \$750,000 – but less than or equal to \$1,000,000	4														
More than \$1,000,000	5														

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

Category	Question	Answer														
		<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Harm Coefficients for Geographic Areas</th> <th style="padding: 5px;">Points Multiplier</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">Less than 2</td> <td style="text-align: center; padding: 5px;">1</td> </tr> <tr> <td style="text-align: center; padding: 5px;">2 to 3</td> <td style="text-align: center; padding: 5px;">2.5</td> </tr> <tr> <td style="text-align: center; padding: 5px;">3 to 4</td> <td style="text-align: center; padding: 5px;">3.5</td> </tr> <tr> <td style="text-align: center; padding: 5px;">4 to 5</td> <td style="text-align: center; padding: 5px;">4.5</td> </tr> <tr> <td style="text-align: center; padding: 5px;">5 or higher</td> <td style="text-align: center; padding: 5px;">5.3</td> </tr> </tbody> </table> <p><b>1. Payment Formula:</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Medical Professionals' Payment Formula</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 10px;"> <math display="block">\frac{\text{NPI or TIN Adjusted Points}}{\text{Total Adjusted Points for All Medical Professionals Who Filed Claims}} \times \text{Professional Net Settlement Fund}</math> </td> </tr> </tbody> </table> <p><b>2. Payment Resolution Process</b></p> <p>No distributions will be made until all claims, determinations, and disputes that could impact Claim Payments are resolved.</p>	Harm Coefficients for Geographic Areas	Points Multiplier	Less than 2	1	2 to 3	2.5	3 to 4	3.5	4 to 5	4.5	5 or higher	5.3	Medical Professionals' Payment Formula	$\frac{\text{NPI or TIN Adjusted Points}}{\text{Total Adjusted Points for All Medical Professionals Who Filed Claims}} \times \text{Professional Net Settlement Fund}$
Harm Coefficients for Geographic Areas	Points Multiplier															
Less than 2	1															
2 to 3	2.5															
3 to 4	3.5															
4 to 5	4.5															
5 or higher	5.3															
Medical Professionals' Payment Formula																
$\frac{\text{NPI or TIN Adjusted Points}}{\text{Total Adjusted Points for All Medical Professionals Who Filed Claims}} \times \text{Professional Net Settlement Fund}$																



# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
11.	Settlement Benefits	How do I submit a claim?	<p>You can submit a claim for payment and any required accompanying documentation <a href="#">online</a> or by mail to this address:</p> <p style="text-align: center;"><b>Blue Cross Blue Shield Provider Settlement Settlement Notice Administrator</b> P.O. Box 26443 Richmond, VA 23261</p> <p>Submitting a claim online is highly recommended. Your claim must be submitted <a href="#">online</a>, or mailed and postmarked, by <b>July 29, 2025</b>.</p> <p>If you submit a claim on behalf of a Health Care System or Health Care Facility and select the Alternative Option, you must include estimated Allowed Amounts on your Claim Form. Otherwise, the Default Option will be used unless it is unavailable due to lack of available data concerning your Allowed Amounts. Instructions for submitting your claim, and details concerning the Default Option and Alternative Option are on the applicable Claim Form and on the Settlement Website. When required, sufficient documentation should include a signed attestation when other documentation is no longer available.</p>

12.	<b>Settlement Benefits</b>	Which Claim Form should I submit?	<p>There are two types of claims available: the Facilities Claim, for a payment from the Hospital/Facility Net Settlement Fund; or the Professionals Claim, for a payment from the Professional Net Settlement Fund.</p> <p><b>(1) Professionals Claim:</b> select this option if you are a <u>Medical Professional</u> (any individual Provider – a person or entity that provides healthcare services in the U.S), <u>Medical Group</u> (two or more Medical Professionals, and those claiming by or through them, who practice under a single taxpayer identification number), or a <u>Medical Organization</u> (any association, partnership, corporation or other form of organization—including without limitation independent practice associations and physician hospital organizations – that arranges for care to be provided to Blue Plan Members by Medical Professionals organized under multiple taxpayer identification numbers).</p> <p>Medical Groups/Organizations may submit Claim Forms on behalf of Medical Professionals employed by or working with them without providing individual signatures from the Medical Professionals, if: (a) authorized to do so by the Medical Professionals, and (b) the Medical Professionals do not also submit Claim Forms on their own behalf. Full instructions for the Professionals Claim Form are available <a href="#">here</a>.</p> <p><b>(2) Facilities Claim:</b> select this option if you are filing a claim on behalf of a <u>Health Care Facility</u> (any facility, such as a hospital, ambulatory surgery center, dialysis center, imaging center or other facility in which health care services are or were delivered to Blue Plan Members), or a <u>Health Care System</u> (any association, partnership, corporation or other form of organization that arranges for care to be provided to Blue Plan Members by two or more Health Care Facilities organized under multiple taxpayer identification numbers).</p> <p>You may file only one Claim Form as a Health Care Facility or a Health Care System on behalf of Health Care Facilities. If you are representing a Health Care System, attach a list of all the Health Care Facilities for whom you are filing a claim.</p> <p>Health Care Systems may submit Claim Forms on behalf of multiple Health Care Facilities without providing individual signatures from the Health Care Facilities, if: (a) the Health Care Systems are authorized to do so by the Health Care Facilities, and (b) the Health Care Facilities do not also submit Claim Forms on their own behalf. Full instructions for the Facilities Claim Form are available <a href="#">here</a>.</p>
13.	<b>Settlement Benefits</b>	How do I receive my payment?	<p>If you are found eligible for a settlement award, you may choose to receive your payment as a check, by electronic transfer (ACH or wire), or by digital payment (virtual Mastercard, PayPal, or Venmo). Claimants with awards greater than \$10,000 must choose check, ACH, or wire, and cannot select PayPal, Venmo, or Virtual Mastercard. You will receive your entire payment by the single payment method you select, and you may not split your award across multiple payment</p>

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

Category	Question	Answer																										
		<p>types. The digital payments and ACH are free. Check payments cost you up to \$25 if the check is less than or equal to \$100,000, or up to \$100 if the check is more than \$100,000. Wires must be for at least \$250,000 and cost up to \$100. Such payments will be subtracted from your recovery. See Summary Table Below:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="3">PAYMENT METHOD OPTIONS SUMMARY</th> </tr> <tr style="background-color: #d3d3d3;"> <th>PAYMENT METHOD</th> <th>AMOUNT OF PAYMENT</th> <th>PROCESSING FEE</th> </tr> </thead> <tbody> <tr> <td rowspan="2"><b>Check</b></td> <td>&lt;\$100,000</td> <td>up to \$25</td> </tr> <tr> <td>≥\$100,000</td> <td>up to \$100</td> </tr> <tr> <td><b>Wire</b></td> <td>≥\$250,000</td> <td>up to \$100</td> </tr> <tr> <td><b>ACH</b></td> <td>Any</td> <td>None</td> </tr> <tr> <td><b>PayPal</b></td> <td>≤\$10,000</td> <td>None</td> </tr> <tr> <td><b>Venmo</b></td> <td>≤\$10,000</td> <td>None</td> </tr> <tr> <td><b>Virtual Mastercard</b></td> <td>≤\$10,000</td> <td>None</td> </tr> </tbody> </table> <p>If you elect to receive an electronic or digital payment and the information you enter is incorrect or incomplete, the Settlement Administrator will convert your award to a check payment. Be sure to double check that the payment information you provide is correct and up-to-date and that the payment details are associated with the correct account.</p>	PAYMENT METHOD OPTIONS SUMMARY			PAYMENT METHOD	AMOUNT OF PAYMENT	PROCESSING FEE	<b>Check</b>	<\$100,000	up to \$25	≥\$100,000	up to \$100	<b>Wire</b>	≥\$250,000	up to \$100	<b>ACH</b>	Any	None	<b>PayPal</b>	≤\$10,000	None	<b>Venmo</b>	≤\$10,000	None	<b>Virtual Mastercard</b>	≤\$10,000	None
PAYMENT METHOD OPTIONS SUMMARY																												
PAYMENT METHOD	AMOUNT OF PAYMENT	PROCESSING FEE																										
<b>Check</b>	<\$100,000	up to \$25																										
	≥\$100,000	up to \$100																										
<b>Wire</b>	≥\$250,000	up to \$100																										
<b>ACH</b>	Any	None																										
<b>PayPal</b>	≤\$10,000	None																										
<b>Venmo</b>	≤\$10,000	None																										
<b>Virtual Mastercard</b>	≤\$10,000	None																										
<b>14.</b>	<b>Settlement Benefits</b>	<p>What happens if I do not submit a claim?</p> <p>If you do not submit a claim form to the Administrator for review <b>by July 29, 2025</b>, you will not receive a payment, even if you are a Class Member who is entitled to a share of the Settlement proceeds.</p>																										

15.	<p><b>Excluding Yourself</b></p>	<p>How do I exclude myself from the Class?</p>	<p>You may exclude yourself from the Settlement Class if: (1) you or the entity you represent is a Class Member (see FAQ 4); and (2) you do not want the monetary and other benefits provided by the Settlement, you do not want to be legally bound by the terms of the Settlement, or you wish to pursue your own separate lawsuit against the Settling Defendants.</p> <p><b>Steps for Exclusion</b></p> <p>Your Exclusion Request must include –</p> <ol style="list-style-type: none"> <li>1. Your Information: <ul style="list-style-type: none"> <li>○ Your name, or the name of the Class Member you represent.</li> <li>○ Your address and telephone number, <i>and</i> if different, the contact information of the Class Member.</li> <li>○ If the Class Member has assigned, transferred or otherwise given a financial interest in its claims against the Settling Defendants to a third party (in whole or in part), the name, address and telephone number of the third party.</li> </ul> </li> <li>2. Additional Information: <ul style="list-style-type: none"> <li>○ For Health Care Systems or Facilities: Provide your NPI, and TIN, if applicable.</li> <li>○ For Medical Professionals: Groups, Organizations, or Professionals: Provide your National Provider Identifier (NPI), Tax Identification Number (TIN), and the last four digits of your Social Security Number, if applicable.</li> </ul> </li> <li>3. Exclusion Statement: <ul style="list-style-type: none"> <li>○ A statement indicating that you, or the Class Member you represent, wish to be excluded from the Settlement Class in <i>In re: Blue Cross Blue Shield Antitrust Litigation</i>.</li> </ul> </li> <li>4. Signature: <ul style="list-style-type: none"> <li>○ Your personal, physical signature is required. Electronic signatures (including DocuSign or PDF signatures) will not be accepted.</li> <li>○ Requests signed solely by your lawyer, unless employed by the Health Care System, Facility, Medical Group, or Organization, are not valid.</li> </ul> </li> </ol> <p><b>Your Exclusion Request must be mailed, and postmarked or received by March 4, 2025</b>, to the following address:</p> <p style="text-align: center;"><b>Blue Cross Blue Shield Provider Settlement Settlement Notice Administrator</b></p> <p style="text-align: center;">P.O. Box 26443</p>
-----	----------------------------------	--	--

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
			<p>Richmond, VA 23261</p> <p><i>Note: If you are requesting to be excluded on behalf of a Health Care System, Health Care Facility, Medical Group, or Medical Organization that is a member of the Settlement, you must be an authorized representative of the entity.</i></p> <p><i>Note: A Health Care System, Medical Group, or Medical Organization cannot submit a single Exclusion Request on behalf of all its Providers. Each Class Member must submit his, her, or its own Exclusion Request, and it must be signed by the Class Member or their authorized representative.</i></p>
16.	Excluding Yourself	If I do not exclude myself, can I sue Settling Defendants for the same thing later?	No. Unless you exclude yourself, you give up the right to sue the Settling Defendants for any claims that are released by the <a href="#">Settlement Agreement</a> . If you have a current lawsuit against the Settling Defendants, speak to your lawyer in that lawsuit immediately to determine whether you must exclude yourself from the Settlement Class to continue your own lawsuit against Settling Defendants.
17.	Excluding Yourself	What am I giving up by staying in the Settlement Classes?	<p>Unless you exclude yourself, you remain in the Settlement Class. This means that you cannot sue, continue to sue, or be part of any other lawsuit against the Settling Defendants that makes claims based on the facts and legal theories involved in this case, or any of the business practices that the Settling Defendants adopt pursuant to the Settlement Agreement. It also means that all of the Court's orders in this class action will apply to you and legally bind you.</p> <p>The Released Claims are detailed in the Settlement Agreement, available <a href="#">here</a>.</p>

18.	<p><b>Objections</b></p>	<p>How do I tell the Court that I do not like the Settlement?</p>	<p>You can object to the Settlement if you (1) are a Class Member, (2) have not excluded yourself from the Settlement, and (3) do not like part or all of the Settlement. The Court will consider your views. To object, you must send a letter or other written statement saying that you object to the Settlement in <i>In re: Blue Cross Blue Shield Antitrust Litigation</i>, and the reasons why you object to the Settlement. This letter must include:</p> <ul style="list-style-type: none"> <li>• The name of the Action – <i>In re: Blue Cross Blue Shield Antitrust Litigation</i>;</li> <li>• Description of your objections, including any applicable legal authority and any supporting evidence you wish the Court to consider;</li> <li>• Your full name, address, email address, and telephone number;</li> <li>• The NPIs and/or TINs you used when submitting claims to the Blues for reimbursement (this information may be redacted in your submission to the Court);</li> <li>• Whether the objection applies only to you, the entire Settlement Class or subset of the Settlement Class;</li> <li>• The identity of all lawyers who represent you, including former or current lawyers who may be entitled to compensation for any reason related to the objection, along with a statement of the number of times in which that lawyer(s) has objected to a class action within the past five years (the statement should include the caption of the case for each prior objection, and a copy of any relevant orders addressing the objection);</li> <li>• Any agreements that relate to the objection or the process of objecting between you, your lawyer, and/or any other person or entity;</li> <li>• Your (and your lawyer’s) signature on the written objection;</li> <li>• A statement indicating whether you intend to appear at the Final Fairness Hearing (either personally or through your lawyer); and</li> <li>• A declaration under penalty of perjury that the information provided is true and correct.</li> </ul> <p>Do not send your written objection to the Court or the judge. Instead, mail the objection to the Settlement Notice Administrator with copies to Co-Lead Counsel and Counsel for Settling Defendants at the addresses listed below. Your objection must be postmarked by <b>March 4, 2025</b>.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b><u>Settlement Notice Administrator:</u></b>  Blue Cross Blue Shield Provider Settlement  Settlement Notice Administrator  P.O. Box 26443  Richmond, VA 23261</p> </div>
-----	--------------------------	---	--

## BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

### Frequently Asked Questions and Answers

Category	Question	Answer
		<p><b><u>Plaintiffs' Co-Lead Counsel:</u></b>                      Edith M. Kallas                      Joe R. Whatley, Jr.                      WHATLEY KALLAS, LLP                      P.O. Bos 10968                      Birmingham, AL 35202-0968</p> <p><b><u>Counsel for Settling Defendants:</u></b>                      Karin DeMasi                      Lauren Kennedy                      CRAVATH, SWAINE &amp; MOORE LLP                      375 Ninth Avenue                      New York, NY 10001</p>
<b>19.</b>	<b>Objections</b>	<p>What is the difference between excluding myself and objecting?</p> <p>Objecting is telling the Court that you do not like something about the Settlement. You can object only if you do not exclude yourself from the Settlement Class. Excluding yourself is telling the Court that you do not want to be part of the Settlement Class or the lawsuit. If you exclude yourself, you are no longer a Class Member and you do not have a right to share in the Settlement's proceeds, or to object because the Settlement no longer affects you.</p>
<b>20.</b>	<b>The Lawyers Representing You</b>	<p>Do I have a lawyer in this case?</p> <p>The Court has appointed Edith M. Kallas, and Joe R. Whatley, Jr. of Whatley Kallas, LLP as Co-Lead Counsel on behalf of the Plaintiffs and Class Members. You do not need to hire a lawyer because Co-Lead Counsel is working on your behalf. However, if you wish to pursue your own lawsuit separate from this one, or if you exclude yourself from the Settlement Class, these lawyers will no longer represent you.</p> <p>You will need to hire a lawyer if you wish to pursue your own lawsuit against the Settling Defendants.</p>

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
21.	<b>The Lawyers Representing You</b>	How will the lawyers be paid?	Settlement Class Counsel may apply to the Court (their “Fee and Expense Application”) for: (a) an award of attorneys’ fees up to 25% of the \$2.8 billion Settlement Fund, and (b) reimbursement of expenses and costs incurred in pursuing this litigation of approximately \$100 million. You will not have to pay any fees or costs.
22.	<b>The Court’s Fairness Hearing</b>	When and where will the Court decide whether to approve the Settlement?	The Court will hold a Fairness Hearing to decide whether to approve the Settlement. The Fairness Hearing will be at <b>9:30 a.m. Central Time on July 29, 2025</b> , at the United States District Court for the Northern District of Alabama, Hugo L. Black United States Courthouse, 1729 5th Avenue North, 8 <sup>th</sup> Floor, Birmingham, Alabama 35203. You may attend and you may ask to speak, but you do not have to. At this hearing, the Court will consider whether the Settlement is fair, reasonable, and adequate. The Court will also consider whether to approve attorneys’ fees and expenses and service awards for class representatives. If there are objections, the Court will consider them. The Court will listen to people who have asked to speak at the hearing. After the hearing, the Court will decide whether to approve the Settlement. We do not know how long these decisions will take.
23.	<b>The Court’s Fairness Hearing</b>	Do I have to come to the hearing?	No. Co-Lead Counsel will attend the hearing and answer any questions the Court may have. However, you are welcome to come at your own expense. If you send an objection, you do not have to come to the hearing to talk about it. If you mail your written objection on time, the Court will consider it. You may also pay your own lawyer to attend, but it is not necessary.



<p>24.</p>	<p><b>The Court's Fairness Hearing</b></p>	<p>May I speak at the hearing?</p>	<p>To speak at the Fairness Hearing, you must send a letter that (1) says it is your “Notice of Intention to Appear in <i>In re: Blue Cross Blue Shield Antitrust Litigation</i>,” and (2) include the following information:</p> <ul style="list-style-type: none"> <li>• Your name (and business name, if applicable),</li> <li>• Current mailing address,</li> <li>• Telephone number, and</li> <li>• Signature.</li> </ul> <p>Your Notice of Intention to Appear must be postmarked by <b>March 4, 2025</b>, and sent to the Clerk of Court, Co-Lead Counsel, <b>and</b> Defense Counsel at the addresses listed below:</p> <table border="1" data-bbox="1003 518 1743 1242"> <tr> <td data-bbox="1003 518 1743 743"> <p><b><u>Clerk of Court:</u></b> U.S. District Court for the Northern District of Alabama Hugo L. Black United States Courthouse 1729 5th Avenue North Birmingham, AL 35203</p> </td> </tr> <tr> <td data-bbox="1003 743 1743 985"> <p><b><u>Plaintiffs' Co-Lead Counsel:</u></b> Edith M. Kallas Joe R. Whatley, Jr. WHATLEY KALLAS, LLP P.O. Bos 10968 Birmingham, AL 35202-0968</p> </td> </tr> <tr> <td data-bbox="1003 985 1743 1242"> <p><b><u>Counsel for Settling Defendants:</u></b> Karin DeMasi Lauren Kennedy CRAVATH, SWAINE &amp; MOORE LLP 375 Ninth Avenue New York, NY 10001</p> </td> </tr> </table> <p><i>Note: You cannot ask to speak at the hearing if you excluded yourself from the Settlement.</i></p>	<p><b><u>Clerk of Court:</u></b> U.S. District Court for the Northern District of Alabama Hugo L. Black United States Courthouse 1729 5th Avenue North Birmingham, AL 35203</p>	<p><b><u>Plaintiffs' Co-Lead Counsel:</u></b> Edith M. Kallas Joe R. Whatley, Jr. WHATLEY KALLAS, LLP P.O. Bos 10968 Birmingham, AL 35202-0968</p>	<p><b><u>Counsel for Settling Defendants:</u></b> Karin DeMasi Lauren Kennedy CRAVATH, SWAINE &amp; MOORE LLP 375 Ninth Avenue New York, NY 10001</p>
<p><b><u>Clerk of Court:</u></b> U.S. District Court for the Northern District of Alabama Hugo L. Black United States Courthouse 1729 5th Avenue North Birmingham, AL 35203</p>						
<p><b><u>Plaintiffs' Co-Lead Counsel:</u></b> Edith M. Kallas Joe R. Whatley, Jr. WHATLEY KALLAS, LLP P.O. Bos 10968 Birmingham, AL 35202-0968</p>						
<p><b><u>Counsel for Settling Defendants:</u></b> Karin DeMasi Lauren Kennedy CRAVATH, SWAINE &amp; MOORE LLP 375 Ninth Avenue New York, NY 10001</p>						

# BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

## Frequently Asked Questions and Answers

	Category	Question	Answer
25.	Getting More Information	How do I get more information about the Settlement?	<p>More information is available on the Documents page of the settlement website. You can find a copy of the Settlement Agreement and other important documents. The <a href="#">settlement website</a> also provides information about the current status of the case. You may contact the settlement program at <a href="mailto:Administrator@BCBSPProviderSettlement.com">Administrator@BCBSPProviderSettlement.com</a> or toll-free at 1-888-452-3095.</p> <p>You may also contact Plaintiffs' Co-Lead Counsel at:</p> <p>Edith M. Kallas Joe R. Whatley, Jr. WHATLEY KALLAS, LLP P.O. Box 10968 Birmingham, AL 35202-0968 <a href="mailto:BCBSPProviderSettlement@whatleykallas.com">BCBSPProviderSettlement@whatleykallas.com</a> (800) 745-8153</p>