

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

INSTRUCTIONS REGARDING CLAIM FORM FOR THE BLUE CROSS AND BLUE SHIELD ANTITRUST LITIGATION PROFESSIONAL NET SETTLEMENT FUND

It is very important that you read the Class Notice in order to fully understand your rights under this Settlement.

DEADLINE FOR CLAIM FORM SUBMISSION: Submitted online or postmarked by July 29, 2025.

WE STRONGLY RECOMMEND SUBMITTING YOUR CLAIM FORM ONLINE. IF THAT IS NOT FEASIBLE, PLEASE SUBMIT YOUR CLAIM FORM VIA REGISTERED OR CERTIFIED MAIL AND RETAIN YOUR RECEIPT AND A COPY OF YOUR CLAIM FORM FOR YOUR RECORDS.

If you validly submit a Claim Form to the Settlement Notice Administrator online or postmarked no later than July 29, 2025 you may elect to receive the portion of the Professional Net Settlement Fund to which you are entitled as a Medical Professional or authorized Medical Group/Organization. A Class Member may file only one Claim Form as a Medical Professional or Medical Group/Organization on behalf of Medical Professionals.

By submitting a Claim Form you are agreeing to be subject to the jurisdiction of the United States District Court for the Northern District of Alabama for any proceedings relating to your Claim Form. Capitalized terms used in the Instructions and Claim Form that are not otherwise defined herein are defined in the Settlement Agreement. A copy of the Settlement Agreement can be found at www.BCBSProviderSettlement.com.

Relevant Definitions

- “Claimant” - For purposes of the Claim Form for the Professional Net Settlement Fund, a Claimant is a Medical Group, Medical Organization or Medical Professional who submits a Claim Form seeking payment from the Professional Net Settlement Fund.
- “Class Member” is defined in the Settlement Agreement and described in the Class Notice.
- “Medical Group” means two or more Medical Professionals, and those claiming by or through them, who practice under a single taxpayer identification number.
- “Medical Organization” means 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.
- “Medical Professional” means any individual Provider, as defined in the Settlement Agreement.

Submit your completed Claim Form online or mail your completed Claim Form to the Settlement Notice Administrator at:

**Settlement Notice Administrator
P.O. Box 26443
Richmond, VA 23261**

NOTE: YOU MUST NOTIFY THE SETTLEMENT NOTICE ADMINISTRATOR IMMEDIATELY OF ANY CHANGE IN YOUR ADDRESS, TO AVOID HAVING YOUR MAILED CHECK RETURNED TO THE SETTLEMENT NOTICE ADMINISTRATOR AND DISTRIBUTED IN ACCORDANCE WITH PARAGRAPH 39 OF THE SETTLEMENT AGREEMENT.

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SECTION-BY-SECTION INSTRUCTIONS

SECTION A (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

MEDICAL GROUP/ORGANIZATION: If you are representing a Medical Group/Organization, in Section A, please write in the Medical Group/Organization name, the name of the person completing the Claim Form, and attach a list of all the Medical Professionals for whom you are filing this Claim. 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 authorized to do so by the Medical Professionals and if the Medical Professionals do not also submit Claim Forms on their own behalf.

Your list of Medical Professionals should be set forth on the Rider attached to the Claim Form, and must include all of the following information for each Medical Professional:

1. Medical Professional name.
2. Medical Professional Type (e.g., MD, DO, PT, chiropractor, etc.).
3. The business address at which the Medical Professional practices or practiced.
4. Whether or not the Medical Professional was licensed before March 12, 2008.
5. The National Provider Identifier(s) (NPI(s)) associated with the Medical Professional (if applicable).
6. The Tax Identification Number(s) (TIN(s)) associated with the Medical Professional (if applicable) or last four digits of the Social Security Number (SSN).
7. The time period for which the Claimant is submitting the claim on behalf of the Medical Professional.
8. Range of allowed amounts determined by all Settling Individual Blue Plans in response to claims for reimbursement for the provision of Covered Services (not including services covered by standalone dental or vision insurance) submitted for each Medical Professional to Settling Individual Blue Plans during the during the time period from July 24, 2008 through October 4, 2024, as reflected in Evidences of Benefits, Remittance Advices, or similar responses to such claims for reimbursement ("Allowed Amounts").

SECTION B (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

Individual Medical Professionals and Medical Groups/Organizations who submit Claim Forms on behalf of Medical Professionals are entitled to receive a portion of the Professional Net Settlement Fund. The settlement payment attributable to a Medical Professional will be based upon the Allowed Amounts determined by Settling Individual Blue Plans for that Medical Professional's provision of Covered Services to Settling Individual Blue Plan Members during the time period from July 24, 2008 through October 4, 2024. For purposes of determining which box to check in this section, "Blue Plan" means any of the settling Blue Plans listed in the Class Notice.

For purposes of determining which box to check in this section:

"Covered Services" means healthcare services, equipment, or supplies covered under an individual's Commercial Health Benefit Product administered by any Settling Individual Blue Plan.

"Commercial Health Benefit Product" means any product or plan providing for the payment or administration of healthcare 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 purchased or offered by a Government Entity, including but not limited to those 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.

The Settling Individual Blue Plans are listed in the Settlement Agreement.

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SECTION-BY-SECTION INSTRUCTIONS (CONTINUED)

SECTION B (CONTINUED)

You should check ONE of the boxes in Section B, as described below:

Box I: Medical Professionals who had total Allowed Amounts of less than or equal to \$250,000 during the time period from July 24, 2008 through October 4, 2024, should check **Box I**, and will be assigned one (1) "Point" to be used to calculate their settlement payment.

Box II: Medical Professionals who had Allowed Amounts of more than \$250,000, and less than or equal to \$500,000 during the time period from July 24, 2008 through October 4, 2024, should check **Box II**, and will be assigned two (2) Points to be used to calculate their settlement payment.

Box III: Medical Professionals who had Allowed Amounts of more than \$500,000, and less than or equal to \$750,000 during the time period from July 24, 2008 through October 4, 2024, should check **Box III**, and will be assigned three (3) Points to be used to calculate their settlement payment.

Box IV: Medical Professionals who had Allowed Amounts of more than \$750,000, and less than or equal to \$1,000,000 during the time period from July 24, 2008 through October 4, 2024, should check **Box IV**, and will be assigned four (4) Points to be used to calculate their settlement payment.

Box V: Medical Professionals who had Allowed Amounts of more than \$1,000,000 during the time period from July 24, 2008 through October 4, 2024, should check **Box V**, and will be assigned five (5) Points to be used to calculate their settlement payment.

To simplify the process of obtaining payment from the Professional Net Settlement Fund, Claimants submitting Claim Forms on behalf of Medical Professionals may check one of the boxes described above in Section B and submit their Claim Forms to the Settlement Notice Administrator without any additional documentation. (The Settlement Notice Administrator may request more information after a claim is submitted.) The amount of the Professional Net Settlement Fund attributable to each Medical Professional shall be determined based upon the certification of the Claimant as to the applicable range of Allowed Amounts.

As further explained in the Class Notice, each Medical Professional for which a Claimant submits a claim will also be assigned a number of "Adjusted Points" equal to the points that correspond to that Medical Professional's range of Allowed Amounts, multiplied by a number based on the coefficient for the state or other area in which the Medical Professional is located, as shown in the table below:

Harm Coefficients	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

The settlement payment to be made for each Medical Professional for which a Claimant submits a claim will be determined based on the following payment formula:

Medical Professionals' Payment Formula
$\frac{\text{NPI or TIN Adjusted Points}}{\text{Total Adjusted Points for All Medical Professionals Who Filed Claims}} \times \text{Professional Net Settlement Fund}$

The Settlement Notice Administrator will make the final decision on any dispute regarding the eligibility of a Claimant to receive payment from the Professional Net Settlement Fund or the amount of any such payment.

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SECTION-BY-SECTION INSTRUCTIONS (CONTINUED)

SECTION B (CONTINUED)

If you have any questions, please contact the Settlement Notice Administrator by telephone at (888) 452-3095 or by email at Administrator@BCBSPProviderSettlement.com.

SECTION C (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

This Section will allow you to select whether you want to receive a settlement payment, if eligible, by check, electronic transfer (ACH or wire), or by digital payment (PayPal, Venmo, Virtual Mastercard).

SECTION D (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

This Section will dictate to whom the payment is addressed. If you submit a Claim Form on behalf of a Medical Group/Organization, the payment will be made to the Medical Group/Organization for distribution by the Medical Group/Organization to individual Medical Professionals.

SECTION E (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

Read, sign, and date the Certification.