

*A federal court authorized this Notice.
This is not a solicitation from a lawyer.*



**If you purchased or were
enrolled in a Blue Cross or
Blue Shield health
insurance or administrative
services plan between
2008 and 2020,
a \$2.67 billion Settlement
may affect your rights.**

*Para una notificación en español,
visite www.BCBSsettlement.com/espanol*

**Questions? Call (888) 681-1142 or
Visit www.BCBSsettlement.com**

*Blue Cross Blue Shield Settlement
c/o JND Legal Administration
P.O. BOX 91390
Seattle, WA 98111*

Class Member Name
Class Member Address
Class Member City/State/Zip

<p>YOUR UNIQUE ID: <input type="text"/></p> <p>PLEASE SAVE THIS NUMBER TO FILE A CLAIM</p>	<p>What is this notice?</p>
<p>On DATE, 2020, the Honorable R. David Proctor of the U.S. District Court for the Northern District of Alabama granted preliminary approval of this class action Settlement. The Court directed the parties to send this notice. Blue Cross and/or Blue Shield's records show that you may be a Settlement Class Member. You may be eligible to receive a payment from the Settlement in the <i>In re: Blue Cross Blue Shield Antitrust Litigation MDL 2406</i>, N.D. Ala. Master File No. 2:13-cv-20000-RDP.</p>	
<p>What is the lawsuit about?</p>	
<p>Plaintiffs claim that the Blue Cross Blue Shield Association and Settling Individual Blue Plans (collectively, "Settling Defendants") violated antitrust laws by entering into an agreement not to compete with each other and to limit competition among themselves in selling health insurance and administrative services for health insurance. Settling Defendants deny all claims. The Settling Defendants have asserted that their conduct results in lower healthcare costs and greater access to care for their customers. The Court has not decided who is right.</p>	
<p>Who is affected?</p>	
<p>You may be eligible to receive payment if you are an Individual, Insured Group (and their employees) or Self-Funded Account (and their employees) that purchased or were enrolled in a Blue Cross or Blue Shield health insurance or administrative services plan during one of the two Settlement Class Periods. Government accounts are excluded from the Class.</p>	
<p>The Settlement Class Period for Individuals and Insured Groups is from February 7, 2008, through October 16, 2020. The Settlement Class Period for Self-Funded Accounts is from September 1, 2015 through October 16, 2020. Dependents, beneficiaries (including minors), and non-employees are NOT eligible to receive payment.</p>	
<p>All Individuals, Insured Groups, and Self-Funded Accounts that purchased or were enrolled in a Blue Cross or Blue Shield health insurance or administrative services plan during the applicable Class Period will also benefit from the parts of the Settlement requiring Settling Defendants to change certain of their practices that were alleged to be anticompetitive. Dependents, beneficiaries (including minors), and non-employees will benefit from this part of the Settlement.</p>	

What can you get from the Settlement?

Class Members who submit valid claims may receive a cash payment from the Net Settlement Fund. The Net Settlement Fund is estimated to be approximately \$1.9 billion. This is after deducting attorneys' fees, administration expenses and other costs from the \$2.67 billion Settlement Fund. For more details on the Plan of Distribution, read the Long Form Notice available at www.BCBSsettlement.com. You can also call (888) 681-1142. Settling Defendants also agreed to make changes in the way they do business to increase the opportunities for competition in the market for health insurance.

How do you get a payment?

You must submit a valid claim online at www.BCBSsettlement.com or postmarked by mail no later than [Month Day, Year]. Claim Forms are available at www.BCBSsettlement.com or may be requested by calling (888) 681-1142.

What are your other options?

If you do not want to be legally bound by the Settlement, you may send a request for exclusion ("opt out"). You will not receive any money, but you will keep your right to sue Settling Defendants for the claims in this case. If you do not exclude yourself, you may object to the Settlement. You will still be bound by the Settlement if your objection is rejected. For details on how to opt out or object, read the Long Form Notice available at www.BCBSsettlement.com.

Opt outs and objections must be postmarked by [Month x, 202x]. The Court will hold a Fairness Hearing to consider whether the Settlement is fair, reasonable, and adequate. The Fairness Hearing is on [Month Day, Year] at [Time]. The Court will also decide whether to approve attorneys' fees and expenses up to \$667.5 million and \$101 million for additional costs and service awards. These amounts will be deducted from the \$2.67 billion Settlement Fund. You may ask to attend the Fairness Hearing, on your own or through counsel, but you do not have to do so.

————— Please Do Not Contact The Court Regarding This Notice. —————

QUESTIONS? Visit www.BCBSsettlement.com, email info@BCBSsettlement.com, call (888) 681-1142, or write *Blue Cross Blue Shield Settlement c/o JND Legal Administration*, P.O. Box 91390, Seattle, WA 98111.



Carefully separate this Address Change Form at the perforation

Name: _____

Current Address: _____

Address Change Form

To make sure your information remains up-to-date in our records, please confirm your address by filling in the above information and depositing this postcard in the U.S. Mail.

Place
Stamp
Here

JND Legal Administration
Attn: Blue Cross Blue Shield Settlement
P.O. BOX 91390
Seattle, WA 98111