UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

THE SHANE GROUP, INC., *et al*., Plaintiffs, on behalf of themselves and all others similarly situated, v. BLUE CROSS BLUE SHIELD OF MICHIGAN, Defendant.	Case No. 2:10-cv-14360-DPH Judge Denise Page Hood **CLASS ACTION**

PLAINTIFFS' MOTION TO DISTRIBUTE SETTLEMENT FUNDS AND PAY FINAL EXPENSES

For the reasons set forth in the attached Memorandum of Law in support of this Motion, Plaintiffs The Shane Group, Inc., Bradley A. Veneberg, Michigan Regional Council of Carpenters Employee Benefits Fund, Abatement Workers National Health and Welfare Fund, Monroe Plumbers & Pipefitter Local 671 Welfare Fund, Scott Steele, Anne Patrice Noah, and Susan Baynard submit this Motion for Approval of Distribution of Settlement Funds, and respectfully request that the Court enter the Proposed Order attached as Exhibit A.

On November 2, 2023, Counsel for Plaintiffs sought concurrence in the relief requested by this Motion from Counsel for Defendant, and, on November 7, 2023, Defendant stated that it does not oppose the Motion.

Dated: November 7, 2023

Respectfully submitted,

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

THE SHANE GROUP, INC., *et al*., Plaintiffs, on behalf of themselves and all others similarly situated, v. BLUE CROSS BLUE SHIELD OF MICHIGAN, Defendant.	Case No. 2:10-cv-14360-DPH Judge Denise Page Hood **CLASS ACTION**

MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION TO DISTRIBUTE SETTLEMENT FUNDS AND PAY FINAL EXPENSES

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STATEMENT OF ISSUES PRESENTED

1. Should the Court approve distribution of the net settlement funds?

Class Counsel's answer: **Yes.**

2. Should the Court approve payment of expenses associated with the settlement administration process?

Class Counsel's answer: **Yes.**

I. INTRODUCTION

In June 2014, Plaintiffs[1] and Blue Cross Blue Shield of Michigan ("BCBSM") first entered into a settlement agreement (the "Initial Settlement") to resolve allegations that BCBSM violated antitrust laws. Almost nine years after the Initial Settlement,[2] the Settlement Administrator is prepared to distribute settlement funds to members of the class. The Settlement Administrator is also owed payment for the considerable work it has performed processing many thousands of class member claims. Because payment for the Settlement Administrator's work and distribution to the class members is consistent with the Plan of Allocation approved by this Court, Plaintiffs move this Court for entry of the accompanying Distribution Order (attached hereto as Exhibit A) and request that the Court:

- Approve the procedures used and actions taken by Epiq ("Epiq" or the "Settlement Administrator") and Class Counsel for the administration of the Settlement.

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[1] Plaintiffs are The Shane Group, Inc., Michigan Regional Council of Carpenters Employee Benefits Fund, Abatement Workers National Health and Welfare Fund, Monroe Plumbers & Pipefitter Local 671 Welfare Fund, Susan Baynard, Anne Patrice Noah, Bradley Veneberg, and Scott Steele.

[2] Approval of the Initial Settlement was reversed by the Sixth Circuit for reasons unrelated to the merits of that settlement, and the interim time period included the appeals process for that settlement, negotiating a new settlement, engaging in a process to unseal various pleadings, obtaining this Court's approval of the new settlement and defending it on appeal, negotiating a resolution of the Varnum Group's objection, and processing many thousands of complex claims.

- Approve disbursement of $1,526,737.52 in addition to previous sums authorized from the Settlement Fund to pay Epiq for its services and expenses administering the Settlement and the claims process, and for its anticipated future services and expenses to complete the claims process, as described in the Declaration of Michelle La Count ("La Count Declaration") (attached hereto as Exhibit B).
- Authorize Epiq to distribute the Settlement Funds, net of any expenses authorized by this Court pursuant to this motion (hereinafter the "Net Settlement Fund"), as described in the La Count Declaration.

II. STATEMENT OF FACTS

A. Proceedings Prior to Settlement

Proceedings prior to settlement in this case are recounted in Plaintiffs' Motion for Final Approval of Settlement and Plan of Allocation and will not be repeated here. Mem. Supp. Pls.' Mot. Final Approval Settlement, ECF No. 351, PageID.18669-18673 ("Final Approval Motion").

B. Initial Settlement Agreement

The Initial Settlement created a common fund of $29,990,000 for the benefit of the Class. The Initial Settlement included a Plan of Allocation that reflected Class Counsel's and Dr. Leitzinger's best estimate of the relative likelihood that purchasers of a given hospital's services would be able to prove measurable damages

at trial. *See* ECF No. 148, PageID.4216-4218. The largest portion of the settlement fund was reserved for "Category 1" claims, corresponding to Class members who made purchases subject to the 23 provider agreements for which Dr. Leitzinger had measured damages. *Id.* at PageID.4215-4216. Category 1 claims were entitled to a $25 minimum amount such that all valid Category 1 claims would pay at least $25. ECF No. 148-1, PageID.4222. A smaller share of the settlement fund was reserved for "Category 2" claims, allocated to Class members who made purchases under agreements subject to an MFN clause, but where Dr. Leitzinger's analysis did not show measurable damages. ECF No. 148, PageID.4222. Valid Category 2 claims would pay at least $15. ECF No. 148-1, PageID.4223. Finally, the smallest share of the settlement fund was reserved for "Category 3" claims, comprised of Class members who made purchases from hospitals not subject to an MFN clause and who therefore were unlikely to be able to prove any damages. ECF No. 148, PageID.4222. Awards in the third category that were too small to justify the cost of distribution to the class member would be distributed instead to the health care charity Free Clinics of Michigan. *Id.*, PageID.4217. However, if the claimant was also receiving a payment under Category 1 and/or Category 2, any valid Category 3 claim payment, even if de minimis, would be added to the payment amount.

On June 26, 2014, the Court preliminarily approved the Initial Settlement and Plan of Allocation, including payment of up to $1 million from the Settlement Fund

to cover costs including implementing the notice plan. ECF No. 151. In addition to a publication notice plan, the settlement administrator Epiq subsequently mailed out nearly three million notices to individuals insured by Michigan health plans and to third-party payors. ECF No. 162-1, PageID.4740 at ¶ 4. As authorized by the Court, Epiq was paid $702,115.40 for the cost of sending out this notice. ECF No. 170-1, PageID.5785 at ¶ 5. Over 23,000 individuals and over 80 insurers and self-insured entities submitted claims either electronically or via paper claim forms. ECF No. 169-4, PageID.5418 at ¶¶ 8-9. On March 31, 2015, the Court granted final approval of the Initial Settlement. ECF No. 213.

Following appeals by objectors, the Sixth Circuit vacated the Court's approval of the Initial Settlement—not for reasons directly related to the merits of the settlement itself, but rather because it was necessary to re-evaluate whether certain records which had been filed under seal should remain under seal. *Shane Group, Inc. v. Blue Cross Blue Shield of Michigan*, 825 F.3d 299, 307-09 (6th Cir. 2016). In response to the Sixth Circuit's opinion, and with the input of the parties and third parties, this Court unsealed nearly all the sealed documents. ECF No. 322.

C. Operative Settlement Agreement

After remand, the parties negotiated a few minor revisions to the Initial Settlement agreement. The substance remained the same, as did the Settlement Amount of $29,990,000. This amended settlement is the operative settlement and is

therefore referred to herein as the "Settlement."

On April 17, 2018, after most of the previously sealed court records had been unsealed, the Court preliminarily approved the Settlement and a Notice Plan for dissemination of revised Notices and Claim Forms, including payment of up to $1,219,038 to cover expenses including implementation of the notice plan.[3] ECF No. 323. In addition to a publication notice plan, Settlement administrator Epiq mailed out nearly three million revised notices to Class members. As authorized by the Court, Epiq was paid $892,734.97 for the cost of sending out this notice. ECF No. 336-1, PageID.17086 at ¶¶ 19-20. Any class member who filed a claim pursuant to the Initial settlement was not required to file another claim to receive their share of the Settlement. During the claims period for the Settlement, the Settlement Administrator received over 4,650 paper individual claim forms and 35 paper insurer/self-insured claim forms and 34,732 individual electronic claims and 34 insurer/self-insured electronic claims. ECF No. 351-5, PageID.18740 at ¶ 9-10. Some of these claims were duplicates of claims filed for the Initial Settlement, and some were new. On September 30, 2019, the Court granted final approval of the Settlement. ECF No. 364.

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[3] Class Counsel reduced Plaintiffs' Counsel's overall fee request by $1,365,038 to account for some additional 2014 direct notice costs and to cover the amount of the 2018 notice prepayment, thus ensuring that these costs did not reduce the Settlement Fund. ECF No. 336-1, PageID.17086 at ¶ 22.

Objectors once again appealed. One group of objectors subsequently settled their objection and dismissed their appeal. ECF No. 396. On January 14, 2021, The Sixth Circuit rejected the remaining objector's arguments and affirmed the Court's approval of the Settlement. ECF No. 403. The Settlement became final in July 2021 when the deadline passed for that objector to file a petition for writ of certiorari with the United States Supreme Court.

D. Settlement Administration Costs

To avoid incurring wasted expense in the event the Settlement did not become final, Class Counsel instructed the Settlement Administrator to refrain from processing claims until the Settlement had become final. However, during the unusually long period between the Initial Settlement and the Settlement becoming final, the Settlement Administrator still incurred necessary expenses for storing documents, maintaining the settlement website, performing necessary intake processing of paper claims, mailing paper claim forms upon request, maintaining and staffing a partially automated telephone help line, and otherwise responding to class member inquiries.

As appeals of the Settlement were unfolding, Class Counsel engaged in discussions with the Settlement Administrator regarding the amount of expense currently incurred and the additional expense the Settlement Administrator estimated would be necessary to process claims through completion. As of

December 31, 2019, Epiq had incurred a total of $2,624,460.87 in unreimbursed fees and costs, primarily due to handling initial intake of claims, fulfilling requests for long form notices and paper claims packets, some residual notice costs, and responding to numerous class member communications and questions regarding the claims process, prior to processing any claims. At the final approval stage, the Court approved a $1,365,038 payment to the Settlement Administrator. ECF No. 364, PageID.18890-18891. In other words, after deducting the amount approved by the Court, the Settlement Administrator was owed an additional $1,259,422.87 for its work through 2019, before the Settlement Administrator had processed any of the myriad complex claims in this case.

In their motion for fees and expenses, Class Counsel indicated they would "seek authority to pay additional Settlement administration expenses at the end of the claims process when they file a motion to distribute the Net Settlement Fund." ECF No. 336, PageID.17071. However, Class Counsel wanted to control such costs to maximize the recovery of Class members. Class Counsel therefore engaged in extensive negotiations with the Settlement Administrator to ensure that the complex and numerous claims would be processed without unduly increasing costs to the Class. After months of negotiations, Class Counsel and the Settlement Administrator reached an agreement wherein Class Counsel would agree to request an additional $1,401,737.52 payment to the Settlement Administrator as payment for services

already performed *and* for the processing of claims. This represented a significant benefit to the Class considering the Settlement Administrator had $1,259,422.87 in unpaid invoices prior to conducting any claims processing. As Epiq was processing claims, it predicted that it would end up expending approximately $125,000 in out-of-pocket expenses for postage and print. La Count Decl. ¶ 41. Upon Epiq's request, Class Counsel agreed to request that an additional $125,000 be paid to Epiq to cover these out of pocket costs. *Id.* This brings the total additional payment for Epiq to complete all claims processing to $1,526,737.52.

E. Claims Processing

Before processing claims, Epiq first conferred with Plaintiffs' Counsel to define the project guidelines for processing claims. La Count Decl. ¶ 7. Epiq then created a database to input and store claim forms and supporting documentation, trained staff on how to properly process claims, developed a process for reconciling duplicate claims, and developed an algorithm to calculate each claimant's "recognized loss" pursuant to the Plan of Allocation. *Id.*

Epiq received 25,958 paper consumer claim forms, 60,291 online consumer claim forms, 617 paper insurer claim forms, and 318 online insurer claim forms from unique filers. *Id.* ¶ 9. Intake of paper claim forms was laborious and time intensive as it involved unfolding documents, removing staples, copying differently sized documents, and sorting documents before they could be scanned. *Id.*

In processing the claims, Epiq classified deficiency or ineligibility conditions according to internal codes. *Id.* ¶ 11. Some codes signified a claim ineligible to receive any payment, and other codes indicated a partially invalid claim. Examples of claims that are entirely ineligible are those that duplicate another claim, that did not include a valid signature, or that did not provide needed documentation upon request. *Id.* Because claim forms allowed claimants to list multiple payments to hospitals, some of those payments could be coded as ineligible while the rest remained valid. This could happen for multiple reasons, including: a payment did not list a year, the given year was outside the Class Period, or a payment was missing an inpatient/outpatient designation. *Id.* ¶ 12. Because insurers may need to submit hundreds or thousands of payment records, claimants were allowed to submit such records in electronic form. Epiq's Complex Claims Team analyzed and validated each such electronic dataset and notified the sender of any issues or inconsistencies identified. *Id.* ¶ 14. In this process, Epiq identified a number of deficient and "non-conforming" claims that required additional processing and corresponding with claimants. *Id.* ¶¶ 18-19.

Epiq undertook a "Deficiency Process" that provided claimants with an opportunity to cure any deficiencies in their claim. *Id.* ¶ 20. If a claim was determined to be defective or ineligible, a defect notice was sent to the claimant describing the issues and what was necessary to rectify those issues and indicated

the claimant had 30 days to take action. *Id.* ¶ 21.

Epiq also employed a quality assurance review in its processing of claims. *Id.* ¶ 26. Part of this involved the development of programs to automate the processing of data. *Id.* ¶ 27. Epiq also performed final quality control checks once all of the accepted claims were processed. *Id.* ¶ 28-29.

F. Inclusion of Late But Otherwise Eligible Claims

As of September 12, 2023, Epiq received 818 claims that were postmarked or received after the final January 29, 2021 claim submission deadline established by the Court. *Id.* ¶ 24. Of these, Epiq found 676 to be otherwise eligible in whole or in part. *Id.* To ensure that the greatest number of Class members are able to participate in the settlement as possible, Class Counsel and Epiq recommend that all valid claims received by September 12, 2023 be accepted. *Id.*

G. Distribution of Settlement Funds

The funds provided under the Settlement totaled $29,990,000. A total of $15,880,704.67 has been spent on notice costs, attorneys' fees, litigation expenses, service awards, and early settlement administration costs. *See* ECF No. 151, PageID.4425 (notice costs); ECF No. 323, PageID.12307 (notice costs); ECF No. 364, PageID.1884, 1889, 1891, 1896 (attorneys' fees, litigation expenses, service awards, early settlement administration costs). With interest earned on the balance, there is approximately $14,286,216.63 remaining in the settlement fund. After the

requested $1,526,737.52 payment to Epiq for claims processing and related services, and a requested $15,000 holdback for taxes and to address any claims disputes[4], there remains approximately $12,759,479.11 to distribute to the Class as the Net Settlement Fund. La Count Decl. ¶ 37.

Of the 95,659 claim forms received through September 12, 2023, Epiq determined that 80,934 are acceptable at least in part. *Id.* ¶ 30. Of these, 27,986 are eligible for direct payments to class members and 52,939 are solely Category 3 claims that do not meet the minimum payment threshold and will therefore be part of the *cy pres* distribution to the Free Clinics of Michigan. *Id.* ¶ 34. Subject to Court approval, a total of $9,952.393.42 will be paid for valid Category 1 claims, $2,551,892.44 will be paid for valid Category 2 claims, $255,185.98 will be paid to Class members for valid Category 3 claims that meet the minimum payment threshold, and $1,839.41 will be paid *cy pres* to the Free Clinics of Michigan for valid Category 3 claims that did not meet the minimum payment threshold. *Id.* ¶ 35.

III. CONCLUSION

For the foregoing reasons, Class Counsel respectfully request that this Court approve the procedures used and actions taken by Epiq and Class Counsel for the

[4] Class counsel propose that any portion of the holdback not needed to pay taxes or resolve any disputes be added to the *cy pres* contribution to Free Clinics of Michigan.

administration of the Settlement and approve the distribution of the Settlement Funds as set forth in this Motion and the accompanying proposed Distribution Order.

Dated: November 7, 2023

Respectfully submitted,

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Liaison Counsel

CERTIFICATE OF SERVICE

I hereby certify that, on November 7, 2023 I electronically filed the foregoing with the Clerk of the Court using the ECF system which will notify all counsel of record authorized to receive such filings.

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INDEX OF EXHIBITS

A- Proposed Order

B- Declaration of Michelle LaCount

Exhibit A

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

THE SHANE GROUP, INC., *et al*., Plaintiffs, on behalf of themselves and all others similarly situated, v. BLUE CROSS BLUE SHIELD OF MICHIGAN, Defendant.	Case No. 2:10-cv-14360-DPH Judge Denise Page Hood **CLASS ACTION**

[PROPOSED] ORDER APPROVING DISTRIBUTION OF SETTLEMENT FUNDS AND PAYMENT OF FINAL EXPENSES

AND NOW, this _____ day of _____, 2023, upon consideration of Class Counsel's Motion to Distribute Settlement Funds and Pay Final Expenses:

1. Distribution of settlement funds as outlined in Class Counsel's Memorandum of Law in Support of Plaintiffs' Motion to Distribute Settlement Funds and Pay Final Expenses and in the Declaration of Michelle M. La Count in support thereof is APPROVED and distribution shall be made consistent therewith;

2. Payment of $1,526,737.52 to the Claims Administrator in compensation for processing claims and related services is APPROVED.

SO ORDERED this ___ day of November 2023.

_____
HONORABLE DENISE PAGE HOOD
UNITED STATES DISTRICT JUDGE

Exhibit B

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

THE SHANE GROUP, INC., *et al.,* Plaintiffs, on behalf of themselves and all others similarly situated, v. BLUE CROSS BLUE SHIELD OF MICHIGAN, Defendant.	Case No.: 2:10-cv-14360-DPH-MKM Judge Denise Page Hood Magistrate Judge Mona K. Majzoub **DECLARATION OF MICHELLE M. LA COUNT, ESQ.**

DECLARATION OF MICHELLE M. LA COUNT, ESQ. REGARDING DISTRIBUTION PLAN

I, Michelle M. La Count, Esq., declare and state as follows:

1. I am a Project Director employed by Epiq Class Action & Claims Solutions, Inc. ("Epiq"). I have more than 17 years of experience working in the legal field of which 14 years have been dedicated to settlement administrations. The statements of fact in this Declaration are based on my personal knowledge and information provided to me by my colleagues in the ordinary course of business, and if called on to do so, I could and would testify competently thereto.

2. Epiq was appointed to serve as the Settlement Administrator to administer the Settlement of the above-captioned class action (the "Action"). In connection with the Amended *Settlement Agreement* filed October 11, 2016 (the "Agreement"), the Court re-appointed Epiq as Settlement Administrator in its Order dated April 17, 2018. Epiq has, among other things:

(a) printed the Court-approved Settlement Class Notice and Individual Claim Package sent to potential Class Members in both the initial round of notice and claims beginning

July 25, 2014 and ending November 16, 2014, as well as the second round of notice and claims filing that began June 12, 2018 and was extended from a claims filing deadline of November 3, 2018, to the final claims filing deadline of January 29, 2021, subsequent to an additional appeal;

(b) searched the National Change of Address database for a more current address for each Class Member;

(c) mailed the Settlement Class Notice and Individual Claim Package and, when required, re-mailed them, by USPS First Class Mail to Class Members;

(d) obtained updated addresses, when possible, and re-mailed Notices and Claim Packages returned as undeliverable mail;

(e) opened a post-office box to receive Claim Forms, Requests for Exclusion and other communications;

(f) received, logged, and processed Claim Forms, Requests for Exclusion and other communications from potential Class Members;

(g) established and maintained a website to provide information regarding the proposed Settlement to potential Class Members; and

(h) established and maintained a toll-free number with a Voice Response Unit ("VRU"), providing an automated message with information regarding the proposed Settlement to potential Class Members.

3. On April 17, 2018, the Court granted preliminary approval to the second settlement in this case (the "Preliminary Approval Order"). The second settlement was reached after the Sixth Circuit Court of Appeals had vacated the approval of the first settlement. Notice of the second settlement was mailed to the entire Class, regardless of whether a class member had filed a prior claim, and reopened the claims filing period until November 3, 2018. This

deadline was extended in the Court's Order of December 14, 2020, to a final deadline of January 29, 2021.

4. Epiq has completed the processing of the 95,659 claims received as of September 12 , 2023, and hereby submits its administrative determinations accepting or rejecting the claims in preparation for a distribution of the Net Settlement Fund to Authorized Claimants.

DISSEMINATION OF THE NOTICE

5. As more fully described in the Declaration of Charles Marr Regarding Publication Notice and Administration, dated September 8, 2014, and the Declaration of Les Chappell Regarding Settlement Notice and Administration dated October 16, 2018, Epiq had mailed 2,942,365 Notices, of which 154,211 were later remailed. Epiq had sent 71,342 Claim Forms to unique, potential Class Members during the two rounds of Notice. Since that date, Epiq mailed 272 additional Settlement Class Notices and 778 Individual Claim Packages to potential Class Members. In total, Epiq has mailed 3,096,848 Settlement Class Notices and 72,120 Individual Claim Forms to 2,949,370 potential, unique Class Members. A copy of the Individual Claim Form is attached as Exhibit A. Epiq has re-mailed Claim Packages to 154,211 unique Class Members whose original mailing was returned by the U.S. Postal Service and for whom updated addresses were provided to Epiq by the Postal Service or for which a new address could be identified through advanced address searches.

PROCEDURES FOLLOWED IN PROCESSING CLAIMS

6. Under the Preliminary Approval Order and as set forth in the Notice, each Class Member who wished to be eligible to receive a distribution from the Net Settlement Fund was required to complete and submit to Epiq a properly completed and executed claim form postmarked no later than January 21, 2021, together with adequate supporting documentation for the transactions reported therein. Through September 12, 2023, Epiq has received 95,659 Claim Forms from both Consumers and Insurers. All have been fully processed.

7. In preparation for receiving and processing claims, Epiq: (i) conferred with Plaintiffs' Counsel to understand the parameters for processing claims; (ii) created a unique

database to store claim form details and images of claim forms and supporting documentation; (iii) trained staff to implement the project; (iv) formulated a system to respond appropriately to telephone and email inquiries; (v) developed computer programs and screens for entry of claimants' identifying information, as well as their transactional information; and (vi) developed a proprietary "calculation module" that calculated Relevant Purchases pursuant to the Court-approved Plan of Allocation and identified multiple claims filed by the same Consumer or Insurer given the two claim filing periods, to credit them with the more complete claim.

8. Class Members seeking to share in the Net Settlement Fund were directed in the Notices to submit their claim forms to the post office box address specifically designated for the Settlement ("paper claims") or to submit claims online using the case website ("web claims"). Any correspondence received at the post office box was reviewed and, where necessary, appropriate responses were provided to the senders.

PROCESSING PAPER AND WEB CLAIM FORMS

9. The following summarizes the counts of Claim Form types from unique filers after disregarding lesser value claims (described below in Section 31), void claims, and withdrawn claims received by Epiq through September 12, 2023:

Claim Type	Consumer	Insurers
Paper	25,958	617
Web	60,291	318

Paper claims were opened and prepared for scanning. This process included unfolding documents, removing staples, copying nonconforming sized documents, and sorting documents. This manual task of preparing the paper claims is laborious and time intensive. Once prepared, the paper claims were scanned into a database together with all submitted documentation. Each paper and web claim was assigned a unique Claim Number. The information from each claim form, including the claimant's name, address, and healthcare service transactions listed on the

claim form, was entered into the database developed by Epiq to process claims submitted for the Settlement. Documentation was reviewed to the extent information was missing or the claim made was outside of required parameters for the claimant type. The Court approved separate claim forms for Consumers and Insurers, and paper claims were identified in the database as Consumer or Insurer based on the type of claim form completed by the Claimant.

10. Web claims were received through the online web claim portal available on the case website. Claimants entered their transactional data into a web form directly or they could upload a file with their transactional information. Claims were delineated into Insurer and Consumer claims based on self-identification in completing the web form.

11. Epiq utilized internal codes to identify and classify any deficiency or ineligibility conditions that existed within the claims. The appropriate codes were assigned to the claims as they were processed. For example, where a claim form was submitted by a claimant who did not have any eligible transactions during the Class Period (*e.g.*, only listing dates of service for a Michigan general acute care hospital before or after the Class Period), that claim would receive a defect code that denoted ineligibility. Similar defect codes were used to denote other ineligible conditions, such as duplicate claims. These message codes indicated to Epiq that the claimant is not eligible to receive any payment from the Net Settlement Fund with respect to that claim unless the deficiency was cured in its entirety. The various conditions of ineligibility are as follows:

> Failure to Cure Defect - Documentation Not Submitted After Request
>
> Failure to Cure Defect for Inadequate Information to Calculate an Award
>
> Duplicate Claim
>
> No Relevant Purchase During the Class Period
>
> Failure to Cure Defect for No Signature

12. Because a claim may be deficient only in part, but otherwise acceptable, Epiq utilized codes that were applied to specific transactions within a claim. Take the example of a

claimant who submitted a claim form which, in addition to having eligible documented payments for Class Period service dates, included dates of service outside of the Class Period. Epiq's code indicated that the transaction(s) outside the Class Period were not eligible, unless the defect was cured, but the claim was otherwise eligible for payment based on the remaining transactions. Thus, even if the deficiency was never cured, the claim would still be partially accepted. The transaction-specific message codes that indicated a defect that was not cured and that precluded inclusion of that particular transaction are as follows:

OCP – Transaction Outside of the Class Period

MI1 – Missing Date of Service

MI2 – Missing Amount Paid to Hospital

MI3 – Missing Year of Service

MI4 – Missing Inpatient/Outpatient Designation

PROCESSING INSURER CLAIM FORMS

13. Most of the claims from Insurers contained an electronic data set. A number of these claims contained thousands of transactions during and outside the Class Period representing billions in payments to the affected hospitals. Rather than provide reams of paper requiring data entry, the Insurers included a computer disc/flash drive or electronically submitted a file to Epiq so that Epiq could upload all transactions to its proprietary database developed for the Settlement. Consumers also had the option to submit an electronic list of transactions, and some did; these claims were handled in the same manner as Insurer claims.

14. Epiq maintains a Complex Claims Team who coordinated and supervised the handling of the electronic data sets. In this case, the Complex Claims Team reviewed and analyzed each electronic data set to ensure that it was formatted in accordance with Epiq's required format and identified any potential data issues or inconsistencies within the file. If any issues or inconsistencies arose, Epiq notified the sender. If the electronic data was deemed to be in an acceptable format, it was then loaded into Epiq's database.

15. Once the file was loaded, message codes were applied to denote any deficiencies or ineligible conditions. These message codes are identical to those applied to paper and web claims without electronic data. The Complex Claims Team performed programmatic and manual reviews of the electronic data to identify deficiency and ineligibility conditions (such as, but not limited to, missing amount paid, missing start/end date, missing inpatient/outpatient designation, and/or missing year of service). Epiq thoroughly verified and confirmed these reviews as accurate through a variety of separate programmatic quality control reviews done post-processing in addition to manual reviews of the 100 largest claims and a statistical sampling of the remaining claims.

16. Finally, at the end of this process, Epiq manually reviewed all claims in excess of $25,000.00 in Relevant Purchases and requested documentation if it had not been provided and the claim was in excess of $25,000.00. These reviews help to ensure that claims from Insureds did not contain inaccurate or duplicative information.

EXCLUDED PARTIES

17. Epiq also reviewed all claims to ensure that they were not submitted by or on behalf of parties excluded from the Class, to the extent that the identities of such persons or entities were known to Epiq through the list of Defendant and other excluded persons and entities identified in the definition of the Settlement Class and through the claimants' certifications on the claim forms. Epiq also reviewed all claims against the list of parties who requested exclusion from the Class. Epiq had extensive discussions with Plaintiffs' Counsel regarding claims submitted by a Blue Cross Blue Shield entity, as the administrator of a self-insured health plan, on behalf of its Class Member customer or submitted by the Blue Cross Blue Shield entity on its own behalf. Claims on behalf of Blue Cross Blue Shield entities were not allowed in instances where Blue Cross Blue Shield of Michigan paid hospitals for services provided to a member of another Blue Cross Blue Shield entity's health plan, and the other Blue Cross Blue Shield entity then reimbursed Blue Cross Blue Shield of Michigan. In that situation,

the other Blue Cross Blue Shield entity would not be a direct purchaser as required by the settlement class definition.

ADDITIONAL COMPLEXITIES ENCOUNTERED IN CLAIMS PROCESSING

18. Many of the claims Epiq received were deficient or ineligible for one or more reasons and, therefore, were subject to the additional processing, correspondence and telephonic communications described in the sections below entitled "The Deficiency Process for Paper and Web Claims".

19. During the processing of claims, Epiq also encountered "non-conforming" claims, which, in general, require significantly more work than ordinary claims. Non-conforming claims include claim forms that, among other conditions, are missing pages, have no name or address, are blank but were submitted with documentation for Epiq to complete, or are so materially deficient as to make what is being claimed unascertainable.

THE DEFICIENCY PROCESS FOR PAPER AND WEB CLAIMS

20. Of the 95,659 paper and web claims received as of September 12, 2023, 44.8% were incomplete or had one or more defects or conditions of ineligibility, such as the claim form not being signed, missing elements necessary for calculation, indicating no eligible transactions, or values exceeding anticipated thresholds that required follow up to request back-up documentation to protect the Settlement against potentially fraudulent claims. Much of Epiq's efforts in handling a settlement administration involves claimant communications so that all claimants have a sufficient opportunity to cure any deficiencies and file a complete claim. The "Deficiency Process," which in this case involved contacting claimants and responding to inquiries from claimants either by telephone or email, was intended to assist them in properly completing their otherwise deficient submissions so that they would be eligible to participate in the Settlement.

21. If a claim was determined to be defective or ineligible, a defect notice was sent to the claimant describing the deficiency(ies) or condition(s) of ineligibility in the claim and what

was necessary to cure any "curable" defect(s).[1] The defect notice advised the claimant that the submission of the appropriate information and/or documentary evidence to complete the claim had to be postmarked (if mailed) or received (if emailed) within 30 days from the date of the letter; however, defect responses were reviewed for nearly four months after the last deadline had passed. All responses received during this time, even if beyond their response deadline, were processed until the final round of calculations began in April 2023. The defect notices further advised that if the appropriate information was not submitted, the claim would be recommended for rejection to the extent the deficiency or condition of ineligibility was not cured. Attached hereto as Exhibit B & C are examples of the defect notice templates.

22. Claimants' responses to the defect notices were scanned into Epiq's database and associated with the corresponding claim form. The responses were then carefully reviewed and evaluated by Epiq's team of processors. If a claimant's response corrected the defect(s), Epiq updated the database to reflect the change in status of the claim.

DISPUTED CLAIMS

23. As noted above, claimants were advised that they had the right to contest Epiq's administrative determinations of deficiencies within 30 days from the date of notification. For denied claims, Epiq's contact information was provided, and questions regarding the determination were answered. All such inquiries have been responded to as of the date of this Declaration.

[1] To the extent a claim was missing the value component for calculation, but had two or fewer transactions, the $414 presumed value (established by the plan of allocation) was substituted, and it was calculated as Category 1, Category 2, or Category 3 claim based on the remaining data. No defect notice was issued due to the time and cost involved and the unlikeliness that such a claim would exceed the threshold for minimum payment. In other words, Epiq proposes that such claims, to the extent they are in Category 1 or Category 2 be allowed to participate based on the applicable minimum payment. Such claims in Category 3 are still subject to the minimum threshold for a stand-alone payment.

LATE BUT OTHERWISE ELIGIBLE CLAIMS

24. Through September 12, 2023, Epiq received 818 claims that were postmarked or received after the final January 29, 2021, claim submission deadline established by the Court. Despite their tardiness, Epiq fully processed these claims. Of the late claims, 676 have been found to be otherwise eligible in whole or in part (the "Late but Otherwise Eligible Claims"). Epiq has not rejected any claim solely based on its late submission, and Epiq believes no delay has resulted from the provisional acceptance of these Late but Otherwise Eligible Claims. To the extent they are eligible but for the fact that they were late, they are recommended for payment.

25. However, there must be a final cut-off date after which no more claims will be accepted so that there may be a proportional distribution of the Net Settlement Fund and the distribution may be accomplished. Accordingly, and in consultation with Plaintiffs' Counsel, Epiq recommends that no claim form received or adjusted after September 12, 2023, be eligible for payment.

QUALITY ASSURANCE

26. An integral part of Epiq's settlement administration projects is its Quality Assurance reviews. These reviews are also labor intensive and time consuming. Specifically, Epiq's personnel worked throughout the settlement administration to ensure that claims were processed properly, that deficiency and ineligibility message codes were properly applied to claims, that defect notices were mailed to the appropriate claimants, and that Epiq's computer programs were operating properly.

27. In support of the work described above, Epiq staff designed, implemented, tested and reviewed the following programs for this administration: (i) data entry screens that store claim information (including all transactional data included in each claim and in any supporting documentation), attach message codes and, where necessary, apply text to denote conditions existing within the claim; (ii) screens for the analyst to review images of the claim form and any supporting documentation provided; (iii) programs to load and analyze transactional data submitted electronically (a load program converts the data submitted into the format required by

the calculation program, and an analysis program determines if the data is consistent and complete); (iv) a program to compare the claimed transactions against Exhibit A and Exhibit B to the Plan of Allocation to determine if the claimed transactions qualified for payment under Category 1, Category 2, or Category 3 based on the combinations of Hospital, Date(s), and Insurance Provider; (v) programs to generate various reports throughout the administration, including lists of all eligible and ineligible claims; and (vi) a calculation program to:

(i) analyze the transactional data for all claims;

(ii) ignore certain limited defects that did not impact the outcome of the determination; e.g., if the date of a transaction was not provided, but the award would be the same (minimum payment would be applicable) whether or not this additional transaction was allowed, the defect was disregarded;

(iii) enhance the claim value to the amount the claimant would receive based on the alternate methodology of $50 per outpatient and $414 per inpatient visit regardless of whether the claimant made the claim during the initial claims filing period or the subsequent period; and

(iv) use the larger claim if multiple claims were filed during the two claims filing periods.

28. Epiq's Complex Claims Team, Data Services Team, and Client Services Team also performed independent, final quality control checks once all of the accepted claims were processed, defect notices were mailed, and deficiency responses were reviewed and processed, to ensure the correctness and completeness of all of the processed claims before Epiq prepared its final reports to Plaintiffs' Counsel. For its Quality Assurance wrap-up, Epiq: (i) confirmed that the claims that are being recommended for approval have no message codes denoting ineligibility; (ii) confirmed that claims that are being recommended for rejection have message codes denoting ineligibility; (iii) confirmed that all claims requiring "deficiency" notices were

sent such notices; (iv) reviewed a sample of deficient claims again; (v) reviewed a sampling of claims with Relevant Purchases over $25,000.00 to confirm Epiq's determinations; (vi) reviewed a sample of claims determined to be eligible and a sample deemed ineligible, including those with no Relevant Purchases and claims with various permutations of Category 1, Category 2, and Category 3 Relevant Purchases, to ensure all were accurately calculated in accordance with the Plan of Allocation; and (vii) retested the accuracy of the Relevant Purchase, minimum payment, and *pro rata* calculation logic.

29. As part of its due diligence in processing the claims, Epiq also conducted a Questionable Claim Filer search of all paper/web claims as follows. Epiq identified a number of Questionable Claim Filers based on its database that contains names, addresses, and aliases of individuals who have been investigated by government agencies for questionable claim filing, as well as the names and contact information compiled from previous settlements that Epiq has administered where questionable claims were received. Additionally, Plaintiffs' Counsel set a threshold for additional scrutiny of $25,000.00 for all claims filed by Consumers as it was unlikely most individuals would have direct payments (beyond amounts paid by any insurer) in excess of $25,000.00. Documentation was requested from these claimants to validate their claims. 2,220 claimants were identified, and contacted, as a result of these searches. All responses have been reviewed and a limited number of claims were corrected due to the filer making a good faith error, but 1,277 claimants never responded, or their response was inadequate to support eligibility, thus their claims are recommended for denial.

DISPOSITION OF CLAIM FORMS

30. Epiq has completed the processing of the 95,659 claims that were received through September 12, 2023, and has determined that 80,934 are acceptable in whole or in part, and that 14,674 should be wholly rejected due to having no Relevant Purchases when calculated in accordance with the Court-approved Plan of Allocation, or there were multiple claims submitted by the same Claimant, and either the lesser value claim was denied as duplicate or, if

the claims were identical duplicates, the later version was denied (e.g., one claim filed using the online portal, a second copy of the same claim was filed on a paper claim form).[2]

31. Lesser value claims were identified and rejected by multiple criteria. Any claim with a fatal incompleteness issue (such as inadequate information for any transaction presented to yield a calculated Relevant Purchase value, or a questionable claim for which documentation was requested and not received) was not considered. However, where two claim forms existed for the same claimant, and both claims yielded a Relevant Purchase total in one or more Categories, the value of each claim was calculated and compared to discern the highest *pro rata* payment to the Claimant. The highest value claim was selected as the surviving claim, and the duplicate claims were denied.

32. Additionally, 2014 claims were given the benefit of the Relevant Purchase minimums established by the 2018 plan of allocation. Thus, transactions claimed for under $50 were grossed up to $50, transactions between $50 and $414 were grossed up to $414, and transactions over $414 were allowed to stand. And consistent with the methodology established for 2018 claims, if start or end dates on a 2014 claim form were omitted or partially omitted, the omission was disregarded as long as the year of the transaction was entered.

33. Of the claims administratively accepted or accepted in part, 52,939 are claims with only Category 3 Relevant Purchases that fail to meet the $10.00 threshold set forth in the Plan of Allocation for payment. As such, these claims' aggregate value of $1,839.14 are recommended for payment to the *cy pres* recipient, Free Clinics of Michigan, in accordance with the Plan of Allocation approved by the Court. These individuals will receive a letter detailing their claim calculation and the amount being donated. These claims are identified as Eligible, Not Payable in the chart below.

34. The summary tables below describe the disposition of the claims and, for administratively denied claims, the reason for the denial:

[2] An additional 51 claims were either voided from the database due to scanning errors or withdrawn by the filer.

Eligible Claims/Payment Status	Count
Direct Payment	27,986
Category 3 Indirect Payment to Cy Pres Recipient	52,939

Denied Claims/Reason	Count
Late	0
Failure to Cure and No Relevant Purchase During Class Period	5,356
Duplicate/Lesser	9,327
Withdrawn/Void	51

ELIGIBLE CLAIM CALCULATIONS

35. Epiq has determined that the "Eligible" and "Eligible, No Direct Payment" claims should be accepted. The claims recommended for acceptance represent total Relevant Purchases as noted below for each category; aggregate award values for each category are also noted in the second table:

Relevant Purchase Totals

Claim Status	Category 1 – Relevant Purchases Total	Category 2 – Relevant Purchases Total	Category 3 – Relevant Purchases Total
Eligible – Direct Payment	$564,323,432.42	$2,744,202,260.07	$14,981,972,367.17
Eligible - Indirect Payment	$0.00	$0.00	$108,793,974.66

Award Totals

Claim Status	Category 1 – Awards Total	Category 2 – Awards Total	Category 3 – Awards Total
Eligible	$9,952,393.42[3]	$2,551,892.44[4]	$255,185.98
Eligible, No Direct Payment	$0.00	$0.00	$1,839.41

[3] These awards include the minimum payment awards of $25.00 for Category 1 eligible claims and *pro rata* awards for claims that had Relevant Purchases adequate to exceed the $25.00 minimum payment threshold.

[4] These awards include the minimum payment awards of $15.00 for Category 2 eligible claims and *pro rata* awards for claims that had Relevant Purchases adequate to exceed the $15.00 minimum payment threshold.

36. Relevant Purchases were assigned to Category 1, 2, or 3 by checking the combinations (of dates, hospitals and insurance plans) provided in Exhibit A to the Plan of Allocation (to qualify for Category 1), and if not a match, then attempting to match to a combination from Exhibit B to the Plan of Allocation (to qualify for Category 2); any transaction that did not match to one of the combinations present in these exhibits was designated as Category 3. Once categorized, the transactions within each category were summed, the controlling claim was identified as described in Paragraph 31 if multiple claims for the same Claimant had been submitted, and any value substitutions as described in Paragraph 32 were included in the total for each category.

37. Pursuant to the Plan of Allocation, each category was apportioned a pool of the Net Settlement Fund for allocation among the eligible claims within that category as follows:

Category	**Percentage Apportioned**	**Pool Value**
1	78%	$9,952,393.71
2	20%	$2,551,895.82
3	2%	$255,189.58

38. An initial *pro rata* was calculated based on the Net Settlement Fund Category Pool Value divided by the total Recognized Purchases for that category, which was then applied to each category sum within each Claim to establish an interim award. For Claims in Category 1 and Category 2, if the Claim's interim award value was under the minimum award threshold of $25 or $15, respectively, the award was grossed up to the minimum award and the remaining claims were re-prorated accordingly.[5] The Plan of Allocation provides for maximum award thresholds and spillover for both Category 1 and Category 2, but these were not triggered given the high volume of Relevant Purchases claimed. Similarly, the 25% limitation on the total of

[5] Category 1 has 4,930 claims proposed to receive a minimum award of $25.00 and Category 2 has 22,413 claims proposed to receive its minimum award of $15.00.

Category 1 and Category 2 minimum claim payments was not triggered and thus had no effect on the allocation of the Net Settlement Fund.[6]

39. Category 3 was a straight *pro rata* calculation within that pool, but direct payment to the Claimant is subject to meeting the $10.00 minimum payment threshold, either (1) with a stand-alone payment of $10.00 or more in Category 3, or (2) by having an award under $10.00 in Category 3, but also having an award in Category 1 or 2 that the Category 3 award can be combined with for payment purposes. Claims that fail to meet the threshold will have their Category 3-only award included in the bulk payment to the *cy pres* recipient, currently totaling $1,839.41, aggregated from the 52, 939 claims with award values under the minimum threshold for direct payment.

FEES AND DISBURSEMENTS

40. Epiq agreed to be the Settlement Administrator for the Settlement in exchange for payment of its fees and expenses. Plaintiffs' Counsel received regular reports of and invoices for all of the work Epiq performed with respect to provision of notice and the administration of the Settlement and authorized the claims administration work performed herein.

41. The Court approved payment of fees and expenses of $1,365,038 in its order on September 30, 2019, which has been paid to Epiq; however, this did not account for the fees and expenses associated with the third round of claims filing reopened as a result of the Varnum Group Settlement and the additional four years of activity related to Claimant communications, website maintenance, call center activity, and project management while the remaining objections were resolved. Only after that could Epiq begin the process of claim calculation in the event the outcome of the outstanding objections further altered the claims process. After the Effective Date was reached following the various appeals and objections being resolved fully, Plaintiffs' Counsel and Epiq met several times to determine the amount of work yet to be completed, the most efficient manner of handling that work, and what Epiq could do to

[6] Category 1 minimum claim awards total 1.22% of the pool value and Category 2 minimum claim awards totaled 13.04%.

minimize costs and maximize the distribution to the Class. Epiq, through this process agreed to a goodwill credit to the Settlement Fund for $231,692.69 of invoices incurred during the appeal and objection pendency periods and agreed to limit the remaining billing to an additional $1,401,737.54. However, actual costs of administration have significantly exceeded that amount as the estimate at that time did not include a full understanding of the level of complexity that calculations would require due to the multiple claim form iterations and multiple claim filing periods, which resulted in various iterations of claims for the same individuals or entities being filed that yielded different defects and/or determinations. To date Epiq has not billed for over $560,000.00 in incurred costs. Epiq expects that another $145,000.00 in administrative fees and costs, approximately $125,000.00 of which will be out-of-pocket hard costs for postage and print, will be incurred to complete the administration. As such, Epiq and Counsel have discussed increasing the negotiated costs to close amount from $1,401,737.52 to $1,526,737.52, an increase of $125,000, to cover the cost of postage and printing. This would be the final payment to Epiq.

DISTRIBUTION PLAN FOR THE NET SETTLEMENT FUND

42. Should the Court concur with Epiq's determinations concerning the accepted and rejected claims, including the Late but Otherwise Eligible Claims, Epiq recommends the following distribution plan (the "Distribution Plan"):

(a) Epiq will conduct an initial distribution (the "Initial Distribution") of the Net Settlement Fund, after deducting any administrative fee payments approved as part of the Distribution Order being requested herein, and after holding back $500 to pay any Taxes due and holding back $15,000 in the event there are any disputed claims following distribution that require a true-up payment as follows:

(i) Epiq has calculated award amounts to all Authorized Claimants by calculating their *pro rata* share of the Net Settlement Fund Category 1, Category 2, and Category 3 funding pools in accordance with the Plan of Allocation.

(ii) For all Claimants whose share of the Net Settlement Fund fails to meet the $10.00 minimum threshold for direct payment, Epiq will combine these awards and issue one payment to Free Clinics of Michigan on behalf of the Class consistent with the Court-approved Plan of Allocation.

(iii) Epiq will send letters to all Claimants whose aggregate, *pro rata* share of the Net Settlement Fund was less than $10.00 providing details related to the calculated Relevant Purchases and corresponding *pro rata* award. The letter will further explain that due to the cost of issuing payment exceeding the value of said payment, the Plan of Allocation called for donation of claims with an aggregate award of less than $10.00 on behalf of the Class to the *cy pres* recipient, Free Clinics of Michigan.

(iv) In order to encourage Authorized Claimants to promptly deposit their payments, all distribution checks will bear a notation "DEPOSIT PROMPTLY, VOID AND SUBJECT TO RE-DISTRIBUTION IF NOT NEGOTIATED WITHIN 60 DAYS OF ISSUE DATE."

(v) Authorized Claimants who do not cash their Initial Distribution checks within the time allotted will have the opportunity to request reissue of their check such that they will have up to 30 additional days after the initial void date to cash it. Claimants who fail to cash their check or request reissue and cash the reissued check prior to the void date as indicated on the instrument irrevocably forfeit all recovery from the Settlement. The funds allocated to all such stale-dated checks will be donated to the *cy pres* recipient, Free Clinics of Michigan.

(vi) After Epiq has made reasonable and diligent efforts to have Authorized Claimants cash their Initial Distribution checks, but no earlier than three months and

no later than four months after the Initial Distribution, Epiq will complete a *cy pres* distribution of the residual funds, including any remainder from the $15,000.00 and $500.00 holdbacks, to Free Clinics of Michigan.

(vii) No new claim forms nor adjustments to claim forms, may be accepted after September 12, 2023.

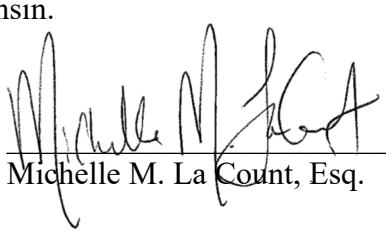
(viii) Unless otherwise ordered by the Court, one year after Distribution, Epiq will destroy the paper copies of the claim forms and all supporting documentation, and one year after all funds have been distributed, Epiq will destroy electronic copies of the same.

CONCLUSION

43. Epiq respectfully submits this declaration in support of the motion for authorization to distribute the Net Settlement Fund.

I declare under the penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Executed on October 9, 2023, in Green Bay, Wisconsin.



Michelle M. La Count, Esq.

Exhibit A

Settlement Administrator
PO Box 3240
Portland, OR 97208-3240

The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan
No. 2:10-cv-14360
U.S. District Court for the Eastern District of Michigan

CONSUMER CLAIM FORM

If you are an individual who paid a general acute care hospital in Michigan for healthcare services at any time between January 1, 2006 and June 23, 2014, you are a member of the Settlement Class in a lawsuit against Blue Cross Blue Shield of Michigan ("BCBSM") and are entitled to submit a claim to share in the Settlement money. You do not need to be a BCBSM customer to be eligible. A list of the relevant hospitals is attached to this form.

If you wish to submit a claim, complete this form and mail it, postmarked on or before **November 16, 2014**, to the address below. You may also complete the Claim Form electronically at www.MichiganHospitalPaymentsLitigation.com on or before **November 16, 2014**.

Your claim will be reviewed to determine whether or not you are entitled to payment and the amount of any payment. More information, including details on how payments are determined, is available at www.MichiganHospitalPaymentsLitigation.com or by writing, emailing, or calling the Settlement Administrator. Inquiries regarding your claim can be made by contacting the Settlement Administrator by writing to the address below, emailing info@MichiganHospitalPaymentsLitigation.com, or calling (877) 846-0588.

You may not share in the Settlement Fund if you exclude yourself from the Settlement. BCBSM, related corporate entities, and BCBSM's officers, directors, employees, agents, and attorneys are not eligible to share in the Settlement money and are excluded from the Settlement Class.

Please mail your claim to: **Settlement Administrator**
PO Box 3240
Portland, OR 97208-3240

SECTION A: CLAIMANT INFORMATION

First Name: MI: Last Name:

(Please write the Claimant Name as you would like it to appear on the check, if eligible for payment.)

Street Address:

City: State: ZIP Code:

Telephone Number: – –

Email Address:

(By providing an email address, you are authorizing the Settlement Administrator to provide you with information relevant to your claim via email.)

The Settlement Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If your contact information changes, you **MUST** notify the Settlement Administrator in writing at the mailing or email address above.

SECTION B: REPRESENTATIVE CONTACT INFORMATION

Please indicate whether you are filing on your own behalf as a Class Member or as the authorized representative of someone else who is a Class Member:

☐ I am the Class Member named in Section A above.
(If so, you may skip the rest of this section.)

☐ I am filing on behalf of the Class Member named in Section A above.

If you are filing on behalf of a Class Member, state your relationship to the Class Member (e.g., family member, attorney, etc.):

Representative Name:

Street Address:

City: State: ZIP Code:

Telephone Number: – –

Email Address:

(By providing an email address, you are authorizing the Settlement Administrator to provide you with information relevant to your claim via email.)

SECTION C: YOUR HOSPITAL HEALTHCARE PAYMENTS

To make a claim, you must complete and sign this form, stating all eligible hospital healthcare payments that you wish to be included in your claim.

On the below Claim Table, please list each hospital from the below list that you paid for healthcare services, the date(s) the hospital provided the services, the amount(s) you paid to the hospital, and any insurance provider. You may include only payments for hospital healthcare services provided between January 1, 2006 and June 23, 2014. You may include co-payments, co-insurance payments, and deductible payments you paid to the hospital. You may include amounts you paid to the hospital even if an insurer or self-insured entity reimbursed you.

Do not include the following:

- Purchases from a hospital pharmacy
- Payments that you made to your insurer or any entity other than a hospital
- Payments that your insurer or any other entity made to the hospital

If you are submitting your claim online, you can either fill out the Claim Table on the website or attach a spreadsheet or other file containing the information required by the Claim Table.

If you are submitting your claim by mail and need additional room, you may attach additional pages. Please number all additional pages to ensure review.

Your claim will be reviewed to determine whether or not you are entitled to a payment. Submission of a claim does not guarantee that you will receive a payment. If your claim is determined to be valid and eligible, you may receive a different amount than what you claimed.

You may be asked for more information at a later time to validate your claim, such as an invoice from the hospital, copies of paid checks, or credit card statements. Your claim may be rejected if any requested information is not provided.

Section D: YOUR SHARE OF THE SETTLEMENT MONEY, IF ANY

Your share of the Settlement money, if any, will depend on the hospital(s) you paid, the date(s) the hospital provided the services, the amount of your payment(s), and the number of others who submit a valid Claim Form and the amount of their hospital payments. For more information, please review the Plan of Allocation, which is located on the website www.MichiganHospitalPaymentsLitigation.com as an exhibit to the Settlement Agreement, or contact the Settlement Administrator at:

Settlement Administrator
PO Box 3240
Portland, OR 97208-3240

Email Address: info@MichiganHospitalPaymentsLitigation.com

CLAIM TABLE

(Please list separate visits on separate rows.)

Hospital (use code from list)	**Date(s) of Hospital Services** (mm/dd/yyyy)	**Amount You Paid to the Hospital** (in dollars)	**Insurance Provider** (use code from list)
	Total:		

When completing the above table, please use corresponding code from the below chart for the hospital and insurance company affiliated with each claimed purchase.

Questions?
Call Toll-Free (877) 846-0588 or Visit www.MichiganHospitalPaymentsLitigation.com

Code	Hospital Name
01-25	Allegan General Hospital
02-18	Allegiance Health
03-31	Alpena Regional Medical Center
04-40	Ascension Borgess-Lee Memorial Hospital
05-33	Ascension Borgess Medical Center
06-32	Ascension Borgess-Pipp Hospital
07-42	Ascension Genesys Regional Medical Center
08-50	Ascension Providence Hospital and Medical Centers
09-40	Ascension Providence Park Hospital–Novi
10-47	Ascension St. John Hospital and Medical Center
11-59	Ascension St. John Macomb-Oakland Hospital–Macomb Center
12-41	Ascension St. John North Shores Hospital
13-43	Ascension St. John River District Hospital
14-58	Ascension St. Mary's of Michigan Medical Center–Saginaw
15-59	Ascension St. Mary's of Michigan Medical Center–Standish
16-36	Ascension St. Joseph Hospital–Tawas
17-28	Aspirus Grand View Hospital
18-26	Aspirus Keweenaw Hospital
19-27	Aspirus Ontonagon Hospital
20-32	Baraga County Memorial Hospital
21-23	Bell Memorial Hospital
22-18	Botsford Hospital
145-20	Bronson Battle Creek
23-26	Bronson LakeView Hospital
75-26	Bronson Methodist Hospital
24-27	Bronson Vicksburg Hospital
25-24	Caro Community Hospital
26-25	Charlevoix Area Hospital
27-28	Cheboygan Memorial Hospital
76-37	Chippewa County War Memorial Hospital
28-41	Community Health Center of Branch County
29-32	Community Hospital–Watervliet
30-24	Covenant Medical Center
77-19	Crittenton Hospital
31-31	Deckerville Community Hospital
32-35	Dickinson County Memorial Hospital
78-38	DMC–Children's Hospital of Michigan
79-62	DMC–Detroit Receiving Hospital and University Health Center
80-59	DMC–Harper University Hospital & Hutzel Women's Hospital
81-34	DMC–Huron Valley Sinai Hospital
82-27	DMC–Sinai-Grace Hospital

Code	Insurance Provider
A-1	Aetna PPO
B-2	BCBSM Non-HMO (inpatient claims only)
C-3	HAP HMO (inpatient claims only)
D-4	HAP PPO
E-5	Priority PPO
F-6	Priority HMO
G-7	None of the Above

Code	Hospital Name
83-29	Doctors' Hospital of Michigan
33-28	Eaton Rapids Medical Center
84-28	Forest Health Medical Center
85-20	Garden City Hospital
34-32	Harbor Beach Community Hospital
35-36	Hayes Green Beach Memorial Hospital
36-28	Helen Newberry Joy Hospital
86-27	Henry Ford Cottage Hospital
87-19	Henry Ford Hospital
88-26	Henry Ford Macomb Hospital
89-40	Henry Ford Macomb Hospital–Warren Campus
90-35	Henry Ford West Bloomfield Hospital
91-29	Henry Ford Wyandotte Hospital
37-31	Hills & Dales General Hospital
92-33	Hillsdale Community Health Center
93-16	Holland Hospital
94-21	Hurley Medical Center
38-21	Huron Medical Center
39-41	Kalkaska Memorial Health Center (Munson)
95-22	Karmanos Cancer Center
96-42	Lakeland Hospitals at Niles and St. Joseph
40-44	Mackinac Straits Hospital and Health Center
41-27	Marlette Regional Hospital
42-32	Marquette General Health System
43-27	McKenzie Memorial Hospital
97-35	McLaren Bay Regional Medical Center
98-43	McLaren Central Michigan Community Hospital
99-56	McLaren Ingham Regional Medical Center (Greater Lansing)
100-38	McLaren Lapeer Regional Medical Center
101-45	McLaren Mount Clemens Regional Medical Center
102-43	McLaren Northern Michigan Regional Hospital
103-35	McLaren POH Regional Medical Center
104-31	McLaren Regional Medical Center
105-29	Mecosta County Medical Center

106-28	Memorial Healthcare (Owosso)
44-41	Memorial Medical Center of West Michigan
107-30	Mercy Memorial Hospital System
45-22	Metro Health Hospital
46-35	MidMichigan Medical Center–Clare
47-37	MidMichigan Medical Center–Gladwin
48-37	MidMichigan Medical Center–Gratiot
50-37	MidMichigan Medical Center–Midland
51-27	Munising Memorial Hospital
52-22	Munson Medical Center
108-31	North Ottawa Community Hospital
53-24	Northstar Health System
109-25	Oakland Regional Hospital
110-16	Oaklawn Hospital
111-26	Oakwood Annapolis Hospital
112-25	Oakwood Heritage Hospital
113-42	Oakwood Hospital & Medical Center–Dearborn
114-33	Oakwood Southshore Medical Center
115-24	OSF St. Francis Hospital
54-25	Otsego Memorial Hospital
55-39	Paul Oliver Memorial Hospital (Munson)
56-17	Pennock Hospital
116-19	Port Huron Hospital
57-24	Portage Health Hospital
117-33	ProMedica–Bixby Medical Center
58-36	ProMedica–Herrick Medical Center
59-18	Scheurer Hospital
60-30	Schoolcraft Memorial Hospital
61-28	Sheridan Community Hospital
62-31	South Haven Community Hospital
118-36	Southeast Michigan Surgical Hospital
119-28	Sparrow Carson City Hospital
63-25	Sparrow Clinton Hospital
64-17	Sparrow Hospital
65-23	Sparrow Ionia Hospital
120-27	Spectrum Health–Butterworth
121-31	Spectrum Health Gerber Memorial
66-32	Spectrum Health Kelsey Hospital
67-35	Spectrum Health Reed City Hospital
122-31	Spectrum Health United Hospital
123-35	Spectrum Zeeland Community Hospital
124-36	Straith Hospital for Special Surgery
125-16	Sturgis Hospital
68-20	Three Rivers Health

126-34	Trinity Chelsea Community Hospital
127-33	Trinity Mercy Hospital–Cadillac
128-33	Trinity Mercy Hospital–Grayling
129-26	Trinity MHP–Hackley Campus
130-24	Trinity MHP–Mercy Campus
69-35	Trinity MHP Mercy–Lakeshore Campus
131-34	Trinity St. Joseph Mercy–Ann Arbor
132-35	Trinity St. Joseph Mercy–Livingston
133-32	Trinity St. Joseph Mercy–Oakland
134-35	Trinity St. Joseph Mercy–Port Huron
135-31	Trinity St. Joseph Mercy–Saline
136-30	Trinity St. Mary Mercy–Livonia
137-43	Trinity St. Mary's Health Care–Grand Rapids
138-36	University of Michigan Health System
139-33	VA–Aleda E Lutz Medical Center
140-33	VA–Ann Arbor Healthcare System
141-33	VA–Battle Creek Medical Center
142-34	VA–Iron Mountain Medical Center
143-35	VA–John D. Dingell Medical Center
144-35	West Branch Regional Medical Center
70-26	West Shore Medical Center
71-40	William Beaumont Hospital–Grosse Pointe
72-36	William Beaumont Hospital–Royal Oak
73-31	William Beaumont Hospital–Troy
74-17	None of the Above

Section E: CONFIDENTIALITY

All information you submit will be kept confidential by the Settlement Administrator and Class Counsel. It will not be used for any purpose other than administering your claim and determining the amount, if any, of your payment. It will not be disclosed to BCBSM, the Plaintiffs, or any entity other than the Settlement Administrator and Class Counsel, and potentially the Court, under seal, if the Court needs to resolve a dispute concerning your claim. All documents you provide will be destroyed after all claims are finally resolved.

Section F: RELEASE

If you are a Settlement Class Member and do not timely and validly request to be excluded from the Settlement, and the Settlement receives Final Approval, you will release and discharge forever all Released Claims against BCBSM and related entities and individuals, whether or not you submit a Claim Form. For more information, see Paragraphs 58-59 of the Settlement Agreement, available at www.MichiganHospitalPaymentsLitigation.com.

Section G: CLAIMANT CERTIFICATION AND SIGNATURE

I hereby certify under penalty of perjury that:

1. The information in this Claim Form is true and accurate to the best of my knowledge, information, and belief.
2. I am a member of the Settlement Class and did not request to be excluded from the Settlement; or, I have been authorized by the Claimant to file a claim on his or her behalf, and the Claimant is a member of the Settlement Class and did not request exclusion.
3. I have read and agree to the Release in Paragraphs 58-59 of the Settlement Agreement.
4. I understand that I may be asked to provide additional information to validate my claim, and that my claim may be denied if I am unable to provide the requested information.
5. I have not assigned or transferred (or purported to assign or transfer) or submitted any other claim for the same hospital payments and have not authorized any other person or entity to do so and know of no other person or entity having done so on the Claimant's behalf.
6. In the event that the Claimant later claims that I did not have the authority to claim or receive payments from the Settlement Fund on its behalf, I and/or my employer will indemnify and hold the parties, their counsel, and the Settlement Administrator harmless with respect to such claims.

Signature | **Dated** | | – | | – | |
MM DD YY

Type/Print Name:

Claimant Name (if different than above):

ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME.
THANK YOU IN ADVANCE FOR YOUR PATIENCE.

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN

You Could Get Money from a Class Action Settlement if You Paid for Medical Services at a Michigan Hospital from January 1, 2006 to June 23, 2014.

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

- There is a Settlement with Blue Cross Blue Shield of Michigan ("BCBSM") concerning its contracts with general acute care hospitals in Michigan. **Your legal rights are affected whether you act or do not act. Read this Notice carefully**.
- The lawsuit alleges that BCBSM had clauses in its contracts with some Michigan General Acute Care Hospitals that violated federal and state antitrust laws and inflated prices for medical care at certain Michigan hospitals. BCBSM denies all wrongdoing and liability but has concluded that it is in its best interests to settle the litigation to avoid the expense, inconvenience, and interference with ongoing business operations.
- Under the Settlement, BCBSM will pay $29,990,000 into a Settlement Fund that will be used to make payments to individuals and entities that paid Michigan general acute care hospitals for healthcare services from January 1, 2006 to June 23, 2014.
- You do not need to be a BCBSM customer to be eligible.

YOUR LEGAL RIGHTS AND OPTIONS IN THIS SETTLEMENT	
SUBMIT A CLAIM FORM	The only way to receive a cash payment from the Settlement.
EXCLUDE YOURSELF	Receive no benefits from the Settlement, but keep your rights to start or remain part of any other lawsuit against BCBSM about its conduct challenged in this case or related conduct.
OBJECT	Submit a written statement to the Court about why you don't like the Settlement.
GO TO FAIRNESS HEARING	Ask to speak in Court about the fairness of the Settlement.
DO NOTHING	You will receive no payment from the Settlement and will give up your rights to start or remain part of any lawsuit against BCBSM about its conduct challenged in this case or related conduct.

****These rights — 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. If it does, and after any appeals are resolved, money will be distributed to those who qualify. Please be patient.

Questions?
Call Toll-Free (877) 846-0588 or Visit www.MichiganHospitalPaymentsLitigation.com

WHAT THIS NOTICE CONTAINS

BASIC INFORMATION

1. WHY IS THIS NOTICE BEING PROVIDED?

Judge Denise Page Hood of the United States District Court for the Eastern District of Michigan authorized this Notice to inform you about a proposed Settlement of this class action lawsuit and about all of your rights and options before the Court decides whether to approve the Settlement. This Notice explains the lawsuit, the Settlement, your legal rights, what money is available, who is eligible to share in this money, and how to get your share if you are eligible.

The persons and entities who started the lawsuit are the "Plaintiffs." The company they sued, Blue Cross Blue Shield of Michigan ("BCBSM"), is the "Defendant." The case is known as *The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan*, Case No. 2:10-cv-14360. This Notice summarizes the Settlement, but you can view the complete Settlement Agreement at www.MichiganHospitalPaymentsLitigation.com.

2. WHAT IS THIS LAWSUIT ABOUT?

Plaintiffs allege that BCBSM violated federal and state laws by using most favored nation clauses in contracts with 70 general acute care hospitals in Michigan. Plaintiffs claim that these clauses inflated prices for healthcare services at several Michigan hospitals. BCBSM denies Plaintiffs' allegations, denies any wrongdoing, and contends that its actions caused lower, not higher, hospital prices.

3. WHY IS THIS A CLASS ACTION?

In a class action, one or more people (in this case, Michigan Regional Council of Carpenters Employee Benefits Fund, The Shane Group, Inc., Bradley A. Veneberg, Abatement Workers National Health and Welfare Fund, Monroe Plumbers & Pipefitter Local 671 Welfare Fund, Scott Steele, Anne Patrice Noah, and Susan Baynard) sue on behalf of businesses, other organizations, and people who have similar claims. If allowed by a court, all of these organizations and people become part of a "Class" or "Class Members." One lawsuit resolves the claims of all Class Members, except for any who exclude themselves from the Class.

4. WHY IS THERE A SETTLEMENT?

The Court did not decide in favor of Plaintiffs or BCBSM. Instead, both sides agreed to settle this case to avoid the burden, cost, and risk of further litigation. The Settlement does not mean that any law was broken or that BCBSM did anything wrong. By settling, BCBSM is not admitting any wrongdoing or liability. BCBSM continues to deny all legal claims in this case. The Plaintiffs and their lawyers think the Settlement is best for all Class Members.

WHO IS INCLUDED IN THE SETTLEMENT

To see if you will be affected by this Settlement and if you are eligible to get money from it, you first have to determine if you are a Class Member.

5. HOW DO I KNOW IF I AM PART OF THE SETTLEMENT?

The Settlement includes all direct purchasers of healthcare services from a Michigan General Acute Care Hospital between January 1, 2006 and June 23, 2014. The Class includes:

- Individuals who paid Michigan General Acute Care Hospitals in the form of co-pays, co-insurance, or otherwise;
- Insurers that paid Michigan General Acute Care Hospitals for their insureds; and
- Self-insured entities whose health plan participants received healthcare services at Michigan General Acute Care Hospitals.

There are over 130 general acute care hospitals in Michigan. A list of these hospitals is available at www.MichiganHospitalPaymentsLitigation.com. The Class does not include BCBSM and related individuals and entities.

If you received a Postcard Notice in the mail, you have been identified as a potential Class Member based on insurance records. If you did not receive a Postcard Notice in the mail, you still may be a Class Member if you paid a Michigan General Acute Care Hospital during the relevant time period. If you are not sure whether you are included in the Settlement, visit www.MichiganHospitalPaymentsLitigation.com for more information. You may also send an email to info@MichiganHospitalPaymentsLitigation.com, call (877) 846-0588, or write to: Settlement Administrator, PO Box 3240, Portland, OR 97208-3240.

THE SETTLEMENT — WHAT YOU GET AND GIVE UP IF YOU QUALIFY

6. WHAT DOES THE SETTLEMENT PROVIDE?

BCBSM will pay $29,990,000 into a Settlement Fund. This money, plus interest, will be paid to:

- The lawyers representing the Class for their work and to reimburse the expenses they paid, in an amount approved by the Court;
- An incentive award for the Plaintiffs for their services on behalf of the Class, if approved by the Court;
- Expenses incurred in administering the Settlement, such as sending this Notice and the cost to process claims submitted by Class Members;
- Class Members who submit valid Claim Forms; and
- The non-profit organization Free Clinics of Michigan, in certain circumstances.

7. HOW WILL PAYMENTS BE CALCULATED?

Class Members with small purchases of hospital healthcare services may be eligible for minimum payments of up to $40. Class Members with large purchases may be eligible for much higher payments, with the size of their payment depending on the factors described below. The maximum possible payment is 3.5% of the Class Member's total purchases of healthcare services from Michigan General Acute Care Hospitals from January 1, 2006 through June 23, 2014.

The size of the payment will be determined by:

- Which general acute care hospital(s) in Michigan the Class Member paid;
- The amounts paid to the hospital(s) from January 1, 2006 through June 23, 2014; and
- Which insurer paid the hospital, provided the insurance coverage, or administered the self-insured plan.

The Settlement Administrator will review each Claimant's reported purchases to determine how much money, if any, they will receive. For specifics on how payments will be determined, please contact the Settlement Administrator or see the Plan of Allocation available at www.MichiganHospitalPaymentsLitigation.com.

8. WHEN WILL SETTLEMENT MONEY BE DISTRIBUTED TO CLAIMANTS?

Settlement money will be mailed to Claimants after the Court approves the Settlement and after any appeals are resolved. It is uncertain when any appeals taken will be resolved, and resolving them can take time. Please be patient. Updates will be posted at www.MichiganHospitalPaymentsLitigation.com.

9. WHAT DO I GIVE UP IF THE SETTLEMENT IS GIVEN FINAL APPROVAL?

If the Settlement is given Final Approval, you and all other Class Members will release certain claims defined in the Settlement as "Released Claims." In general terms, Class Members who do not validly request to be excluded from the Settlement will each release all of their claims against BCBSM and its affiliated persons and entities arising out of — or in any way relating to — BCBSM's most favored nation clauses with Michigan General Acute Care Hospitals, or any matter or event arising out of the dispute being resolved in this Settlement. If the Settlement is given Final Approval, the claims that were asserted against BCBSM in the lawsuit will be dismissed, with prejudice. A complete copy of the Release is attached as Appendix A to this Notice.

SUBMITTING A CLAIM FORM

10. HOW CAN I GET A PAYMENT?

To ask for a payment, you must submit a Claim Form. Claim Forms are available at the Settlement website, upon request from the Settlement Administrator, or by calling the toll-free number.

After carefully reading the Claim Form instructions, fill out the Claim Form, attach the required documentation, sign it, and mail it postmarked no later than **November 16, 2014** to:

Settlement Administrator
PO Box 3240
Portland, OR 97208-3240

11. WHAT DO I DO IF I HAVE QUESTIONS ABOUT THE CLAIM FORM?

If you have questions about how to file a claim, call the toll-free number (877) 846-0588 or send an email to info@MichiganHospitalPaymentsLitigation.com or a letter to Settlement Administrator, PO Box 3240, Portland, OR 97208-3240.

EXCLUDING YOURSELF FROM THE SETTLEMENT

If you do not want to participate in this Settlement, and you want to keep the right to sue BCBSM about the dispute in this case, then you must take steps to get out of the Settlement. This is called asking to be excluded from — or sometimes called "opting out" of — the Settlement.

12. IF I EXCLUDE MYSELF, CAN I GET ANYTHING FROM THIS SETTLEMENT?

No. If you exclude yourself, you may not submit a claim for a payment from the Settlement, and you cannot object to the Settlement. However, if you ask to be excluded, you may sue BCBSM based on the dispute in this case.

13. IF I DO NOT EXCLUDE MYSELF, CAN I SUE LATER?

No. Unless you exclude yourself, you give up the right to sue BCBSM for any of the claims that this Settlement resolves. You must exclude yourself from the Class to start your own lawsuit, continue with a lawsuit, or be part of any other lawsuit against BCBSM relating to the "Released Claims" described in Section H of the Settlement Agreement.

14. HOW DO I EXCLUDE MYSELF FROM THE SETTLEMENT?

To exclude yourself from the Settlement with BCBSM, you must send a letter by mail clearly stating that you want to be excluded from the Settlement in *The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan*, Case No. 2:10-cv-14360. Include your name, your business name (if applicable), address, telephone number, signature, and date. If applicable, your letter must also describe the position that authorizes you to request exclusion on behalf of your company.

You must mail your request for exclusion postmarked by **September 24, 2014** to:

Settlement Administrator
PO Box 3240
Portland, OR 97208-3240

You cannot ask to be excluded on the phone, by email, or at the website.

OBJECTING TO THE SETTLEMENT

15. HOW CAN I TELL THE COURT I DON'T LIKE THE SETTLEMENT?

You can object to the Settlement if you do not like some part or all of it. You must give reasons why you think the Court should not approve the Settlement. You may also object to Plaintiffs' Counsel's request for attorneys' fees, reimbursement of expenses, and Plaintiff incentive awards. To object, send a letter to the two addresses below, saying that you object to the Settlement in *The Shane Group, Inc., v. Blue Cross Blue Shield of Michigan*, Case No. 2:10-cv-14360, and file your objection with the Court. Be sure to include any papers or briefs that support your objections.

You must file your objection with the Court no later than **September 24, 2014** and mail your objection to these two addresses postmarked no later than **September 24, 2014**:

PLAINTIFFS' COUNSEL	COUNSEL FOR BCBSM
COHEN MILSTEIN SELLERS & TOLL PLLC Daniel A. Small Brent W. Johnson 1100 New York Avenue, NW Suite 500 Washington, DC 20005	HUNTON & WILLIAMS LLP Todd M. Stenerson D. Bruce Hoffman 2200 Pennsylvania Ave, NW Washington, DC 20037

16. WHAT IS THE DIFFERENCE BETWEEN OBJECTING AND ASKING TO BE EXCLUDED?

Objecting is telling the Court that you do not like something about the Settlement. You can object only if you stay in the Class. Excluding yourself is telling the Court that you do not want to be part of the Settlement. If you exclude yourself, you cannot object to the Settlement because the Settlement no longer affects you.

17. WHAT HAPPENS IF I OBJECT AND THE SETTLEMENT IS APPROVED?

If the Settlement is finally approved and you did not request to be excluded from the Settlement, you will remain a Class Member regardless of whether you objected. You will remain bound by the terms of the Settlement and will not be able to sue BCBSM about the claims in this case.

THE LAWYERS WHO REPRESENT YOU

18. DO I HAVE A LAWYER IN THE CASE?

The Court appointed four law firms to represent the Class: The Miller Law Firm, P.C.; Cohen Milstein Sellers & Toll PLLC; Gustafson Gluek PLLC; and Wolf, Haldenstein, Adler, Freeman & Herz LLC. These four law firms, together with other law firms that have assisted them, are called "Plaintiffs' Counsel." You will not be charged for these lawyers. If you want to be represented by your own lawyer in this case, you may hire one at your own expense.

19. HOW WILL THE LAWYERS IN THE CASE BE PAID?

Plaintiffs' Counsel will ask the Court for attorneys' fees of no more than one-third of the Settlement Fund and reimbursement of the expenses they had in this case of approximately $3,500,000. Plaintiffs' Counsel will also ask the Court to reimburse the costs of administering this Settlement. Plaintiffs' Counsel's application for attorneys' fees and expenses will be filed with the Court by July 26, 2014 and posted on the Settlement website. Plaintiffs' Counsel will also ask for incentive awards of up to $50,000 for each Plaintiff organization and up to $10,000 for each Plaintiff individual, for their services on behalf of the Class.

The Court may award less than the amounts requested by Plaintiffs' Counsel. Payments approved by the Court will be made from the Settlement Fund.

THE COURT'S FAIRNESS HEARING

20. HOW WILL THE COURT DECIDE WHETHER TO APPROVE THE SETTLEMENT?

At the Fairness Hearing, the Court will consider whether the Settlement is fair, reasonable, and adequate. The Court will also consider Plaintiffs' Counsel's request for attorney fees and expenses and Plaintiff incentive awards. If there are objections, the Court will consider them. After the Fairness Hearing, the Court will decide whether to approve the Settlement and how much to award for fees, expenses, and incentive awards.

21. WHEN AND WHERE WILL THE COURT DECIDE WHETHER TO APPROVE THE SETTLEMENT?

The Court will hold the Fairness Hearing on November 12, 2014, at the United States Courthouse, Theodore Levin U.S. Courthouse, 231 W. Lafayette Boulevard, Detroit, Michigan, 48226. A motion for Final Approval of the Settlement will be filed by Plaintiffs' Counsel by October 24, 2014. The motion will also be posted on the Settlement website.

The Fairness Hearing may be moved to a different date or time without additional notice, so it is recommended that you periodically check www.MichiganHospitalPaymentsLitigation.com for updated information.

22. DO I NEED TO COME TO THE HEARING?

No. Plaintiffs' Counsel will answer any questions the Court may have. However, you are welcome to attend the hearing at your own expense. If you send in a written objection, you do not have to come to the Fairness Hearing to talk about it. As long as you mailed your written objection on time, the Court will consider it. You also may pay your own lawyer to attend the Fairness Hearing, but his or her attendance is not necessary.

23. MAY I SPEAK AT THE HEARING?

You may speak at the Fairness Hearing if you submitted an objection as described in the answer to Question 15 and stated in your objection that you wish to be heard at the Fairness Hearing. You cannot speak at the hearing if you exclude yourself from the Settlement.

If you choose to appear in person at the Fairness Hearing, you can appear yourself or by retaining an attorney at your own expense to appear on your behalf. If the attorney is appearing on behalf of more than one Class Member, he or she must identify each of those Class Members.

OTHER INFORMATION

24. WHAT HAPPENS IF I DO NOTHING?

If you are a Class Member and do nothing, you will not get a payment from this Settlement. And, unless you exclude yourself, you will not be able to start a lawsuit, continue with a lawsuit, or be part of any other lawsuit against BCBSM relating to claims being resolved by this Settlement, ever again.

25. HOW DO I GET MORE INFORMATION?

This Notice summarizes the Settlement. More details are in the Settlement Agreement available at www.MichiganHospitalPaymentsLitigation.com. If you still have questions, call the Settlement Administrator at (877) 846-0588, send an email to info@MichiganHospitalPaymentsLitigation.com, or write to Settlement Administrator, PO Box 3240, Portland, OR 97208-3240.

Please do not contact BCBSM, its counsel, the Court, or the Clerk's office.

Exhibit B

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

8356000000010
000 0000001 00000000 0001 0004 00002 INS:
NAME1
NAME2
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1 and Name2,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- One or more claimed transactions are missing a start and/or end date(s) of service. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.
- One or more claimed transactions are missing the amount you paid to the hospital or, alternatively, a designation of inpatient or outpatient for that date of service. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.
- One or more claimed transactions are missing the year services were provided. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.
- One or more claimed transactions are missing an inpatient or outpatient procedure designation. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.

- Your signature was not provided on your Claim Form. Please review the affirmation statement below, sign, and return this page to cure this defect.

Claimant Certification and Signature:

I hereby certify under penalty of perjury that:

1. The information I provided in this Claim Form is true and accurate to the best of my knowledge, information, and belief.
2. I am a member of the Settlement Class and did not request to be excluded from the Settlement; or, I have been authorized by the Claimant to file a claim on his or her behalf, and the Claimant is a member of the Settlement Class and did not request exclusion.
3. I have read and agree to the Release in Paragraphs 58-59 of the Amended Settlement Agreement.
4. I understand that I may be asked to provide additional information to validate my claim, and that my claim may be denied if I am unable to provide the requested information.
5. I have not assigned or transferred (or purported to assign or transfer) or submitted any other claim for the same hospital payments and have not authorized any other person or entity to do so and know of no other person or entity having done so on the Claimant's behalf.
6. In the event that the Claimant later claims that I did not have the authority to claim or receive payments from the Settlement Fund on its behalf, I and/or my employer will indemnify and hold the parties, their counsel, and the Settlement Administrator harmless with respect to such claims.

	Date:		-		-				
		MM		DD		YYYY			

Signature

Return your completed Certification and Signature by U.S. Mail to the following address:

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

You may also send your completed Certification and Signature to the following email address:

DefectResponses@MichiganHospitalPaymentsLitigation.com

PLEASE NOTE: Only incomplete transactions will be included on the list, not necessarily every transaction you claimed. Do not add other transactions to the list on your Response Form; they will not be processed.

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

8356000000010

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table A Transactions

Only include amounts you personally paid, not amounts an insurer paid on your behalf. If no amount is known, check the box to identify if the service was inpatient or outpatient and you will receive the appropriate allocation based on the assumption that you paid $50 for outpatient services and/or $414 for inpatient services.

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)					Provide All "MISSING" Information Below:			
ID	**Hospital**	**Start Date of Service** (mm/dd/yyyy)	**End Date of Service** (mm/dd/yyyy)	**Amount You Paid to the Hospital** (in dollars)	**Start Date of Service** (mm/dd/yyyy)	**End Date of Service** (mm/dd/yyyy)	**Amount Paid**	**Inpatient or Outpatient** (Complete only if you do not know the Amount You Paid to the Hospital)
TABLEAID	TABLEAHOSPITAL	TABLEASTARTDATE	TABLEAENDDATE	TABLEAPAID	__/__/____	__/__/____	$_______.__	☐ Inpatient ☐ Outpatient
TABLEAID	TABLEAHOSPITAL	TABLEASTARTDATE	TABLEAENDDATE	TABLEAPAID	__/__/____	__/__/____	$_______.__	☐ Inpatient ☐ Outpatient
TABLEAID	TABLEAHOSPITAL	TABLEASTARTDATE	TABLEAENDDATE	TABLEAPAID	__/__/____	__/__/____	$_______.__	☐ Inpatient ☐ Outpatient
TABLEAID	TABLEAHOSPITAL	TABLEASTARTDATE	TABLEAENDDATE	TABLEAPAID	__/__/____	__/__/____	$_______.__	☐ Inpatient ☐ Outpatient

Return your completed Response Form by U.S. Mail to:
Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

You may also send your completed Response Form to the following email address:

DefectResponses@MichiganHospitalPaymentsLitigation.com

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

AF6373 v.02

000 0000002 00000000 0002 0004 00002 INS:

8356000000010

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table B Transactions

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)				**Provide All "MISSING" Information Below:**	
ID	**Hospital**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient

Return your completed Response Form by U.S. Mail to: Shane Group v. BCBSM Settlement Settlement Administrator P.O. Box 3240 Portland, OR 97208-3240	You may also send your completed Response Form to the following email address: DefectResponses@MichiganHospitalPaymentsLitigation.com

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

AF6374 v.02

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

8356000000020
000 0000001 00000000 0001 0002 00005 INS:
NAME1
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- One or more claimed transactions are missing a start and/or end date(s) of service. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.

PLEASE NOTE: Only incomplete transactions will be included on the list, not necessarily every transaction you claimed. Do not add other transactions to the list on your Response Form; they will not be processed.

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

8356000000020

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table A Transactions

Only include amounts you personally paid, not amounts an insurer paid on your behalf. If no amount is known, check the box to identify if the service was inpatient or outpatient and you will receive the appropriate allocation based on the assumption that you paid $50 for outpatient services and/or $414 for inpatient services.

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)					**Provide All "MISSING" Information Below:**			
ID	**Hospital**	**Start Date of Service (mm/dd/yyyy)**	**End Date of Service (mm/dd/yyyy)**	**Amount You Paid to the Hospital (in dollars)**	**Start Date of Service (mm/dd/yyyy)**	**End Date of Service (mm/dd/yyyy)**	**Amount Paid**	**Inpatient or Outpatient (Complete only if you do not know the Amount You Paid to the Hospital)**
TABLEAIDT	ABLEAHOSPITA	BLEASTARTDAT	EBEEAENDDATE	TABLEAPAID	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	$ _ _ _ _ _ _ . _ _	☐ Inpatient ☐ Outpatient
Return your completed Response Form by U.S. Mail to: Shane Group v. BCBSM Settlement Settlement Administrator P.O. Box 3240 Portland, OR 97208-3240					You may also send your completed Response Form to the following email address: DefectResponses@MichiganHospitalPaymentsLitigation.com			

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

41

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

8356000000030
000 0000001 00000000 0001 0002 00008 INS:
NAME1
NAME2
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1 and Name2,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- One or more claimed transactions are missing the year services were provided. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.

PLEASE NOTE: Only incomplete transactions will be included on the list, not necessarily every transaction you claimed. Do not add other transactions to the list on your Response Form; they will not be processed.

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

8356000000030

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table A Transactions

Only include amounts you personally paid, not amounts an insurer paid on your behalf. If no amount is known, check the box to identify if the service was inpatient or outpatient and you will receive the appropriate allocation based on the assumption that you paid $50 for outpatient services and/or $414 for inpatient services.

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)					**Provide All "MISSING" Information Below:**			
ID	**Hospital**	**Start Date of Service (mm/dd/yyyy)**	**End Date of Service (mm/dd/yyyy)**	**Amount <u>You</u> Paid to the Hospital (in dollars)**	**Start Date of Service (mm/dd/yyyy)**	**End Date of Service (mm/dd/yyyy)**	**Amount Paid**	**Inpatient or Outpatient (Complete <u>only</u> if you do not know the Amount You Paid to the Hospital)**
TABLEAIDT	ABLEAHOSPITA	BLEASTARTDAT	EEEAENDDATE	TABLEAPAID	_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _	$ _ _ _ _ _ _ . _ _	☐ Inpatient ☐ Outpatient

Return your completed Response Form by U.S. Mail to: Shane Group v. BCBSM Settlement Settlement Administrator P.O. Box 3240 Portland, OR 97208-3240	You may also send your completed Response Form to the following email address: DefectResponses@MichiganHospitalPaymentsLitigation.com

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

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Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

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000 0000001 00000000 0001 0002 00011 INS:
NAME1
NAME2
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1 and Name2,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- Your signature was not provided on your Claim Form. Please review the affirmation statement below, sign, and return this page to cure this defect.

  Claimant Certification and Signature:

  I hereby certify under penalty of perjury that:

  1. The information I provided in this Claim Form is true and accurate to the best of my knowledge, information, and belief.
  2. I am a member of the Settlement Class and did not request to be excluded from the Settlement; or, I have been authorized by the Claimant to file a claim on his or her behalf, and the Claimant is a member of the Settlement Class and did not request exclusion.
  3. I have read and agree to the Release in Paragraphs 58-59 of the Amended Settlement Agreement.
  4. I understand that I may be asked to provide additional information to validate my claim, and that my claim may be denied if I am unable to provide the requested information.
  5. I have not assigned or transferred (or purported to assign or transfer) or submitted any other claim for the same hospital payments and have not authorized any other person or entity to do so and know of no other person or entity having done so on the Claimant's behalf.
  6. In the event that the Claimant later claims that I did not have the authority to claim or receive payments from the Settlement Fund on its behalf, I and/or my employer will indemnify and hold the parties, their counsel, and the Settlement Administrator harmless with respect to such claims.

45

8356000000040

Date: ☐☐ - ☐☐ - ☐☐☐☐
MM DD YYYY

Signature

Return your completed Certification and Signature by U.S. Mail to the following address:

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

You may also send your completed Certification and Signature to the following email address:

DefectResponses@MichiganHospitalPaymentsLitigation.com

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

8356000000050
000 0000001 00000000 0001 0002 00014 INS:
NAME1
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- One or more claimed transactions are missing the amount you paid to the hospital or, alternatively, a designation of inpatient or outpatient for that date of service. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.

PLEASE NOTE: Only incomplete transactions will be included on the list, not necessarily every transaction you claimed. Do not add other transactions to the list on your Response Form; they will not be processed.

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

8356000000050

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table B Transactions

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)				Provide All "MISSING" Information Below:	
ID	**Hospital**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient

Return your completed Response Form by U.S. Mail to:
Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

You may also send your completed Response Form to the following email address:

DefectResponses@MichiganHospitalPaymentsLitigation.com

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

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000 0000001 00000000 0001 0002 00017 INS:
NAME1
NAME2
ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
ADDRESS5
CITY ST ZIP
COUNTRY

RESPONSE RECEIPT DEADLINE:
RESPONSEDEADLINE
Claim Number: CLAIMNUMBER

August 16, 2022

The Shane Group, Inc., et al. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Notice of INCOMPLETE Claim Form Submission

YOU ARE RECEIVING THIS NOTICE BECAUSE THE CLAIM FORM YOU SUBMITTED IN THE ABOVE-REFERENCED SETTLEMENT IS NOT COMPLETE AND WE NEED ADDITIONAL INFORMATION TO PROCESS YOUR CLAIM.

Dear Name1 and Name2,

We have received the Claim Form you submitted in connection with the *Shane Group v. BCBSM* Settlement. Thank you for your submission. In reviewing your Claim Form, we have identified the following problem(s):

- One or more claimed transactions are missing an inpatient or outpatient procedure designation. An attached Response Form contains a list of any transactions with missing data and provides blanks for you to fill in the missing information. Complete the missing information and return the form pursuant to the form directions.

PLEASE NOTE: Only incomplete transactions will be included on the list, not necessarily every transaction you claimed. Do not add other transactions to the list on your Response Form; they will not be processed.

Failure to submit a response with the requested information, postmarked or received by the Response Deadline, RESPONSEDEADLINE, will, at a minimum, result in a reduction in your payment and may result in the denial of your claim.

If you require additional information, please visit MichiganHospitalPaymentsLitigation.com or contact the Settlement Administrator at 1-877-846-0588 from 6:00 a.m.–6:00 p.m. PST Monday through Friday.

Sincerely,

Shane Group v. BCBSM Settlement Administrator

8356000000060

Claim Number: CLAIMNUMBER

RESPONSE RECEIPT DEADLINE: RESPONSEDEADLINE

Response Form: Incomplete Claim Table B Transactions

Hospital Services Information You Entered Previously (Provide "MISSING" Information in the Blanks to the Right)				Provide All "MISSING" Information Below:	
ID	**Hospital**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**	**Year of Service (yyyy)**	**Inpatient or Outpatient Procedure**
TABLEBID	TABLEBHOSPITAL	TABLEBSERVICEYEAR	TABLEBPROCEDURE	_ _ _ _	☐ Inpatient ☐ Outpatient

Return your completed Response Form by U.S. Mail to:
Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

You may also send your completed Response Form to the following email address:

DefectResponses@MichiganHospitalPaymentsLitigation.com

Please do not email questions to DefectResponses@MichiganHospitalPaymentsLitigation.com, as this email address is not attended. Questions may be directed to the call center or to the general inquiries inbox at the email address noted in your Defect Notice Letter.

Exhibit C

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

111222333444555

[STUBADDRESSNAME1]
[STUBADDRESSNAME2]
[STUBADDRESS1]
[STUBADDRESS2]
[STUBADDRESS3]
[STUBADDRESS4]
[STUBADDRESS5]
[CITY] [STATE] [POSTALCODE]
[COUNTRY]

Claim Number: <<Claim #>>
RESPONSE DEADLINE:
<<Response Deadline Date>>

<<Date>>

The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan
United States District Court for the Eastern District of Michigan
Case No. 2:10-cv-14360

Dear <<Name1>> and <<Name2>>,

You have asserted a claim in connection with *The Shane Group, Inc. v. Blue Cross Blue Shield of Michigan* class action settlement. The claim submitted has been identified for audit, as your transactions are not consistent with other class period purchases by similar Consumer Class Members.

Only amounts **you** paid to a Michigan General Acute Care Hospitals for healthcare services from January 1, 2006, to June 23, 2014, were to be included on your Claim Form.

<<Any amounts paid on your behalf by an insurer or other third-party payor (such as an employer) are not eligible. Please provide documentation including, but not limited to, explanation of benefits, canceled checks, invoices showing amounts you paid for deductibles, copays, coinsurance, or services not covered by insurance to support the claimed transaction(s) below.>>

Hospital Services Information You Entered Previously					
Transaction ID	**Hospital**	**Start Date of Service (mm/dd/yyyy)**	**End Date of Service (mm/dd/yyyy)**	**Amount You Paid to the Hospital (in dollars)**	**Inpatient or Outpatient**
<<pk.Atl.Address DataID>>	<<AAD.Claim Table.Text01>> or<<AAD.Claim TableII.Text01	<<AAD.Claim Table.Date01>> or <<AAD.Claim TableII.Text04>>	<<AAD.Claim Table.Date02>> or leave blank it ClaimTableII transaction	<<AAD. ClaimTable. Money01>>	<<AAD.Claim TableII.Text05>>

<<Any amounts paid on your behalf by an insurer or other third-party payor (such as an employer) are not eligible. Please provide documentation including, but not limited to, explanation of benefits, canceled checks, invoices showing amounts you paid for deductibles, copays, coinsurance, or services not covered by insurance to support your claimed transaction(s).>>

Your response must be postmarked no later than **<<Response Deadline Date>>**, and sent to the following address:

Shane Group v. BCBSM Settlement
Settlement Administrator
P.O. Box 3240
Portland, OR 97208-3240

Any late postmarked responses will not be reviewed. Failure to timely respond will result in reduction of your claimed amount to the minimum amount for the claim category for which your transactions are eligible under the Plan of Allocation, which may result in an award of $0.00 to $40.00. The Plan of Allocation is available for review on the website www.MichiganHospitalPaymentsLitigation.com under the Documents tab.

Sincerely,

The Shane Group, Inc. v. BCBSM Settlement Administrator