

PROOF OF CLAIM FORM – WHITE

Ferrer, et al., v. CareFirst, Inc., et al, Case 1:16-cv-02162, United States District Court, District of Columbia

CLAIMS MUST BE POSTMARKED BY NO LATER THAN JULY 8, 2019, To: *CareFirst ACA Settlement* Claims Administrator, PO Box 58116, 1500 John F Kennedy Blvd, Ste. C31, Philadelphia, PA 19102

SECTION I. INSTRUCTIONS

This relates to a proposed Settlement with CareFirst concerning preventive health coverage for **Breastfeeding Support and Counseling Services (referred to as “CLS”)** received between August 1, 2012 and August 31, 2018 (the “Class Period”) by persons enrolled in certain health plans with CareFirst.¹ In addition to changes in CareFirst’s CLS policies, the proposed Settlement provides for a cash payment to Authorized Claimants for CLS: (1) a CLS Settlement Payment²; and/or (2) a Balance Bill Settlement Payment³.

TO RECEIVE A CLS SETTLEMENT PAYMENT FOR AN ELIGIBLE CLS CLAIM, YOU NEED TO COMPLETE SECTION II, PROVIDE SUFFICIENT DOCUMENTATION OF THE CLS CLAIM, ATTEST THAT THE SERVICES RECEIVED FOR THE SUBMITTED CLAIM WERE CLS, AND TIMELY RESPOND. If You believe You received CLS or incurred a claim for CLS during the Class Period for which You seek to receive a CLS Settlement Payment, You need to complete and timely return this form.

IF YOU ALSO WANT TO MAKE A CLAIM FOR A BALANCE BILL SETTLEMENT PAYMENT, YOU WILL NEED TO COMPLETE THE BALANCE BILL PORTION OF SECTION II. You MUST timely respond, and provide proof of having paid a balance bill to an out-of-network provider for an eligible CLS Claim and the amount paid.

The Action and the Settlement do not apply to: (i) breastfeeding supplies and equipment (such as prescription drugs or creams, breast pumps, nipple shields, and other breastfeeding aids or devices); or (ii) persons who were insured under a federal employee health plan or a grandfathered health plan sponsored or administered by CareFirst.

Any Claim that is incomplete, does not provide the required documentation, or is not timely submitted will not be considered. Submission of a Claim Form does not assure that You will receive a CLS and/or Balance Bill Settlement Payment. The information provided on this Claim Form and any information You provide will not be disclosed to any person nor used for any purpose other than to determine Your eligibility to receive the Settlement cash payments. Additional information may be required to substantiate a claim.

For more information about the Settlement You can visit www.CareFirstBreastfeedingSupportClassAction.com, or call toll-free 1-855-441-2329.

SECTION II. CLAIM FORM

If You were enrolled in a health plan with CareFirst and were not provided coverage by CareFirst for CLS received between August 1, 2012 and August 31, 2018 (the “Class Period”) You may have an eligible claim for CLS for which You may be entitled to receive a CLS and/or Balance Bill Settlement Payment.

To be an Authorized Claimant, You must have been insured by CareFirst and received CLS or incurred a claim for CLS during the Class Period, and incurred costs for provider services for CLS. The Action and Settlement do not apply to people who were insured under: a federal employee health plan, or, a grandfathered health plan, sponsored

¹ The proposed Settlement and the capitalized terms used are described in the Notice of Class Action Settlement that accompanied this Claims Data Sheet. A copy of the Notice is also available on www.CareFirstBreastfeedingSupportClassAction.com.

² The CLS Settlement Payment is a cash payment (US \$) equal to the total amount the Authorized Claimant: (i) paid out-of-pocket as co-payment(s); (ii) paid out-of-pocket as co-insurance; and, (iii) had applied to his/her deductible, *except that*, if no payment was made by CareFirst during the Class Period for the Authorized Claim, the CLS Settlement Payment will equal the total amount of the out-of-pocket cost paid by the Authorized Claimant for the Authorized Claim subject to the same Balance Bill limitation.

³ The Balance Bill Settlement Payment is a cash payment (US \$) equal to 25% of the difference between the amount paid by an Authorized Claimant to an out-of-network provider and any reimbursement made to the Authorized Claimant by CareFirst.

or administered by CareFirst. The Action and Settlement do not apply to breastfeeding supplies and equipment, including breast pumps.

If You are completing this Section II, You MUST also: (1) Submit required Documentation; and (2) Affirm that the following service for which You are submitting a Claim for a CLS Settlement Payment and/or a Balance Bill Settlement Payment was for CLS, which You do at the end of this Section II.

Claimant Name:	
Claimant Address:	
Claimant CareFirst ID Number:	
Date CLS Received:	
Name of CLS Provider (Group or Individual Practitioner):	
Procedure Code Reported (#):	
Primary Diagnosis Code Listed (#):	
Secondary Diagnosis Code Listed (#):	
Amount paid out-of-pocket as co-payment(s):	\$
Amount paid out-of-pocket as co-insurance:	\$
Amount applied to Your deductible:	\$
<u>YOU MUST ALSO COMPLETE THE FOLLOWING SECTION IF YOU ARE MAKING A CLAIM FOR A BALANCE BILL SETTLEMENT PAYMENT</u>	
Check the Box if Your Claim was for CLS received from an out-of-network provider, and You incurred a Balance Bill for which You are making a claim for a Balance Bill Settlement Payment: <input type="checkbox"/>	
The difference between the Amount You actually paid to an out-of-network provider and any reimbursement made to You by CareFirst:	\$

YOU CANNOT RECOVER MORE THAN WHAT YOU ACTUALLY PAID FOR A CLS CLAIM.

SECTION II. (CONTINUED)

FOR ADDITIONAL FORMS AND FOR MORE INFORMATION ABOUT THE SETTLEMENT YOU CAN VISIT www.CareFirstBreastfeedingSupportClassAction.com, or call toll-free 1-855-441-2329.

If You completed this Section II, You MUST also provide DOCUMENTATION and an AFFIRMATION:

DOCUMENTATION:

For each CLS claim that is listed in Section II for which You seek a CLS Settlement Payment and/or a Balance Bill Settlement Payment, You shall provide and the Claims Administrator shall consider as sufficient documentation

- (i) A Provider bill as proof of the CLS service rendered, an Explanation of Benefits (“EOB”), or equivalent document showing proof of the CLS service rendered;
- (ii) cancelled checks, credit card statements, and/or account statements as proof of payment; and
- (iii) CareFirst member information sufficient to identify the Claimant as a CareFirst insured during the Class Period and at the time the claimed CLS was provided.

If You are seeking a Balance Bill Settlement Payment, You must provide documentation sufficient to prove that You made a payment to an out-of-network provider and the amount of such payment. The Claims Administrator shall consider cancelled checks, credit card statements, and/or account statements as proof of payment and the amount.

The Claims Administrator will review the submitted Claim Form and documentation to determine whether the Claimant is an Authorized Claimant, if the claim is an Authorized Claim, and the amount, if any, of a CLS Settlement Payment to which the Authorized Claimant is entitled.

CLS AFFIRMATION:

If You completed Section II and are submitting a Claim for a CLS Settlement Payment and/or a Balance Bill Settlement Payment, You MUST affirm HERE that the service received for the Claim identified in Section II was CLS (breastfeeding or lactation support services).

I affirm, by checking the following box, that the service received reflected in the Claim identified in Section II was for CLS. I affirm that the foregoing is true and correct to the best of my knowledge.

Signature of Claimant or Representative

Printed Name of Claimant

Date

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IF YOU HAVE QUESTIONS OR NEED ADDITIONAL FORMS, GO TO www.CareFirstBreastfeedingSupportClassAction.com, OR CONTACT THE CLAIMS ADMINISTRATOR AT 1-855-441-2329.