CLAIM FORM

Kirby et al. v. BCBS-GA Class Action Settlement
Superior Court of Cobb County, State of Georgia
Case No. 19-1-02689-53

INSTRUCTIONS

IT IS VERY IMPORTANT THAT YOU READ THE ENCLOSED NOTICE OF PROPOSED SETTLEMENT OF CLASS ACTION.

The capitalized terms used in this Claim Form are defined in the Settlement Agreement, which you can review at GeorgiaPathwaySettlement.com.

As explained more fully in the Notice of Proposed Settlement of Class Action, if you received the notice letter by mail then your information is in BCBS-GA's records, and so you are considered a "Settlement Class Member *In* Records." **Settlement Class Members In Records do NOT need to submit this Claim Form in order to receive proceeds from the Settlement**. You may, however, still submit this Claim Form if you believe that you have additional claims that are not in BCBS-GA's records. Please review the Notice of Proposed Settlement of Class Action that you received by mail, contact the claims administrator at 1-877-206-2310, or visit GeorgiaPathwaySettlement.com if you have any questions about the claims that appear in BCBS-GA's records and whether you need to submit this Claim Form to receive proceeds from the settlement.

If you learned about the Settlement from a publication or other source and did not receive a notice letter by mail, then you are considered a "Settlement Class Member *Not* In Records." **For all Settlement Class Members Not In Records, you MUST sign and return this Claim Form by February 26, 2026, and submit evidence of a Qualifying Billed Charge if you wish to receive payment as part of this Settlement**. You may also download a copy of this Claim Form at GeorgiaPathwaySettlement.com.

A **Qualifying Billed Charge** means a billed charge from a healthcare provider that you received because either:

1) the healthcare provider was out-of-network even though BCBS-GA had represented that it was in-network in a provider directory or other communication on or before the date that you received the healthcare service;
2) BCBS-GA processed (or you understood that BCBS-GA would have processed) the claim as out-of-network even though the provider was in-network on the date you received the healthcare service;
3) the specialist service you received was not covered under your Pathway Plan because you did not obtain a referral from your primary care physician (applies to 2019 plan year only); or
4) your primary care physician charged you a fee to obtain a referral to a specialist (applies to 2019 plan year only).

These four enumerated categories shall hereinafter be referred to as the "**Qualifying Billed Charge Categories**." Except as to category (4), a Qualifying Billed Charge does not include copays or coinsurance amounts charged under your Pathway Plan for in-network services.

The information provided on this Claim Form will not be disclosed to any person, nor used for any purpose, other than for the administration of the Settlement including without limitation the processing and payment of claims, and reporting claims and other settlement information as necessary to the Court, the IRS

and other governmental agencies. Additional information may be required to substantiate a claim if the information provided below is inconsistent with BCBS-GA's records.

Note: Each individual person who submits a claim must submit a SEPARATE Claim Form. Family members CANNOT combine their claims on a single Claim Form.

REQUIRED DOCUMENTATION

If you are a Settlement Class Member Not In Records, or if you are a Settlement Class Member In Records who believes that you have additional claims that are not in BCBS-GA's records,[1] then you **MUST** submit a bill from a medical provider or comparable documentation that demonstrates that you incurred a Qualifying Billed Charge. The bill or other documentation must include the following information:

(i) Provider name;
(ii) Provider address;
(iii) Date of service;
(iv) Description of services provided; and
(v) Provider charges for which You were responsible.

Attach all documents to this Claim Form. Evidence must be provided for each Qualifying Billed Charge that you claim that you incurred. Failure to provide adequate proof will result in a denial of your claim.

REQUIRED INFORMATION

To ensure that your Claim Form is properly processed, please provide the following information. Your Claim Form **WILL NOT BE** processed unless you provide this information:

1. If you are a Settlement Class Member In Records, please provide the Unique ID contained in the notice letter you received by mail: _____

2. Claimant's Daytime Telephone Number: _(_____)_____

3. Claimant's Name and BCBS-GA ID Number: _____

4. Claimant's Date of Birth: _____/_____/_____
   MM DD YYYY

5. If you are not the Claimant (whose name is printed above), but you are submitting a claim on behalf of that Claimant, provide the following information:

   a. Your Name: _____

   b. Your Mailing Address: _____

[1] For example, if you were a Pathway Plan member in 2019 and believe you have Qualifying Billed Charges for a medical service from a specialist because you did not obtain a prior referral from a primary care physician or a primary care physician charged you to obtain a referral to a specialist and/or if you believe you have other claims meeting the definition of Qualifying Billed Charge that are not in BCBS-GA's records, then you must submit this Claim Form and required documentation in order for such additional claims to be considered by the Settlement Administrator for any additional financial payment under the Settlement. Settlement Class Members In Records can use the Settlement Website, GeorgiaPathwaySettlement.com, to look up the amount of Qualifying Billed Charges in BCBS-GA's records.

c. Your Telephone Number: _(_____)_____

d. Describe Your Relation to the Claimant, (*e.g.*, spouse, legal guardian, executor, personal representative, trustee, *etc.*), and if you are not the Claimant's spouse, attach supporting legal documentation showing your relation to Claimant:

_____

6. Please list below all provider names, provider addresses, dates of service, and applicable Qualifying Billed Charge Categories (*i.e.*, either 1, 2, 3, or 4) for each Qualifying Billed Charge in which you believe that you are entitled to compensation (attach a separate page if more space is needed):

PROVIDER NAME	PROVIDER ADDRESS	DATE OF SERVICE	QUALIFYING BILLED CHARGE CATEGORY

Please submit the required documentation listed above with this form.

I affirm under penalty of perjury that the responses and/or explanations I have provided above are true and correct, to the best of my knowledge, information, and memory. I also attest that I am legally authorized to submit this Claim Form (either as a Settlement Class Member or on behalf of a Settlement Class Member).

Signature: _____ Date: _____

Name: _____