

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

DJENEBA SIDIBE, JERRY JANKOWSKI, SUSAN
HANSEN, DAVID HERMAN, CAROLINE
STEWART, OPTIMUM GRAPHICS, INC., and
JOHNSON POOL & SPA, on Behalf of Themselves
and All Others Similarly Situated,

Plaintiffs,

vs.

SUTTER HEALTH,

Defendant.

Case No. 3:12-cv-4854-LB

**DECLARATION OF JENNIFER
M. KEOUGH REGARDING
SETTLEMENT NOTICE PLAN**

I, JENNIFER M. KEOUGH, declare and state as follows:

1. I am Chief Executive Officer, President, and Co-Founder of JND Legal Administration LLC (“JND”). JND is a legal administration services provider with headquarters located in Seattle, Washington. JND has extensive experience with all aspects of legal administration and has administered hundreds of class action settlements. As the CEO and President, I am involved in all facets of JND’s operations, including monitoring the implementation of our notice and claims administration programs.

2. On September 17, 2020, I filed a Declaration in Support of Plaintiffs’ Motion to Approve Form and Manner of Notice to the Class for this action (ECF No. 856-2). On November 5,

2020, this Court approved the Form and Manner of Notice to the Class with the modification and appointed JND as the Class Notice Administrator (ECF No. 901). On February 3, 2022, I submitted a declaration that reported on the implementation of the notice plan as approved by this Court (ECF No. 1423).

3. I submit this Declaration at the request of the Plaintiffs in the above-referenced action to describe the proposed program for providing notice about the Settlement to the Class (the “Settlement Notice Plan”) and address why it is consistent with other best practicable court-approved notice programs and the requirements of Fed. R. Civ. P. 23, the Due Process Clause of the United States Constitution, and any other applicable statute, law or rule, as well as the Federal Judicial Center (“FJC”) guidelines for best practicable due process notice.

CLASS DEFINITION

4. The Court previously certified a Class consisting of all entities in California Rating area 1, 2, 3, 4, 5, 6, 8, 9 or 10 (the “Nine RAs”), and all individuals that either lived or worked in one of the Nine RAs, that paid premiums for a fully-insured health insurance policy from Blue Shield, Anthem Blue Cross (“Anthem”), Aetna, Health Net or United Healthcare (“UHC”) from January 1, 2011 through March 8, 2021 (“Class Members”).

5. In summary, Class Members include anyone who paid any portion of a premium for a fully-insured health insurance from Aetna, Anthem, Blue Shield, Health Net or UHC at any time from January 1, 2011 through March 8, 2021, and if, during the period they paid those premiums, they lived or worked (or, if an employer, had an office located) in any of the following counties (“Affected Counties”): Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

TARGET ANALYSIS

6. JND utilized MRI data¹ to analyze the demographics and media usage of potential Class Members. MRI is a nationally accredited research firm that provides consumer demographics, product and brand usage, and audience/exposure in all forms of advertising media. MRI is the leading producer of media and consumer research in the United States. MRI data was studied among California adults 18 years of age or older who have medical insurance with Aetna, BlueCross BlueShield, Health Net or UHC (“CA Medical Insurance Consumers”).

7. MRI data indicates that CA Medical Insurance Consumers are: older (75% are 35 years of age or older and 40% are 55 years of age or older; however, given that the class period dates back to 2011, an even greater percentage would be older today); from high income households (73% have a household income of \$75,000+); educated (72% attended college or beyond); White (67%); and homeowners (65%).

8. MRI data also indicates, that compared to the general adult population, CA Medical Insurance Consumers are three times more likely to be Asian and 60% more likely to be Spanish, Hispanic, or Latino origin or descent; twice as likely to own a home valued at \$500,000 or more; 59% more likely to have a household income of \$150,000 or more; and 25% more likely to have a Bachelor’s degree.

9. In terms of media usage, MRI data indicates that CA Medical Insurance Consumers are active internet users. Over a 30-day period: 97% are on the internet; 90% use their smartphone to access the internet, while 37% use their iPad or tablet; 52% visit Facebook; 50% visit Instagram, and CA Medical Insurance Consumers are 24% more likely to use Instagram as compared to the general adult population; 21% visit LinkedIn, and CA Medical Insurance Consumers are 33% more likely to use LinkedIn as compared to the general adult population.

¹ MRI is a nationally accredited research firm that provides consumer demographics, product and brand usage, and audience/exposure in all forms of advertising media through probabilistic and address-based sampling. MRI is the top producer of media/consumer research in the U.S.

10. Also important to note is that *less than* 8% of CA Medical Insurance Consumers read a daily newspaper.

SETTLEMENT NOTICE PLAN OVERVIEW

11. The objective of the proposed Settlement Notice Plan is to provide the best notice practicable, consistent with the methods and tools employed in other court-approved notice programs. The Federal Judicial Center's (FJC) *Judges' Class Action Notice and Claims Process Checklist and Plain Language Guide* considers a Notice Plan with a high reach (above 70%) effective.²

12. The proposed Notice Plan consists of the following components, as further described in the sections below:

- a. Direct notice to all known Class Members for whom a mailing address and/or an email address is available;
- b. Supplemental digital notice with a two-prong digital approach to reach the various Class Members, including business entities and consumers;
- c. Internet search effort;
- d. Distribution of a national press release in English and Spanish;
- e. Settlement website with information about the Settlement, as well as copies of relevant case documentation, including but not limited to, the Settlement Agreement and the Long Form Notice, attached as Exhibit A; and
- f. Settlement toll-free number, email address, and post office box through which Class Members may obtain more information about the Settlement and request that the Long Form Notice and/or Claim Form be sent to them.

² Reach is the percentage of a specific population group exposed to a media vehicle or a combination of media vehicles containing a notice at least once over the course of a campaign. Reach factors out duplication, representing total different/net persons.

13. Based on my experience in developing and implementing class notice programs, I believe the proposed Settlement Notice Plan will provide the best notice possible given the circumstances.

14. Each component of the proposed Settlement Notice Plan is described in more detail in the sections below.

DIRECT NOTICE

15. An adequate notice plan needs to satisfy “due process” when reaching a class. The United States Supreme Court, in *Eisen v. Carlisle & Jacquelin*, 417 U.S. 156 (1974), stated that direct notice (when possible) is the preferred method for reaching a class. In addition, Rule 23(c)(2) of the Federal Rules of Civil Procedure provides that “the court must direct to class members the best notice that is practicable under the circumstances, including individual notice to all members who can be identified through reasonable effort. The notice may be by one or more of the following: United States mail, electronic means, or other appropriate means.”

16. As was done for the notice of pendency, JND will send the Summary Notice as a postcard, attached as Exhibit B, via First Class mail, as well as by email, attached as Exhibit C, to each Class Member for whom a physical mailing address or email address is available. Mailing addresses and/or email addresses are available for a significant portion of the Class Members.

17. **Class Data.** JND has stored the Class data for this matter in a secure case-specific database. JND employs appropriate administrative, technical and physical controls designed to ensure the confidentiality and protection of Class Member data, as well as to reduce the risk of loss, misuse, or unauthorized access, disclosure, or modification of Class Member data.

18. **Postcard Notice.** Prior to mailing notice, JND staff will perform advanced address research using skip trace databases and then the United States Postal Service (“USPS”) National Change

of Address (“NCOA”) database³ to update addresses. JND will track all notices returned undeliverable by the USPS and will promptly re-mail notices that are returned with a forwarding address.

19. **Email Notice.** JND uses industry-leading email solutions to achieve the most efficient email notification campaigns. Our Data Team is staffed with email experts and software solution teams to conform each notice program to the particulars of the settlement. JND provides individualized support during the program and manages our sender reputation with the Internet Service Providers (“ISPs”). For each of our programs, we analyze the program’s data and monitor the ongoing effectiveness of the notification campaign, adjusting the campaign as needed. These actions ensure the highest possible deliverability of the email campaign so that more potential Class Members receive notice of the proposed settlement.

20. Prior to sending the email notice, JND will evaluate the email for potential spam language to improve deliverability. This process includes running the email through spam testing software, DKIM⁴ for sender identification and authorization, and hostname evaluation. Additionally, we will check the send domain against the 25 most common IPv4 blacklists.⁵

21. For each email campaign, including this one, JND will utilize a verification program to eliminate invalid email and spam traps that would otherwise negatively impact deliverability. We will then clean the list of email addresses for formatting and incomplete addresses to further identify all invalid email addresses.

³ The NCOA database is the official USPS technology product which makes changes of address information available to mailers to help reduce undeliverable mail pieces before mail enters the mail stream.

⁴ DomainKeys Identified Mail, or DKIM, is a technical standard that helps protect email senders and recipients from spam, spoofing, and phishing.

⁵ IPv4 address blacklisting is a common practice. To ensure that the addresses being used are not blacklisted, a verification is performed against well-known IP blacklist databases. A blacklisted address affects the reputation of a company and could cause an acquired IP addresses to be blocked.

22. To ensure readability of the email notice, our team will review and format the body content into a structure that is applicable to all email platforms. Before launching the email campaign, we will send a test email to multiple ISPs and open and test the email on multiple devices (iPhones, Android phones, desktop computers, tablets, etc.) to ensure the email opens as expected.

23. Additionally, JND will include an “unsubscribe” link at the bottom of the email to allow Class Members to opt out of any additional email notices from JND. This step is essential to maintain JND’s good reputation among the ISPs and reduce complaints relating to the email campaign.

24. Emails that are returned to JND are generally characterized as either “Hard Bounces” or “Soft Bounces.” A Hard Bounce occurs when the ISP rejects the email due to a permanent reason such as the email account is no longer active. A Soft Bounce occurs when the email is rejected for temporary reasons, such as the recipient’s email address inbox is full.

25. When an email is returned due to a Soft Bounce, JND attempts to resend the email notice up to three additional times to secure higher deliverability. If the Soft Bounce email continues to be returned after three additional attempts, the email is considered undeliverable. Emails that result in a Hard Bounce are also considered undeliverable.

26. Based on the notice of pendency direct notice success, JND estimates that the direct notice effort for the Settlement will reach the vast majority of the Class. However, due to the age of the Class Member data, we also recommend a supplemental digital media plan to increase the reach of the Settlement Notice.

SUPPLEMENTAL DIGITAL NOTICE

27. JND recommends a two-prong digital approach to reach the various Class Members, including business entities and consumers. As noted previously, MRI data indicates that CA Medical Insurance Consumers are active internet users with 97% on the internet, 52% visiting

Facebook; 50% visiting Instagram, and 21% visiting LinkedIn over a 30-day period, as opposed to less than 8% reading a daily newspaper.

28. Given potential Class Members' heavy internet usage and declining newspaper readership, we propose an array of digital platforms for the notice of Settlement, including top social media sites (LinkedIn, Facebook, Instagram); programmatic advertising (through OMTrade Desk); the largest HR trade association site (SHRM.org); the leading digital network (Google Display Network or "GDN"); and Demand Gen - an AI-powered, visually focused advertising effort.

29. **Digital Notice to Business Entities.** JND will cause a total of **1.5 million digital impressions⁶** to be served to the human resource industry.

30. The LinkedIn effort will target adults 35 years of age or older (Adults 35+) in the Affected Counties who have shown interest in health insurance and/or have job titles of Benefits Manager, Benefits Specialist, Director of Benefits, Human Resource Manager, Human Resource Benefits.

31. Programmatic advertising placements will target Adults 35+ in the Affected Counties who are HR Managers, work in human resources, or HR benefits, payroll and benefit management.

32. Activity with the trade platform SHRM (Society for Human Resource Management) includes one placement in their monthly human resources eNewsletter reaching HR personnel, and banner advertisements on SHRM.org in the HR topic areas.⁷ All activity will be geo-targeted to the state of California.

⁶ Impressions or Exposures are the total number of opportunities to be exposed to a media vehicle or combination of media vehicles containing a notice. Impressions are a gross or cumulative number that may include the same person more than once. As a result, impressions can and often do exceed the population size.

⁷ SHRM activity is limited and is subject to availability at the time of placement. If unavailable, a *Footnote continued on next page*

33. **Digital Notice to Consumers.** JND will cause a total of **13 million digital impressions** to be served to Adults 35+ in the Affected Counties with focused targeting included.

34. The Facebook/Instagram effort will target those with interests in Aetna, Anthem Blue Cross, health insurance coverage in the US, health insurance in the US, and national health insurance.

35. The GDN and Demand Gen efforts will target those who (1) search for the following keywords on Google: Aetna health insurance, United Healthcare coverage, Sutter health class action, united healthcare premium, Aetna health premium, Sutter health litigation, Anthem Blue Cross premium, Anthem Blue Cross insurance, Blue Shield health insurance, United Healthcare insurance, Health Net; (2) browse websites similar to: www.aetna.com, www.uhc.com, www.blueshieldsca.com, www.anthem.com/ca, www.healthnet.com; or (3) use apps similar to Aetna Health, United Healthcare, Blue Shield of California, Sydney Health, My Health Net CA. Demand Gen activity will include visually appealing, multi-format placements across Google's platforms YouTube, Gmail and Discover.

36. Programmatic advertising placements will target users who are likely to have Aetna, Anthem, Blue Cross/Blue Shield, Health Net Insurance, or United Healthcare as their provider, or are policy holders, or users with employer health insurance.

37. Multiple targeting strategies will be used, including the following techniques: (1) Audience Targeting which optimizes efforts based on demographics, behavior, and interests of potential Class Members; (2) Contextual Targeting which is the practice of displaying a digital ad based on a website's content; (3) Geotargeting which optimizes efforts based on the location of potential Class Members; (4) Keyword Targeting which is based on users search queries, recent social media posts or engagement with websites or posts that feature specific keywords; (5)

comparative alternative will be sought.

Machine Learning which is used across all digital media platforms in order to optimize campaigns in real time based on placements, times of day and sub-targets within the larger demo and geo target that are likely to drive claim form submissions; and (6) Predictive Targeting (GDN only) which uses multiple data points (search queries, sites visited, and digital behavior trends) to make inferences regarding future behavior/performance for a given campaign.

38. The digital activity will be served across all devices (desktop, laptop, tablet and mobile), with a heavy emphasis on mobile devices. The digital ads, attached as Exhibit D, will directly link to the case website, where Class Members may access more information about the Settlement, including the Long Form Notice, as well as file a claim electronically.

INTERNET SEARCH CAMPAIGN

39. Given that web browsers frequently default to a search engine page, search engines are a common source to get to a specific website (i.e., as opposed to typing the desired URL in the navigation bar). As a result, JND also proposes a Google search effort to assist interested Class Members in finding the case website. A custom keyword and ad group list will be generated based on content on the case website landing page, as well as other case information. Keywords are words/phrases that are bid on when they match the search term (or a variation of the search term) a person types into their Google search bar. When a search term matches to a purchased keyword or phrase, a Responsive Search Ad (RSA) may be served, generating a tailored message relevant to the search term. RSAs utilize machine learning to pair various combinations of ad copy (headlines and descriptions) based on which groupings have worked well previously (i.e., produced a strong CTR/conversion performance), and what the platform anticipates will generate the ideal results from the unique searcher. When the RSA is clicked on, the visitor will be redirected to the case website where they can get more information, as well as file a claim electronically. RSA samples are attached as Exhibit E.

PRESS RELEASE

40. To further assist in getting “word of mouth” out about the settlement, JND proposes the distribution of a press release at the start of the campaign to approximately 6,000 media outlets (English and Spanish) nationwide to extend notice to Class Members wherever they may now reside. The Press Release is attached as Exhibit F.

SETTLEMENT WEBSITE

41. JND will update and maintain the informational and interactive, case-specific website, www.SutterHealthPremiumLawsuit.com, which has an easy-to-navigate design and is formatted to emphasize important information and deadlines. The updated website will include a page with answers to frequently asked questions, contact information, key dates, and links to important case documents including the Long Form Notice in English and Spanish and the Settlement Agreement. The updated website will also include information on how potential Class Members can object to the Settlement if they choose. The website address will be prominently displayed in all printed notice documents, and accessible through the email and digital notices.

42. The updated case website will feature an online claim form. JND will work with the Plaintiffs to design the online claims submission process so it is streamlined and efficient for Class Members. Additionally, a claim form will be posted on the case website for download for Class Members who prefer to submit a claim form by mail. The claim form is attached as Exhibit G.

43. The case website will be ADA-compliant and optimized for mobile visitors so that information loads quickly on mobile devices. The case website will be designed to maximize search engine optimization through Google and other search engines. Keywords and natural language search terms will be included in the site to maximize search engine rankings.

TOLL-FREE NUMBER, EMAIL, AND P.O. BOX

44. JND will have its scalable call center resources available in order to develop procedures, protocols and scripts to manage the incoming telephone calls received in response to the notice program. JND will update and maintain the established 24-hour, toll-free telephone line (1-833-961-3465) where callers may obtain information about the Settlement in English and Spanish, with English and Spanish-speaking call center associates available to answer questions during business hours.

45. JND will also maintain the case email address and the case post office box to receive Class Member correspondence and paper Claim Forms.

NOTICE DESIGN AND CONTENT

46. I have reviewed and provided input to the Parties on the form and content of the notice documents, subject to any Court-ordered revisions and any necessary formatting changes needed for publication. All notice documents are written in plain language and are consistent with documents other courts have determined comply with the requirements of Rule 23 of the Federal Rules of Civil Procedure, the Due Process Clause of the United States Constitution, and any other applicable statute, law or rule. Based on my experience designing class notice programs, in my opinion, the notice documents comply with these requirements, as well as the FJC's *Judges' Class Action Notice and Claims Process Checklist and Plain Language Guide*.

47. The notice documents contain plain and easy-to-read summaries of the Settlement and the options available to Class Members. Additionally, the notice documents provide instructions on how to obtain more information about the Settlement.

48. In addition, to the extent that some Class Members may speak Spanish as their primary language, the notice documents include a subheading in Spanish at the top directing Spanish speaking Class Members to call a designated toll-free number or visit the case website to obtain a copy of the Long Form Notice in Spanish.

REACH

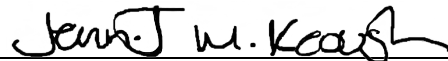
49. The proposed direct notice effort will reach the vast majority of Class Members. The supplemental digital effort, internet search campaign, and press release will extend reach significantly more. As a result, the anticipated reach meets that of other court approved programs, and exceeds the 70% or above reach standard set forth by the FJC.

CONCLUSION

50. In my opinion, the Settlement Notice Plan as described herein will provide the best notice practicable under the circumstances and is consistent with other similar court-approved best notice practicable notice programs. The Notice Plan is designed to reach as many Class Members as possible and provide them with the opportunity to review a plain language notice with the ability to easily take the next step and learn more about the Settlement.

I declare under the penalty of perjury pursuant to the laws of the United States of America that the foregoing is true and correct.

Executed on April 24, 2025 at Seattle, Washington.



JENNIFER M. KEOUGH

- EXHIBIT A -

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION
NOTICE OF SETTLEMENT

If you lived or worked in Northern California and paid any portion of premiums for health insurance from Aetna, Anthem Blue Cross, Blue Shield of California, Health Net or United Healthcare at any time from January 1, 2011 through March 8, 2021, you may be eligible for a payout in a \$228.5 million class action settlement

PLEASE READ THIS NOTICE CAREFULLY

Para una notificación en español, visite www.SutterHealthPremiumLawsuit.com

This Notice is being provided by Order of the U.S. District Court. This is not a solicitation.

- A proposed settlement has been reached in a class action lawsuit called *Sidibe, et al. v. Sutter Health*, No. 3:12-cv-4854-LB (N.D. Cal.) (the “Settlement”).
- Plaintiffs claim that Defendant Sutter Health (“Sutter”) violated antitrust and unfair competition laws, which caused certain individuals and employers in certain parts of Northern California to overpay for health insurance premiums for health insurance purchased from Aetna, Anthem Blue Cross (“Anthem”), Blue Shield of California (“Blue Shield”), Health Net or United Healthcare (“UHC”) (together, the “Health Plans”). Individuals and employers who made payments to the Health Plans from January 1, 2011 through March 8, 2021 may be eligible for a payment.
- Sutter denies that it has done anything wrong or that its conduct caused any increase in the price of premiums that individuals and employers paid for health insurance from those Health Plans.
- The Court has not determined who is right or wrong. Instead, Plaintiffs and Sutter have agreed to the Settlement to avoid the risk and cost of further litigation.
- If approved by the Court, the Settlement will establish a **\$228.5 million** Settlement Fund to compensate Class Members who submit a valid claim after deducting costs for administration, attorneys’ fees and expenses, litigation and court costs, and service awards.
- You are a Class Member if you did not previously opt-out of this case and you paid any portion of a premium for a fully-insured health insurance policy from any of these five Health Plans at any time from January 1, 2011 to March 8, 2021, and if, during the period you paid those premiums, you lived or worked (or, if you are an employer, had an office located) in one of the following California counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo or Yuba.

- Your legal rights are affected whether or not you act. Your rights and options and the deadlines to exercise them are explained in this Notice. The deadlines may change, so please check the Settlement Website, www.SutterHealthPremiumLawsuit.com, for updates and further details.
- The Court in charge of this case must decide whether to approve the Settlement. Payments will be made if the Court approves the Settlement and, if there are any appeals, after the appeals are resolved. Please be patient.

YOUR LEGAL RIGHTS AND OPTIONS IN THE SETTLEMENT		
CLASS MEMBERS' RIGHT TO FILE A CLAIM	<ul style="list-style-type: none"> • All members of the certified Class were previously given the opportunity to be excluded from the Class, which is sometimes called the opportunity to “opt out” from the case. The deadline to opt-out was March 8, 2021. • If you did not ask to be excluded from the certified Class, you are a member of the Class (“Class Member” or simply “Class”), you are bound by the Settlement, and you do not have an option to seek exclusion from the Class at this time. You have the right to file a claim. • If you asked to be excluded from the certified Class by the opt-out deadline, then you are not a Class Member. You do not have the right to file a claim for a payment from the Settlement. 	
FILE A CLAIM	<ul style="list-style-type: none"> • If you are a Class Member, you have the right to file a claim requesting a payment. 	Submit online or postmarked by Month x, 2025
OBJECT	<ul style="list-style-type: none"> • If you are a Class Member, you have the right to write to the Court about why you do not like the Settlement. • You may still file a claim for payment. 	Postmarked by Month x, 2025
ATTEND THE FAIRNESS HEARING	<ul style="list-style-type: none"> • If you are a Class Member, you have the right to ask to appear at the Fairness Hearing to speak to the Court about the fairness of the Settlement. If you want your own attorney to represent you, you must pay for your attorney yourself. 	Month x, 2025 at x:xx x.m. PT
DO NOTHING	<ul style="list-style-type: none"> • If you are a Class Member and you do nothing, you will not receive a payment. • You will not be able to file a claim against Sutter in a different lawsuit. 	

Questions? Call 1-833-961-3465 or visit www.SutterHealthPremiumLawsuit.com

WHAT THIS NOTICE CONTAINS

BASIC INFORMATIONPAGE X

1. Why was this Notice issued?
2. What is this lawsuit about?
3. What is a class action?
4. Why is there a Settlement?

THE CLASSPAGE X

5. How do I know if I am a Class Member?
6. What kind of health insurance plan is covered by the Settlement?
7. What is a “fully-insured” health insurance policy?
8. What if I do not know whether I paid a premium for a fully-insured or self-insured health insurance policy offered through my employer?
9. If I am an employer who paid a portion of premiums for the benefit of my employees, am I a Class Member?
10. If I am an individual who paid only a portion of the premiums for a fully-insured policy through my employer, am I a Class Member?
11. If I paid premiums that covered healthcare expenses for members of my family, are my family members also Class Members?
12. What if I paid premiums for only a short period of time during the relevant timeframe?
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14. What does the Settlement provide?
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17. Do I give up anything if I file a claim?

IF YOU DO NOTHINGPAGE X

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NO ADDITIONAL OPPORTUNITY TO EXCLUDE YOURSELF FROM THE SETTLEMENTPAGE X

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OBJECTING TO THE SETTLEMENTPAGE X

20. How do I tell the Court that I do not like the Settlement?

THE LAWYERS REPRESENTING YOUPAGE X

21. Do I have a lawyer representing me?
22. How will the lawyers be paid?
23. Should I get my own lawyer?

THE COURT’S FAIRNESS HEARINGPAGE X

24. When and where will the Court decide whether to approve the Settlement?
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GETTING MORE INFORMATIONPAGE X

27. Where can I get more information?

BASIC INFORMATION

1. Why was this Notice issued?

The Court authorized this Notice because you have a right to know about a proposed Settlement and your rights and options before the Court decides whether to approve the Settlement. If the Court approves the Settlement, and after any objections and appeals are resolved, you will be bound by the judgment and terms of the Settlement. This Notice explains the lawsuit, the Settlement, and your legal rights and options, and the deadlines for you to exercise your rights.

2. What is this lawsuit about?

This class action is called *Sidibe, et al. v. Sutter Health*, No. 3:12-cv-4854-LB and has been pending in the United States District Court for the Northern District of California since September 17, 2012.

Plaintiffs claim that Sutter forced upon Health Plans certain pricing and contractual terms, and that those practices and terms violated state and federal antitrust and unfair competition laws. Plaintiffs claim this caused the Health Plans to pay more than they otherwise would pay for Sutter's inpatient hospital services, which they allege resulted in higher insurance premiums for Class Members whether or not they used Sutter hospitals. Sutter denies these claims.

3. What is a class action?

In a class action, one or more people or entities called "Plaintiffs" or "Class Representatives" (in this case, Djeneba Sidibe, Jerry Jankowski, Susan Hansen, David Herman, Johnson Pool & Spa and Optimum Graphics, Inc.) file a lawsuit on behalf of a group of people and entities who have similar claims. All these people and entities are a "Class" or "Class Members." One court resolves the issues for all Class Members, except for those who excluded themselves from (or opted-out of) the Class.

4. Why is there a Settlement?

Sutter denies that it violated any antitrust or unfair competition laws or that its conduct caused any increase in the price of premiums that individuals and employers paid for health insurance purchased from those Health Plans. On March 11, 2022, a jury returned a verdict in favor of Sutter following a trial on Plaintiffs' claims, and the Court thereafter entered a final judgment in favor of Sutter on all of Plaintiffs' claims. On June 4, 2024, in a 2-1 decision, the United States Court of Appeals for the Ninth Circuit reversed the final judgment and certain trial court orders regarding evidence issues and jury instructions, and remanded the case to the trial court for a new trial. The Court has not decided who is right or wrong. Instead, the Plaintiffs and Sutter have agreed to the Settlement to avoid the risk and cost of further litigation. The Plaintiffs and their attorneys have concluded that the Settlement is in the best interests of the Class.

THE CLASS

5. How do I know if I am a Class Member?

You are a Class Member if you did not opt-out of the Class and you paid any portion of a premium for a fully-insured health insurance policy from Aetna, Anthem, Blue Shield, Health Net or United Healthcare at any time from January 1, 2011 through March 8, 2021, and if, during the period that you paid those premiums, you lived or worked (or, if you are an employer, or other group purchaser, you had an office located) in any of the following counties:

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, or Yuba.

Federal employees are not Class Members for the period they were employed by the federal government, nor are persons to the extent their inpatient hospital services were paid for by Medicare or Medi-Cal. Additionally, all persons and entities who properly excluded themselves from or opted out of the certified Class are not Class Members.

6. What kind of health insurance plan is covered by the Settlement?

Any fully-insured health insurance policy from one of the Health Plans (Aetna, Anthem Blue Cross, Blue Shield of California, Health Net or United Healthcare) is covered by the Settlement. Individual, small or large group plans qualify, including, but not limited to, Health Maintenance Organization (HMO) plans or Preferred Provider Organization (PPO) plans. You may be a Class Member if you paid some portion of a health insurance premium for any such plan at any time from January 1, 2011 through March 8, 2021, and you lived in or worked in one of the relevant California counties (see Question 5 above) when you were making those payments.

7. What is a “fully-insured” health insurance policy?

A fully-insured health insurance policy is a health insurance policy where the premium is paid to the health plan, and the health plan covers the healthcare costs (other than deductibles, co-pays, and certain other fees) for the individual who is insured. Many employers purchase fully-insured policies for their employees, and, in some cases, the employees will pay a portion of the premium. Individuals who purchase personal health insurance on their own, which is not sponsored by an employer or another organization, also purchase a fully-insured policy. **If you paid any premium, in whole or in part, for a fully-insured health insurance policy from one of the Health Plans at any time from January 1, 2011 through March 8, 2021, you may be a Class Member.**

A fully-insured policy is different from a “self-insured” policy. For a self-insured policy, the employer covers the health care costs (other than deductibles, co-pays, and certain other fees) for the individuals who are insured. However, the employer usually hires a health plan to provide administrative services to manage the plan for the employer under an “administrative services only” or “ASO” contract. Many medium and large employers offer a self-insured plan. That is true even though the covered employees might pay premiums, or a portion of the premiums, to a health plan, have an insurance card from the health plan, receive statements and invoices from the health plan,

have accounts on the health plan's website, and have a health savings account through the health plan. **If you participated only in self-insured policies from January 1, 2011 through March 8, 2021, or you only provided self-insured policies to your employees or group members, you are not a Class Member.**

8. What if I do not know whether I paid a premium for a fully-insured or self-insured health insurance policy offered through my employer?

If you are not sure, ask your employer or your health plan. If you are unable to ask your employer or health plan, assume that you had a fully-insured policy and that you are a Class Member. A final determination will be made later in the claims administration process.

9. If I am an employer who paid a portion of premiums for the benefit of my employees, am I a Class Member?

Yes, if you are an employer, whether a person or company located in one of the California counties listed above (see Question 5) at any time from January 1, 2011 through March 8, 2021, you did not opt out of the Class, and you paid some portion of health insurance premiums for a fully-insured policy from one of the Health Plans, you are a Class Member.

10. If I am an individual who paid only a portion of the premiums for a fully-insured policy through my employer, am I a Class Member?

Yes, if you lived or worked in one of the California counties listed above (see Question 5) at any time from January 1, 2011 through March 8, 2021, you did not opt out of the Class, and, during that period and while in one of the counties listed above, you paid some portion of health insurance premiums for a fully-insured policy from one of the Health Plans, you are a Class Member.

11. If I paid premiums that covered healthcare expenses for members of my family, are my family members also Class Members?

No. Someone who was covered under a fully-insured policy but did not pay the premiums is not a Class Member, but your claim may include the amount that you paid for your family members' policy.

12. What if I paid premiums for only a short period of time during the relevant timeframe?

If you paid some portion of premiums for a fully-insured health insurance policy from a Health Plan at any time from January 1, 2011 through March 8, 2021, did not opt out of the Class, and you meet the other requirements outlined above, you are a Class Member.

13. What if I am still not sure if I am included?

If you are still not sure whether you are a Class Member, please review the detailed information contained in the Settlement Agreement, available for download at

www.SutterHealthPremiumLawsuit.com. You may also contact the Class Administrator at info@SutterHealthPremiumLawsuit.com or call toll-free at 1-833-961-3465.

SETTLEMENT BENEFITS

14. What does the Settlement provide?

The Settlement provides cash payments to eligible Class Members who submit a valid claim by **Month x, 2025**.

If the Court approves the Settlement, in exchange for Class Members' release of the Released Claims, a **\$228.5 million Settlement Fund** will be established. After payment for the cost to administer the Settlement, attorneys' fees (not to exceed **33%** of the Settlement Fund), reimbursement of litigation expenses, and service award payments to Plaintiffs in an amount not to exceed \$20,000 for the three Plaintiffs who testified at trial and \$15,000 for the other three Plaintiffs, the remaining Settlement amount (the "Net Settlement Fund") will be distributed to eligible Class Members who submit a valid claim, pursuant to the Plan of Distribution.

More details are in the Settlement Agreement and Plan of Distribution available at www.SutterHealthPremiumLawsuit.com.

15. How do I get a payment?

To submit a claim for a payment from the Settlement, eligible Class Members must complete and timely submit a Claim Form. The Claim Form can be obtained online at www.SutterHealthPremiumLawsuit.com or by contacting the Class Administrator below. All Claim Forms must be submitted online or postmarked by **Month x, 2025** to:

Sutter Health Premium Overpayment Settlement
c/o JND Legal Administration
PO Box 91350
Seattle, WA 98111
www.SutterHealthPremiumLawsuit.com

Settlement funds will be allocated to eligible Class Members who submit a valid claim as follows:

Class Members are eligible for a payment based on the total amount of premiums they paid during the period January 1, 2011 – March 8, 2021 -- the time period for which damages are available. Payments will be distributed on a proportional basis across all eligible Class Members who submit valid claims ("Authorized Claimants"). The total amount of premiums paid will be based on data provided during the case by Aetna, Anthem, Blue Shield, Health Net and United Healthcare (the "Health Plans").

The payment amount (i.e. claim payment) to Authorized Claimants will be determined by the following formula:

$$\begin{array}{c}
 \text{Estimated total premiums paid during the period} \\
 \text{January 1, 2011- March 8, 2021 by Claimant A} \\
 \\
 \textbf{Divided by} \\
 \\
 \text{Estimated total premiums paid during the period January 1, 2011- March 8, 2021 by} \\
 \text{all Authorized Claimants who submit claims} \\
 \\
 \textbf{Multiplied by} \\
 \\
 \text{Total dollars in Net Settlement Fund} \\
 \\
 \textbf{= Claimant A's claim payment}
 \end{array}$$

Premiums paid for individuals who purchased insurance will be based on data provided by the Health Plans. That data should allow for the estimation of premiums paid without requiring the Authorized Claimant to submit any premium data.

Premiums paid by employers and other groups that paid premiums for employees or employees plus their dependents will be based on (a) data provided by the Health Plans showing the total amount of premiums paid by the employer or group and (b) a process for allocating the total premiums paid between each specific employer/group and the associated employees who submit claims.

Because employers/groups and employees sometimes each pay a portion of premium payments, the Plan of Distribution allocates premiums between the two. When filing a claim, employers/groups and employees may choose a **Default** or **Alternative Option** for determining the allocation of premiums paid between the employer/group and any employee of that employer/group who files a claim.

To efficiently process claims, the Plan of Distribution sets a **Default** allocation (based on studies performed by The Kaiser Family Foundation) as follows: (1) 18% of an employee's premium for single coverage is deemed to have been paid by the employee (with the remaining 82% paid by the employer) and (2) 29% of an employee's premium for family coverage is deemed to have been paid by the employee (with the remaining 71% paid by the employer). The **Alternative Option** allows a claimant to submit data or records supporting a contribution percentage higher than the Default. In any case where an employer/group makes a claim, it will receive credit for any premiums not otherwise allocated to claiming employees.

If you do not submit a valid Claim Form by **Month x, 2025**, you will not receive a payment, but you will be bound by the Court's judgment.

16. When will I get my payment?

Payments will be made to eligible Class Members who submit a valid Claim Form after the Court grants "final approval" to the Settlement and, if there are any appeals, after all appeals are resolved. If there are any appeals, resolving them can take time. Please be patient.

17. Do I give up anything if I file a claim?

If you are a Class Member, you are bound by the Settlement. You have the right to file a claim. Whether or not you file a claim, you will be bound by all of the Court's decisions. The Released Claims and Released Parties are defined in the Settlement Agreement. The Settlement Agreement is available at www.SutterHealthPremiumLawsuit.com.

IF YOU DO NOTHING**18. What happens if I do nothing at all?**

If you are a Class Member, you will not receive a payment unless you file a claim by the deadline. You will remain a Class Member and you will be bound by the Settlement. Unless you previously excluded yourself from the certified Class, you will not be able to file a lawsuit or be part of any other lawsuit asserting claims against Sutter related to the allegations or claims in this case.

YOU CANNOT EXCLUDE YOURSELF FROM THE SETTLEMENT**19. What does it mean that I cannot exclude myself from the Settlement?**

Previously, all Class Members were provided an opportunity to exclude themselves or "opt out" in the previous Notice of Pendency of Class Action. If you timely opted out or requested exclusion by March 8, 2021, then you are excluded from the Class. There is no additional opportunity to opt out or exclude yourself from the Class.

OBJECTING TO THE SETTLEMENT**20. How do I tell the Court that I do not like the Settlement?**

If you are a Class Member you may object to the Settlement if you do not like part or all of it. You can ask the Court to deny approval by filing an objection. You can't ask the Court to order a different settlement; the Court can only approve or reject this Settlement. If the Court denies approval, no Settlement payments will be sent out, and the lawsuit will continue.

Any objection to the proposed Settlement must be in writing. If you file a timely written objection, you may, but are not required to, appear at the Fairness Hearing, either in person or through your own attorney. If you appear through your own attorney, you are responsible for hiring and paying that attorney.

The written objection must include:

- Your full name, current address, and telephone number;
- The case name (*Sidibe, et al. v. Sutter Health*);
- A written statement of all grounds for the objection accompanied by any legal support for the objection (if any);
- Copies of any papers, briefs, or other documents upon which the objection is based;
- A list of all persons who will be called to testify in support of the objection (if any);
- A statement of whether you intend to appear at the Fairness Hearing; and

Questions? Call 1-833-961-3465 or visit www.SutterHealthPremiumLawsuit.com

- Your or your counsel's signature.

You must file your objection with the Court, postmarked no later than **Month x, 2025**:

Clerk of the Court:
Office of the Clerk
United States District Court
Northern District of California

X

Objecting is telling the Court that you do not like something about the Settlement. You can only object if you did not exclude yourself from the certified Class. If you previously provided a valid and timely request to be excluded, you have no standing to object because the Settlement no longer affects you.

THE LAWYERS REPRESENTING YOU

21. Do I have a lawyer representing me?

Yes. The Court has appointed lawyers to represent you and the other Class Members. These lawyers are called Class Counsel. The following lawyers represent the Class:

Jean Kim
Constantine Cannon LLP
6 E 43rd Street, 26th Floor
New York, NY 10017
(212) 350-2700

Matthew L. Cantor
Shinder Cantor Lerner LLP
14 Pennsylvania Plaza
19th Floor
New York, NY 10122
[\(646\) 960-8601](tel:6469608601)

Azra Mehdi
The Mehdi Firm, PC
95 Third Street, 2nd Floor #9122
San Francisco, CA 94103
(415) 294-0070

22. How will the lawyers be paid?

Class Counsel will ask the Court to approve attorney's fees of no more than **33%** of the \$228.5 million Settlement Fund plus reimbursement of costs and expenses. They will also ask the Court to approve service award payments in an amount not to exceed \$20,000 for the three Plaintiffs who testified at trial, and \$15,000 for the other three Plaintiffs to be paid from the Settlement Fund. You will not be responsible for the payment of these fees, expenses, or awards. Those fees, costs and awards must be approved by the Court.

23. Should I get my own lawyer?

Questions? Call 1-833-961-3465 or visit www.SutterHealthPremiumLawsuit.com

As a Class Member, you do not need to hire your own lawyer because Class Counsel are working on behalf of the Class. However, if you choose to hire your own lawyer to represent you, you will have to pay for that lawyer on your own.

THE COURT'S FAIRNESS HEARING

24. When and where will the Court decide whether to approve the Settlement?

The Court will hold a Fairness Hearing at **x:xx x.m. Pacific Time on Month x, 2025**, at **x**. At the hearing, the Court will consider whether the Settlement is fair, reasonable, and adequate. The Court will also consider whether to approve attorneys' fees and expenses, for additional costs, and for service award payments to the six named Plaintiffs. If there are objections, the Court will consider them. The Court will listen to Class Members who have asked to speak at the hearing. After the hearing, the Court will decide whether to approve the Settlement. We do not know how long these decisions will take, so please be patient.

25. Do I have to come to the hearing?

No. You do not need to attend the hearing. Class Counsel will present the case for the Plaintiffs, and lawyers for Sutter will present on its behalf. You or your own lawyer are welcome to attend at your own expense, but it is not necessary. If you submit an objection, you do not have to come to Court to talk about it. If you sent your written objection to the Court on time, the Court will consider it.

26. May I speak at the hearing?

Yes. You may ask the Court for permission to speak at the Fairness Hearing. To do so, you must send a letter saying that it is your "Notice of Intent to Appear in *Sidibe, et al. v. Sutter Health*." Be sure to include your name, including the name of your business (if applicable), current mailing address, telephone number, and signature. Your Notice of Intent to Appear must be postmarked by **Month x, 2025**, and it must be sent to the Clerk of the Court, at the address in Question **20**. You cannot ask to speak at the hearing if you excluded yourself from the certified Class.

GETTING MORE INFORMATION

27. Where can I get more information?

This Notice summarizes the proposed Settlement. More details are available at www.SutterHealthPremiumLawsuit.com. You can also contact the Class Administrator:

Sutter Health Premium Overpayment Settlement
c/o JND Legal Administration
P.O. Box 91350
Seattle, WA 98111
info@SutterHealthPremiumLawsuit.com
1-833-961-3465

Questions? Call 1-833-961-3465 or visit www.SutterHealthPremiumLawsuit.com

Complete copies of the Settlement Agreement and some of the publicly filed documents in this matter may be accessed on the Settlement Website or for a fee through the Court's Public Access to Court Electronic Records (PACER) system at <https://ecf.cand.uscourts.gov>. They also may be examined and copied at any time during regular office hours at the office of the Clerk of the Court, United States District Court for the Northern District of California, San Francisco Division, 450 Golden Gate Avenue, San Francisco, CA 94102-3489.

PLEASE DO NOT CONTACT THE COURT OR THE COURT CLERK'S OFFICE TO INQUIRE ABOUT THIS CASE.

Dated: Month x, 2025

By Order of the United States
District Court Northern District of California

- EXHIBIT B -

A federal court authorized this Notice.
It is not a solicitation.

If you paid for health insurance from Aetna, Anthem Blue Cross, Blue Shield of California, Health Net or United Healthcare, you could get a payment in a \$228.5 million class action settlement

Para una notificación en español, visite
SutterHealthPremiumLawsuit.com

Learn more and file a claim at:
www.SutterHealthPremiumLawsuit.com
or Call 1-833-961-3465

Sutter Health Premium Overpayment Settlement
c/o JND Legal Administration
P.O. BOX 91350
Seattle, WA 98111

«Barcode»

Postal Service: Please do not mark barcode

«Full_Name»

«CF_CARE_OF_NAME»

«CF_ADDRESS_1»

«CF_ADDRESS_2»

«CF_CITY», «CF_STATE» «CF_ZIP»

«CF_COUNTRY»

Plaintiffs claim that Sutter Health broke the law by including unfair terms in its contracts with insurance plans. Plaintiffs claim that these terms caused insurance plans in certain parts of Northern California to overpay for hospital services, which resulted in higher premiums for individuals and businesses. Sutter Health denies any wrongdoing. The Court didn't decide who is right. Instead, the parties agreed to a settlement to avoid more litigation.

Am I included in the Settlement?

You may be eligible to receive a payment if all these statements are true:

- You paid premiums for a fully-insured health plan from Aetna, Anthem, Blue Shield, Health Net or United Healthcare.
- You paid these premiums sometime between January 1, 2011, and March 8, 2021.
- While paying these premiums, you lived or worked in one of these counties OR you were an employer with an office in one of these counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, or Yuba.

For more details about who is eligible visit SutterHealthPremiumLawsuit.com.

What can I get from the Settlement?

If the Settlement is approved, Class Members who file a valid claim by **Month x, 2025** may get a cash payment. The Settlement creates a **\$228.5 million** Settlement Fund. After payment for the cost to administer the Settlement, attorneys' fees (not to exceed 33% of the Settlement Fund), reimbursement of litigation expenses, and service award payments to Plaintiffs in an amount not to exceed \$20,000 for the three Plaintiffs who testified at trial and \$15,000 for the other three Plaintiffs, the remaining Settlement Fund will be distributed to eligible Class Members pursuant to the Plan of Distribution. Details are in the Settlement Agreement, the Class Notice, and the Plan of Distribution available at SutterHealthPremiumLawsuit.com.

How do I submit a claim for a payment?

To request a payment, submit a claim online at SutterHealthPremiumLawsuit.com or mail your claim to Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111. Your claim must be submitted online or postmarked no later than **Month x, 2025**. You can get a printed claim form at SutterHealthPremiumLawsuit.com or by calling 1-833-961-3465.

USE THIS NUMBER TO FILE A CLAIM

YOUR UNIQUE ID:

[Unique ID]

Class Members were previously given the opportunity to be excluded or “opt-out” from the Class.

- **If you didn’t ask to be excluded from the Class**, you are a Class Member. You are bound by the Settlement and don’t have an option to seek exclusion at this time. You have the right to file a claim and the right to object to the Settlement. For details on how to object, go to SutterHealthPremiumLawsuit.com. You can also call 1-833-961-3465. Objections must be postmarked by **Month x, 2025**.
- **If you asked to be excluded from the Class by the opt-out deadline of March 8, 2021**, then you aren’t a Class Member. You don’t have the right to file a claim or to object to the Settlement.

The Fairness Hearing.

The Court will hold a Fairness Hearing on **Month x, 2025 at x:xx x.m.** Pacific Time, to consider whether the Settlement is fair, reasonable, and adequate. The Court will also decide whether to approve attorneys’ fees, legal expenses, administrative costs, and service award payments, which will be paid from the Settlement Fund. If there are objections, the Court will consider them. The Court cannot alter the terms of the Settlement. If the Court denies approval, no Settlement payments will be sent. If you wish, you may ask to appear at the Fairness Hearing, on your own behalf or through your counsel. The Court has appointed Class Counsel to represent you and the other Class Members. The date and time of the hearing may change. Check SutterHealthPremiumLawsuit.com for updates.

Questions?

Visit SutterHealthPremiumLawsuit.com; Email info@SutterHealthPremiumLawsuit.com; Call 1-833-961-3465; Write Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111; or Access the Settlement Agreement and publicly filed documents for a fee through the Court’s Public Access to Court Electronic Records (PACER) system at <https://ecf.cand.uscourts.gov>. Court documents may also be examined and copied at any time during regular office hours at the office of the Clerk of the Court, United States District Court for the Northern District of California, San Francisco Division, 450 Golden Gate Avenue, San Francisco, CA 94102-3489.

Please Do Not Contact The Court Regarding This Notice

Carefully separate this Address-Change Form from the postcard

Name: _____

Current Address: _____

Place
Stamp
Here

Address Change Form

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

Sutter Health Premium Overpayment Settlement
c/o JND Legal Administration
P.O. BOX 91350
Seattle, WA 98111

- EXHIBIT C -

To: [Class Member Email Address]
From: info@sutterhealthpremiumlawsuit.com
Subject: Sutter Health Premium Overpayment Settlement

[Vea esta información en español](#)

If you paid for health insurance from Aetna, Anthem Blue Cross, Blue Shield of California, Health Net or United Healthcare, you could get a payment in a \$228.5 million class action settlement

Learn more and file a claim at:
www.SutterHealthPremiumLawsuit.com

USE THIS NUMBER TO FILE A CLAIM	
YOUR UNIQUE ID:	[Unique ID]

Dear [Class Member Name]:

We are writing to you because you may be affected by a class action settlement in *Sidibe, et al. v Sutter Health*. A federal court authorized this email. It is not a solicitation.

What is the lawsuit about?

The Plaintiffs claim that Sutter Health broke the law by including unfair terms in its contracts with insurance plans. The Plaintiffs claim that these terms caused insurance plans in certain parts of Northern California to overpay for hospital services, which resulted in higher premiums for individuals and businesses. Sutter Health denies any wrongdoing. The Court didn't decide who is right. Instead, the parties agreed to a settlement to avoid more litigation.

Am I included in the Settlement?

You may be eligible to receive a payment if **all** these statements are true:

- You paid premiums for a fully-insured health plan from Aetna, Anthem, Blue Shield, Health Net or United Healthcare.
- You paid these premiums sometime between January 1, 2011, and March 8, 2021.
- While paying these premiums, you lived or worked in one of these counties OR you were an employer with an office in one of these counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra,

Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, or Yuba.

For more details about who is eligible visit SutterHealthPremiumLawsuit.com.

What can I get from the Settlement?

If the Settlement is approved, Class Members who file a valid claim by **Month x, 2025** may get a cash payment.

The Settlement creates a **\$228.5 million** Settlement Fund. After payment for the cost to administer the Settlement, attorneys' fees (not to exceed 33% of the Settlement Fund), reimbursement of litigation expenses, and service award payments to Plaintiffs in an amount not to exceed \$20,000 for the three Plaintiffs who testified at trial and \$15,000 for the other three Plaintiffs, the remaining Settlement Fund will be distributed to eligible Class Members pursuant to the Plan of Distribution. Details are in the Settlement Agreement, the Class Notice, and the Plan of Distribution available at SutterHealthPremiumLawsuit.com.

How do I request a payment?

To request a payment, submit a claim online at SutterHealthPremiumLawsuit.com or mail your claim to Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111. Your claim must be submitted online or postmarked no later than **Month x, 2025**.

You can get a printed claim form at SutterHealthPremiumLawsuit.com or by calling 1-833-961-3465.

FILE A CLAIM

What are my other options?

Class Members were previously given the opportunity to be excluded or "opt-out" from the Class.

If you didn't ask to be excluded from the Class, you are a Class Member. You are bound by the Settlement and don't have an option to seek exclusion at this time. You have the right to file a claim and the right to object to the Settlement. For details on how to object, go to SutterHealthPremiumLawsuit.com. You can also call 1-833-961-3465. Objections must be postmarked by **Month x, 2025**.

If you asked to be excluded from the Class by the opt-out deadline of March 8, 2021, then you aren't a Class Member. You don't have the right to file a claim or to object to the Settlement.

To unsubscribe from this list, please click on the following link: [Unsubscribe](#)

The Fairness Hearing

The Court will hold a Fairness Hearing on **Month x, 2025 at x:xx x.m.** Pacific Time, to consider whether the Settlement is fair, reasonable, and adequate. The Court will also decide whether to approve attorneys' fees, legal expenses, administrative costs, and service award payments, which will be paid from the Settlement Fund. If there are objections, the Court will consider them. The Court cannot alter the terms of the Settlement. If the Court denies approval, no Settlement payments will be sent.

If you wish, you may ask to appear at the Fairness Hearing, on your own behalf or through your counsel. The Court has appointed Class Counsel to represent you and the other Class Members.

The date and time of the hearing may change. Check [SutterHealthPremiumLawsuit.com](https://www.sutterhealthpremiumlawsuit.com) for updates.

Please Do Not Contact The Court Regarding This Notice

Questions?



Visit [SutterHealthPremiumLawsuit.com](https://www.sutterhealthpremiumlawsuit.com)



email info@sutterhealthpremiumlawsuit.com



Call 1-833-961-3465



Write Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111



Access the Settlement Agreement and publicly filed documents for a fee through the Court's Public Access to Court Electronic Records (PACER) system at <https://ecf.cand.uscourts.gov>




Court documents may also be examined and copied at any time during regular office hours at the office of the Clerk of the Court, United States District Court for the Northern District of California, San Francisco Division, 450 Golden Gate Avenue, San Francisco, CA 94102-3489

- EXHIBIT D -

Banner Ads

1

728 x 90

A horizontal banner advertisement with a dark blue background. On the left, there is a vertical white bar with the text "LEGAL NOTICE" in black. Next to it is a small image of a stethoscope. The main text in white reads: "Did you pay health insurance premiums in California? Individuals and entities may be eligible for a payment. \$228.5M Settlement." On the right, there is a yellow button with the text "FILE A CLAIM" in black. A small "JND" logo is in the bottom right corner.

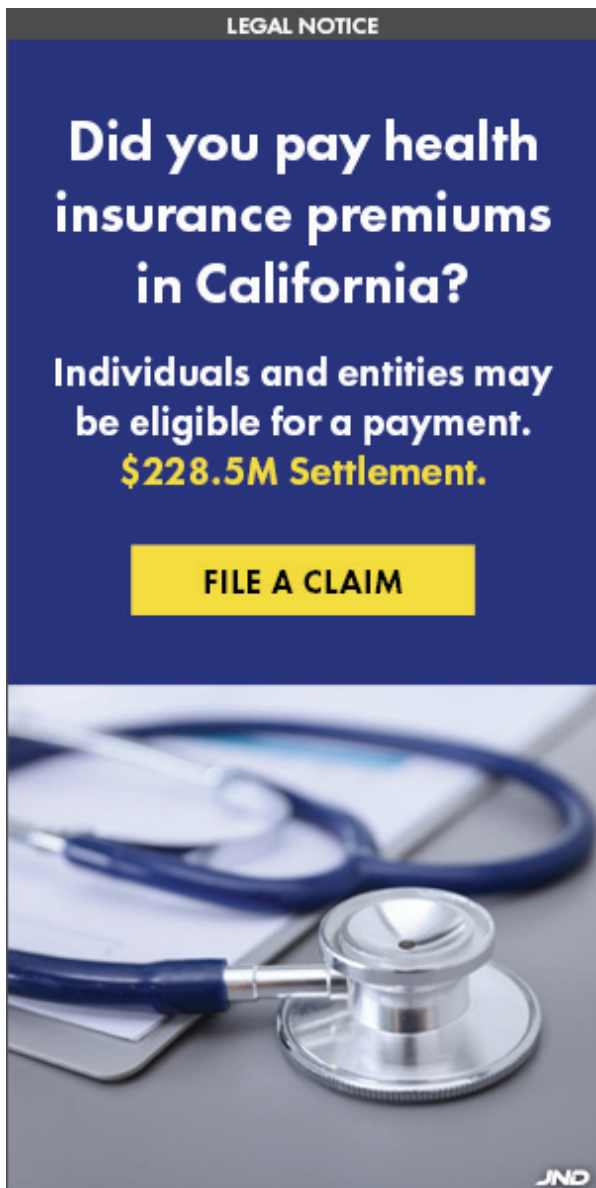
LEGAL NOTICE

Did you pay health insurance premiums in California?
Individuals and entities may be eligible for a payment.
\$228.5M Settlement.

FILE A CLAIM

JND

300 x 600

A vertical banner advertisement with a dark blue background. At the top, there is a horizontal white bar with the text "LEGAL NOTICE" in black. The main text in white reads: "Did you pay health insurance premiums in California? Individuals and entities may be eligible for a payment. \$228.5M Settlement." Below this is a yellow button with the text "FILE A CLAIM" in black. The bottom half of the banner features a large image of a stethoscope. A small "JND" logo is in the bottom right corner.

LEGAL NOTICE

Did you pay health insurance premiums in California?
Individuals and entities may be eligible for a payment.
\$228.5M Settlement.

FILE A CLAIM

JND

300 x 250

A vertical banner advertisement with a dark blue background. At the top, there is a horizontal white bar with the text "LEGAL NOTICE" in black. The main text in white reads: "Did you pay health insurance premiums in California? Individuals and entities may be eligible for a payment. \$228.5M Settlement." Below this is a yellow button with the text "FILE A CLAIM" in black. The bottom half of the banner features a large image of a stethoscope. A small "JND" logo is in the bottom right corner.

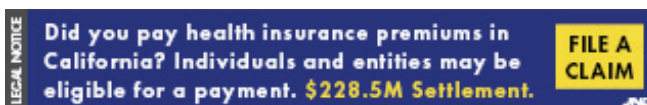
LEGAL NOTICE

Did you pay health insurance premiums in California?
Individuals and entities may be eligible for a payment. **\$228.5M Settlement.**

FILE A CLAIM

JND

320 x 50

A horizontal banner advertisement with a dark blue background. On the left, there is a vertical white bar with the text "LEGAL NOTICE" in black. The main text in white reads: "Did you pay health insurance premiums in California? Individuals and entities may be eligible for a payment. \$228.5M Settlement." On the right, there is a yellow button with the text "FILE A CLAIM" in black. A small "JND" logo is in the bottom right corner.

LEGAL NOTICE

Did you pay health insurance premiums in California? Individuals and entities may be eligible for a payment. **\$228.5M Settlement.**


FILE A CLAIM

JND


LinkedIn Ad

2


Promoted ***



CA Insurance Settlement
Individuals & entities who paid health insurance premiums may file a claim




Invitation from LinkedIn
Place ads on LinkedIn. Acquire new customers for your business. Try it now.




Invitation from LinkedIn
Place ads on LinkedIn. Acquire new customers for your business. Try it now.


Promoted ***



CA Insurance Settlement
Individuals & entities who paid health insurance premiums may file a claim



Invitation from LinkedIn
Place ads on LinkedIn. Acquire new customers for your business. Try it now.



Invitation from LinkedIn
Place ads on LinkedIn. Acquire new customers for your business. Try it now.

Facebook Ads

3

Facebook Desktop Feed



Class Action Notice
Sponsored · 🌐

Did you pay health insurance premiums in California?

Individuals and entities may be eligible for a payment. **\$228.5M Settlement.**



WWW.SUTTERHEALTHPREMIUMLAWSUIT.COM
Health Insurance Settlement

[Learn more](#)

👍 Like 💬 Comment ➦ Share

Facebook Stories



Class Action Notice
Sponsored

Did you pay health insurance premiums in California?

Individuals and entities may be eligible for a payment. **\$228.5M Settlement.**



[Learn more](#)

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Class Action Notice
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www.sutterhealthpremiumlaw...
Health Insurance Settlement

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- EXHIBIT E -

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 www.sutterhealthpremiumlawsuit.com/

CA Health Insurance Settlement - File a claim now

You may get compensation from a \$228.5M settlement. File a claim. Individuals and entities who paid health insurance premiums in California are affected.

[FAQ](#) [Important Documents](#)

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CA Health Insurance Settlement - Affects California Customers

Individuals and entities who paid health insurance premiums in California are affected. You may get compensation from a \$228.5M settlement. File a claim.

[Key Dates](#) [Important Documents](#) [FAQ](#)

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CA Health Insurance Settlement - File a claim now - Affects California Customers

You may get compensation from a \$228.5M settlement. File a claim. Individuals and entities who paid health insurance premiums in California are affected.

[Key Dates](#) · [Important Documents](#)

- EXHIBIT F -

If you lived or worked in Northern California and paid any portion of premiums for health insurance from Aetna, Anthem Blue Cross, Blue Shield of California, Health Net or United Healthcare at any time from January 1, 2011 through March 8, 2021, you may be eligible for a payment in a \$228.5 million class action settlement

Seattle, **Month x**, 2025/[JND Legal Administration](#)

A proposed settlement has been reached in a class action lawsuit called *Sidibe, et al. v. Sutter Health*, No. 3:12-cv-4854-LB (N.D. Cal.).

What is the lawsuit about? The Plaintiffs claim that Sutter Health broke the law by including unfair terms in its contracts with insurance plans. The Plaintiffs claim that these terms caused insurance plans in certain parts of Northern California to overpay for hospital services, which resulted in higher premiums for individuals and businesses. Sutter Health denies any wrongdoing. The Court didn't decide who is right. Instead, the parties agreed to a settlement to avoid more litigation.

Am I included in the Settlement? You may be eligible to receive a payment if all these statements are true:

- You paid premiums for a fully-insured health plan from Aetna, Anthem, Blue Shield, Health Net or United Healthcare.
- You paid these premiums sometime between January 1, 2011, and March 8, 2021.
- While paying these premiums, you lived or worked in one of these California counties OR you were an employer with an office in one of these California counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, or Yuba.

For more details about who is eligible visit [SutterHealthPremiumLawsuit.com](#).

What can I get from the Settlement? Class Members who file a valid claim by **Month x**, 2025 may get a cash payment.

If the Settlement is approved, Class Members who file a valid claim by **Month x**, 2025 may get a cash payment. The Settlement creates a **\$228.5 million** Settlement Fund. After payment for the cost to administer the Settlement, attorneys' fees (not to exceed 33% of the Settlement Fund), reimbursement of litigation expenses, and service award payments to Plaintiffs in an amount not to exceed \$20,000 for the three Plaintiffs who testified at trial and \$15,000 for the other three Plaintiffs, the remaining Settlement Fund will be distributed to eligible Class Members pursuant to the Plan of Distribution. Details are in the Settlement Agreement, the Class Notice, and the Plan of Distribution available at [SutterHealthPremiumLawsuit.com](#).

How do I request a payment? To request a payment, submit a claim online at [SutterHealthPremiumLawsuit.com](#) or mail your claim to Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111. Your claim must be submitted online or postmarked no later than **Month x**, 2025.

You can get a printed claim form at [SutterHealthPremiumLawsuit.com](#) or by calling 1-833-961-3465.

What are my other options? Class Members were previously given the opportunity to be excluded or "opt-out" from the Class.

- **If you didn't ask to be excluded from the Class**, you are a Class Member. You are bound by the Settlement and don't have an option to seek exclusion at this time. You have the right to file a claim and the right to object to the Settlement. For details on how to object, go to SutterHealthPremiumLawsuit.com. You can also call 1-833-961-3465. Objections must be postmarked by **Month x, 2025**.
- **If you asked to be excluded from the Class by the opt-out deadline of March 8, 2021**, then you aren't a Class Member. You don't have the right to file a claim or to object to the Settlement.

The Fairness Hearing. The Court will hold a Fairness Hearing on **Month x, 2025 at x:xx x.m.** Pacific Time, to consider whether the Settlement is fair, reasonable, and adequate. The Court will also decide whether to approve attorneys' fees, legal expenses, administrative costs, and service award payments, which will be paid from the Settlement Fund. If there are objections, the Court will consider them. The Court cannot alter the terms of the Settlement. If the Court denies approval, no Settlement payments will be sent.

If you wish, you may ask to appear at the Fairness Hearing, on your own behalf or through your counsel. The Court has appointed Class Counsel to represent you and the other Class Members.

The date and time of the hearing may change. Check SutterHealthPremiumLawsuit.com for updates.

Questions?

- Visit SutterHealthPremiumLawsuit.com
- Email info@SutterHealthPremiumLawsuit.com
- Call 1-833-961-3465
- Write Sutter Health Premium Overpayment Settlement, c/o JND Legal Administration, P.O. Box 91350, Seattle, WA 98111
- Access the Settlement Agreement and publicly filed documents for a fee through the Court's Public Access to Court Electronic Records (PACER) system at <https://ecf.cand.uscourts.gov>

Court documents may also be examined and copied at any time during regular office hours at the office of the Clerk of the Court, United States District Court for the Northern District of California, San Francisco Division, 450 Golden Gate Avenue, San Francisco, CA 94102-3489.

- EXHIBIT G -

**Must be postmarked by
mail no later than
Month Day, Year**

SUTTER HEALTH PREMIUM OVERPAYMENT SETTLEMENT
C/O JND LEGAL ADMINISTRATION
PO BOX 91350
SEATTLE, WA 98111
www.SutterHealthPremiumLawsuit.com

SUTTER HEALTH PREMIUM OVERPAYMENT SETTLEMENT CLAIM FORM

You may be eligible to receive a cash payment if:

1. You paid premiums for a fully-insured policy to Aetna, Anthem Blue Cross, Blue Shield of California, Health Net, or United Healthcare (collectively "Health Plans").
2. You paid these premiums at sometime between January 1, 2011, and March 8, 2021.
3. While paying premiums, you lived or worked (or, if you are an employer, had an office located) in any of the following counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, or Yuba.

The Easiest Way to File is Online at
www.SutterHealthPremiumLawsuit.com

INSTRUCTIONS FOR COMPLETING THIS CLAIM FORM

1. Please provide below, and on page 7, the Unique ID contained in the email or on the postcard notice that you received. If you did not receive an email or postcard, or if you cannot locate your email/postcard, write "unavailable."

UNIQUE ID:

2. **Section A:** Please provide your contact information.
3. **Section B:** All claimants must provide their health insurance policy information.
4. **Section C:** Employee and Group claimants may review this section for additional options regarding claim payment.
5. **Section D:** All claimants must complete and provide payment election.
6. **Section E:** You must sign the claim form certification and mail it to the address below, postmarked by **Month Day, Year**, in order for your claim to be considered. Or you can quickly complete this claim form online at www.SutterHealthPremiumLawsuit.com.

Sutter Health Premium Overpayment Settlement
C/O JND Legal Administration
PO Box 91350
Seattle, WA 98111

7. Please review the checklist on page 8 before submitting your claim.

By submitting this claim form, you consent to the disclosure and use of your information by the Claims Administrator. The information you provide on this claim is confidential and will be used solely to contact you and process your claim. It will not be used for any other purpose.

8. To be eligible for a payment, you **must** submit your claim form online or postmarked by **Month Day, Year**. Do not mail or deliver your claim form to the Court.



SECTION A: CLAIMANT INFORMATION

1. SUBSCRIBER/ COMPANY FULL NAME:			
2. MAILING ADDRESS:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. COMPANY CONTACT: (NAME AND TITLE) (IF APPLICABLE)			
4. PHONE NUMBER:			
5. EMAIL ADDRESS:			
6. IF YOU ARE A GROUP CLAIMANT, PLEASE SELECT ONE OF THE FOLLOWING:	<input type="checkbox"/> Your company/business/entity paid its premium through another purchasing entity, such as a Professional Employer Organization. Please state the name of the purchasing entity: <hr/>		
	<input type="checkbox"/> You are a Professional Employer Organization, Union or Trade Association, or other associational entity that collected payment for, contracted with or purchased one or more policies from a Health Plan on behalf of your client companies, customers or members.		
	<input type="checkbox"/> None of the above.		



SECTION B: HEALTH INSURANCE POLICY INFORMATION

Please provide the following information for each policy on which you paid a premium. If any information is unavailable, you may leave it blank.

If you require more space than the chart below provides, **you should file online at www.SutterHealthPremiumLawsuit.com**. Or, you may make multiple copies of this page.

Name of Health Plan	Health Plan Group #	Subscriber ID (For Individuals Only)	Name of employer or group entity through which you paid an insurance premium (if applicable)	Mailing address of employer or group entity (if applicable)	Coverage Start Date (MM/YYYY)	Coverage End Date (MM/YYYY)	Covered Lives (Individual/Family)

Questions? Visit www.SutterHealthPremiumLawsuit.com or call (833) 961-3465

To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>



SECTION C: EXPLANATION OF EMPLOYER/EMPLOYEE PREMIUM PERCENTAGES

This Section Only Applies to Employee or Group Claimants.

The Settlement provides that payments will be based, in part, on premiums paid to Health Plans between January 1, 2011 and March 8, 2021.

The Settlement also provides default formulas for the Claims Administrator to use to determine what percentage of the premium was paid by an employer/entity and what percentage was contributed by its employees/members.

100% of premiums for employees who do not file claims are allocated to the claiming employer. When an employee does claim, their premium share is determined through the default formulas, which provide that employees with single coverage are allocated 18% of the total premium paid on their behalf by their employer, and employees with family coverage are allocated 29%, with the remainder allocated to the employer. For a full discussion of how these formulas will be used in calculating claims, please refer to the Plan of Distribution at www.SutterHealthPremiumLawsuit.com.

DEFAULT OPTION

- **If you accept the Default Option**, you are **NOT** required to provide any additional data or evidence in support of your claim at this time.
- If another claimant's filing affects your claim, you will be provided with an opportunity to respond at a later date.

ALTERNATIVE OPTION

- If you want to claim an alternative premium contribution instead of using the Default Option, you must complete the table on page 6 AND provide documents to support the percentages and amounts you list in the table.
- The Claims Administrator will review your documents and make a final decision. For any time period for which supporting data or evidence is not provided, the above Default Option will be applied.
- Selection of the Alternative Option does not ensure a contribution percentage higher than or equal to the Default Option. Your percentage will be dependent on a review process that includes a review of all materials submitted pertaining to your premium.



SECTION C CONTINUED

STOP: If you want to use the **DEFAULT OPTION**, **DO NOT** FILL OUT THIS SECTION.

If you would like to use the **ALTERNATIVE OPTION** instead of receiving the Default Option, please state the percentage contribution you believe you contributed for each year that you were enrolled in a Health Plan health insurance.

Year	Percentage (%)	Amount Paid (\$)
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
2019		
2020		
2021		

REMINDER: If you choose to apply for an alternative contribution percentage you must supply documentation with this claim form supporting the percentage you claim to have contributed and proof of the amount you paid. If you fill out this chart to apply for an alternative contribution percentage without providing additional documentation, the above Default Option will be applied to your claim.



SECTION D: PAYMENT ELECTION

Please let us know how you would like to receive your settlement payment if your claim is deemed valid. **You may only check one box below.**

Final determinations of claim amounts will not be made until after processing by the Claims Administrator is complete. Claims will not be paid if the value is equal to or less than \$5.00.

Claimants who submit valid, approved claims shall receive a pro-rata percentage of the Net Settlement Fund based upon their estimated proportion of the cumulative total of premiums paid by all claimants.

I would like to receive my payment by...

☐ Electronic

Debit Card



Email: _____

☐ Check

YOU MUST SIGN AND DATE YOUR CLAIM FORM BELOW IN ORDER TO BE ELIGIBLE TO BE PAID IN THIS SETTLEMENT



SECTION E: SIGNATURE

I affirm under the laws of the United States and the laws of my State of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information to the Claims Administrator before my claim is considered complete and valid.

UNIQUE ID:

Signature:	Dated:
Print Name:	Title (if signing on behalf of company/business/entity):

CHECKLIST

- ✓ Did you include your Unique ID on page 2 and page 7? Or, if you do not have a Unique ID, did you write “unavailable”?
- ✓ Did you complete all fields in Sections A, B and C, as applicable?
- ✓ If you elected the Alternative Option in Section C, did you include supporting documentation or information?
- ✓ Did you complete Section D and tell us how you want to receive payment?
- ✓ Did you sign and date the claim form at Section E?
- ✓ Did you mail your form prior to the deadline?

*If any of your contact information changes, you must promptly notify us by emailing
info@SutterHealthPremiumLawsuit.com.*

*Please note that Settlement benefits will be distributed after the Settlement is approved by the Court and final.
Please be patient.*