

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 September 12, 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 August 28, 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. 	November 6, 2025
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

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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 **September 12, 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 **September 12, 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 **September 12, 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 **August 28, 2025**:

Clerk of the Court:
Office of the Clerk
United States District Court
Northern District of California
450 Golden Gate Ave
San Francisco, CA 94102

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

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?

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 on **November 6, 2025**. 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 **August 28, 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: May 22, 2025

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