

WellPoint Health Networks, Inc./Anthem, Inc. Settlement Fund Procedure

(Retrospective Relief)

This summary has been prepared by the American Medical Association (AMA) Private Sector Advocacy unit from information provided to the AMA. While efforts have been made to include information likely to be of interest to most physicians, the actual settlement documents are much more extensive, contain the definitive settlement terms and should be consulted in the event of questions or if a specific situation is not addressed. Questions about the settlement may be directed to Whatley Drake & Kallas LLC at (866) 809-8003. Questions can also be directed to the following Web site: www.hmosettlements.com.

Who is eligible to apply for the WellPoint/Anthem Settlement Fund?

Any Physician, Physician Group or Physician Organization (their heirs or legal representatives in the case of deceased Class Members), who submitted claims to one or more of the following payers for covered services that were provided to any individual between August 4, 1990 and May 10, 2005, may be eligible for a WellPoint/Anthem Settlement Fund Distribution¹:

Aetna, Inc.	Coventry Health Care, Inc.	Prudential Insurance Company of America
Aetna-USHC, Inc.	Humana, Inc.	UnitedHealthcare
Anthem, Inc.	Humana Health Plan, Inc.	UnitedHealth Group
CIGNA HealthCare	PacificCare Health Systems, Inc.	WellPoint Health Networks, Inc.

What remedies are available?

An eligible Physician, Physician Group or Physician Organization seeking remedy from this lawsuit can do so by submitting a Proof of Claim Form. ***Please note that no distribution will occur until final approval of the settlement is granted. The Settlement/Fairness Hearing is scheduled for December 2, 2005, which is after the proof of claim submission deadline.***

WellPoint/Anthem Settlement Fund

An eligible Physician, Physician Group or Physician Organization may request a payment under the WellPoint/Anthem Settlement by submitting a Proof of Claim Form based on one of the options below:

If for the consecutive three calendar year period of 2002, 2003 and 2004, WellPoint/Anthem reimbursement for providing covered services to WellPoint/Anthem members was:

- **Less than \$5,000 or no reimbursements were received**
- **At least \$5,000 but less than \$50,000**
- **\$50,000 or greater**

If for any other consecutive three calendar year period since January 1, 1996, WellPoint/Anthem reimbursement for providing covered services to WellPoint/Anthem members was:

- **Less than \$5,000**
- **At least \$5,000 but less than \$50,000**
- **\$50,000 or greater**

How do I submit the Proof of Claim Forms?

The Proof of Claim Form and instructions can be downloaded from www.hmosettlements.com. A completed Proof of Claim Form must be submitted to the Settlement Administrator **NO LATER THAN November 17, 2005** at the following address:

WellPoint/Anthem Physician Settlement Administrator
P.O. Box 3560
Portland, OR 97208-3560
Phone: 866-686-8696

Supporting documentation

Supporting documentation is needed, only if you do **NOT** submit a Proof of Claim Form based on the three consecutive calendar year period of 2002-2004. If supporting documentation is required, you must submit appropriate payment records, such as 1099 forms, that show the amount of reimbursements received by the Physician, Physician Group or Physician Organization from WellPoint/Anthem for services provided during the three consecutive year period.

¹ See "Notice of Proposed Settlement" for a complete listing of payers at www.hmosettlements.com