BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

August 5, 2026

Honorable Anna M. Manasco
U.S. District Judge
United States District Court for the Northern District of Alabama,
Southern Division
Hugo L. Black United States Courthouse
1729 5th Avenue North
Birmingham, AL 35203

Re: In Re: Blue Cross Shield Antitrust Litigation, MDL No.: 2406

Enclosed is the Settlement Claims Administrator Status Report No.2 to apprise the Court and the public on the implementation of its duties as Settlement Claims Administrator of the Blue Cross Blue Shield Provider Settlement. Please let me know if you have any questions about this report or if I can be of any assistance to the Court.

Sincerely,

Edgar C. Gentle III
Settlement Administrator
Blue Cross Blue Shield Provider Settlement
www.BCBSProviderSettlement.com

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL No.: 2406)	}	**Master File No.: 2:13-cv-20000-RDP** This document relates to all cases.

SETTLEMENT CLAIMS ADMINISTRATOR STATUS REPORT NO. 2

1. ***The Purpose and Scope of this Report.*** BrownGreer PLC, the Settlement Claims Administrator approved by the Court to manage and administer the Blue Cross Blue Shield Provider Settlement (the "Settlement") process, submits this Status Report No. 2 to apprise the Court and the public on the implementation of its duties as Settlement Claims Administrator. All information in this Status Report is as of July 27, 2026.

2. ***Settlement Claims Administrator Duties.*** As the Settlement Claims Administrator, BrownGreer manages and administers the process by which Settlement Class Members are paid pursuant to the Plan of Distribution, including processing the claims submitted by Settlement Class Members, calculating the amounts owed to each Authorized Claimant, and distributing the Net Settlement Fund to Authorized Claimants in accordance with the Plan of Distribution. BrownGreer meets with the Settlement Administrator and Lead Plaintiff Counsel on a weekly basis to report on the status of its duties and address any policy and operational issues as they arise. As a result of these discussions and at the direction of these parties, BrownGreer takes actions to work towards the successful implementation of the Settlement and continuously looks for ways to make improvements to the process.

3. ***Settlement Website.*** We maintain the public website for the Settlement Program (Blue Cross Blue Shield Provider Settlement - Home) that we update with current information regularly, including status updates, important documents, frequently asked questions, and include information on how to contact us. This website is a valuable resource to the Settlement Class Members.

4. ***Claim Submission Deadline.*** The claim submission deadline for the Settlement passed on July 29, 2025. The Settlement Administrator is no longer accepting new claims or changes to existing claims absent a showing of good cause. Over 99.9% of all claims submitted were timely, meaning they had an initial submission dated prior to 12am Hawaii Standard Time on July 30, 2025. For the 0.01% that were not, BrownGreer issued notices and either allowed the claims upon a showing of good cause or closed them as untimely absent such a showing. We continue to receive some requests to file claims and for any such requests, we require a showing of good cause to the claim form filing deadline, noting that the deadline to file claims passed over a year ago.

5. ***Issuance of Claim Notices.*** BrownGreer began issuing claim notices as described in paragraphs 6-10 of this Report on February 16, 2026. Claimants may receive an email or mail notification regarding their notice and can log in to their portal at any time to view or download their notice. Claimants who have not yet received a notice are encouraged to monitor the email address associated with their portal account and log in to their portal frequently to check for new notices. To make sure that a claim notice and other important Settlement Claims Administrator communications reach their inbox and do not get blocked by spam filter, Claimants should whitelist the email addresses NoReply@bcbcprovidersettlement.com and Administrator@bcbsprovidersettlement.com. We

continue to analyze and evaluate claims and will issue new notices on a rolling basis going forward. Claimants who received a notice and have any questions about it should contact the Settlement Claims Administrator.

6. ***Suspect Claims Analysis.*** As discussed in Status Report No. 1, BrownGreer became aware of concerted efforts by bad actors to submit illegitimate claims during the Claims Period (December 16, 2024 through July 29, 2025) and enacted several online security measures to stem their submission through the Settlement website. After the Claims Period ended, BrownGreer performed an extensive analysis to identify suspect claims, which is described in detail in paragraph 6 of the Claims Administrator Status Report No. 1 (available on the Settlement website under the Important Documents menu item). The Settlement Administrator and Co-Lead Counsel approved of BrownGreer's recommendation to close any claim designated as suspicious and post a Notice of Claim Closure to the suspicious Claimant's online portal. As of July 27, 2026, BrownGreer has issued Notices of Claim Closure to the 1,239,818 claims identified as suspicious and removed the claims from the active claims population (this is an increase of 115,504 claims since Status Report No. 1). To date, BrownGreer has received only 15 responses to the Notice of Claim Closure, highlighting the precision and accuracy of the methodology used in identifying the suspicious claims population.

7. ***Overlapping and Duplicate Claims.*** BrownGreer performed data analysis across all Claim Forms and attached Riders to search for potential duplicate and overlapping filings. This analysis covered the review of Health Care Facility and Medical Professional names, addresses, National Provider Identifiers, Tax Identification Numbers and claim filing periods. Those Claimants identified as submitting duplicate or overlapping Riders on a single

Claim Form will be notified of the duplicate status on their determination notices, noting which records have been excluded as duplicates. In situations where different Claimants have submitted duplicate or overlapping claims for the same Health Care Facility or Medical Professional, BrownGreer issues separate duplicate claim notices seeking resolution as to which claim shall proceed. These claims include duplicate and overlapping Health Care Facilities and Medical Professionals with Claim Forms filed directly by the Claimant as well as filed by other competing Third-Party Filers. BrownGreer began issuing notices to seek resolution on March 31, 2026, and so far has issued 1,968 such notices. BrownGreer is reviewing responses to these notices and making determinations as to which Claimant's claim for the Health Care Facility or Medical Professional will be considered for proceeds under the Plan of Distribution and from the Net Settlement Fund and which will be closed.

8. ***Love Exclusion.*** Paragraph A.1.gg of the Settlement Agreement excludes from the Settlement Providers that were members of the settlement classes in *Love v. Blue Cross and Blue Shield Association*, No. 1:03-cv-21296-FAM (S.D. Fla.), which included those licensed prior to March 12, 2008. This exclusion covers Providers who were a part of the *Love* class regardless of participation in that settlement. The Settlement Claims Administrator has analyzed the Claim Forms to determine the Claimants that identified they were covered by this exclusion. We issued 43,267 notices informing Claimants that submitted Professional Claims that their claims are excluded; 184 claimants responded to these notices contesting their exclusion from the Settlement. BrownGreer is reviewing those responses to determine based on additional documents provided by the Claimant or independently verified medical license records, if the Claimant was not a member of the settlement classes in *Love*. If a Medical Group/Organization Form was filed with a Rider

that indicates it should be excluded from the settlement under *Love*, we plan to note that exclusion in the determination notice.

9. ***Other Ineligible Claims.*** BrownGreer began performing data analysis across all Claim Forms and attached Riders to identify claims that are not eligible to receive payment. This analysis includes searches for claims filed by Claimants who had previously opted out and other Claimants who do not meet the class definition. After the population of each group is finalized, BrownGreer will begin notifying Claimants of their exclusion and ineligibility for payment.

10. ***Claims Submitted Under the Incorrect Claim Type.*** BrownGreer identified certain Facility Claim Forms submitted by Claimants that do not meet the Settlement definition of a Health Care Facility or Health Care System. Because these Claimants do not qualify to receive a portion of the Hospital/Facility Net Settlement Fund, BrownGreer began issuing notices to allow them to submit a Professionals Claim Form and Rider for Medical Groups/Organizations to be considered for compensation from the Professional Net Settlement Fund. To date, BrownGreer has issued 631 such notices and will continue to issue them on a rolling basis as additional incorrectly submitted claims are identified.

11. ***Total Valid Claims Received.*** Claimants who submitted a valid approved claim ("Authorized Claimants") will be considered to receive a payment from the Net Settlement Fund. As of July 27, 2026, after closing claims identified as untimely, suspect, duplicate, excluded, and submitted under the incorrect claim type, there are 207,423 remaining claim submissions that BrownGreer is evaluating for validity. These claims have 1,703,373 Riders. BrownGreer continues to evaluate the remaining active claim population to confirm that these claims are unique, do not overlap with another filed claim, were submitted under the

correct claim type, and that they were filed by Settlement Class Members (such as, they did not opt out, they meet the Settlement Class Member definition, are not excluded, etc.). BrownGreer is also assessing whether additional analyses, including further completeness and data verification reviews that may result in additional deficiency notices, are necessary. The following paragraph details one of these processes and next steps.

12. ***Notices of Allowed Amount Determination.*** In coordination with Co-Lead Counsel and the Settlement Administrator, BrownGreer is developing a Notice of Allowed Amount Determination for Facility claims in which the Authorized Claimant elected the Default Method for determining Allowed Amounts. The Notice will inform Authorized Claimants of the Settlement Claims Administrator's determination of the Facility's Allowed Amounts under the Default Method and provide an opportunity to review and request corrections to those determinations. Authorized Claimants who receive a Notice of Allowed Amount Determination are not required to take any action unless they wish to request a correction to one or more Allowed Amount determinations. BrownGreer anticipates issuing the Notices of Allowed Amount Determination on a rolling basis beginning in the first week of August 2026.

13. ***Conclusion.*** We offer this Report to ensure that the Court is informed of the status of this Program to date. If the Court would find additional information helpful, we stand ready to provide it at the Court's convenience.

Respectfully submitted,

SETTLEMENT CLAIMS ADMINISTRATOR

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