

INSTRUCTIONS REGARDING THE CLAIM FORM FOR THE WELLPOINT/ANTHEM SETTLEMENT FUND AND ELECTION OF CONTRIBUTION TO CHARITABLE FOUNDATION

It is very important that you read the enclosed Notice of Proposed Settlement to understand fully your rights under this Settlement.

DEADLINE FOR CLAIM FORM SUBMISSION: Postmarked by November 17, 2005

If you validly submit a Claim Form to the Settlement Administrator prior to November 17, 2005, you may elect to receive the portion of the Settlement Fund to which you are entitled or you may direct that your portion be paid to one of the charitable foundations listed on the bottom of Page 2 of this form (on the reverse of this page).

If you would like your portion of the Settlement Fund to be donated to a charitable foundation, you may do so by selecting from the List of Charitable Foundations found on the bottom of Page 2. (See Section D on the Claim Form to make your payment election.)

By submitting a Claim Form you are agreeing to be subject to the jurisdiction of the United States District Court for the Southern District of Florida for any proceedings relating to your Claim or Claim Form. Capitalized terms used in the Instructions and Claim Form that are not otherwise defined herein are defined in the Settlement Agreement. "Active Physician" is defined in the Settlement Agreement as a "Class Member who is a Physician and who is not a Retired Physician as of the Preliminary Approval Date" of July 15, 2005.

Mail your completed Claim Form, with any required documentation, to the Settlement Administrator at:

WellPoint/Anthem Physicians Settlement Administrator
PO Box 3560
Portland, OR 97208-3560

PHYSICIAN GROUPS OR ORGANIZATIONS: If you are representing a Physician Group or Physician Organization, in **Section A**, please write in the Group or Organization Name, the name of the person completing the Claim Form, and attach a list of all the Active Physicians for whom you are filing this Claim. Your list of physicians must include all of the following data elements:

1. Physician name
2. Physician Type (example: MD or DO)
3. Last four digits of each Active Physician's Social Security Number (SSN)
4. Range of Gross Receipts received from WellPoint for each Active Physician
Range I: Under \$5,000 Range II: \$5,000 to <\$50,000 Range III: \$50,000 or over

If you fail to supply the range of gross receipts of payments received for each of the Active Physicians on your list, or if you do not include any range or dollar amounts, all of your Physicians will default into the "under \$5,000" payment group (see Claim Form Page 1, Section C). Please do not forget to fill out Sections D, E and F all of which are labeled: "All Claimants Must Complete This Section."

Section B: Class Members (as described in the enclosed Notice of Proposed Settlement) who are Retired Physicians are entitled to receive a *pro rata* amount of the portion of the Settlement Fund that is reserved for retired or deceased physicians. This amount is determined by two times the quotient derived by dividing the number of retired Physicians who file valid Proofs of Claim by the total number of Class Members.

Section C: Class Members (as described in the enclosed Notice of Proposed Settlement) who are Active Physicians are entitled to receive a *pro rata* amount of the portion of the Settlement Fund that is not reserved for retired or deceased physicians. Your settlement payment will be based upon the amount of payments received by you from WellPoint in payment for services during the three-year period from 2002 to 2004 (or for any consecutive three-year period from January 1, 1996 through December 31, 2004 if you elect to submit payment records). **For purposes of determining which box to check in this section, "WellPoint" means any of the present or former affiliates of either WellPoint, Inc. or the former Anthem, Inc. that provided coverage to health benefit plan members.** A list of these entities can be found on the first and last pages of the Notice that was sent along with this Instruction form.

Box I: Active Physicians that received no payments from WellPoint or payments from WellPoint of less than \$5,000 during the three year period from 2002 to 2004 will receive a settlement payment that is equal to the "base amount" of the settlement fund that is being paid to Active Physicians in the settlement.

Box II: Active Physicians that received payments from WellPoint of \$5,000 or more, and less than \$50,000, during the three year period from 2002 to 2004 will receive a settlement payment that is equal to five times the "base amount."

Box III: Active Physicians that received payments from WellPoint of \$50,000 or more during the three year period from 2002 to 2004 will receive a settlement payment that is equal to ten times the "base amount."

To simplify the process of obtaining payment from WellPoint, Class Members (as described in the enclosed Notice of Proposed Settlement) who are Active Physicians may sign this Claim Form and submit it to the Settlement Administrator prior to November 17, 2005 without any additional documentation. The amount of the Settlement Fund that each Active Physician is entitled to receive shall be determined based upon the Active Physician's certification as to the amount of WellPoint payments received from 2002 to 2004. Alternatively, Active Physicians may elect to submit to the Settlement Administrator proof of their payments from WellPoint, in the form of FORM-1099s or other forms of proof, to show the amounts of payments received from WellPoint during any consecutive three-year period from January 1, 1996 through December 31, 2004 to justify the amount due to such Active Physician from the settlement fund. Active Physicians that have been paid through Physician Organizations or Physician Groups (including without limitation Delegated Entities) may submit to the Settlement Administrator proof (examples include IRS form 1099, Explanations of Benefits or EOBs, or other suitable accounting records) of the amounts received during any consecutive three-year period from January 1, 1996 through December 31, 2004 for providing services to members of plans offered or administered by WellPoint. Please note that proof submitted will be used to compensate claimants based on the range of recovery evidenced by the receipts, not for the exact dollar value of the receipts.

Physician Groups and Physician Organizations may submit Claim Forms on behalf of physicians employed by or otherwise working with them without the necessity of individual signatures from the individual physician, if authorized to do so by such physicians.

Any questions about this procedure or proof that will be accepted should be addressed to the Settlement Administrator at WellPoint Physicians Settlement Administrator; PO Box 3560; Portland, OR 97208-3560 or **1-866-686-8696**.

In determining your gross receipts, you should include amounts paid by WellPoint directly or by intermediaries for providing covered services to WellPoint members. For example, you may have provided services to WellPoint members through an intermediary that contracted with WellPoint to provide the services, for example, an IPA, medical group, organized delivery system, physician hospital organization, etc. In determining your gross receipts for providing covered services to WellPoint members, you should also include amounts you received from such intermediaries for treating WellPoint members.

Section D will dictate to whom the payment is addressed. If you submit a Claim Form on behalf of a Group or Organization and do not elect to donate the settlement award to a charitable foundation, the payment will be made to the Group or Organization for distribution by the Group or Organization to individual physicians.

IF YOU HAVE QUESTIONS ABOUT THE SETTLEMENT FUND, THE CHARITABLE FOUNDATIONS, OR ABOUT THE PROCEDURE FOR FILING A CLAIM FORM, CONTACT THE SETTLEMENT ADMINISTRATOR AT 1-866-686-8696 OR CLASS COUNSEL AT 1-866-809-8003.

DO NOT CONTACT THE COURT OR WELLPOINT WITH QUESTIONS ABOUT THE SETTLEMENT.

List of Charitable Foundations

National Foundations

1. Physicians' Foundation for Health Systems Excellence
2. Physicians' Foundation for Health Systems Innovations

State and County Foundations

3. Arlington County Medical Society Foundation
4. John P. Bowler, M.D., Memorial Library (New Hampshire Medical Society)
5. California Medical Association Foundation
6. CSMS Physicians' Health and Education Fund (Connecticut State Medical Society)
7. Delaware Foundation for Medical Services, Ltd. (Medical Society of Delaware)
8. El Paso County Medical Society Foundation
9. Florida Medical Foundation (Florida Medical Association)

10. The Institute of Medicine and Public Health of New Jersey, Inc. (Medical Society of New Jersey)
11. Louisiana State Medical Society Educational and Research Foundation
12. Medical, Educational and Scientific Foundation of New York, Inc. (Medical Society of the State of New York)
13. Medical Society of Northern Virginia Foundation
14. Nebraska Medical Foundation (Nebraska Medical Association)
15. North Carolina Medical Society Foundation, Inc.
16. Rhode Island Medical Society Foundation
17. South Carolina Medical Association Foundation
18. Tennessee Medical Foundation (Tennessee Medical Association)
19. Texas Medical Association Special Funds Foundation
20. Washington State Medical Education and Research Foundation (Washington State Medical Society)