

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS**

HEALTH REPUBLIC INSURANCE  
COMPANY,

Plaintiff,  
on behalf of itself and all others  
similarly situated,

vs.

THE UNITED STATES OF AMERICA,

Defendant.

No. 1:16-cv-00259-MMS  
(Judge Sweeney)

**PLAINTIFF HEALTH REPUBLIC INSURANCE COMPANY'S  
UNOPPOSED MOTION TO INCLUDE ADDITIONAL CLASS MEMBERS**

Pursuant to Rule 23(c) of this Court's Rules ("RCFC"), Plaintiff Health Republic Insurance Company ("HRIC") respectfully requests that the Court grant this motion to include additional QHP Issuers in the Risk Corridors Class (2014-2015 benefit years). The additional class members are listed below:

1. Health First Health Plans, Inc., HIOS ID 27357
2. Health First Insurance, Inc., HIOS ID 77150

The class members were provided with the court-approved notice. The class members' opt-in forms are attached as Exhibit A. Plaintiff conferred with counsel for the Government, who stated that the Government does not oppose this motion to include these additional QHP Issuers in the Risk Corridors Class (2014-2015 benefit years).

DATED: March 11, 2020

Respectfully submitted,

QUINN EMANUEL URQUHART &  
SULLIVAN, LLP

*s/ Stephen Swedlow*

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*Attorneys for Plaintiff Health Republic  
Insurance Company and the Class*

**CERTIFICATE OF SERVICE**

I certify that on March 11, 2020, a copy of the foregoing Plaintiff's Unopposed Motion to Include Additional Class Members was served via the Court's CM/ECF system on Defendant's counsel of record.

*s/ Stephen Swedlow*

Stephen Swedlow

# Exhibit A

**Class Action Opt-In Notice Form**

UNITED STATES COURT OF FEDERAL CLAIMS  
*Health Republic Insurance Company v. United States*  
Case No. 16-259C

1. Fill out this form completely and legibly. **It must be submitted, postmarked, faxed or delivered to the claims administrator (who has been retained by Class Counsel for this case and whose address is at Paragraph 5 below) by Friday, May 12, 2017.**

PLEASE NOTE: A notice has been sent to your address based on information in the Government's records. It is your responsibility to ensure that the information you provide on this form is complete and accurate, and that you are entitled to a distribution of money arising out of the above lawsuit.

2. Please write the full name of the person or entity that offered a Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2014 and/or 2015 benefit year(s), and whose allowable costs in either the 2014 or 2015 benefit years, as calculated by the Centers for Medicare and Medicaid Services, were more than 103 percent of their target amounts (as those terms are defined in the Patient Protection and Affordable Care Act).

Health First Health Plans, Inc.

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Plan year(s) for which this issuer offered Qualified Health Plan(s) under the Affordable Care Act:

2014-2015

HIOS (FL): 27357

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3. Please fill in the following information.

Address: 3300 Fiske Blvd

Rockledge, FL 32955

Telephone number: 321-434-1836

Name, telephone number, and email address for person at QHP issuer that will act as contact for information regarding the Class Action:

Timothy Norton

321-434-1836

Timothy.Norton@hf.org


4. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws:

(a) That the above-listed QHP issuer wishes to opt into the Class Action lawsuit against the United States described in the accompanying Notice (*Health Republic Insurance Company v. United States*);

(b) That you are authorized by the above-listed QHP issuer to sign this document on behalf of the QHP issuer and thereby bind the above-listed QHP issuer;

(c) That the above-listed QHP issuer offered Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2014 and/or 2015 benefit year(s), and its allowable costs in either the 2014 or 2015 benefit years, as calculated by the Centers for Medicare and Medicaid Services, were more than 103 percent of its target amounts (as those terms are defined in the Patient Protection and Affordable Care Act); and

(d) That to the best of your knowledge, the above-listed QHP issuer is entitled to a distribution out of this lawsuit according to the description of the United States' alleged failure to make full risk corridors payments on an annual basis as printed in the accompanying Notice.

Sign Your Name:  Date: 3/9/2020

Print Your Name: Timothy Norton

Position at QHP issuer: System Vice President, Associate General Counsel & Chief Privacy Officer

Note: If you represent an entity making a claim, such as a corporation, partnership, or trust, please identify the name of that entity in response to Question 2, but sign in your own name as a representative of that entity.

5. Submit this completed form to:

**By Internet:** <http://www.riskcorridorsclassaction.com/optin>  
• A copy of the Class Action Opt-In Notice Form may also be downloaded at this URL.

**By Courier:** Risk Corridors Class Action  
c/o JND Class Action Administration  
6521 West 91st Ave.  
Westminster, CO 80031

**By Mail:** Risk Corridors Class Action  
c/o JND Class Action Administration  
PO Box 6878  
Broomfield, CO 80021

**By Facsimile:** 1-866-214-0156

**Class Action Opt-In Notice Form**

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Health First Insurance, Inc.

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Plan year(s) for which this issuer offered Qualified Health Plan(s) under the Affordable Care Act:

2014-2015                      HIOS (FL): 77150

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Rockledge, FL 32955

Telephone number: 321-434-1836

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