

EXHIBIT

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6. As an unincorporated association in the State of Oklahoma, Defendant BCBS may be served with process by delivering a copy of the summons and of the petition to an officer, a managing or general agent located at 1400 South Boston, Tulsa, Oklahoma, 74119.

7. Under Oklahoma law, unincorporated associations like BCBS have the capacity to sue or to be sued in the State of Oklahoma.

8. Defendant Health Care Service Corporation is a mutual legal reserve company doing business in the State of Oklahoma as Blue Cross Blue Shield of Oklahoma (“BCBS”), an unincorporated association.

9. Defendant Health Care Service Corporation is authorized to transact business within the State of Oklahoma and may be served with process through its service agent, Glen Mulready, Oklahoma Insurance Commissioner, 5 Corporate Plaza, Suite 100, 3625 NW 56th Street, Oklahoma City, Oklahoma 73112.

10. For purposes of jurisdiction, Defendant BCBS should be treated as a separate, unincorporated association with members and policyholder owners comprised entirely of Oklahoma citizens and policyholders because Health Care Service Corporation is a mutual legal reserve company rather than a corporation registered with the Secretary of State of the State of Illinois.

11. At all times relevant to this matter, Plaintiff was insured by Defendants under an individual, health insurance policy, Group No: OG1800, Member ID: YUQ927727581 (the “Policy”).

12. The Policy, and all state law claims and causes of action arising out of and related to the Policy, are exempt from ERISA preemption.

13. In July 2019, Plaintiff was diagnosed with anal cancer. Due to various factors impacting Plaintiff's health and safety, his treating oncologist determined that his cancer should be treated utilizing Proton Beam Therapy radiation ("PBT").

14. Plaintiff submitted a claim for insurance coverage and benefits under the Policy for treatment of his life-threatening cancer utilizing PBT.

15. On August 21, 2019, Defendants denied Plaintiff's claim for PBT.

16. On August 23, 2019, Plaintiff submitted an appeal of BCBS's denial, which included a letter from MD Anderson Cancer Center in support of coverage for the recommended treatment.

17. On or about August 26, 2019, Plaintiff initiated an external review appeal, which included the appeal letter from MD Anderson containing information and evidence in support of coverage for the recommended treatment.

18. Plaintiff's external review and appeal to Defendants were denied on August 30, 2019.

19. Plaintiff has exhausted all appeals and reviews, internal and external, of his claim under the Policy.

20. At all times, Plaintiff complied with the terms of the insurance policy required for coverage.

21. Plaintiff properly submitted a claim for health insurance benefits under the insurance policy.

22. Defendants owed Plaintiff specific obligations under the terms of the insurance policy.

23. Specifically, Defendants are obligated to pay for medical treatment and other covered services under the terms of the insurance policy.

24. Defendants are obligated to pay for medical treatment that is medically necessary and not experimental or investigational.

25. The PBT recommended for Plaintiff's cancer is medically necessary and is not experimental or investigational and was therefore covered under Plaintiff's Policy.

26. Defendants were provided specific information and evidence by Plaintiff's doctors and medical providers establishing that the recommended treatment is necessary given Plaintiff's medical condition.

27. Defendants failed to cover the treatment recommended by Plaintiff's doctors, despite appeals and the submission of evidence and information establishing that the required treatment is the standard of care for Plaintiff's condition.

28. Defendants have improperly caused delays in medical treatment for Plaintiff by delaying claim decisions or arbitrarily denying claims and forcing Plaintiff to initiate appeals.

29. The acts and omissions of Defendants, in the investigation, evaluation and decision on Plaintiff's claims were unreasonable, improper, and in violation of the terms of the Policy and applicable law.

30. Defendants, as insurers, owe Plaintiff, as an insured, a duty to deal fairly and act in good faith under Oklahoma law.

31. The acts and omissions of Defendants in the investigation, evaluation, delay and decision on Plaintiff's claims were unreasonable, improper, contrary to established medical standards, and constitute bad faith for which extra-contractual damages are claimed.

32. Defendants breached the contract and acted unreasonably and in bad faith by:

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