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THE UNITED STATES DISTRICT COURT
DISTRICT OF UTAH, CENTRAL DIVISION

C.S., individually and on behalf of J.S., a minor Plaintiffs, vs. BLUE CROSS BLUE SHIELD OF RHODE ISLAND and BEACON HEALTH OPTIONS Defendants.	COMPLAINT Case No. 2:21-cv-00516-DAO
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Plaintiff C.S., individually and on behalf of J.S. a minor, through his undersigned counsel, complains and alleges against Defendants Blue Cross Blue Shield of Rhode Island (“BCBSRI”), and Beacon Health Options (“Beacon”) as follows:

PARTIES, JURISDICTION AND VENUE

1. C.S. and J.S. are natural persons residing in Fulton County, Georgia. C.S. is J.S.’s father.
2. BCBSRI is an insurance company headquartered in Providence, Rhode Island and was the third-party claims administrator for the insurance plan providing coverage for the Plaintiffs (“the Plan”) during the treatment at issue. BCBSRI acted as the claims

administrator, as well as the fiduciary, under ERISA for the Plan during the treatment at issue in this case.

3. BCBSRI delegated many of its appeal processing duties to Beacon, an insurance company focused on behavioral health claims headquartered in Boston, Massachusetts.
4. The Plan is a fully insured employee welfare benefits plan under 29 U.S.C. §1001 *et. seq.*, the Employee Retirement Income Security Act of 1974 (“ERISA”). C.S. was a participant in the Plan and J.S. was a beneficiary of the Plan at all relevant times. C.S. and J.S. continue to be participants and beneficiaries of the Plan.
5. J.S. received medical care and treatment at Change Academy at Lake of the Ozarks (“CALO”) from September 14, 2018 to October 21, 2019. CALO is a licensed treatment facility located in Camden County, Missouri, which provides sub-acute inpatient treatment to adolescents with mental health, behavioral, and/or substance abuse problems.
6. BCBSRI, acting in its own capacity or through its affiliate Beacon, denied claims for payment of J.S.’s medical expenses in connection with her treatment at CALO.
7. This Court has jurisdiction over this case under 29 U.S.C. §1132(e)(1) and 28 U.S.C. §1331.
8. Venue is appropriate under 29 U.S.C. §1132(e)(2) and 28 U.S.C. §1391(c) based on ERISA’s nationwide service of process and venue provisions, because the Defendants do business in Utah and across the United States. In addition, venue in Utah will save the Plaintiffs costs in litigating this case. Finally, in light of the sensitive nature of the medical treatment at issue, it is the Plaintiffs’ desire that the case be resolved in the State of Utah where it is more likely their privacy will be preserved.

9. The remedies the Plaintiffs seek under the terms of ERISA and under the Plan are for the benefits due under the terms of the Plan, and pursuant to 29 U.S.C. §1132(a)(1)(B), for appropriate equitable relief under 29 U.S.C. §1132(a)(3) based on the Defendants' violation of the Mental Health Parity and Addiction Equity Act of 2008 ("MHPAEA"), an award of prejudgment interest, and an award of attorney fees and costs pursuant to 29 U.S.C. §1132(g).

BACKGROUND FACTS

J.S.'s Developmental History and Medical Background

10. J.S. was born in China and lived in a state-run orphanage for her first 11 months. J.S. received very little interaction or care during these months because there was only one caregiver for many children. It is believed that J.S. was severely neglected except for basic physical needs during this time.
11. In August of 2005, J.S. was adopted and moved to Georgia. During her first two years she developed normally, at least physically, but other milestones such as when she started talking were delayed.
12. When J.S. did start to speak, she only spoke to her family and showed severe anxiety and extreme shyness when addressing others.
13. She had a hard time falling asleep as a child and required her mother to lie with her in order to fall asleep and refused to move her own bed from her parents' room.
14. She would cry every night as a child. J.S. was also hyper-vigilant and would wake up regularly to see if her parents were still there.

15. J.S.'s parents took her to several developmental pediatricians, occupational therapists, and other paractioners to try and diagnose her challenges. These doctors diagnosed her with mild Autism and Reactive Attachment Disorder (RAD).
16. J.S. attended a private school starting in 2009. She was scared to go to preschool and cried a lot, but eventually settled in. J.S.'s "normal" was to be continually anxious about attending school.
17. When J.S. attended kindergarten, things became harder. J.S. had such intense anxiety that she decided she didn't want to "walk" for her kindergarten graduation because she didn't want so many people to look at her. She also did not want to play organized sports, but finally agreed to play as long as her parents and family didn't watch. J.S. eventually quit organized sports all together.
18. When J.S. entered first grade, both she and her sister began attending the same public school. J.S. was very attached and reliant on her sister and tried to make her "represent" her and do any sort of talking for her.
19. As J.S. got older, she started to exhibit irrational fears that she continues to present, such as doctors, dentists, or haircuts. At one point, J.S.'s parents tried to get her a haircut because her hair had grown all the way down her back and J.S. physically fought to get out of the salon.
20. J.S.'s behaviors became more resistant as she got older. Her doctor had to come to the car to see her for appointments.
21. By the time J.S. was in fourth grade, she developed a strong motivation to be perfect in school. J.S. started crying every day and disrupting class. She would sometimes spend

whole days in the counselor's office. In November of 2014, J.S. starting to see a psychiatrist again and was taken out of school.

22. The psychiatrist prescribed a few medications but ultimately could not get J.S. to talk and a few months later J.S. switched to another psychiatrist.
23. Over the years, J.S.'s two psychiatrists prescribed many different medications but nothing helped.
24. Between fourth and seventh grade, J.S. attended nine different schools. In November of 2016, after J.S. had a severe breakdown at a private school, her parents enrolled her at a therapeutic school called the Cottage School. J.S. still had issues but having trained therapists on staff helped her significantly.
25. Although J.S. continued to struggle with staying in a school, she developed strong aspirations to attend an Ivy League college. Her desire to be perfect intensified which increased her anxiety dramatically.
26. Eventually, J.S. started wearing the same clothes every day and resisting self-care such as brushing her hair and showering. Upon the advice of J.S.'s psychiatrist and therapist, her parents began to research residential treatment options for J.S.
27. After five years of switching schools, throwing tantrums where she would refuse to leave her room for days at a time, hiding under a blanket, experiencing severe anxiety attacks, trying countless medications that never worked, working with psychiatrists and therapists, and speaking about hating her life, J.S.'s parents and doctors decided that she must attend a residential treatment program to assist her in getting the assistance she so clearly needed. Her parents researched facilities for nearly half a year before making the decision to send J.S. to CALO.

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