

**NOTICE TO CLASS MEMBERS**  
**OF PROPOSED SETTLEMENT OF CLASS ACTION LAWSUIT**  
**BONTRAGER v. INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION**

**TO: All past, present and future Indiana Medicaid enrollees age twenty-one and older who, from January 1, 2011 forward, need, have needed, or will need coverable dental services that are administratively or judicially determined to be medically necessary, that are routinely provided in a dental office, and that cost more than \$1000 per twelve month period.**

The class action, *Bontrager v. Indiana Family and Social Services Administration* (U.S. District Court-Northern District of Indiana, 3:11-cv-216-PPS-CAN), challenges the State's refusal to provide Medicaid payment for medically necessary, coverable dental services needed by Indiana Medicaid enrollees if those services cost more than \$1000 per twelve month period, as required by federal and state law. Since November 4, 2011, the State has not been enforcing the \$1,000 cap. This case has resulted in a proposed Consent Decree in which the parties agreed to resolve all issues in the case. The proposed Consent Decree was filed with the Court on October 14, 2013. Because this case is a class action, we are required to inform all Indiana Medicaid enrollees who are class members of the following settlement terms before the Court will approve the Consent Decree.

In settlement of this class action, the parties have agreed to the following terms:

1. The \$1,000 cap on dental services set forth in 405 IAC 5-14-1(b) does not comply with the requirements of 42 C.F.R. 440.230(b) and (d) and Ind. Code § 12-15-21-3(3).
2. The defendants are permanently enjoined from enforcing the \$1,000 cap on medically necessary coverable dental services set forth in 405 IAC 5-14-1(b). This means the Medicaid agency cannot enforce the \$1000 cap.
3. Defendants agree to pay all reasonable attorneys' fees and costs.
4. Within fourteen (14) days of the Court's order permanently enjoining enforcement of 405 IAC 5-14-1(b), defendants shall issue a provider bulletin regarding this Consent Decree, including a statement that Medicaid recipients who were previously denied Medicaid coverage for services pursuant to 405 IAC 5-14-1(b) may again request coverage for the previously denied dental services.

The attorneys representing the class must contact the Court to inform the Court of any comments from class members as to the terms of this proposed settlement. Therefore, if you have such comments, please contact the class attorney at the address or e-mail address below as soon as possible, but by no later than January 19, 2014. When the settlement is approved by the Court, it will be binding on all applicants, as well as on the State. Thank you very much.

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