

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

MICHELLE MAZZOLA, in her individual capacity and in her capacity as mother of BABY DOE, GUY MAZZOLA, in his individual capacity and in his capacity as father of BABY DOE, AMEC, LLC, and LISA KULLER, on behalf of themselves and all others similarly situated

Plaintiffs,

v.

ANTHEM HEALTH PLANS, INC.,  
CARELON BEHAVIORAL HEALTH, INC.,  
and ELEVANCE HEALTH, INC.

Defendants.

Case No. 25 Civ. 1433 (OAW) (RAR)

Expedited Consideration Requested

Notice of Motion

**PLEASE TAKE NOTICE** that, upon the accompanying Memorandum of Law, and the accompanying Declaration of Jacob Gardener and the exhibits annexed thereto, Plaintiffs hereby move this Court for an order compelling discovery, as well as an order directing Defendants to reimburse Plaintiffs for the cost of litigating this motion.

Dated: New York, NY  
March 27, 2026

Respectfully submitted,

**WALDEN MACHT HARAN & WILLIAMS LLP**

By: /s/ Jacob Gardener

Jacob Gardener  
250 Vesey Street, 27th Floor  
New York, NY 10281  
Tel: (212) 335-2030  
[jgardener@wmhwlaw.com](mailto:jgardener@wmhwlaw.com)

**POLLOCK COHEN LLP**

Adam Pollock  
Steve Cohen  
111 Broadway, Suite 1804  
New York, NY 10006  
Tel: (646) 517-0542  
[adam@pollockcohen.com](mailto:adam@pollockcohen.com)  
[scohen@pollockcohen.com](mailto:scohen@pollockcohen.com)

**IZARD, KINDALL & RAABE LLP**

Craig A. Raabe  
29 South Main Street  
Suite 305  
West Hartford, CT 06107  
Tel: (860) 493-6292  
[craabe@ikrlaw.com](mailto:craabe@ikrlaw.com)

*Attorneys for Plaintiffs*

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**PLAINTIFFS' MEMORANDUM OF LAW IN SUPPORT OF MOTION TO  
COMPEL DISCOVERY**

Date: March 27, 2026

Adam Pollock  
Steve Cohen  
POLLOCK COHEN LLP  
111 Broadway, Suite 1804  
New York, NY 10006  
Tel: (646) 517-0542  
adam@pollockcohen.com  
scohen@pollockcohen.com

Craig A. Raabe  
IZARD, KINDALL & RAABE LLP  
29 South Main Street  
Suite 305  
West Hartford, CT 06107  
Tel: (860) 493-6292  
craabe@ikrlaw.com

Jacob Gardener  
WALDEN MACHT HARAN &  
WILLIAMS LLP  
250 Vesey Street, 27<sup>th</sup> Floor  
New York, NY 10281  
Tel: (212) 335-2030  
jgardener@wmhwlaw.com

*Attorneys for Plaintiffs*

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Plaintiffs Michelle Mazzola, Guy Mazzola, Baby Doe, Amec, LLC, and Lisa Kuller respectfully submit this memorandum of law in support of Plaintiffs' motion to compel discovery.

**PRELIMINARY STATEMENT**

In blatant violation of their discovery obligations, Defendants have declared that they will neither collect nor produce any documents—nor respond to interrogatories or requests for admission—pending the resolution of Defendants' motion to stay discovery. But the law is clear that no party can grant itself that relief; only the Court can. Unless and until this Court grants a stay of discovery (which it should not for the reasons explained in Plaintiffs' opposition to the motion to stay, *see* Dkt. 35), Judge Williams's discovery schedule remains in effect. Under that schedule, discovery must proceed and document production must be *completed* by June 5, 2026. Dkt. 22 at 11; Min. Order dated Jan. 21, 2026. That will not be possible if Defendants succeed in granting themselves a stay, in violation of all authority.

The Court should also overrule the vast majority of Defendants' remaining objections, which likewise fly in the face of Defendants' discovery obligations and the schedule Judge Williams adopted. For example, Defendants object to any discovery that would be pertinent to certification of a class, even though Judge Williams rejected Defendants' request to bifurcate class and merits discovery. Similarly, Defendants object to providing any discovery as to Plaintiffs' ERISA claims on the basis that such claims are ordinarily limited to the administrative record—even as Defendants simultaneously have declined to produce that administrative record and even though the Plaintiffs covered by ERISA also have claims for which discovery outside the administrative record is proper. And Defendants object to each and every discovery request on the basis that it is overbroad, seeks irrelevant information, and imposes a disproportionate burden, without specifying what portion of the discovery request they *will* respond to.

Defendants’ conduct is improper, contravenes the law, and threatens to upend the discovery schedule ordered by this Court. Plaintiffs respectfully request that this Court promptly order Defendants to comply with their discovery obligations and order Defendants to pay Plaintiffs for the cost of filing this motion to compel. *See* Fed. R. Civ. P. 37(a)(5)(A); Local R. 37(c).

### **FACTUAL BACKGROUND**

Plaintiffs are (1) Lisa Kuller, who suffers from a serious mental health condition known as dissociative disorder, (2) the Mazzola family (Michelle, Guy, and their two-year-old autistic child, Baby Doe), and (3) Amec LLC, a small business owned by the Mazzolas. Ms. Kuller and the Mazzolas (through their small business) purchased Anthem health insurance plans, which provide behavioral health benefits through Carelon, Anthem’s sister company. First Amended Complaint (“FAC”) ¶¶ 19–26, Dkt. 16-1. Plaintiffs chose to enroll in an Anthem plan based on representations Anthem and Carelon made in plan documents and marketing materials regarding the breadth and quality of their behavioral health provider network. *Id.* ¶¶ 73–74, 95, 195–200, 319, 405.

Federal and Connecticut law require Anthem to maintain a sufficiently broad network of psychiatrists, psychologists, therapists, and other providers who are available to furnish behavioral health services to its members. *See id.* ¶¶ 54–57. These “network adequacy” laws are designed to ensure that health insurance companies offer convenient access to a sufficient number and array of available, in-network providers to meet the diverse needs of the insured population. *See id.* Federal and Connecticut law further require Anthem to publish an accurate, and regularly updated, directory of the providers who are in its network and available to see new patients. *See id.* ¶¶ 46–53.

Anthem’s behavioral health provider network is woefully inadequate. Indeed, there are very few providers in Connecticut who take Anthem’s insurance and are available to see new

patients. *Id.* ¶ 9. However, Anthem and Carelon—at the direction of their parent company, Elevance—lie about their deficient network in order to attract customers and create the appearance of network adequacy. *Id.* ¶¶ 4–5, 9–10, 27–28, 219–27, 311–18, 371, 396, 401–08. In plan documents disseminated to and relied on by Plaintiffs, Anthem represented that it complies with federal and state laws, including those regarding network adequacy and directory accuracy. *Id.* ¶¶ 251, 258, 261, 356, 364, 424. Anthem further promised Plaintiffs that by enrolling in its health insurance they would have access to the “large,” “broad” network of behavioral health providers listed in its online directory. *Id.* ¶¶ 236–41, 273–77, 282; *see also id.* ¶¶ 250, 256 (quoting Anthem’s representation that “you can find out if a Provider or Facility is in the network for this Plan” and “also find out where they are located and details about their license or training” by using “your Plan’s directory of In-Network Providers at [www.anthem.com](http://www.anthem.com), which lists the Doctors, Providers, and Facilities that participate in this Plan’s network”), ¶¶ 283–92 (detailing Carelon’s statements about the supposedly broad network and accurate directory).

Anthem’s online directory shows a robust network of behavioral health providers located near Plaintiffs who are available to treat their specific conditions. *Id.* ¶¶ 150, 156, 160, 217–18. But that is a ruse. According to secret shopper surveys, approximately 70% of the listed providers no longer practice, do not take Anthem’s insurance, are unavailable to see new patients, and/or do not provide the services listed. *Id.* ¶¶ 4, 152, 158, 163, 217–18, 275–81. In short, contrary to Defendants’ marketing communications, contractual representations, and statutory obligations, their behavioral health provider network is virtually non-existent.

Defendants’ deception worked. Plaintiffs enrolled in Anthem’s health insurance, instead of better and less expensive options, because of Defendants’ false promise of a robust, easily accessible provider network. *Id.* ¶¶ 73–74, 95, 195–200, 319, 405. This is not surprising: studies

confirm that consumers choose their health insurance plan based largely on the breadth of the provider network. *Id.* ¶ 301.

Plaintiffs eventually discovered Defendants’ scam when they sought treatment for their behavioral health issues. Using Anthem’s directory, they contacted nearby providers listed as being in-network, available to see new patients, and qualified to treat their particular medical problems. *Id.* ¶¶ 75–80, 82–87, 202–09. However, the providers either closed down their practice, did not take Anthem’s insurance, did not possess the qualifications listed in the directory, or were unavailable to see new patients. *Id.* After weeks of trying unsuccessfully to obtain in-network care (during which time they did not receive the time-sensitive treatments they needed), Plaintiffs were thus forced to spend tens of thousands of dollars on out-of-network care. *Id.* ¶¶ 6, 77, 80, 83, 86, 90–93, 206, 209–10. Compounding problems, Anthem also refused to cover, or reimburse for, medically necessary treatments for Baby Doe, in violation of the terms of the Mazzolas’ health insurance plan. *Id.* ¶¶ 99–112, 125–30, 165–89, 431–34.

### **PROCEDURAL HISTORY**

Plaintiffs filed their Complaint on September 3, 2025, asserting claims under federal and state law based on Defendants’ breach of contractual obligations, blatant misrepresentations regarding their provider network, breach of their fiduciary duties, and failure to provide adequate mental health benefits. *See* Dkt. 1. That same day, this Court entered its standing order on pretrial deadlines, which stated in pertinent part that “[t]he filing of a motion to dismiss shall not result in a stay of discovery or extend the time for completing discovery.” Dkt. 3.

The parties held a Rule 26(f) conference on December 9, 2025 and submitted a Rule 26(f) report on December 23, 2025. *See* Dkt. 22. In that Rule 26(f) report, Plaintiffs described their claims and the discovery they sought, while Defendants previewed their defenses and their intention to file a motion to dismiss. *Id.* at 3–7, 9–10. Plaintiffs proposed deadlines for the

completion of discovery, including interim deadlines for the completion of particular categories of discovery. *Id.* at 10–12. By contrast, Defendants declined to propose any deadlines for discovery and, instead, repeatedly stated their view that “[d]iscovery should be stayed pending resolution of Anthem’s motion to dismiss the First Amended Complaint,” arguing that (1) there were “substantial arguments for dismissal,” (2) the “discovery sought is broad,” and (3) “prejudice [to Plaintiffs] consists only of delay or can be managed through revision of the case management plan.” *Id.* at 9. At the same time, Plaintiffs presented their position that they “do not believe discovery should be conducted in phases,” while Defendants “maintain[ed] that no discovery as to the putative class claims is appropriate prior to certification of a class.” *Id.* at 11.

On January 21, 2026, Judge Williams issued a scheduling order adopting Plaintiffs’ proposed discovery deadlines, including that “[a]ll discovery shall be completed on or before June 7, 2027” and incorporating by reference “all interim discovery deadlines” proposed by Plaintiffs. Judge Williams also adopted Plaintiffs’ proposed deadlines for motions for class certification, summary judgment, and the filing of trial memoranda—all of which Defendants had argued should be stayed pending determination of their motion to dismiss. *See* Dkt. 22 at 13.

Defendants moved to dismiss the First Amended Complaint on January 23, 2026 and simultaneously moved to stay discovery. Dkts. 24, 25. Plaintiffs have opposed both motions. Dkts. 35, 37.

### **THE PARTIES’ DISCOVERY DISPUTE**

Plaintiffs issued requests for production of documents (“RFPs”) and interrogatories on December 31, 2025, and issued requests for admission (“RFAs”) on January 12, 2026. These targeted requests sought discovery on precisely the topics previewed in Plaintiffs’ Rule 26(f) report, *i.e.*, information regarding Defendants’ insurance plans, Defendants’ provider network, and the responsibilities of the respective Defendants in overseeing the provider network.

Defendants served objections to the RFPs on March 2, 2026 and served objections to the interrogatories and RFAs on March 11, 2026.<sup>1</sup> Those responses made clear the contumacy with which Defendants treated their discovery obligations. Defendants objected to each and every request “on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.” *See* Exs. A–C, *passim*. Similarly, defendant Elevance objected to every request on the ground that “this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction”—an issue raised in Defendants’ motion to dismiss and which Plaintiffs dispute.

Defendants likewise lodged the following boilerplate objections to virtually every discovery request:

- “Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.”
- Defendants object that the requests are “overly broad, seek[] irrelevant information, and impose[] a burden disproportionate to the needs of the case at this stage of litigation,” because Plaintiffs seek information from 2019 to the present (before the named Plaintiffs were enrollees but within the class period) and because Plaintiffs seek information regarding not only the Anthem health insurance plans that the named Plaintiffs were enrolled in but also others in which putative class members were enrolled.

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<sup>1</sup> Plaintiffs agreed to these extended deadlines as a courtesy in light of defense counsel’s request for additional time. *See* Fed. R. Civ. P. 33(b)(2), 34(b)(2)(A), 36(a)(3) (responses and objections ordinarily due within 30 days of service).

- Similarly, Defendants objected that virtually every request is “overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation”—again appearing to refer to the fact that Plaintiffs were seeking discovery not only as to the claims of named Plaintiffs but also discovery relevant to putative class members.

With rare exception, Defendants did not offer any particularized objections to Plaintiffs’ discovery requests; rather, they relied on the boilerplate objections described above.<sup>2</sup> On the basis of these objections, Defendants declined to produce *any* document discovery and declined to answer *any* interrogatory or RFA.

On March 9, 2026, the parties met and conferred over Zoom to discuss Defendants’ objections and non-responses. Defendants confirmed that their position was that they would not engage in discovery pending resolution of their motion to stay discovery. Defendants also confirmed that their position is that no discovery is appropriate for the time period prior to the named Plaintiffs’ enrollment in Anthem health insurance plans or as to any Anthem health insurance plans that the named Plaintiffs did not enroll in. Plaintiffs responded that this Court’s deadlines are in effect unless and until the Court orders a stay of discovery and that Plaintiffs could not sleep on their rights in light of the fact that document discovery is scheduled to close on June 5, 2026, with other deadlines fast approaching. Plaintiffs also explained that the Court had declined to bifurcate class and merits discovery such that discovery pertaining to putative class members should proceed now. At the end of this discussion, the parties confirmed that they were at an impasse and that, absent Court intervention, Defendants will not provide any discovery

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<sup>2</sup> The parties have discussed certain of those particularized objections, many of which can likely be resolved once Defendants are ordered to comply with their discovery obligations.

pending resolution of their motion to stay discovery.<sup>3</sup> Defendants confirmed on March 26, 2026, that the parties were at impasse on all discovery requests.

### **ARGUMENT**

Defendants' refusal to comply with their discovery obligations is strikingly contumacious. The law is clear that, unless and until a stay is granted, discovery must proceed on the schedule ordered by Judge Williams. Put another way, no party can grant itself a stay of discovery; only the Court can do so. Similarly, with respect to the Plaintiffs pursuing ERISA claims, this Court should order Defendants at minimum to (1) produce the administrative record and (2) produce discovery outside the administrative record insofar as it is pertinent to their Mental Health Parity and Addiction Equity Act and state-law claims, as to which discovery outside the administrative record is indisputably proper. Finally, this Court should overrule Defendants' objections to providing discovery pertinent to certifying a class, since Judge Williams declined to bifurcate class and merits discovery. This Court should also award Plaintiffs their attorneys' fees for the expense of litigating this motion. *See* Fed. R. Civ. P. 37(a)(5)(A); Local R. 37(c).

#### **I. Defendants May Not Grant Themselves A Stay of Discovery**

Defendants cannot grant themselves a stay of discovery while they await this Court's resolution of their motion to stay. Judge Williams adopted the discovery schedule proposed by Plaintiffs, including the interim deadlines Plaintiffs proposed in their Rule 26(f) report, over Defendants' objection that discovery should be stayed pending resolution of their motion to dismiss. *See* Min. Order dated Jan. 21, 2026; Dkt. 22. Under that discovery schedule, document

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<sup>3</sup> Plaintiffs also called to Defendants' attention that they have failed to provide initial disclosures, which were due January 12, 2026. *See* Dkt. 22 at 7 (Plaintiffs' proposal that initial disclosures be due that date); Min. Order dated Jan. 21, 2026 (adopting Plaintiffs' proposed discovery deadlines, including interim discovery deadlines). Defendants have still not provided their initial disclosures.

production for fact discovery must be completed by June 5, 2026, with fact depositions completed some four months later and expert depositions to be completed thereafter. Dkt. 22 at 10–11. Those deadlines are fast approaching and will not be feasible if Defendants refuse to comply with their obligations.

Courts in this Circuit have rejected the argument that the mere filing of a motion to stay discovery permits a party to grant itself a stay. As in those cases, “Defendant’s argument assumes that the moment it has filed a motion to stay discovery . . . it need no longer obey basic discovery rules. Defendant is in effect granting itself a stay of discovery. Simple logic teaches that defendant has put the presumption on the wrong side: unless and until it is granted a stay, defendant should be required to conduct discovery as if no motion had been filed at all.” *Billups v. West*, 1997 WL 100798, at \*3 (S.D.N.Y. Mar. 6, 1997) (internal quotation marks omitted); *see also, e.g., Gingras v. Rosette*, 2016 WL 4442792, at \*9 (D. Vt. Aug. 22, 2016) (“Of course, filing a motion to stay does not automatically relieve a party from compliance with its discovery obligations.”); *Arriaga v. City of New York*, 2007 WL 582813, at \*1 n.1 (S.D.N.Y. Feb. 23, 2007) (“As discussed below, defendants have requested additional time to comply with my January 25, 2007 [discovery] Order. However, it is self-evident that a request for relief, without more, cannot operate to grant the relief sought.”).

Case law around the country is to the same effect. *See Edsal Mfg. Co. v. JS Prods., Inc.*, 2023 WL 7702695, at \*3 (D. Nev. Nov. 15, 2023) (“filing a motion to stay the case or motion to stay discovery does not, in and of itself, relieve Defendant from engaging in discovery”); *PlayUp, Inc. v. Mintas*, 635 F. Supp. 3d 1087, 1094 (D. Nev. 2022) (“It is also axiomatic that the filing of a motion to stay does not impact the obligation to proceed; only an order granting such relief imposes a stay.”); *Benefit Funding Sys. LLC v. Advance Am.*, 2013 WL 3296230, at \*1 (D. Del.

June 28, 2013) (“Defendant’s effort to essentially grant itself a stay by resisting discovery due only to its pending motion for a stay is improper.”); accord *Alston v. Midland Credit Mgmt.*, 2025 WL 3043182, at \*1 (D. Ariz. Oct. 31, 2025) (observing that “it is common for parties to assume (incorrectly) that a motion for a stay, filed before the expiration of a pending deadline, effectively stays that deadline until the stay motion is resolved”).

In short, “[t]here is nothing in the Federal Rules of Civil Procedure that permits a party to unilaterally withhold discovery as a self-help remedy.” *Othon v. Wesleyan Univ.*, 2019 WL 3051327, at \*3 (D. Conn. July 12, 2019). A defendant cannot “have simply granted itself a unilateral stay” absent a court order. *Envirosource, Inc. v. Horsehead Res. Dev. Co.*, 1996 WL 399823, at \*1 (S.D.N.Y. July 17, 1996). Nor can a party “simply ignore a discovery order . . . and then grant itself a stay to excuse its non-compliance by pointing to the pending motion.” *United States v. M/Y Amadea*, 2025 WL 754124, at \*12 (S.D.N.Y. Mar. 10, 2025). That is especially true here in light of the strong presumption this Court applies against stays of discovery and the fact that Judge Williams already rejected Defendants’ request for a stay of discovery when entering a discovery schedule. See Dkts. 3, 22.

This Court should therefore overrule Defendants’ refusal to provide any discovery responses on the basis of their pending motion to stay discovery.

## **II. The Court Should Overrule Defendants’ Objection to Providing Discovery As To Plaintiffs Whose Insurance Plans Are Governed by ERISA**

Next, the Court should overrule Defendants’ objection to providing discovery as to “all ERISA-governed plans” on the ground that “[d]iscovery is generally not available for ERISA claims, which are limited to review of the administrative record.” As an initial matter, the objection rings hollow because Defendants have not even committed to producing the administrative record.

Regardless, the Court should overrule the objection because even those Plaintiffs whose health insurance plans are governed by ERISA are entitled to discovery under other causes of action. Most notably, the ERISA Plaintiffs also pursue a claim under the Mental Health Parity and Addiction Equity Act (“Parity Act”), which forbids health insurers from imposing any more restrictive limitation on mental healthcare as compared to physical healthcare. *See* 29 U.S.C. § 1185a; FAC ¶¶ 446–53. Courts have recognized that “the discovery limitations applicable to ERISA claims do not apply to the Parity Act claim” because a claim under the Parity Act “alleges a statutory violation of ERISA itself; it does not arise from an alleged violation of rights under an ERISA plan.” *David S. v. United Healthcare Ins. Co.*, 2020 WL 5821203, at \*2 (D. Utah Sept. 30, 2020) (collecting cases). Thus, such claims are not limited to the administrative record. *Id.*

For that reason, plaintiffs asserting Parity Act claims are entitled to discovery to determine whether the insurer is treating their mental health condition less favorably than it treats physical health conditions. *See, e.g., Bushell v. UnitedHealth Grp. Inc.*, 2018 WL 1578167, at \*6 (S.D.N.Y. Mar. 27, 2018) (holding that ERISA plaintiff had stated a claim under Parity Act based on allegation that insurer treated her mental health condition less favorably than physical health conditions and that “[t]he purpose of discovery is to allow plaintiffs access to this sort of information”); *accord M.R. v. United Healthcare Ins. Co.*, 2024 WL 863704, at \*3 (S.D.N.Y. Feb. 29, 2024) (plaintiffs who state Parity Act claims are entitled to “an opportunity for discovery” (internal quotation marks omitted)); *T.E. v. Anthem Blue Cross & Blue Shield*, 2023 WL 2634059, at \*6 (W.D. Ky. Mar. 24, 2023) (“The trend towards allowing Parity Act claims to proceed to discovery recognizes that information about how insurance companies process treatment limitations will often be in the hands of the insurers alone.”); *Natalie V. v. Health Care Serv. Corp.*, 2016 WL 4765709, at \*8 (N.D. Ill. Sept. 13, 2016) (“Discovery [for Parity Act claim] will reveal

what sort of process, strategy, evidentiary standard, or other factors [defendant] used in setting its treatment limitations”). Indeed, Parity Act claims *cannot* be limited to the administrative record because they generally require a comparison between how the insurer has treated an insured seeking mental health treatment with *other* insureds who have physical health conditions. *See Timothy D. v. Aetna Health & Life Ins. Co.*, 2019 WL 2493449, at \*4 (D. Utah June 14, 2019) (“The nature of Parity Act claims is that they generally require further discovery to evaluate whether there is a disparity between the availability of treatments for mental health and substance abuse disorders and treatment for medical/surgical conditions. Discovery will show whether Aetna improperly limited mental health benefits under the Plan.”).<sup>4</sup>

Moreover, as Plaintiffs have explained, their state-law claims are not preempted by ERISA, and Plaintiffs are entitled to discovery pertinent to those state-law claims. *See* Dkt. 37 at 10–13; *Matthew v. Unum Life Ins. Co. of Am.*, 2009 WL 10710597, at \*5 (D. Minn. Apr. 10, 2009) (explaining that when state-law claims are pending, “we have no basis to prohibit Dr. Matthew from engaging in any discovery, beyond the scope of the Administrative Record, and we reject that basis for Unum’s current Motion”); *Berger v. Unum Life Ins. Co. of Am.*, 2006 WL 8457566 (D.N.J. Mar. 9, 2006) (denying motion to limit discovery to administrative record where state-law claims were not preempted by ERISA), *objections overruled*, 2006 WL 8457563 (D.N.J. June 14, 2006).

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<sup>4</sup> After Defendants have produced the administrative record, Plaintiffs also reserve the right to seek discovery outside the administrative record for their ERISA claims. *See Hughes v. Hartford Life & Accident Ins. Co.*, 507 F. Supp. 3d 384, 395 (D. Conn. 2020) (holding discovery outside administrative record was proper upon a showing of a “reasonable chance of revealing information that will constitute good cause for [the court] to expand [its] review beyond the administrative record”).

In short, this Court should overrule Defendants' objection that they will not produce any discovery outside the administrative record for the plans governed by ERISA. And, of course, the Court should order Defendants to produce the administrative record for the Mazzolas' ERISA claims, which they have not yet committed to doing.

**III. The Court Should Overrule Defendants' Objections To Providing Discovery Pertinent to Class Certification**

Finally, the Court should overrule Defendants' objections to providing discovery pertinent to class certification, including discovery for the entire class period (2019 to the present) and relevant to the putative class (which includes enrollees in *any* Anthem health insurance plan in Connecticut). *See* FAC ¶¶ 342–43. Defendants objected to virtually every discovery request on the ground that (1) the request seeks information about the provider networks and marketing material provided for Anthem health insurance plans sold in Connecticut, whether or not it was the specific Anthem plan that the named Plaintiffs enrolled in; (2) the request “seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025”; and (3) the request “is not limited to information relevant to Plaintiffs' claims in this litigation” because they were also pertinent to the claims of putative class members. Defendants added that the requests seek information “which would only be relevant to the merits of the putative class claims if such a class is ever certified,” such that in Defendants' view no discovery on such topics is appropriate “prior to certification of a class.”

These objections contravene this Court's order setting a discovery schedule, which declined to bifurcate discovery. In the parties' Rule 26(f) report, Plaintiffs explained that they “do not believe discovery should be conducted in phases,” while Defendants “maintain[ed] that no discovery as to the putative class claims is appropriate prior to certification of a class.” Dkt. 22 at 11. In setting a discovery schedule, Judge Williams declined to bifurcate discovery in any respect.

Instead, the Court adopted Plaintiffs' proposed deadline for completion of discovery "and all interim discovery deadlines" proposed by Plaintiffs (as Defendants declined to propose any discovery deadlines in light of their request for a stay of discovery). Min. Order dated Jan. 21, 2026.

Because the Court declined to bifurcate or otherwise defer class discovery, Defendants may not unilaterally grant themselves such relief. Instead, discovery pertinent to class certification must proceed on the same schedule as discovery pertinent to the claims of the named Plaintiffs. And for good reason: "discovery relating to class issues [often] overlaps substantially with merits discovery," such that "bifurcation will result in duplication of efforts and needless line-drawing disputes." *Chow v. SentosaCare, LLC*, 2020 WL 559704, at \*1 (E.D.N.Y. Jan. 23, 2020). That is particularly true here, where class discovery will involve precisely the same subjects as discovery pertaining to the named Plaintiffs, *i.e.*, whether Defendants lied about their behavioral health provider network and complied with federal and state law pertaining to such provider networks.

That discovery is necessary now and not (as Defendants would have it) after the Court decides whether to certify a class. That is because, as the Supreme Court has explained, a decision on class certification "will frequently entail overlap with the merits of the plaintiff's underlying claim," as class certification "generally involves considerations that are enmeshed in the factual and legal issues comprising the plaintiff's cause of action." *Comcast Corp. v. Behrend*, 569 U.S. 27, 33–34 (2013). For that reason, "courts are reluctant to bifurcate class-related discovery from discovery on the merits." *Chen-Oster v. Goldman, Sachs & Co.*, 285 F.R.D. 294, 300 (S.D.N.Y. 2012) (collecting cases). Defendants will oppose Plaintiffs' motion for class certification and will doubtlessly argue that there are factual dissimilarities between the named Plaintiffs and class members that make certification improper. But that is precisely why Plaintiffs require class

discovery *before* filing a motion for class certification, not after such a motion is decided. *See Melville v. HOP Energy, LLC*, 2023 WL 4054945, at \*2 (S.D.N.Y. May 11, 2023) (denying bifurcation because “a key question in class certification may be the similarity or dissimilarity between the claims of the representative parties and those of the class members—an inquiry that may require discovery on the merits and development of basic issues” (internal quotation marks omitted)).

In any event, the critical fact for present purposes is that this Court’s discovery schedule *did not order bifurcation*. The Court set a “single deadline for fact discovery” such that Defendants may not withhold documents pertinent to the claims of class members and the propriety of class certification. *Hines v. Overstock.com, Inc.*, 2010 WL 2775921, at \*1 (E.D.N.Y. July 13, 2010). The Court should therefore overrule Defendants’ objections to (1) providing discovery from 2019 to the present, (2) providing discovery for all Anthem health plans offered to Connecticut residents, and (3) any claim of overbreadth premised on the contention that the request is more relevant to the claims of putative class members than of the named Plaintiffs.<sup>5</sup>

#### **IV. The Court Should Award Plaintiffs Attorneys’ Fees for the Cost of Litigating This Motion**

This Court should award Plaintiffs their attorneys’ fees for litigating this motion to compel. Federal Rule of Civil Procedure 37(a)(5) provides that if a motion to compel is granted, the court “must” require the party or attorney “whose conduct necessitated the motion” to “pay the movant’s reasonable expenses incurred in making the motion, including attorney’s fees,” unless the opposing party’s “nondisclosure, response, or objection was substantially justified.” *See also*

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<sup>5</sup> Defendants’ claim of overbreadth is also improper because they fail to specify what documents they are withholding on that basis. *See* Fed. R. Civ. P. 34(b)(2)(B), (C). Nor do they answer the interrogatories or RFAs even in part. *See* Fed. R. Civ. P. 33(b)(3) (requiring party to respond to interrogatory “to the extent it is not objected to”); Fed. R. Civ. P. 36(a)(4) (similar for requests for admission).

Local Rule 37(c) (providing that under such circumstances “sanctions will be imposed in accordance with applicable law”).

As shown above, Defendants’ discovery objections flout this Court’s discovery schedule and are entirely meritless. Their objections—and their insistence that they will produce *no* discovery—are not “substantially justified.” The Court should therefore award Plaintiffs their fees for litigating this motion.

**CONCLUSION**

The Court should grant Plaintiffs’ motion to compel.

Dated: New York, NY  
March 27, 2026

Respectfully submitted,

**WALDEN MACHT HARAN & WILLIAMS LLP**

By:           /s/          Jacob Gardener          

Jacob Gardener  
250 Vesey Street  
New York, NY 10281  
Tel: (212) 335-2030  
jgardener@wmhwlaw.com

**POLLOCK COHEN LLP**

Adam Pollock  
Steve Cohen  
111 Broadway, Suite 1804  
New York, NY 10006  
Tel: (646) 517-0542  
adam@pollockcohen.com  
scohen@pollockcohen.com

**IZARD, KINDALL & RAABE LLP**

Craig A. Raabe  
29 South Main Street  
Suite 305  
West Hartford, CT 06107  
Tel: (860) 493-6292  
craabe@ikrlaw.com

*Attorneys for Plaintiffs*

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

MICHELLE MAZZOLA, in her individual capacity and in her capacity as mother of BABY DOE, GUY MAZZOLA, in his individual capacity and in his capacity as father of BABY DOE, AMEC, LLC, and LISA KULLER, on behalf of themselves and all others similarly situated

Plaintiffs,

v.

ANTHEM HEALTH PLANS, INC.,  
CARELON BEHAVIORAL HEALTH, INC.,  
and ELEVANCE HEALTH, INC.

Defendants.

Case No. 25 Civ. 1433 (OAW) (RAR)

Jacob Gardener, an attorney licensed to practice in this Court *pro hac vice*, affirms under penalty of perjury, pursuant to 28 U.S.C. § 1746, as follows:

1. I am an attorney at the law firm of Walden Macht Haran & Williams LLP. I am counsel for Plaintiffs in the above-captioned matter.
2. I submit this declaration in support of Plaintiffs' motion to compel discovery.
3. Attached hereto as Exhibit A is a true and correct copy of Defendants' Objections to Plaintiffs' First Set of Requests for Production of Documents.
4. Attached hereto as Exhibit B is a true and correct copy of Defendants' Objections to Plaintiffs' First Set of Interrogatories.
5. Attached hereto as Exhibit C is a true and correct copy of Defendants' Objections to Plaintiffs' First Set of Requests for Admission.
6. I declare under penalty of perjury that the foregoing is true and correct.

Date: March 27, 2026

/s/ Jacob Gardener  
Jacob Gardener

# **EXHIBIT A**

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF CONNECTICUT

MICHELLE MAZZOLA, individually and as  
mother of BABY DOE; GUY MAZZOLA,  
individually and as father of BABY DOE;  
AMEC, LLC; and LISA KULLER, on behalf of  
themselves and all others similarly situated,

Plaintiffs,

v.

ANTHEM HEALTH PLANS, INC., CARELON  
BEHAVIORAL HEALTH, INC., and  
ELEVANCE HEALTH, INC.,

Defendants.

Civil Action No. 3:25-cv-01433-OAW

**DEFENDANTS' OBJECTIONS TO PLAINTIFFS' FIRST SET OF REQUESTS FOR  
PRODUCTION OF DOCUMENTS**

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, Defendants Anthem Health Plans, Inc. (“Anthem”), Carelon Behavioral Health, Inc. (“Carelon”), and Elevance Health, Inc. (“Elevance”) (collectively, “Defendants”), hereby respond and object to Plaintiffs’ First Set of Requests for Production of Documents.

**GENERAL OBJECTION TO PRODUCTION OF PRIVILEGED INFORMATION**

Defendants object generally and as to all Requests to the production of documents protected by the attorney-client and work-product privilege that may otherwise be responsive to the Requests. Defendants reserve their right to assert the attorney-client privilege or work-product privilege as to any and all documents Defendants identify as containing privileged information at any point during the course of discovery in this action.

## **OBJECTIONS TO REQUESTS FOR PRODUCTION**

**REQUEST 1:** All Certificates of Insurance, Certificates of Coverage, and other contract documents governing the Anthem Plans.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about

health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is impermissibly vague as to scope, as “other contract documents” is undefined and capable of multiple interpretations in this context, and therefore fails to identify any category of documents with adequate specificity for Defendants to search for and identify responsive documents.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 2:** All documents and communications regarding the number of individuals enrolled in each Anthem Plan.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not

limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 3:** All documents and communications regarding the number of companies or sponsors offering Anthem Plans to their employees.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and

Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 4:** All documents and communications promoting, marketing, or advertising either an Anthem Plan, the mental and/or behavioral health benefits available under an Anthem Plan, or an Anthem Plan's mental and/or behavioral health provider network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case because it seeks all marketing documents and communications related to Anthem plans and behavioral health benefits regardless of whether those marketing materials were directed to Plaintiffs, provided to Plaintiffs, or were otherwise made available such that there is any reasonable likelihood Plaintiffs received or saw such materials. Materials not provided to or received by Plaintiffs are irrelevant to their claims

against Defendants, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 5:** All documents and communications sent by You to either Anthem Plan members or individuals eligible to enroll in Anthem Plans regarding either an Anthem Plan's mental and/or behavioral health provider network or an Anthem Plan's mental and/or behavioral health Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas.

Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case because it seeks all communications related to Anthem plans and behavioral health benefits regardless of whether those communications were directed to Plaintiffs, provided to Plaintiffs, or were otherwise made available such that there is any reasonable likelihood Plaintiffs received or saw such communications. Communications not provided to or received by Plaintiffs are irrelevant to their claims against Defendants, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not

limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 6:** All documents and communications sent by You to the State of Connecticut (including any state officials, agencies, or agents) regarding either Your provider network or Your Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans

offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that responsive communications with the State of Connecticut would relate to regulatory compliance and are statutorily protected as confidential except as disclosed by the State of Connecticut Insurance Department in market examination reports. Defendants' communications with state regulatory authorities are subject to and protected from disclosure by the deliberative-process, executive, and official-information privileges, as disclosure could harm the interests of the State of Connecticut in regulating the business of insurance.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 7:** All versions and iterations of Your Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to

reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 8:** All documents and communications regarding updates and corrections to Your Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor

is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks information duplicative of the information sought in Request No. 8, and the Request is disproportionate to the needs of the case because probative value of the information sought is outweighed by the burden of producing it.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 9:** All documents and communications regarding the terms, conditions, requirements, obligations, and processes for providers to become and/or remain in Your network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues

subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

The Request is also overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 10:** All documents and communications listing the providers in Your network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 11:** All documents and communications regarding the number, breadth, adequacy, variety, quality, accessibility, or availability of mental and/or behavioral health providers in the Anthem Plans' provider network(s).

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the

term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case because it seeks all documents and communications related to behavioral health providers regardless of whether those materials were directed to Plaintiffs, provided to Plaintiffs, or were otherwise made available such that there is any reasonable likelihood Plaintiffs received or saw such materials. Materials not provided to or received by Plaintiffs are irrelevant to their claims against Defendants, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is impermissibly vague as to scope, as “breadth, adequacy, variety, quality, accessibility, or availability” are undefined subjective criteria capable of multiple interpretations in this context, and the Request therefore fails to identify any category

of documents with adequate specificity for Defendants to search for and identify responsive documents by reference to objective search or review criteria.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 12:** All documents and communications regarding Your policies, procedures, analyses, and/or processes for maintaining an adequate network of mental and/or behavioral health providers, including, but not limited to, competitive pricing (provider payment), network adequacy geography maps, and spreadsheets listing providers under contract.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the request is not limited to policies and procedures applicable to Plaintiffs' plans. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not

limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 13:** All documents and communications regarding the accuracy of Your Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and

Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case because it seeks all documents and communications related to provider networks regardless of whether those materials were directed to Plaintiffs, provided to Plaintiffs, or were otherwise made available such that there is any reasonable likelihood Plaintiffs received or saw such materials. Materials not provided to or received by Plaintiffs are irrelevant to their claims against Defendants, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants' object that the Request encompasses internal documents or communications regarding regulatory or legal compliance that are subject to the attorney-client and work-product privileges.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 14:** All documents and communications regarding Your policies, procedures, and processes for updating or verifying the accuracy of Your Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor

is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The request is not limited to policies and procedures applicable to Plaintiffs' plans. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request encompasses internal documents or communications regarding regulatory or legal compliance that are subject to the attorney-client and work-product privileges.

**REQUEST 15:** Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. All documents and

communications regarding complaints made or challenges faced by Anthem Plan members when using Your Provider Directory, trying to find an in-network mental and/or behavioral health provider, or trying to obtain care from an in-network mental and/or behavioral health provider.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut, and the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also

seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks irrelevant information, and is disproportionate to the needs of the case, because it seeks information about complaints made by other Anthem members, which are irrelevant to Plaintiffs' claims.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the Request encompasses internal documents or communications regarding regulatory or legal compliance that are subject to the attorney-client and work-product privileges.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 16:** All documents and communications analyzing, calculating, or discussing the costs of creating or maintaining a mental and/or behavioral health provider network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request is not limited to networks of providers available to Plaintiffs, nor is it limited to providers

in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that analyses of costs related to creating or maintain provider networks is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 17:** All documents and communications analyzing, calculating, or discussing the costs of creating or maintaining a mental and/or behavioral health provider network in comparison with creating or maintaining other physical health provider networks.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request is not limited to networks of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request

accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that analyses of costs related to creating or maintain provider networks is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request encompasses internal documents or communications regarding regulatory or legal compliance that are subject to the attorney-client and work-product privileges.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 18:** All documents and communications analyzing, calculating, or discussing the need to comply with the Mental Health Parity Act and/or Mental Health Parity and Addiction Equity Act.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request is not limited Plaintiff's plans. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the

putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks Defendants' analysis of their legal obligations under the Mental Health Parity Act and/or Mental Health Parity and Addiction Equity Act, which necessarily reflects the legal advice and mental impressions of Defendants' legal counsel. All responsive information is thus categorically subject to the attorney-client privilege.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 19:** All documents and communications analyzing, calculating, or discussing the costs of maintaining an accurate Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request is not limited to networks of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that analyses of costs related to creating or maintain provider networks is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 20:** All documents and communications analyzing, calculating, or discussing the pricing of the Anthem Plans.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that any analysis of plan pricing is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 21:** All documents and communications analyzing, calculating, or discussing the relationship between the size, breadth, or quality of Your provider network and the cost of, value of, or amount of money You charge or could charge for your services.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the

Request is not limited to networks of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that any analysis of plan pricing is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 22:** All documents and communications explaining the process, manner, or formula by which You calculate the price charged for the Anthem Plans, including but not limited to the amount of cost-sharing charged to enrollees in the Anthem Plans (such as the premium, deductible, co-payment, or co-insurance).

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and

Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that any analysis of plan pricing is not relevant to Plaintiffs claims, and the Request is thus disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 23:** All documents and communications regarding the relationship between Your revenue and the cost of Anthem Plan premiums or Anthem Plan membership, including documents and communications showing that Your revenue increased as Anthem Plan membership and/or Anthem Plan premiums increased.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information

prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request fails to identify any category of documents with adequate specificity for Defendants to search for and identify responsive documents by reference to objective search or review criteria.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 24:** Documents or communications sufficient to show the usage of mental and/or behavioral health services by members on an aggregated basis, including but not limited to members' usage of in-network providers, members' usage of out-of-network providers, and aggregate reimbursements to members who use out-of-network providers.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is impermissibly vague as it does not define the plans for which it seeks member utilization information. To the extent the request is interpreted to seek member utilization for plans other than those in which the Plaintiffs are enrolled, the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that aggregate behavioral health utilization information is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 25:** Documents or communications sufficient to show the number of requests by Anthem Plan members for out-of-network providers to be treated as in-network providers.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is impermissibly vague as it does not define the plans for which it seeks member utilization information. To the extent the request is interpreted to seek member utilization for plans other than those in which the Plaintiffs are enrolled, the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that behavioral health utilization information for members other than Plaintiffs, including requests for network gap exceptions, is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 26:** Documents or communications sufficient to show the cost paid by Anthem Plan members on an aggregated basis, per month, for mental and/or behavioral health services, including any cost sharing, out-of-network costs (whether reimbursed or not), amount of reimbursements, and amount out-of-pocket expenses.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that aggregate member cost-sharing information for members other than Plaintiffs is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not

limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 27:** All documents showing the revenues and profits You obtained in connection with the Anthem Plans.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and

Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that aggregate revenue information for members other than Plaintiffs is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 28:** Documents sufficient to show the total premiums charged for coverage under the Anthem Plans.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that aggregate premium information for members other than Plaintiffs is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 29:** All documents showing the premiums paid by Plaintiffs or their employers for coverage under the Anthem Plans

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 30:** All documents showing the copays, deductibles, and other out-of-pocket costs under the Anthem Plans for in-network and out-of-network mental and/or behavioral health care.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues

subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that cost-sharing information for members other than Plaintiffs is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 31:** All documents and communications analyzing, surveying, estimating, or quantifying on an aggregated basis per month the number of Anthem Plan members who used or are expected to use mental and/or behavioral health services.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that aggregate behavioral health utilization information is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 32:** All documents and communications quantifying or analyzing the number of mental and/or behavioral health claims that sought prior authorization, including any determinations on whether prior authorization was granted or denied, whether any denials were appealed, and whether any appeals upheld or reversed a denial.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas.

Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is impermissibly vague as it does not define the plans for which it seeks member utilization and utilization management information. To the extent the request is interpreted to seek member utilization and utilization management information for plans other than those in which the Plaintiffs are enrolled, the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that aggregate behavioral health utilization and utilization management information is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 33:** All documents and communications quantifying or analyzing the number of mental and/or behavioral health claims where members sought an out-of-network exception because no in-network provider was available.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is impermissibly vague as it does not define the plans for which it seeks member utilization and utilization management information. To the extent the request is interpreted to seek member utilization and utilization management information for plans other than those in which the Plaintiffs are enrolled, the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation. The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that aggregate behavioral health utilization and utilization management information is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 34:** All documents and communications quantifying or analyzing the number of claims that were for in-network or out-of-network mental and/or behavioral health service providers, the number of claims for which out-of-network referrals were approved or not, the amounts covered by Defendants under the Anthem Plans, and the costs to members for the various types of in-network or out-of-network claims, as well as any communications related to the same.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that aggregate behavioral health utilization and utilization management information is not relevant to any claim or defense in this matter, and the Request is therefore disproportionate to the needs of the case.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 35:** All documents and communications related to any investigations, lawsuits, and/or settlements related to Your Provider Directory and/or the adequacy of Your mental and/or behavioral health provider network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut, and the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have

alleged they were unable to identify an in-network provider, and therefore seek irrelevant information about provider types not at issue in this Action.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request encompasses internal documents or communications regarding regulatory or legal compliance and litigation that are subject to the attorney-client and work-product privileges.

Defendants object that the Request seeks private health information of non-party health plan members and improperly intrudes on the privacy rights of individuals not party to this case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 36:** All communications with any government or regulatory representatives regarding Your Provider Directories or the network adequacy of Anthem Plans.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut, and the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Request also seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that responsive communications with government or regulatory bodies are subject to and protected from disclosure by the deliberative-process, executive, and official-

information privileges, as disclosure could harm the interests of the government or regulatory body in regulating the business of insurance.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Request encompasses internal documents or communications regarding regulatory or legal compliance that are subject to the attorney-client and work-product privileges.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 37:** All documents and communications regarding licenses or authorizations You possess or have received to provide insurance in Connecticut.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request seeks information from 2019 to the present, while the Mazzola have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Request accordingly seeks substantial information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified, or has no relevance to any potential class member. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 38:** All documents and communications regarding Michelle Mazzola, Guy Mazzola, Michelle and Guy Mazzola's son, Lisa Kuller, and Amec, LLC.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it is not limited to documents regarding their claim at issue in this litigation, and therefore seeks irrelevant information, the probative value of which is outweighed by the burden of searching for, reviewing, and producing such records.

Defendants object that the Request encompasses internal documents or communications regarding this litigation that are subject to the attorney-client and work-product privileges.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not

limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 39:** All documents and communications concerning the relationship, interaction, control, or coordination between Elevance Health, Inc., on the one hand, and Anthem Health Plans, Inc. and/or Carelon Behavioral Health, Inc., on the other hand.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request for all documents "concerning the relationship, interaction, control, or coordination" between the Defendants fails to identify any category of documents with adequate specificity for Defendants to search for and identify responsive documents.

Defendants object that the Request is overly broad and seeks information not relevant to the claims or defenses at issue in this matter. Plaintiffs' allegations fail to establish a prima facie case for piercing the corporate veil as to Elevance, and Plaintiffs' are not entitled to take discovery on an issue they have not adequately pleaded.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 40:** All documents and communications concerning the relationship, interaction, control, or coordination between Carelon Behavioral Health, Inc., on the one hand, and Anthem Health Plans, Inc., on the other hand.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request for all documents “concerning the relationship, interaction, control, or coordination” between Anthem and Carelon fails to identify any category of documents with adequate specificity for Defendants to search for and identify responsive documents.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury.

Defendants object that the request is overly broad and seeks irrelevant information, and is thus unduly burdensome and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

**REQUEST 41:** All documents and communications You intend to use to support Your defenses.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is duplicative of Fed. R. Civ. P. 26(a)(1)(A)(ii) and thus disproportionate to the needs of the case. Defendants will disclose or supplement its disclosure of documents related to its defenses in this matter consistent with Rule 26.

**REQUEST 42:** All documents and communications relied upon to form Your responses to Plaintiffs' Interrogatories.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide documents that lack relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants state that they have not, at this time, responded to Plaintiffs Interrogatories, and preserve all objections to producing documents used to prepare such responses, including work-product and attorney-client privileges.

Dated: March 2, 2026

By: /s/ Stefanie A. Cerrone  
Stefanie A. Cerrone  
Matthew J. Aaronson (admitted *pro hac vice*)  
TROUTMAN PEPPER LOCKE LLP  
875 Third Avenue  
New York, NY 10022  
T: (212) 704-6000  
matthew.aaronson@troutman.com  
stefanie.cerrone@troutman.com  
*Attorneys for Defendants*

**CERTIFICATE OF SERVICE**

I hereby certify that on March 2, 2026, a true copy of the foregoing was served via electronic mail and FedEx Next Day Delivery on the following:

Jacob Gardener  
WALDEN MACHT HARAN & WILLIAMS LLP  
250 Vesey Street, 27th Floor  
New York, NY 10281  
jgardener@wmhlaw.com

Adam Pollock  
Steve Cohen  
POLLOCK COHEN LLP  
111 Broadway, Suite 1804  
New York, NY 10006  
adam@pollockcohen.com  
scohen@pollockcohen.com

Craig A. Raabe  
Izard, Kindall & Raabe LLP  
29 South Main Street, Suite 305  
West Hartford, CT 06107  
craabe@ikrlaw.com  
*Attorneys for Plaintiffs*

          /s/ Stefanie A. Cerrone            
Stefanie A. Cerrone

# **EXHIBIT B**

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF CONNECTICUT

MICHELLE MAZZOLA, individually and as  
mother of BABY DOE; GUY MAZZOLA,  
individually and as father of BABY DOE;  
AMEC, LLC; and LISA KULLER, on behalf of  
themselves and all others similarly situated,

Plaintiffs,

v.

ANTHEM HEALTH PLANS, INC., CARELON  
BEHAVIORAL HEALTH, INC., and  
ELEVANCE HEALTH, INC.,

Defendants.

Civil Action No. 3:25-cv-01433-OAW

**DEFENDANTS' OBJECTIONS TO PLAINTIFFS' FIRST SET OF  
INTERROGATORIES**

Pursuant to Rules 26 and 34 of the Federal Rules of Civil Procedure, Defendants Anthem Health Plans, Inc. (“Anthem”), Carelon Behavioral Health, Inc. (“Carelon”), and Elevance Health, Inc. (“Elevance”) (collectively, “Defendants”), hereby respond and object to Plaintiffs’ First Set of Interrogatories.

**GENERAL OBJECTION TO PRODUCTION OF PRIVILEGED INFORMATION**

Defendants object generally and as to all Interrogatories to the production of information protected by the attorney-client and work-product privilege that may otherwise be responsive to the Interrogatories. Defendants reserve their right to assert the attorney-client privilege or work-product privilege as to any and all privileged information Defendants identify at any point during the course of discovery in this action.

**OBJECTIONS TO INTERROGATORIES**

**INTERROGATORY 1:** Identify every individual employed by You who was or is responsible for creating or ensuring the accuracy of the Provider Directory for the Anthem Plans, including regular updates to the Provider Directory.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut,” and because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state

of Connecticut or available to members of Anthem plans offered in Connecticut. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that requiring Defendants to identify “every individual” involved in creating, reviewing, or updating provider directory information from January 1, 2019 to the present is unduly burdensome and disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

**INTERROGATORY 2:** Identify every outside individual and company engaged by You who was or is responsible for creating or ensuring the accuracy of the Provider Directory for the Anthem Plans, including regular updates to the Provider Directory.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut," and because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the

Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that requiring Defendants to identify “every . . . individual and company” involved in creating, reviewing, or updating provider directory information from January 1, 2019 to the present is unduly burdensome and disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

**INTERROGATORY 3:** Identify every individual employed by You who was or is responsible for formulating formal or informal policies regarding the Provider Directory for the Anthem Plans.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut,” and because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that requiring Defendants to identify “every individual” involved in “formulating formal or informal policies” from January 1, 2019 to the present is unduly burdensome and disproportionate to the needs of the case.

Defendants object that the terms “responsible for formulating” and “formal or informal policies,” are undefined and capable of multiple interpretations in this context. The Interrogatory is accordingly impermissibly vague and ambiguous.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

**INTERROGATORY 4:** Describe in detail what efforts, if any, You made to ensure the accuracy of the Provider Directory for the Anthem Plans.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut,” and because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs

have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. It would be extremely burdensome to detail all actions Defendants have taken to ensure the accuracy of provider directories, particularly given the overbroad definition of Provider Directory and “Anthem plans.” The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 5:** Identify with precision and specificity the frequency with which You contacted mental and/or behavioral health providers listed in Your Provider Directory to ensure that (1) those providers’ contact information was accurate and/or remained accurate, (2) those providers were in-network, (3) those providers were available to see new patients, and (4) other listed information about the providers (including their qualifications, services offered, areas of expertise, medical specialties, office hours, patient age and gender preferences, and availability for virtual visits and in-person care) was accurate.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is duplicative to and cumulative with Interrogatory No. 4.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs

have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. It would be extremely burdensome to detail each and every contact or attempted contact with a provider relating to the identified categories of information, and the probative value of this information on a per-provider basis is minimal. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 6:** Describe in detail any and all data You collected and/or studies and/or analyses You conducted to evaluate whether You provided equivalent benefits and treatment for mental and/or behavioral health conditions as physical health conditions. Supply copies of all such data and any such studies.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the term "equivalent benefits and treatment" is undefined and capable of multiple interpretations in this context. The Interrogatory is accordingly impermissibly vague and ambiguous.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any

claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Interrogatory purports to require the production of documents or things, and thus imposes greater obligations on Defendants than are permissible under Fed. R. Civ. P. 33.

**INTERROGATORY 7:** Describe in detail any and all policies You have, if any, regarding compliance with the Mental Health Parity Act and/or Mental Health Parity and Addiction Equity Act. Supply copies of any such policies.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas.

Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the Interrogatory purports to require the production of documents or things, and thus imposes greater obligations on Defendants than are permissible under Fed. R. Civ. P. 33.

**INTERROGATORY 8:** Describe in detail any and all action You took to address disparities between the treatment available for physical health conditions and mental and/or behavioral health conditions.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the

merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the term “disparities” is undefined and capable of multiple interpretations in this context, and the Interrogatory as a whole fails to define the scope of information sought, i.e., what a treatment being “available” means in the context of this Interrogatory. The Interrogatory is accordingly impermissibly vague and ambiguous.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. It would be extremely burdensome to detail all actions Defendants have taken to address disparities or claimed disparities between the available benefits or coverage for mental health/substance use disorder as compared to medical/surgical conditions, particularly where the request is not limited to Plaintiffs’ health plans, or even the over-broadly defined “Anthem Plans.” And because the request is not so limited or defined, the probative value of that information is minimal and not proportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 9:** Describe in detail any and all action You took to address disparities between the provider networks available for physical health conditions and the provider networks available for mental and/or behavioral health conditions.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the

merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the term “disparities” is undefined and capable of multiple interpretations in this context, and the Interrogatory as a whole fails to define the scope of information sought, i.e., what a treatment being “available” means in the context of this Interrogatory. The Interrogatory is accordingly impermissibly vague and ambiguous.

Defendants object that the Interrogatory is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. It would be extremely burdensome to detail all actions Defendants have taken to address disparities or claimed disparities between the provider networks for treatment of mental health/substance use disorder as compared to medical/surgical conditions, particularly where the request is not limited to Plaintiffs’ health plans, or even the over-broadly defined “Anthem Plans.” And because the request is not so limited or defined, the probative value of that information is minimal and not proportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 10:** State the total number of enrollees, from January 1, 2019 to the present, in each Anthem Plan.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the

merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 11:** State the total number of employers, from January 1, 2019 to the present, participating in each Anthem Plan.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

**INTERROGATORY 12:** Identify every individual and entity employed by Elevance Health, Inc. who was responsible for overseeing the operations of, setting the policies for, or directing the conduct of Anthem Health Plans, Inc. or Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that requiring Defendants to identify “every individual and entity” involved in the specified conduct, from January 1, 2019 to the present, is unduly burdensome and disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs’ claims in this litigation.

Defendants object that the terms “overseeing the operations,” “setting the policies,” and “directing the conduct” are undefined and capable of multiple interpretations in this context, and the Interrogatory is also vague as a whole as to the scope of information sought. The Interrogatory is accordingly impermissibly vague and ambiguous.

**INTERROGATORY 13:** Describe in detail any authority, control or influence (whether exercised or not) that Elevance Health, Inc. has over the financial, operational, or policy decisions made by Anthem Health Plans, Inc. and/or Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Defendants object that the terms "authority," "control," and "influence," and "financial, operational, or policy decisions" are undefined and capable of multiple interpretations in this context, and the Interrogatory is vague as a whole as to the scope of information sought. The Interrogatory is accordingly impermissibly vague and ambiguous.

**INTERROGATORY 14:** Describe in detail (a) the financial relationship between Carelon Behavioral Health, Inc., on the one hand, and Anthem Health Plans, Inc., on the other hand, and (b) any authority, control, or influence (whether exercised or not) that Carelon Behavioral Health, Inc. has over the financial, operational, or policy decisions of Anthem Health Plans, Inc., and any authority, control, or influence that Anthem Health Plans, Inc. has over the financial or policy decisions of Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Interrogatory on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Interrogatory because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object that the Interrogatory is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Interrogatory is not limited to Plaintiff's plans. The Interrogatory also seeks information from 2019 to the present, while the Mazzolas have been members of an Anthem plan only since January 2024 and Kuller since January 2025. This Interrogatory accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such

information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Interrogatory is overly broad, unduly burdensome, and disproportionate to the needs of the case. The Interrogatory seeks information not relevant to any claim or defense at issue and is not limited to information relevant to Plaintiffs' claims in this litigation.

Defendants object that the terms "financial relationship," "authority," "control," and "influence," and "financial, operational, or policy decisions" are undefined and capable of multiple interpretations in this context, and the Interrogatory is vague as a whole as to the scope of information sought. The Interrogatory is accordingly impermissibly vague and ambiguous.

Defendants object that the Interrogatory seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

Dated: March 11, 2026

By: /s/ Stefanie A. Cerrone  
Stefanie A. Cerrone  
Matthew J. Aaronson (admitted *pro hac vice*)  
TROUTMAN PEPPER LOCKE LLP  
875 Third Avenue  
New York, NY 10022  
T: (212) 704-6000  
matthew.aaronson@troutman.com  
stefanie.cerrone@troutman.com  
*Attorneys for Defendants*



# **EXHIBIT C**

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF CONNECTICUT

MICHELLE MAZZOLA, individually and as  
mother of BABY DOE; GUY MAZZOLA,  
individually and as father of BABY DOE;  
AMEC, LLC; and LISA KULLER, on behalf of  
themselves and all others similarly situated,

Plaintiffs,

v.

ANTHEM HEALTH PLANS, INC., CARELON  
BEHAVIORAL HEALTH, INC., and  
ELEVANCE HEALTH, INC.,

Defendants.

Civil Action No. 3:25-cv-01433-OAW

**DEFENDANTS' OBJECTIONS TO PLAINTIFFS' FIRST SET OF REQUESTS FOR  
ADMISSION**

Pursuant to Rules 26 and 36 of the Federal Rules of Civil Procedure, Defendants Anthem Health Plans, Inc. (“Anthem”), Carelon Behavioral Health, Inc. (“Carelon”), and Elevance Health, Inc. (“Elevance”) (collectively, “Defendants”), hereby respond and object to Plaintiffs’ First Set of Requests for Admission.

**GENERAL OBJECTION TO PRODUCTION OF PRIVILEGED INFORMATION**

Defendants object generally and as to all Requests to the production of information protected by the attorney-client and work-product privilege that may otherwise be responsive to the Requests. Defendants reserve their right to assert the attorney-client privilege or work-product privilege as to any and all privileged information Defendants identify at any point during the course of discovery in this action.

**OBJECTIONS TO REQUESTS FOR ADMISSION**

**REQUEST 1:** Admit that Elevance Health, Inc. has the authority to set policies for Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is overly broad and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue.

Defendants object that the term “authority to set policies” is undefined and capable of multiple interpretations in this context, and therefore does not define the requested admission with

adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 2:** Admit that Elevance Health, Inc. has the authority to set policies for Anthem Health Plans, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is overly broad and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no

reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "authority to set policies" is undefined and capable of multiple interpretations in this context, and therefore does not define the requested admission with adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 3:** Admit that Elevance Health, Inc. sets policies for Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is overly broad, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "sets policies" is undefined and capable of multiple interpretations in this context, and therefore does not define the requested admission with adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 4:** Admit that Elevance Health, Inc. sets policies for Anthem Health Plans, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the request is overly broad, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "sets policies" is undefined and capable of multiple interpretations in this context, and therefore does not define the requested admission with adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 5:** Admit that the Mazzolas are enrolled in a health insurance plan administered by Anthem Health Plans, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the term “administered” is undefined and capable of multiple interpretations in this context, e.g., administered may refer to “plan administration” or “claims administration,” which are different roles that implicate different obligations, particularly under ERISA-governed plans. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 6:** Admit that the Mazzolas informed Anthem Health Plans, Inc. that there were no in-network providers within a reasonable distance to provide medically necessary care for their son’s autism spectrum disorder.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the term “reasonable distance” is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 7:** Admit that the Mazzolas have exhausted their administrative remedies with Anthem Health Plans, Inc. with respect to the denial of their claims for coverage of their son’s behavioral therapy, speech therapy, occupational therapy, and genetic testing.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request seeks discovery directed to the Mazzolas' ERISA-governed cause of action for recovery of benefits. Such discovery is prohibited by ERISA, which limits review of those claims to the pre-litigation administrative record.

Defendants object that the term "claims" is undefined and capable of multiple interpretations in this context and therefore does not define the requested admission with adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 8:** Admit that Lisa Kuller is enrolled in a health insurance plan administered by Anthem Health Plans, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object that the term “administered” is undefined and capable of multiple interpretations in this context, e.g., administer may refer to “plan administration” or “claims administration,” which are different roles that implicate different obligations. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 9:** Admit that Lisa Kuller has exhausted her administrative remedies with Anthem Health Plans, Inc. with respect to the denial of her claims for coverage of psychiatric treatment, behavioral health treatment, and/or therapy.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object that “administrative remedies” is undefined and capable of multiple interpretations in the context of a non-ERISA-governed plans. Defendants further object that the scope of claims on which the Request seeks an admission is vague and indefinite, insofar as Plaintiffs seek an admission as to unspecified “claims for coverage of psychiatric treatment, behavioral health treatment, *and/or* therapy” (emphasis added). Defendants further object the term “claims” is undefined and capable of multiple interpretations in this context and therefore does not define the requested admission with adequate specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 10:** Admit that the Anthem Plans offered by Anthem Health Plans, Inc. cover certain treatment for mental health conditions and/or behavioral health conditions.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas.

Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs’ claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term “certain treatment” is undefined and capable of multiple interpretations in this context, and therefore does not define the requested admission with adequate

specificity for Defendants to provide a meaningful response. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 11:** Admit that Anthem Health Plans, Inc. is obligated to confirm the list of in-network providers in its Provider Directory at least every 90 days.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans

offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "confirm" is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 12:** Admit that Anthem Health Plans, Inc. does not, at least once every 90 days, contact each of the providers in its Provider Directory to confirm that they are available to see new patients, accept patients enrolled in the Anthem Plans at in-network rates, and continue to use the same address and telephone number listed in the Provider Directory.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "confirm" is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 13:** Admit that premiums paid for enrollment in Anthem Plans increase the revenue and/or profit of Anthem Health Plans, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs’ claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request seeks an admission about “revenue and/or profit,” and the Request is accordingly contradictory as the circumstances for which an admission is demanded. The Request is accordingly impermissibly vague and ambiguous.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 14:** Admit that premiums paid for enrollment in Anthem Plans increase the revenue and/or profit of Carelon Behavioral Health, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs’ claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs’ claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request seeks an admission about “revenue and/or profit,” and the Request is accordingly contradictory as the circumstances for which an admission is demanded. The Request is accordingly impermissibly vague and ambiguous.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 15:** Admit that premiums paid for enrollment in Anthem Plans increase the revenue and/or profit of Elevance Health, Inc.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term “Anthem Plans” is defined as “any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut.” This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request seeks an admission about "revenue and/or profit," and the Request is accordingly contradictory as the circumstances for which an admission is demanded. The Request is accordingly impermissibly vague and ambiguous.

Defendants object that the Request seeks highly confidential and proprietary business information, the disclosure of which could result in significant economic and competitive injury to Defendants.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 16:** Admit that preventing members from obtaining or accessing mental health benefits decreases Your costs.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the Request is not limited to Plaintiff's plans. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the term "preventing members from obtaining or accessing" is undefined and capable of multiple interpretations in this context, as the Request fails to specify the

actor or conduct about which an admission is sought, and therefore it does not define the requested admission with adequate specificity for Defendants to provide a meaningful response.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 17:** Admit that You set the price of Anthem Plans based in part on the size, breadth, and/or quality of the provider network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the term "Anthem Plans" is defined as "any and all health plans offered, sold, or administered by Anthem Health Plans, Inc. in Connecticut." This Request accordingly seeks almost entirely

information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request seeks an admission about "size, breadth, and/or quality," and the Request is accordingly contradictory as the circumstances for which an admission is demanded. The term "price" is also undefined and capable of multiple interpretations in this context, and may or may not include factors such as premium, copay, coinsurance, deductible, and out-of-pocket caps. The Request is accordingly impermissibly vague and ambiguous.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 18:** Admit that You advise members to use Your Provider Directory to find out if a provider is in-network.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and

provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a

response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the term "members" is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous, and is also impermissibly vague as a whole.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 19:** Admit that You advise members to use Your Provider Directory to find out where providers are located.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the term “members” is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous and is also impermissibly vague as a whole.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 20:** Admit that You advise members to use Your Provider Directory to find out details about providers’ license and/or training.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants’ Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor

is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the term "members" is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous and is also impermissibly vague as a whole.

On the basis of these objections, Defendants neither admit nor deny the Request.

**REQUEST 21:** Admit that the Provider Directory has a higher rate of inaccuracies for mental health providers than medical/surgical providers.

**OBJECTION:** Defendants object to this Request on the basis of their Motion to Stay Discovery pending the resolution of Defendants' Motion to Dismiss, which is likely to reshape the pending claims, including the parties subject to discovery, and narrow the issues subject to discovery. Requiring Defendants to respond to discovery prior to disposition of the Motion to Dismiss will impose an undue and unreasonable burden on Defendants to search for and provide information that lacks relevance to remaining claims, and the discovery accordingly is not proportional to the needs of the case at this point.

Elevance objects to this Request because this Court lacks personal jurisdiction over it, and it cannot be compelled to respond to discovery as a party to this action, or to respond to any discovery in this jurisdiction.

Defendants object to the taking of discovery as to all ERISA-governed plans, including the CT Silver Pathway CT PPO Plan offered by Amec to its employees, including the Mazzolas. Discovery is generally not available for ERISA claims, which are limited to review of the administrative record.

Defendants object that the Request is overly broad, seeks irrelevant information, and imposes a burden disproportionate to the needs of the case at this stage of litigation, because the definition of Provider Directory is not limited to directories of providers available to Plaintiffs, nor is it limited to providers in the state of Connecticut or available to members of Anthem plans offered in Connecticut. This Request accordingly seeks almost entirely information about health plans unrelated to the claims of the Plaintiffs, which would only be relevant to the merits of the putative class claims if such a class is ever certified. The probative value of such information prior to certification of a class is minimal, and the burden of searching for, reviewing, and producing responsive information is disproportionate to the needs of the case.

Defendants object that the request is overly broad, unduly burdensome, and disproportionate to the needs of the case, because the Request is not limited to information relevant to Plaintiffs' claims in this litigation, and thus seeks information not relevant to any claim or defense at issue. The Request also does not specify the time period for which the Request seeks a response, contains no reasonable limitation as to time, and is not limited to the time period relevant to Plaintiffs' claims, and is therefore overbroad and seeks irrelevant information.

Defendants object that the Request is overly broad and disproportionate to the needs of the case because it seeks information about provider types other than those for which Plaintiffs have alleged they were unable to identify an in-network provider, and therefore seeks irrelevant information about provider types not at issue in this Action.

Defendants object that the term "members" is undefined and capable of multiple interpretations in this context. The Request is accordingly impermissibly vague and ambiguous and is also impermissibly vague as a whole

On the basis of these objections, Defendants neither admit nor deny the Request.

Dated: March 11, 2026

By: /s/ Stefanie A. Cerrone  
Stefanie A. Cerrone  
Matthew J. Aaronson (admitted *pro hac vice*)  
TROUTMAN PEPPER LOCKE LLP  
875 Third Avenue  
New York, NY 10022  
T: (212) 704-6000  
matthew.aaronson@troutman.com  
stefanie.cerrone@troutman.com  
*Attorneys for Defendants*

