

The Honorable Barbara J. Rothstein

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

GERALD JACKSON, ROSLYN JACKSON,
DEAN MELLOM, JON PERRIN AND JULIE
PERRIN, individually and on behalf of all
others similarly situated,

Plaintiffs,

v.

THE ALIERA COMPANIES, INC., a Delaware
corporation; ALIERA HEALTHCARE, INC., a
Delaware corporation; TRINITY
HEALTHSHARE, INC., a Delaware
corporation,

Defendants.

NO. 2:19-cv-01281-BJR

**DECLARATION OF DEAN
MELLOM IN SUPPORT OF
PLAINTIFFS' MOTION FOR
DEFAULT JUDGMENT OR, IN THE
ALTERNATIVE, FOR SUMMARY
JUDGMENT**

I, Dean Mellom, declare under penalty of perjury according to the laws of the State
of Washington and the United States that:

1. I am a named Plaintiff in this action. I have personal knowledge of the facts
stated below.

1 2. I originally enrolled in an Alieracare Value plan with Unity Healthshare on
2 January 1, 2018. I paid \$310.80 monthly for that plan, beginning in January 2018. Alieracare
3 charged my credit card account directly each month for the payment.

4 3. In the fall of 2018, I needed nasal surgery. I spoke to an Alieracare
5 representative named Leticia for pre-authorization who advised that I should change my
6 plan to a more expensive one so that my surgery would be covered. I was encouraged to
7 switch to a more expensive Alieracare/Trinity Premium plan.

8 4. Based on the representations that I would have coverage for my surgery
9 and other healthcare expenses if I changed my plan, I agreed to switch it to the
10 Alieracare/Trinity Premium plan effective October 1, 2018. I agreed to pay \$473.88 per
11 month for this plan. Alieracare directly debited my bank account each month for that
12 amount. Had the representative not advised that my surgery would be covered if I
13 changed my plan, I would not have agreed to change it, and I would have sought
14 alternative insurance.

15 5. I received a membership card and an Alieracare Premium Member Guide
16 in the mail. A true copy of the member card is *Exhibit A*.

17 6. My health care provider requested authorization for the surgery in
18 November 2018, but Alieracare refused to authorize it, claiming it was for a "pre-existing
19 condition." Attached as *Exhibit B* is a true copy of the letter denying authorization. I
20 appealed that decision but never received a response from Alieracare on the appeal. Attached
21 as *Exhibit C* is a true copy of my appeal. I was unable to pay for the surgery out of pocket,
22 and because Alieracare refused to authorize it, I was unable to have the needed surgery.

23 7. After Alieracare refused to cover my medical expenses, I realized that the plan
24 was a scam. I canceled my membership, effective April 30, 2019. I paid a total of \$3,317.16
25 for the seven monthly payments I made for the Alieracare/Trinity plan plus \$125 in one-time
26 up-front fees.

Dean Mellom
Dean Mellom

SIRIANNI YOUTZ
SPOONEMORE HAMBURGER PLLC
 3101 WESTERN AVENUE, SUITE 350
 SEATTLE, WASHINGTON 98121
 TEL. (206) 223-0303 FAX (206) 223-0246

CERTIFICATE OF SERVICE

I hereby certify that on November 4, 2021, I caused the foregoing to be electronically filed with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following:

- **Jay Angoff**
jangoff@findjustice.com
- **Curt Roy Hineline**
chineline@bakerlaw.com, jmenk@bakerlaw.com, lknox@bakerlaw.com,
jbaxter@bakerlaw.com
- **Samantha Lin**
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- **Cyrus Mehri**
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- **James Raymond Morrison**
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- **Richard E. Spoonemore**
rspoonemore@sylaw.com, matt@sylaw.com, rspoonemore@hotmail.com,
stacy@sylaw.com, theresa@sylaw.com





I hereby certify that I have mailed by United States Postal Service the document to the following non-CM/ECF participants, as well as electronically mailed to Katie Goodman:

- **The Alieria Companies Inc.**
Alieria Healthcare, Inc.
990 Hammond Dr. NE, Suite 700
Atlanta, GA 30328
- **Assignee for The Alieria Companies, Inc., et al.**
c/o Katie Goodman
Asset Recovery Associates Alieria, LLC
3155 Roswell Road NE, Suite 120
Atlanta, GA 30305
kgoodman@gggpartners.com

DATED: November 4, 2021, at Seattle, Washington.

/s/ Eleanor Hamburger
Eleanor Hamburger (WSBA # 26478)
Email: ehamburger@sylaw.com

Exhibit A

			Effective Date: 10/01/2018 Plan ID: AlieracarePrem MSRA*: 7500
Primary: Dean D Mellom Primary ID: 672631663 Dependents:	Hospital: YES In-Patient: YES Out-Patient: YES	ER: Verify Eligibility Specialty: Verify Eligibility	
	 Rx VALET 855-798-2538 www.MyRxValet.com	Additional Pharmacy Services Group: 2504 BIN #: 006053 PCN: SS ID: 2504415687	
This participant and any listed dependents are Members of a Health Care Sharing Ministry recognized pursuant to 26 USC § 5000A(d)(2)(B) that does not engage in the business of insurance. Members make monthly contributions that are used to voluntarily pay each other's medical expenses based on a shared set of ethical or religious beliefs. *MSRA = Member Shared Responsibility Amount			
Verify eligibility for payment: 844-457-7726			



	Mail claims forms to: Alieracare Trinity P.O. Box 16818 Lubbock, TX 79490-6818 or EDI # : ALH01 1-800-252-3684	Member Services: 844-834-3456 Telemedicine: 866-920-3627 Pharmacy: 855-798-2538 Eligibility: 844-457-7726
	PROVIDER should verify eligibility before providing treatment or service 844-457-7726	
Alieracare PCP: \$20 Urgent Care: \$20 Preventive: \$0 X-Ray Read Fee: \$25 ER: See Trinity	Trinity HealthShare Specialty: \$75 Consult fee, Prem only. ER: Val MSRA Plus \$500 Prem \$300 Surgical Services*: Verify eligibility. Maternity: \$5000 max, Prem only.	Confirm specific services or urgent care at 844-457-7726 Visit multiplan.com or call 800-922-4362 for your PHCS provider.
*Surgical benefits not available for the first 60 to 180 days, depending on Alieracare Plan. Verify eligibility before receiving any surgical services.		
www.alieracare.com www.trinityhealthshare.org		

Exhibit B



Cascade Ear, Nose and Throat

Fax#: (360) 336 1674

November 9, 2018

Attn: Lori Suiter

Denial date: 11/08/18

Member Name: Dean D. Mellom

Member ID: 672631663

DOB: 12/21/1956

Called 11-12-18 PM

Alieria Healthcare has received an authorization request for a **Septoplasty and Submucous resection inferior turbinate, partial or complete** (CPT- 30520, 30140) that is associated with DX (J34.2, J34.3, J34.89, J31.0). Upon review of the medical notes provided, a request for a **Septoplasty and Submucous resection inferior turbinate, partial or complete**, has been **DENIED** as of the 8th of November 2018.

- Pre-existing conditions have a 24- month wait period before eligible for cost sharing.

If you need further assistance, please feel free to contact our office at (844) 834-3456. We will be glad to assist you.

Sincerely,

Tricia M Moore

Preauthorization Analyst

844.834.3456 ext. 7252

Alieria Healthcare Inc.
5901 Peachtree Dunwoody Rd., Suite B-200, Atlanta, GA 30328

844-834-3456 Toll Free | 404-818-0602 Direct
www.alieriahealthcare.com

CONFIDENTIAL

*Spoke w/ Lori on 11-12-18
Told her I talked to Alieria
& they denied coverage -
she ~~knew~~ knew + sent me
Email. Told her I'm calling
insurance perm.*

Exhibit C



Send Us A Message

Product

AlieraCare Premium (21404)

Type

Appeal / Grievance

Message

i upped my coverage because I was told by Adrian in your customer service to do so that I could get coverage for a sinus operation.

This is not cosmetic it is needed. I had the Dr's office call and they were told no coverage because of pre-existing condition.

I said that is against the law. You said because Aliera care is not insurance company.

I sent in a complaint to the insurance commissioner he suggest i contact Attorney General.

Submit