



May 17th, 2023

Lindsi Swartz, Director
PA Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Swartz,

This rate filing contains requested premium rate changes for Cigna Health and Life Insurance Company's (CHLIC) ACA compliant Individual health plans. The proposed rates are intended to take effect on January 1, 2024. This filing affects the rates approved under SERFF tracking number CCGH-1333669387.

Enclosed within this filing are the Unified Rate Review Submission, Part 3 Actuarial Memorandum, Part II Justification, Rate Tables, Business Rules, Unique Plan Design Certification, AVC, Department Plan Design Summary and Rate Tables, Service Area Map, and Pennsylvania Rate Template Inputs files.

CHLIC's participation in Pennsylvania's individual health insurance market in 2024 is contingent upon market conditions. CHLIC reserves the right to withdraw plans at any time prior to the commencement of open enrollment and in accordance with applicable federal and state laws and regulations.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number	Cigna Health and Life Insurance 67369
2. Market	Individual
3. On or Off Exchange	On and Off
4. Effective date of coverage	January 1, 2024
5. Average rate change requested	12.7%
6. Range of rate change requested	8.5% to 22.5%
7. Total additional annual revenue generated from proposed rate change	\$1,986,103
8. Products	EPO
9. Rating Areas and any changes from 2023	Rating Area 8 No change
10. Metal Levels and Catastrophic Plans	Bronze, Silver, Gold
11. Current number of covered lives as of February 1, 2023	2,802

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|--|--|
| 12. Number of plans offered in 2024 and change this represents from 2023 | 11 Plans in 2024
22 plans in 2023 |
| 13. Corresponding contract form number, SERFF and Binder ID numbers | Form #: PAINDEPO052023
SERFF Filing #: CCGH-133673729
Binder ID #: CCGH-PA24-125116215 |
| 14. HIOS Issuer ID number and submission tracking number | HIOS Issuer ID: 13401
State Tracking #: CCGH-1333669387 |

CHLIC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

Please contact [REDACTED] with any questions or concerns.

Thank you for your attention.

Sincerely,

[REDACTED]

Actuarial Advisor

1. GENERAL INFORMATION

Insurance Company Name	CHLIC
NAIC Company Code	67369
HIOS Issuer ID	13401
State	Pennsylvania
Market Type	Individual
Proposed Effective Date	01/01/2024
Primary Contact Person and Title	Cathy Wang, FSA, MAAA, Actuarial Advisor
Primary Contact Telephone Number	215.761.3722
Primary Contact Email	Cathy.Wang@Cigna.com

Scope and Purpose of Filing: CHLIC is filing rates for comprehensive major medical product 13401PA001 for individuals & families, to be effective January 1, 2024. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed through pennie.com, brokers, general agents, and directly to consumers as described in the policy form. These plans are attached to product that has been submitted under policy form filing number CCGH-133673729. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

2. PROPOSED RATE CHANGES

The proposed weighted average annual rate change by product, without the impact of aging, is provided below. It was calculated using enrollment data as of 3/31/2023.

2024 HIOS Product ID	13401PA001
Proposed Rate Increase	11.44%

The following factors are the main drivers of the proposed rate change:

- Medical inflation and unit cost changes of medical services year over year: The underlying claim costs are expected to increase from 2022 to 2024, which is reflective of anticipated changes in the prices of medical services, the frequency with which consumers utilize services, as well as any changes in network contracts or provider payment mechanisms. The recent increase in Consumer Price Index (CPI) inflation is adding additional inflationary pressure for network contracts and provider payment mechanisms.
- Decreased Expense Margin: Reflects improved efficiencies and scale achieved by Cigna Health & Life Insurance Company relative to 2022.
- Plan design changes and benefit modifications: Changes have been made to plans regarding the mandated restricted actuarial values for metal tiers that are resulting in an increase in expected cost share and therefore an increase to premium. All plan designs conform to actuarial value and essential health benefit requirements.

The requested rate change is not the same across all plans. The following factors drive different rate changes by plan:

- Plan design changes
- Trend leveraging due to member cost sharing provisions
- Cigna Health & Life Insurance Company has made refinements to the manual rating methodology based on its most recent Individual experience and refreshed the claim probability distribution (CPD) used in the development of the cost sharing for its plans based on recent data for the Individual market, which leads to expected claim cost changes and different cost share among plans
- Cigna Health & Life Insurance Company has updated the data and methodology used to project changes to customer utilization patterns as a result of changes in cost sharing

3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

- a. **Paid Through Date:** December 31, 2022
- b. **Premiums (Net of MLR Rebate) in Experience Period:** Premiums in experience period represent actual 2022 premiums received through 12/31/2022. Cigna Health & Life Insurance Company anticipates a PPACA MLR greater than 80% in 2022 and therefore estimates no MLR rebates payable.
 - i. Prior to MLR Rebates: \$13,361,748.76
 - ii. Expected MLR Rebates: 0
 - iii. Net of MLR Rebates: \$13,361,748.76

c. **Allowed & Incurred Claims:**

All claims are processed through Cigna Health & Life Insurance Company’s claim system. Allowed claims shown below represent the sum of payments made under the policy to healthcare providers.

IBNR claims are calculated using completion factors, which represent the known paid claims as a percent of the estimated total accrual as of a particular lag period after a service month. Completion factors for a given reporting period are developed based on historical run-out patterns for national Individual experience, adjusted for actuarial judgment regarding deviance from the average (within a reasonable range based on historical deviance). The methodology used to calculate IBNR does not differ for allowed claims versus incurred claims.

Allowed and incurred claims in the experience period are as follows:

Allowed Claims	
Paid Through 12/31/2021	\$11,927,136
IBNR	\$363,626
Completed Allowed Claims	\$12,290,762

Paid & Incurred Claims	
Paid Through 12/31/2022	\$8,140,442
IBNR	\$267,776
Incurred Claims	\$8,408,219

4. BENEFIT CATEGORIES

To determine benefit categories, Cigna Health & Life Insurance Company uses a combination of Procedure Code and Place of Service to categorize each claim under an appropriate Major Service Category. These categories are defined as follows:

- **Inpatient Hospital:** Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital:** Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- **Professional:** Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- **Other Medical:** Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- **Prescription Drug:** Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers.

5. TREND FACTORS

The expected all-in annual medical cost trend is 6.0%. . This trend is calculated from the in-network trends by service category and then by adding pharmacy trend as shown in the tables provided below.

MSC	Unit Cost Trend	Utilization Trend	Total Annual	Weight
Inpatient	3.4%	2.5%	6.0%	34.4%
Outpatient	2.1%	2.5%	4.6%	42.0%
Professional	3.5%	2.5%	6.1%	20.3%
OMS	7.6%	2.5%	10.3%	3.3%

MSC	Unit Cost Trend	Utilization Trend	Total Annual	Weight
Pharmacy	6.9%	1.2%	8.2%	100.0%

Rx Penetration	16.7%
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Total Trend	6.0%
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Credibility	53.0%
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Our trend methodology is prospective and develops unit cost trends for specific geographic groupings of zip codes in Pennsylvania based on known and planned reimbursement contracts. In order to set the prospective unit cost trend, historical experience is used to aggregate the facility level reimbursement contracts into the higher-level geographic groupings. In order to determine prospective utilization trends, we look at utilization trends retrospectively by major service category on a national basis. These retrospective utilization patterns are examined and coupled with other macroeconomic forces that are expected to change in the future at the market level in order to develop the prospective utilization trend.

6. ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

- **Changes in the Morbidity of the Population Insured:** Experience was adjusted to account for expected morbidity differences between the underlying experience population and the projected 2024 population. The morbidity adjustment factor accounts for morbidity drivers specific to Cigna Health & Life Insurance Company’s single risk pool, including the membership distribution by metal tier.
- **Demographic Shift:** An adjustment was made to account for the change in distribution by age and gender between the 2022 underlying experience and the expected 2024 membership. The adjustment factor was developed as the ratio of the membership-weighted average demographic factor using 2024 projected membership, and a similar factor computed using the 2022 actual membership. An area adjustment was also made to reflect differences between the distribution of membership across rating areas in our experience population and our 2024 projected population.
- **Plan Design Changes:** The experience underlying the Projected Index Rate development represents a different distribution amongst metal tiers and CSR variants than is projected for Cigna Health & Life Insurance Company in 2024. Utilization patterns differ between plan designs due to the differences in induced demand, which is an allowable rating factor under the ACA. Therefore, an adjustment is made to account for the induced demand differences between the underlying and the projected populations.
- **Other Adjustments:** An adjustment was made to reflect anticipated changes in provider contracts that differ from those underlying the experience used.

7. MANUAL RATE ADJUSTMENTS

a. Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national individual experience adjusted for state- and market-specific differences. The adjustments to the baseline data are addressed below.

b. Adjustments made to the Data

The following adjustments were made during the development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- **Morbidity Load** – A -38.2% load was added to the manual rate to account for the difference in morbidity risk of the population underlying the manual rate and the anticipated population in Cigna Health & Life Insurance Company in 2024. Cigna Health & Life Insurance Company relied on full-year 2022 allowed claims and enrollment data for the Individual market. The morbidity load comprehends the following components:
 - Overall health status in the Individual market – The average morbidity in the Individual market is driven by external factors such as the elimination of the individual mandate, continued uncertainty in the individual market, and the presence or absence of transitional policies. All such factors are included in the morbidity load.
 - Membership distribution by metal tier – In the Individual market, individuals tend to select plans that best meet their health needs. Riskier individuals tend to choose plans with lower member cost-share. The expected membership distribution by metal tier therefore impacts the overall expected morbidity in the single risk pool. This adjustment is applied to the index rate only and no plan-specific adjustments are made to account for anticipated differences in health status of enrollees across plans.
- **Demographic Adjustment** – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, an adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2024 individual market than the distribution by age reflected in the data underlying the Manual Rate.
- **Portfolio Adjustment** – The experience underlying the Manual Rate development represents a different distribution amongst metal tiers and CSR variants than is projected for Cigna Health & Life Insurance Company in 2024. Utilization patterns differ between plan designs due to the differences in induced demand, which is an allowable rating factor under the ACA. Therefore, an adjustment is made to account for the induced demand differences between the underlying and the projected populations.
- **Network Savings** – Cigna Health & Life Insurance Company’s underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated unit cost of the provider network varies by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 2.7% intrement for 2024. The level of network savings is driven by the contractual arrangement between the health care providers and Cigna Health & Life Insurance Company, and assumes certain capacity limitations for the providers; as such, significantly higher than expected volumes, carrier exits, etc. may require network reconstruction that may lead to a significant impairment in the adequacy of the rates developed herein.
- **Pharmacy Formulary Savings** – Pharmacy claim cost experience used in the development of the Manual Rate is based on national individual experience. This experience is representative of several formularies, including the formulary associated with Cigna Health & Life Insurance Company’s Individual product in Pennsylvania. An adjustment of 0.00% to reflect the associated formulary, was applied on pharmacy claim costs compared to the Manual Rate.

c. Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

8. CREDIBILITY OF EXPERIENCE

Limited fluctuation credibility was used to determine the credibility assigned to the 2021 single risk pool experience. 2022 exposure of 100,000 member months was assigned 100% credibility. Therefore, the credibility assigned to 2022 single risk pool experience was 53.0% .

9. ESTABLISHING THE INDEX RATE

The Index Rate of the Experience Period for this filing is \$432.88. The Index Rate of the Experience Period in Section I, Worksheet 1 of the URRT represents the total combined 2022 allowed claims experience PMPM attributable to Essential Health Benefits in the single risk pool.

The Index Rate for the Projection Period for this filing is \$448.60 and was developed in accordance with 45 CFR Part 156.80(d). The Index Rate for the Projection Period identified in Section II, Worksheet 1 of the URRT is a representation of the credibility blended Expected Allowed Claims for 2024 attributable to Essential Health Benefits, and incorporates the impact of trend, benefit, morbidity, and demographic adjustments as outlined in Sections 5, 6 and 8 of this document. Refer to Section 8 of this document for additional information regarding the credibility attributed to single risk pool experience in the development of the Index Rate for the Projection Period. There are no benefits in addition to EHBs that are being covered under the proposed plans in 2024. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing.

10. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The Market-wide Adjusted Index Rate for this filing is \$591.50. The Market-wide Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80 (d)(1). The following market-wide adjustments have been made to the Index Rate, as allowed under these rules:

a. Reinsurance

The reinsurance program ended with the 2016 benefit year. Consequently, no reinsurance recoveries have been applied to the Index Rate in the development of the Market-wide Adjusted Index Rate and the Plan Adjusted Index Rate.

b. Risk Adjustment Payment/Charge

A 2024 risk transfer payable of \$123.50 PMPM on an allowed basis is assumed. Equivalently, the projected risk transfer on a paid basis is \$97.87 PMPM.

The risk transfer formula was used for the calculation of Cigna Health & Life Insurance Company's 2024 risk transfer. Components of the transfer formula were estimated at the product level, providing an estimate of the paid risk transfer PMPM at the product level.

The components of the transfer formula are outlined below with a description of the methodology used to estimate each component.

Market-Average Risk Transfer Components

- Market average factor including risk (MAF including risk) – The Wakely estimate of the 2022 MAF including risk was used as the jump-off for the projection of the 2024 MAF including risk. The estimated 2022 MAF including risk was adjusted for expected changes in the market-average morbidity, as outlined in Section 7 of this document, and expected changes as a result of moving to the proposed 2024 risk adjustment model.
- Market average factor excluding risk (MAF excluding risk) – The Wakely estimate of the 2022 MAF excluding risk was used as the jump-off for the projection of the 2024 MAF excluding risk. The estimated 2022 MAF excluding risk was adjusted for changes to the allowable rating factors for 2024.
- Statewide average premium (SAP) – The Wakely estimate of the 2022 SAP was used as the jump-off for the projection of the 2024 SAP. The 2022 SAP was adjusted for the following factors: (1) claim cost trend, (2) anticipated market-level pricing corrections.

Cigna Health & Life Insurance Company Risk Transfer Components

- Induced Demand Factor (IDF) – Weighted average of HHS Risk Adjustment Model IDFs based on projected 2024 Cigna Health & Life Insurance Company membership by metal tier
- Geographic Cost Factor (GCF) – Weighted average of estimated 2022 GCFs provided by based on projected 2024 Cigna Health & Life Insurance Company membership by rating area
- Actuarial Value (AV) – Weighted average of HHS Risk Adjustment Model AV factors based on projected 2024 Cigna Health & Life Insurance Company membership by metal tier
- Allowable Rating Factor (ARF) – Weighted average of HHS Risk Adjustment Model ARFs based on projected 2024 Cigna Health & Life Insurance Company membership by age
- Plan Liability Risk Score (PLRS) – The projected change in morbidity of Cigna Health & Life Insurance Company's single risk pool from 2022 to 2024 was estimated as outlined in Section 7 of this document. The projected change in morbidity was used to estimate a projected change in PLRS for Cigna Health & Life Insurance Company's single risk pool from 2022 to 2024. The PLRS was also adjusted for expected changes as a result of moving to the proposed 2024 risk adjustment model.

The projected 2024 net allowed risk transfer payable of \$123.50 PMPM was applied to the Index Rate in the development of the Market-wide Adjusted Index Rate. The impact of net risk adjustment is an increase of 37.9% of Cigna Health & Life Insurance Company's 2024 premiums.

Cigna Health & Life Insurance Company does not anticipate any fees or receipts from the risk corridor program in 2024 and has not included any pricing adjustments for risk corridor payments in rate development.

c. Exchange User Fees

Exchange User Fees are applied as an adjustment to the index rate at the market level. The 3.00% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in an expected fee of 2.79%.

The Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool and is not calibrated.

11. PLAN ADJUSTED INDEX RATE

Only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the Market-Wide Adjusted Index Rate to arrive at the Plan Adjusted Index Rates:

- Plan-specific actuarial value and cost sharing adjustments
- Administrative costs, excluding the Risk Adjustment User Fee, and Exchange user fees

The adjustment Impact of specific eligibility categories for the catastrophic plan is not applicable since Cigna Health & Life Insurance Company does not plan to offer catastrophic plans in 2024.

Note that the AV and cost-sharing adjustment encompasses expected cost-sharing differences and utilization differences due to differences in cost-sharing.

The expected cost-sharing ratio for each benefit plan is calculated by using 2022 claims and enrollment data from the Individual market (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then used to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. Note that for each Silver HIOS Component ID the expected cost-sharing ratio was calculated for the Base benefit plan and the state mandated factor of 1.22 was applied to achieve the final cost-sharing ratio. Should the expanded subsidies from the American Rescue Plan Act be extended into plan year 2023, a 1.22 CSR funding factor will be applied.

In addition to cost sharing differences, this adjustment also includes utilization differences due to differences in cost sharing. In evaluating adjustment for utilization changes, Cigna Health & Life Insurance Company has used the mandated HHS Induced Demand formula. This adjustment is consistent with the description on page 41 of the 2024 Unified Rate Review Instructions. There are no explicit and/or additional adjustments used in our rate development process that reflect expected differences in utilization due to health status.

12. CALIBRATION

Cigna Health & Life Insurance Company calibrates the Plan Adjusted Index Rates to apply the allowable rating factors (age, geography, and tobacco) in order to calculate Consumer Adjusted Premium Rates. The calibration for each allowable rating factor is described below.

a. Age Curve Calibration

The weighted average age factor for the projected membership was calculated using the updated Default Federal Standard Age Curve defined in the addendum to 45 CFR 147.102(d). The average age associated with this projected membership (rounded to the nearest whole number) is 47. This single risk pool average age was determined using a blend of the current 2022 age distribution in the single risk pool. The Plan Adjusted Index Rate was divided by the weighted average age factor mentioned above, to arrive at the calibrated Plan Adjusted Index Rate for a 21 year old. A demonstration of how the Plan Adjusted Index Rate and the age curve were used to generate the calibrated Plan Adjusted Index Rate for each plan is provided below.

b. Geographic Factor Calibration

Rate variations among geographical areas vary only by the geographic rating regions defined by the federal government. Area factors reflect only differences in the cost of the delivery of medical services among rating areas for a standard population and fixed market basket of covered services. The following table shows the geographic factors for each defined area in Pennsylvania:

Area	8
Area Factor	1.00
Membership	100%

An average geographic factor is developed based on the projected distribution of membership across all areas. Then the calibrated Plan Adjusted Index Rate is calculated as Plan Adjusted Index Rate divided by this weighted average geographic factor.

c. Tobacco Use Rating Factor Calibration

Pennsylvania does not allow for rating based on tobacco usage, so a calibration factor of 1.00 is used for all plans.

A demonstration of calibration for the Plan Adjusted Index Rate is provided in the table below.

HIOS Plan ID	PAIR	Geographic Calibration	Demographic Calibration	Tobacco Calibration	Calibrated PAIR
13401PA0010001	\$456.23	1.00	0.64	1.00	\$290.16
13401PA0010002	\$485.16	1.00	0.64	1.00	\$308.56
13401PA0010003	\$487.24	1.00	0.64	1.00	\$309.89
13401PA0010004	\$485.85	1.00	0.64	1.00	\$309.00
13401PA0010005	\$493.28	1.00	0.64	1.00	\$313.72
13401PA0010019	\$544.12	1.00	0.64	1.00	\$346.06
13401PA0010006	\$627.23	1.00	0.64	1.00	\$398.92
13401PA0010007	\$633.33	1.00	0.64	1.00	\$402.80
13401PA0010013	\$489.18	1.00	0.64	1.00	\$311.12
13401PA0010014	\$592.82	1.00	0.64	1.00	\$377.03
13401PA0010015	\$596.50	1.00	0.64	1.00	\$379.37

* The Plan Adjusted Index Rate represents average premium for the projected single risk pool at the unrounded average age, weighted using the best-estimate Default Federal Standard Age Curve factors. Linear interpolation between integer Default Federal Standard Age Curve factors was used in the development of the Demographic Calibration factor.

13. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

Consumer Adjusted Premium Rate is developed by applying the following allowable adjustments to the calibrated Plan Adjusted Index Rate.

- Individual and family tier – applied by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account
- Rating area factor – applied by multiplying the area factors to the calibrated Plan Adjusted Index Rate
- Age factor – applied by multiplying the age factor to the calibrated Plan Adjusted Index Rate
- Tobacco status – applied by multiplying the tobacco factor to the calibrated Plan Adjusted Index Rate

14. PROJECTED LOSS RATIO

The projected 2024 PPACA MLR, without adjustment for credibility, for Cigna Health & Life Insurance Company's individual products is 89%.

A demonstration of the projected MLR calculation is illustrated below:

PPACA 2023 MLR		
1	Member Months	32778
2	Incurred Claims	\$ 11,648,070
3	Claims Adjustment*	\$ 3,240,311
4	Numerator (2 + 3)	\$ 14,888,380
5	Earned Premium	\$ 18,011,106
6	Premium Adjustment**	\$ -1,281,362
7	Denominator (5 + 6)	\$ 16,729,744
8	Credibility Factor	5.06%
9	Average Deductible Factor	1.30
10	Credibility Adjustment (8 x 9)	6.60%
11	PPACA MLR w/o Credibility (4 ÷ 7)	88.99%
12	PPACA MLR w/ Credibility (10 + 11)	95.59%

* Quality Improvement Activities & Risk Adjustment

** Premium/State Taxes/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell F48 in Worksheet 1 URRT.
- Incurred Claims – projections for incurred claims are consistent with Cell D70 in Worksheet 2 of the URRT.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2023 (Final Rule)
- Earned Premium – projections for earned premium are consistent with Cell D72 in Worksheet 2 of the URRT.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2024 (Final Rule)
- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

15. AV METAL VALUES

The AV Metal Values shown in Worksheet 2 of the URRT for the plans listed below were based on the AV Calculator, with the exception of the following unique benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Copays for Inpatient Services (for copay-based benefit plan designs)
- Cost Sharing for Mental Health/Substance Abuse Outpatient Office Visit vs. Facility Visit Services (where OV are copay and Facility visits are ded/coins)
- Copays for Urgent Care Services
- Cost Sharing for certain medical services for the treatment of diabetes, COPD, or asthma.

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). The impacted plans, alternate methodologies, and the reason for their use is explained in the accompanying actuarial certification titled "13401_pa_UniquePlanDesign_5_17_2023".

HIOS Plan ID	
13401PA0010001	13401PA0010019
13401PA0010002	13401PA0010006
13401PA0010003	13401PA0010007
13401PA0010004	13401PA0010013
13401PA0010005	13401PA0010014
13401PA0010015	

16. MEMBERSHIP PROJECTIONS

The membership projections for Cigna Health & Life Insurance Company’s benefit plans are developed internally as best estimates. They were derived from Cigna Health & Life Insurance Company 2023 open enrollment experience and assumed channel growth in Cigna Health & Life Insurance Company. Active membership splits were used to develop projections by exchange indicator and metal tiers, together with growth assumptions by channel. The projected distribution of member months represents our expectation of the industry average distribution of enrollment by age for the Individual Market for 2023. For Silver metal plans, the projected enrollment subject to cost-sharing reduction subsidies at each level is developed based on Cigna Health & Life Insurance Company’s most recent actual enrollment data.

Distribution by Plan by CSR-Level				
Plan ID	100%-150% FPL	150%-200% FPL	200%-250% FPL	>250% FPL
13401PA0010006	39%	44%	11%	6%
13401PA0010007	39%	44%	11%	6%
13401PA0010013	0%	0%	0%	100%

17. TERMINATED PLANS AND PRODUCTS

The table below show the plan mapping for terminating plans to existing plans in 2023. Blank cells indicate that plans were terminated and unmapped in 2024.

Table 1: Terminated Plans from the Experience Period

2022 HIOS ID	2023 HIOS ID	2024 HIOS ID
13401PA0010020	13401PA0010020	13401PA0010002
13401PA0010008	13401PA0010008	13401PA0010006
13401PA0010009	13401PA0010009	13401PA0010006
13401PA0010010	13401PA0010010	13401PA0010007
13401PA0010011	13401PA0010011	13401PA0010007
13401PA0010012	13401PA0010012	13401PA0010013
13401PA0010021	13401PA0010021	
13401PA0010016	13401PA0010016	13401PA0010014
13401PA0010017	13401PA0010017	13401PA0010014
13401PA0010018	13401PA0010018	13401PA0010013
13401PA0010022	13401PA0010022	13401PA0010015

18. PLAN TYPE

The plan types as inputted in Section I, Worksheet 2 of the URRT accurately describe the plans in this filing.

19. EFFECTIVE RATE REVIEW INFORMATION

a. Financial Information

CHLIC (Cigna Health & Life Insurance Company)					
<i>(\$ Millions)</i>	2019	2020	2021	2022	2023 (Proj)
Stat Capital & Surplus	5,207	5,955	5,700	5,792	7,071
Authorized Control Level RBC	1,004	1,106	1,283	1,414	1,577

Cigna Health & Life Insurance Company is in strong financial condition. The proposed plans and rates will have an immaterial impact on the company's financial condition, even with significant membership growth.

b. Rating Information

To see the proposed rate manual by age, area and smoking status please reference the accompanying QHP Rates Table Template. For additional rating rules used in deriving the premium please refer to the accompanying Business Rules Template.

A description of the benefits for all plans proposed in this filing is shown in the accompanying Plans Benefits Template.

Please note that Cigna Health & Life Insurance Company shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit, and a standalone exchange-certified pediatric dental policy.

c. Other

Cigna Health & Life Insurance Company's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 82.3%.

20. RELIANCE

I have relied on claim, premium, enrollment, and risk score data supplied by Kimberly Barbier, Informatics Senior Specialist, and Geoff Tancredi, Actuarial Advisor. The data have been reviewed for reasonableness but have not been audited. In addition, I have relied on review by Steve Giori, FSA, MAAA and other internal and external sources, including data provided by Wakely Consulting, to develop the underlying assumptions used in the pricing methodology.

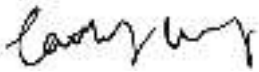
21. ACTUARIAL CERTIFICATION

I, Cathy Wang, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - ASOP #41, Actuarial Communications
 - ASOP #50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) The Projected Index Rate presented in this filing is:

- a. In compliance with all applicable state and Federal statutes and regulations in 45 CFR 156.80(d)(1)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
- c) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- d) The geographic rating factors reflect only differences in the costs of delivery, including unit cost and provider practice pattern differences, and do not include differences for population morbidity by geographic area.
- e) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans, save the exceptions shown in Section 16, which are further explained in the accompanying actuarial certification “13401_pa_UniquePlanDesign_5_17_2023”.

The URRT does not demonstrate the process used to develop the rates presented in this filing. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Cathy Wang, FSA, MAAA
Actuarial Advisor
CHLIC
Cathy.Wang@Cigna.com

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.
2																			
3	Company Legal Name:	Cigna Health and Life Insurance Company																	
4	HIOS Issuer ID:	13401	State:	PA															
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2022	to	12/31/2022															
13			Total		PMPM														
14	Allowed Claims		\$12,290,761.84		\$432.88														
15	Reinsurance		\$475,412.40		\$16.74														
16	Incurred Claims in Experience Period		\$8,408,218.88		\$296.14														
17	Risk Adjustment		-\$3,357,161.22		-\$118.24														
18	Experience Period Premium		\$13,361,748.76		\$470.60														
19	Experience Period Member Months		28,393																
20																			
21	Section II: Projections																		
22		Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM												
23	Benefit Category		Cost	Utilization	Cost	Utilization													
24	Inpatient Hospital	\$124.04	1.034	1.025	1.034	1.025		\$139.28											
25	Outpatient Hospital	\$151.45	1.021	1.025	1.021	1.025		\$165.83											
26	Professional	\$73.35	1.035	1.025	1.035	1.025		\$82.55											
27	Other Medical	\$11.78	1.076	1.025	1.076	1.025		\$14.33											
28	Capitation	\$0.00	1.000	1.000	1.000	1.000		\$0.00											
29	Prescription Drug	\$72.26	1.069	1.012	1.069	1.012		\$84.56											
30	Total	\$432.88						\$486.56											
31																			
32	Morbidity Adjustment					1.016													
33	Demographic Shift					1.003													
34	Plan Design Changes					1.001													
35	Other					0.898													
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2024			\$445.70													
37																			
38	Manual EHB Allowed Claims PMPM					\$451.86													
39	Applied Credibility %					53.00%													
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2024			\$448.59	\$14,703,883.02													
43	Reinsurance				\$0.00	\$0.00													
44	Risk Adjustment Payment/Charge				-\$123.50	-\$4,048,083.00													
45	Exchange User Fees				3.28%	\$635,922.75													
46	Market Adjusted Index Rate				\$591.49	\$19,387,888.77													
47																			
48	Projected Member Months					32,778													
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution																		
51	to the full extent of the law.																		

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 8	1.0000

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Cigna Health and Life Insurance		
Product(s):	EPO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2024	to	12/31/2024
Base Period Start Date:	1/1/2022	to	12/31/2022
Date of Most Recent Membership:	2/1/2023		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period
Average Age	39.5	39.8	38.8
Total	28,393	2,802	32,778
<18	1,765	162	2,079
18-24	1,853	178	2,826
25-29	5,131	510	5,229
30-34	3,578	361	3,869
35-39	2,761	265	3,463
40-44	2,369	232	2,541
45-49	2,063	187	2,311
50-54	2,246	250	3,139
55-59	3,136	264	3,346
60-63	2,959	305	3,149
64+	582	88	826

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 13,361,748.76	\$ 8,515,442.15	\$ 9,050,995.11	28,393	\$ 3,882,542.96	\$ 12,933,538.07	\$ -	\$ (642,776.23)	\$ -	\$ -	\$ (3,357,161.22)	\$ 475,412.40
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 432.88
Loss Ratio											79.29%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.38%	2.50%	0.00%	5.97%	28.65%
Outpatient Hospital	2.09%	2.50%	0.00%	4.64%	34.99%
Professional	3.50%	2.50%	0.00%	6.09%	16.94%
Other Medical	7.61%	2.50%	0.00%	10.30%	2.72%
Capitation				0.00%	0.00%
Prescription Drugs	6.90%	1.20%	0.00%	8.18%	16.69%
Total Annual Trend				6.02%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.124	

* Express Cost, Utilization, Induced Utilization and Weight as percentages
 ** should equal URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-21				#DIV/0!		#DIV/0!				#DIV/0!
Feb-21				#DIV/0!		#DIV/0!				#DIV/0!
Mar-21				#DIV/0!		#DIV/0!				#DIV/0!
Apr-21				#DIV/0!		#DIV/0!				#DIV/0!
May-21				#DIV/0!		#DIV/0!				#DIV/0!
Jun-21				#DIV/0!		#DIV/0!				#DIV/0!
Jul-21				#DIV/0!		#DIV/0!				#DIV/0!
Aug-21				#DIV/0!		#DIV/0!				#DIV/0!
Sep-21				#DIV/0!		#DIV/0!				#DIV/0!
Oct-21				#DIV/0!		#DIV/0!				#DIV/0!
Nov-21				#DIV/0!		#DIV/0!				#DIV/0!
Dec-21				#DIV/0!		#DIV/0!				#DIV/0!
Jan-22		\$ 322,793.51	0.9664	\$ 334,003.42	1,469	\$ 227.37		\$ (45,950.92)	\$ 453,558.59	\$ 308.75
Feb-22		\$ 657,941.73	0.9668	\$ 680,562.68	2,257	\$ 301.53		\$ (49,639.66)	\$ 924,167.31	\$ 409.47
Mar-22		\$ 561,583.24	0.9579	\$ 586,288.27	2,338	\$ 250.76		\$ (54,955.32)	\$ 796,147.76	\$ 340.53
Apr-22		\$ 456,780.31	0.9628	\$ 474,415.21	2,392	\$ 198.33		\$ (51,021.74)	\$ 646,231.55	\$ 269.33
May-22		\$ 777,422.09	0.9610	\$ 809,004.63	2,452	\$ 329.94		\$ (49,880.49)	\$ 1,098,584.53	\$ 448.04
Jun-22		\$ 971,428.73	0.9594	\$ 1,012,494.91	2,485	\$ 407.44		\$ (67,833.50)	\$ 1,374,913.33	\$ 553.29
Jul-22		\$ 671,671.70	0.9314	\$ 721,129.79	2,563	\$ 281.36		\$ (51,648.20)	\$ 979,255.26	\$ 382.07
Aug-22		\$ 1,017,104.07	0.9517	\$ 1,068,776.75	2,613	\$ 409.02		\$ (53,048.26)	\$ 1,451,341.02	\$ 555.43
Sep-22		\$ 834,009.50	0.9450	\$ 882,572.28	2,526	\$ 349.40		\$ (53,888.20)	\$ 1,198,485.42	\$ 474.46
Oct-22		\$ 901,913.52	0.8966	\$ 1,005,942.34	2,531	\$ 397.45		\$ (49,932.33)	\$ 1,366,015.30	\$ 539.71
Nov-22		\$ 753,457.93	0.9204	\$ 818,810.36	2,820	\$ 324.92		\$ (57,892.45)	\$ 1,111,900.04	\$ 441.33
Dec-22	\$ 13,361,748.76	\$ 589,135.83	0.8967	\$ 656,993.57	2,493	\$ 263.54	26.36%	\$ (57,175.17)	\$ 892,161.74	\$ 357.87

* Express Completion Factor as a percentage
 ** Express Prescription Drug Rebates as a negative number

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)
\$ 2,340,003,955.36	\$ 2,282,504,719.57	\$ 2,342,618,502.82	3,991,966	\$ 400,919,505.89	\$ 2,743,538,008.71
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)					
Loss Ratio					

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend
Inpatient Hospital	3.45%	2.50%	0.00%	6.04%
Outpatient Hospital	3.20%	2.50%	0.00%	5.78%
Professional	0.70%	2.50%	0.00%	3.22%
Other Medical	7.20%	2.50%	0.00%	9.88%
Capitation				0.00%
Prescription Drugs	6.90%	1.20%	0.00%	8.18%
Total Annual Trend				6.20%
Months of Trend				24
Total Applied Trend Projection Factor				1.128

* Express Cost, Utilization, Induced Utilization and Weight as percentages

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members
Jan-19		\$ 73,124,532.19	1.0000	\$ 73,124,532.19	292,092
Feb-19		\$ 83,653,336.42	1.0000	\$ 83,653,336.42	276,236
Mar-19		\$ 84,024,779.29	1.0000	\$ 84,024,779.29	269,987
Apr-19		\$ 102,438,641.53	1.0000	\$ 102,438,641.53	265,165
May-19		\$ 90,774,332.70	1.0000	\$ 90,774,332.70	258,972
Jun-19		\$ 85,639,845.88	1.0000	\$ 85,639,845.88	253,358
Jul-19		\$ 105,852,453.39	1.0000	\$ 105,852,453.39	248,126
Aug-19		\$ 95,713,586.72	1.0000	\$ 95,713,586.72	244,486
Sep-19		\$ 94,884,309.61	1.0000	\$ 94,884,309.61	240,524
Oct-19		\$ 109,846,575.07	1.0000	\$ 109,846,575.07	237,038
Nov-19		\$ 101,506,986.48	1.0000	\$ 101,506,986.48	233,409
Dec-19	\$ 1,818,049,985.58	\$ 104,673,142.13	1.0000	\$ 104,673,142.13	228,375
Jan-20		\$ 79,594,052.30	1.0000	\$ 79,594,052.30	247,999
Feb-20		\$ 81,685,200.89	1.0000	\$ 81,685,200.89	246,584
Mar-20		\$ 86,144,324.93	1.0000	\$ 86,144,324.93	244,423
Apr-20		\$ 73,013,321.78	1.0000	\$ 73,013,321.78	243,570
May-20		\$ 78,189,720.08	1.0000	\$ 78,189,720.08	243,694
Jun-20		\$ 123,678,761.55	1.0000	\$ 123,678,761.55	243,916
Jul-20		\$ 122,513,944.64	1.0000	\$ 122,513,944.64	243,445
Aug-20		\$ 114,556,844.00	1.0000	\$ 114,556,844.00	242,586
Sep-20		\$ 118,034,245.44	1.0000	\$ 118,034,245.44	241,210
Oct-20		\$ 122,595,914.39	1.0000	\$ 122,595,914.39	239,088
Nov-20		\$ 107,410,310.14	1.0000	\$ 107,410,310.14	236,110
Dec-20	\$ 1,521,338,726.15	\$ 151,183,773.39	1.0000	\$ 151,183,773.39	232,958
Jan-21		\$ 105,291,335.31	1.0000	\$ 105,291,335.31	385,017
Feb-21		\$ 118,478,049.02	1.0000	\$ 118,478,049.02	313,300
Mar-21		\$ 150,807,911.50	1.0000	\$ 150,807,911.50	318,312
Apr-21		\$ 153,548,769.44	1.0000	\$ 153,548,769.44	324,641
May-21		\$ 153,704,547.43	1.0000	\$ 153,704,547.43	336,270
Jun-21		\$ 167,214,052.24	1.0000	\$ 167,214,052.24	345,566
Jul-21		\$ 171,406,905.81	1.0000	\$ 171,406,905.81	353,417
Aug-21		\$ 187,211,641.10	1.0000	\$ 187,211,641.10	364,661
Sep-21		\$ 187,603,477.18	1.0000	\$ 187,603,477.18	376,426
Oct-21		\$ 187,132,830.39	1.0000	\$ 187,132,830.39	377,978
Nov-21		\$ 195,833,225.69	1.0000	\$ 195,833,225.69	378,160
Dec-21	\$ 2,203,274,345.15	\$ 211,722,411.73	1.0000	\$ 211,722,411.73	373,943
Jan-22		\$ 162,192,974.53	0.9992	\$ 162,329,808.28	343,329
Feb-22		\$ 159,982,150.15	0.9960	\$ 160,626,077.52	333,231
Mar-22		\$ 193,470,904.62	0.9995	\$ 193,564,452.71	332,271
Apr-22		\$ 186,229,625.90	0.9964	\$ 186,895,534.52	333,204
May-22		\$ 193,148,707.24	0.9940	\$ 194,311,236.39	335,257
Jun-22		\$ 194,334,008.56	0.9905	\$ 196,193,199.09	337,516
Jul-22		\$ 193,416,700.73	0.9834	\$ 196,677,015.75	341,017
Aug-22		\$ 214,780,206.65	0.9794	\$ 219,300,056.42	342,729
Sep-22		\$ 194,645,533.09	0.9677	\$ 201,147,217.62	333,562
Oct-22		\$ 202,351,332.47	0.9531	\$ 212,299,547.45	333,026
Nov-22		\$ 197,408,698.25	0.9369	\$ 210,713,317.05	333,116
Dec-22	\$ 2,340,003,955.36	\$ 190,543,877.38	0.9136	\$ 208,561,040.03	327,488

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ -	\$ (182,915,455.18)	\$ -	\$ -	\$ 67,689,835.51	\$ 641.44
					89.70%

Weight*
19.02%
22.58%
22.72%
4.40%
0.00%
31.27%
100.00%

Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
\$ 250.35		\$ (621,650.03)	\$ 146,659,531.99	\$ 502.10
\$ 302.83		\$ (4,477,966.70)	\$ 164,009,432.81	\$ 593.73
\$ 311.22		\$ (5,573,225.09)	\$ 163,662,302.88	\$ 606.19
\$ 386.32		\$ (5,687,463.48)	\$ 200,635,691.80	\$ 756.64
\$ 350.52		\$ (3,220,542.35)	\$ 179,609,359.16	\$ 693.55
\$ 338.02		\$ (2,730,546.15)	\$ 169,757,910.89	\$ 670.03
\$ 426.61		\$ (7,316,230.74)	\$ 205,882,732.58	\$ 829.75
\$ 391.49		\$ (5,120,896.37)	\$ 187,657,228.37	\$ 767.56
\$ 394.49		\$ (7,388,956.38)	\$ 183,718,909.29	\$ 763.83
\$ 463.41		\$ (6,168,567.75)	\$ 215,075,014.03	\$ 907.34
\$ 434.89		\$ (4,958,677.17)	\$ 199,488,018.14	\$ 854.67
\$ 458.34	21.2%	\$ (5,960,126.36)	\$ 204,863,569.03	\$ 897.05
\$ 320.95		\$ (817,059.88)	\$ 94,371,661.41	\$ 380.53
\$ 331.27		\$ (5,885,573.44)	\$ 91,804,010.09	\$ 372.30
\$ 352.44		\$ (7,325,116.02)	\$ 95,697,256.87	\$ 391.52
\$ 299.76		\$ (7,475,264.17)	\$ 79,843,380.08	\$ 327.80
\$ 320.85		\$ (4,232,889.57)	\$ 89,276,352.11	\$ 366.35
\$ 507.05		\$ (3,588,867.67)	\$ 144,321,972.68	\$ 591.69
\$ 503.25		\$ (9,616,019.11)	\$ 136,901,784.58	\$ 562.35
\$ 472.23		\$ (6,730,602.02)	\$ 130,271,085.67	\$ 537.01
\$ 489.34		\$ (9,711,605.37)	\$ 131,448,802.56	\$ 544.96
\$ 512.76		\$ (8,107,599.04)	\$ 138,508,234.53	\$ 579.32
\$ 454.92		\$ (6,517,390.73)	\$ 121,937,560.10	\$ 516.44
\$ 648.97	17.8%	\$ (7,833,636.06)	\$ 172,971,206.17	\$ 742.50
\$ 273.47		\$ (6,923,220.49)	\$ 125,920,810.43	\$ 327.05
\$ 378.16		\$ (7,671,439.77)	\$ 141,691,164.86	\$ 452.25
\$ 473.77		\$ (9,106,004.14)	\$ 180,355,338.63	\$ 566.60
\$ 472.98		\$ (8,551,858.15)	\$ 183,633,206.20	\$ 565.65
\$ 457.09		\$ (6,741,638.34)	\$ 183,819,505.40	\$ 546.64
\$ 483.88		\$ (12,387,546.19)	\$ 199,975,894.60	\$ 578.69
\$ 485.00		\$ (9,967,074.62)	\$ 204,990,243.77	\$ 580.02
\$ 513.39		\$ (10,629,380.39)	\$ 223,891,562.38	\$ 613.97
\$ 498.38		\$ (11,033,855.55)	\$ 224,360,169.96	\$ 596.03
\$ 495.09		\$ (10,261,009.84)	\$ 223,797,310.48	\$ 592.09
\$ 517.86		\$ (10,437,863.29)	\$ 234,202,353.07	\$ 619.32
\$ 566.19	16.4%	\$ (11,656,507.58)	\$ 253,204,668.67	\$ 677.12
\$ 472.81		\$ (12,847,038.83)	\$ 190,111,193.28	\$ 553.73
\$ 482.03		\$ (14,053,560.45)	\$ 188,115,883.29	\$ 564.52
\$ 582.55		\$ (15,782,439.64)	\$ 226,691,385.09	\$ 682.25
\$ 560.90		\$ (14,007,343.25)	\$ 218,881,137.49	\$ 656.90
\$ 579.59		\$ (14,304,509.83)	\$ 227,565,974.53	\$ 678.78
\$ 581.29		\$ (19,034,529.42)	\$ 229,770,019.37	\$ 680.77
\$ 576.74		\$ (14,769,533.82)	\$ 230,336,637.18	\$ 675.44
\$ 639.86		\$ (15,250,760.97)	\$ 256,831,421.49	\$ 749.37
\$ 603.03		\$ (15,393,486.76)	\$ 235,571,876.61	\$ 706.23
\$ 637.49		\$ (14,535,160.18)	\$ 248,632,834.13	\$ 746.59
\$ 632.55		\$ (16,532,090.25)	\$ 246,775,133.71	\$ 740.81
\$ 636.85	14.6%	\$ (16,405,001.79)	\$ 244,254,512.53	\$ 745.84

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information

Carrier Name:	Cigna Health and Life Insurance	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	0%
Rate Effective Date:	1/1/2024		
Incurred Dates:	1/1/2022 to 12/31/2022	Proj. Incurred Claim Impact:	0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	3,823	27,851	4,288,937	\$4,288,937
\$30,000	\$34,999	12	117	388,848	\$388,848
\$35,000	\$39,999	6	60	226,468	\$226,468
\$40,000	\$44,999	4	41	174,552	\$174,552
\$45,000	\$49,999	4	30	188,688	\$188,688
\$50,000	\$54,999	6	55	323,207	\$323,207
\$55,000	\$59,999	4	39	229,579	\$229,579
\$60,000	\$64,999	4	38	247,849	\$247,849
\$65,000	\$69,999	2	21	134,656	\$134,656
\$70,000	\$74,999	4	38	290,746	\$290,746
\$75,000	\$79,999	3	25	225,746	\$225,746
\$80,000	\$84,999	0	0	0	\$0
\$85,000	\$89,999	1	6	87,272	\$87,272
\$90,000	\$94,999	2	18	184,101	\$184,101
\$95,000	\$99,999	1	12	98,952	\$98,952
\$100,000	\$109,999	1	11	109,217	\$109,217
\$110,000	\$119,999	3	26	349,792	\$349,792
\$120,000	\$129,999	1	7	123,557	\$123,557
\$130,000	\$139,999	0	0	0	\$0
\$140,000	\$149,999	0	0	0	\$0
\$150,000	\$159,999	0	0	0	\$0
\$160,000	\$169,999	0	0	0	\$0
\$170,000	\$179,999	2	18	350,587	\$350,587
\$180,000	\$189,999	1	12	189,703	\$189,703
\$190,000	\$199,999	1	7	192,109	\$192,109
\$200,000	\$209,999	0	0	0	\$0
\$210,000	\$219,999	0	0	0	\$0
\$220,000	\$229,999	1	12	224,134	\$224,134
\$230,000	\$239,999	0	0	0	\$0
\$240,000	\$249,999	0	0	0	\$0
\$250,000	\$259,999	0	0	0	\$0
\$260,000	\$269,999	0	0	0	\$0
\$270,000	\$279,999	0	0	0	\$0
\$280,000	\$289,999	0	0	0	\$0
\$290,000	\$299,999	0	0	0	\$0
\$300,000	\$324,999	1	7	308,636	\$308,636
\$325,000	\$349,999	0	0	0	\$0
\$350,000	\$374,999	0	0	0	\$0
\$375,000	\$399,999	1	8	377,474	\$377,474
\$400,000	\$424,999	1	6	424,598	\$424,598
\$425,000	\$449,999	0	0	0	\$0
\$450,000	\$474,999	0	0	0	\$0
\$475,000	\$499,999	0	0	0	\$0
\$500,000	\$599,999	0	0	0	\$0
\$600,000	\$699,999	0	0	0	\$0
\$700,000	\$799,999	0	0	0	\$0
\$800,000	\$899,999	0	0	0	\$0
\$900,000	\$999,999	0	0	0	\$0
\$1,000,000+		0	0	0	\$0
Total		3,889	28,465	\$9,739,408	\$9,739,408

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Attachment Point: \$60,000
 Reinsurance Cap: \$100,000
 Coinsurance Rate: 0%

Proj. Incurred Claim Impact: 0.0%
 Proj. Morbidity Impact: 0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2024					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	3,812	27,751	4,482,861	\$4,482,861
\$30,000	\$34,999	14	128	455,773	\$455,773
\$35,000	\$39,999	9	89	335,191	\$335,191
\$40,000	\$44,999	6	60	255,324	\$255,324
\$45,000	\$49,999	4	41	196,793	\$196,793
\$50,000	\$54,999	3	22	157,602	\$157,602
\$55,000	\$59,999	2	20	114,529	\$114,529
\$60,000	\$64,999	7	63	431,588	\$431,588
\$65,000	\$69,999	4	36	269,535	\$269,535
\$70,000	\$74,999	2	21	142,128	\$142,128
\$75,000	\$79,999	3	31	231,545	\$231,545
\$80,000	\$84,999	5	45	417,296	\$417,296
\$85,000	\$89,999	1	8	85,277	\$85,277
\$90,000	\$94,999	0	0	0	\$0
\$95,000	\$99,999	1	6	98,392	\$98,392
\$100,000	\$109,999	2	18	207,559	\$207,559
\$110,000	\$119,999	1	12	111,560	\$111,560
\$120,000	\$129,999	1	11	123,134	\$123,134
\$130,000	\$139,999	4	33	533,663	\$533,663
\$140,000	\$149,999	0	0	0	\$0
\$150,000	\$159,999	0	0	0	\$0
\$160,000	\$169,999	0	0	0	\$0
\$170,000	\$179,999	0	0	0	\$0
\$180,000	\$189,999	0	0	0	\$0
\$190,000	\$199,999	1	12	192,450	\$192,450
\$200,000	\$209,999	1	6	202,809	\$202,809
\$210,000	\$219,999	2	19	430,462	\$430,462
\$220,000	\$229,999	0	0	0	\$0
\$230,000	\$239,999	0	0	0	\$0
\$240,000	\$249,999	0	0	0	\$0
\$250,000	\$259,999	1	12	252,693	\$252,693
\$260,000	\$269,999	0	0	0	\$0
\$270,000	\$279,999	0	0	0	\$0
\$280,000	\$289,999	0	0	0	\$0
\$290,000	\$299,999	0	0	0	\$0
\$300,000	\$324,999	0	0	0	\$0
\$325,000	\$349,999	1	7	347,962	\$347,962
\$350,000	\$374,999	0	0	0	\$0
\$375,000	\$399,999	0	0	0	\$0
\$400,000	\$424,999	0	0	0	\$0
\$425,000	\$449,999	1	8	425,572	\$425,572
\$450,000	\$474,999	0	0	0	\$0
\$475,000	\$499,999	1	6	478,699	\$478,699
\$500,000	\$599,999	0	0	0	\$0
\$600,000	\$699,999	0	0	0	\$0
\$700,000	\$799,999	0	0	0	\$0
\$800,000	\$899,999	0	0	0	\$0
\$900,000	\$999,999	0	0	0	\$0
\$1,000,000+		0	0	0	\$0
Total		3,889	28,465	\$10,980,397	\$10,980,397

**PA Rate Template Part II
Rate Development and Change**

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 432.88	\$ 641.44	← Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.124	1.128	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 486.56	\$ 723.39	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.016	0.019	← See URRT Instructions
Total Non-Morbidity Changes	0.902	1.011	
Change in Demographics	1.003	1.026	← See URRT Instructions
Change in Network	1.000	1.027	
Change in Benefits	1.001	1.002	← See URRT Instructions
Change in Other	0.898	0.957	← See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 445.70	\$ 451.88	
Credibility Factors	53%	47%	← See Instructions
Blended Projected EHB Claims PMPM	\$	\$ 448.60	← Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 448.60		← Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.799		
Projected Incurred EHB Claims PMPM	\$ 355.52		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-597.87		
Projected Incurred Exchange User Fees PMPM	515.38		
Projected Incurred Reinsurance Recoveries PMPM	50.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 468.77		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 591.51		← Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ -		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 468.77		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 591.51		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 530.91	← Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 1,106,883,565.86	
Blended Loss Ratio	84.18%	

Table 5A. Small Group Projected Index Rate with Quarterly Trend

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	\$ 448.60	\$ 448.60	\$ 448.60	\$ 448.60	\$ 448.60
Months of Trend		3	6	9	
Annual Trend	6.10%	6.10%	6.10%	6.10%	
Single Risk Pool Projected Allowed Claims	\$ 448.60	\$ 455.39	\$ 462.09	\$ 468.98	\$ -
Quarterly Trend Factor	1.000	1.015	1.030	1.045	0.000

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	10.03%	\$55.14
General and Claims	9.01%	\$49.54
Agent/Broker Fees and Commissions	0.86%	\$4.74
Quality Improvement Initiatives	0.16%	\$0.86
Taxes and Fees	2.70%	\$14.84
Risk Adjustment User Fee	0.04%	\$0.21
PCORI Fee	0.01%	\$0.05
PA Premium & Other Taxes (if applicable)	2.23%	\$12.25
Federal Income Tax	0.42%	\$2.31
Health Insurance Providers Fee (Prorated for Small Groups only)		\$0.00
Profit/Contingency (after tax)	2.00%	\$10.99
Total Retention	14.73%	\$80.97
Projected Required Revenue PMPM		\$ 549.74

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.633	1.572
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 534.36	\$ 591.51
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 327.24	\$ 376.09

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 314.43	\$ 349.36	\$ 34.93	11.1%
B. Base period allowed claims before normalization	\$ 533.11	\$ 530.91	\$ (2.20)	-0.7%
C. Normalization factor component of change	\$ (206.63)	\$ (193.35)	\$ 13.28	4.2%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 336.47	\$ 337.55	\$ 11.08	3.5%
D2. URRT Trend	\$ 36.12	\$ 42.45	\$ 6.33	2.0%
D3. URRT Morbidity	\$ (43.02)	\$ (65.00)	\$ (21.97)	-7.0%
D4. URRT Other	\$ (11.47)	\$ (14.84)	\$ (3.37)	-1.1%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 21.98	\$ 78.52	\$ 56.55	18.0%
D6. Normalized Exchange User Fee on an allowed basis	\$ 11.16	\$ 12.34	\$ 1.18	0.4%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (14.00)	\$ -	\$ 14.00	4.5%
D8. Subtotal - Sum(D1-D7)	\$ 327.24	\$ 391.03	\$ 63.79	20.3%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (67.54)	\$ (82.06)	\$ (14.51)	-4.6%
E3. Benefit Richness	\$ (1.64)	\$ (0.04)	\$ 1.61	0.5%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (69.19)	\$ (82.09)	\$ (12.91)	-4.3%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 39.43	\$ 35.04	\$ (4.39)	-1.4%
F2. Taxes and Fees	\$ 7.92	\$ 9.43	\$ 1.51	0.5%
F3. Profit and/or Contingency	\$ 6.29	\$ 6.99	\$ 0.70	0.2%
F4. Subtotal - Sum(F1-F3)	\$ 53.64	\$ 51.46	\$ (2.19)	-0.7%
G. Change in Miscellaneous Items			\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 311.70	\$ 360.40	\$ 48.70	15.5%

Table 9. Year-over-Year Data to Support Table 8

	2023	2024	
Paid-to-Allowed	0.794	0.792	
URRT Trend (Total Applied Trend Factor)	1.111	1.136	← URRT W1, S2
URRT Morbidity	0.881	0.829	← URRT W1, S2
URRT "Other"	0.964	0.953	← URRT W1, S2
Risk Adjustment	\$ 28.48	\$ 97.87	← URRT W1, S3
Exchange User Fee	\$ 14.46	\$ 15.38	← URRT W1, S3
Reinsurance Recoveries	\$ 18.14	\$ -	← URRT W1, S3
Capitation	\$ -	\$ -	← URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.794	0.790	← For 2023 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	0.994	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	12.54%	10.03%	
Taxes and Fees	2.52%	2.70%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024
 Base Period Start Date: 1/1/2022
 Date of Most Recent Membership: 2/1/2023
 Market Adjusted Index Rate: \$ 591.51

Age Calibrator
 Geographic Cal
 Tobacco Calibr
 Aggregate Call

											45 CFR Part 156.8 (d) (2) Allowable Factors									
Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2023 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2024	1/1/2024 HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs			
Totals - Current Membership							0.266			0.790	1.000	1.000	1.000	1.000	1.000	1.023	\$ 468.41	10.0%		
Total - Projected Membership							0.318			0.790	1.000	1.000	1.000	1.000	1.000	1.022	\$ 468.56	10.0%		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Plan 1	13401PA0010001	EPO	Connect Bronze 9100	M		Bronze	60.17%	Approach 1	On/Off	0.691	0.952	1.000	1.000	1.000	1.000	1.000	1.000	\$389.04	10.0%	
Plan 2	13401PA0010002	EPO	Connect Bronze 7800	M		Expanded Br	64.36%	Approach 1	On/Off	0.725	0.965	1.000	1.000	1.000	1.000	1.000	1.000	\$413.70	10.0%	
Plan 3	13401PA0010003	EPO	Connect Bronze 6500	M		Expanded Br	0.6488	Approach 1	On/Off	0.727	0.966	1.000	1.000	1.000	1.000	1.000	1.000	\$415.48	10.0%	
Plan 4	13401PA0010004	EPO	Connect Bronze 6800 Enhanced Diabetes Care	M		Expanded Br	0.6422	Approach 1	On/Off	0.725	0.966	1.000	1.000	1.000	1.000	1.000	1.000	\$414.29	10.0%	
Plan 5	13401PA0010005	EPO	Connect Bronze HSA 6100	M		Expanded Br	64.32%	Approach 1	On/Off	0.734	0.969	1.000	1.000	1.000	1.000	1.000	1.000	\$420.62	10.0%	
Plan 6	13401PA0010019	EPO	Connect Bronze 0	M		Expanded Br	64.88%	Approach 1	On/Off	0.788	0.996	1.000	1.000	1.000	1.000	1.000	1.000	\$463.98	10.0%	
Plan 7	13401PA0010006	EPO	Connect Silver 5550	M		Silver	70.05%	Approach 1	On/Off	0.710	1.043	1.000	1.000	1.000	1.220	1.000	1.000	\$534.84	10.0%	
Plan 8	13401PA0010007	EPO	Connect Silver 6000	M		Silver	70.29%	Approach 1	On/Off	0.715	1.047	1.000	1.000	1.000	1.220	1.000	1.000	\$540.05	10.0%	
Plan 9	13401PA0010013	EPO	Connect Silver 2000	M		Silver	71.21%	Approach 1	Off	0.729	0.967	1.000	1.000	1.000	1.000	1.000	1.000	\$417.13	10.0%	
Plan 10	13401PA0010014	EPO	Connect Gold 1000	M		Gold	78.10%	Approach 1	On/Off	0.835	1.023	1.000	1.000	1.000	1.000	1.000	1.000	\$505.50	10.0%	
Plan 11	13401PA0010015	EPO	Connect Gold 2500	M		Gold	0.7801	Approach 1	On/Off	0.839	1.025	1.000	1.000	1.000	1.000	1.000	1.000	\$508.64	10.0%	
Plan 12	13401PA0010020	EPO	Connect Bronze 7600 Enhanced Asthma COPD Care	DM	13401PA0010002	Expanded Br	64.36%	Approach 1	On/Off	0.725	0.965	1.000	1.000	1.000	1.000	1.000	1.000	\$413.70	10.0%	
Plan 13	13401PA0010008	EPO	Connect Silver 3600	DM	13401PA0010006	Silver	70.05%	Approach 1	On/Off	0.710	1.043	1.000	1.000	1.000	1.220	1.000	1.000	\$534.84	10.0%	
Plan 14	13401PA0010009	EPO	Connect Silver 3000	DM	13401PA0010006	Silver	70.05%	Approach 1	On/Off	0.710	1.043	1.000	1.000	1.000	1.220	1.000	1.000	\$534.84	10.0%	
Plan 15	13401PA0010010	EPO	Connect Silver 3800 Enhanced Diabetes Care	DM	13401PA0010007	Silver	70.29%	Approach 1	On/Off	0.715	1.047	1.000	1.000	1.000	1.220	1.000	1.000	\$540.05	10.0%	
Plan 16	13401PA0010011	EPO	Connect Silver 4200 Enhanced Asthma COPD Care	DM	13401PA0010007	Silver	70.29%	Approach 1	On/Off	0.715	1.047	1.000	1.000	1.000	1.220	1.000	1.000	\$540.05	10.0%	
Plan 17	13401PA0010012	EPO	Connect Silver 4400	DM	13401PA0010013	Silver	71.21%	Approach 1	Off	0.729	0.967	1.000	1.000	1.000	1.000	1.000	1.000	\$417.13	10.0%	
Plan 18	13401PA0010021	EPO	Connect HSA Silver 5400	DM	13401PA0010013	Silver	71.21%	Approach 1	Off	0.729	0.967	1.000	1.000	1.000	1.000	1.000	1.000	\$417.13	10.0%	
Plan 19	13401PA0010016	EPO	Connect Gold 750	DM	13401PA0010014	Gold	78.10%	Approach 1	On/Off	0.835	1.023	1.000	1.000	1.000	1.000	1.000	1.000	\$505.50	10.0%	
Plan 20	13401PA0010017	EPO	Connect Gold 1900 Enhanced Diabetes Care	DM	13401PA0010014	Gold	78.10%	Approach 1	On/Off	0.835	1.023	1.000	1.000	1.000	1.000	1.000	1.000	\$505.50	10.0%	
Plan 21	13401PA0010018	EPO	Connect Gold 900	DM	13401PA0010013	Gold	71.21%	Approach 1	Off	0.729	0.967	1.000	1.000	1.000	1.000	1.000	1.000	\$417.13	10.0%	
Plan 22	13401PA0010022	EPO	Connect Gold 2100 Enhanced Asthma COPD Care	DM	13401PA0010015	Gold	0.7801	Approach 1	On/Off	0.839	1.025	1.000	1.000	1.000	1.000	1.000	1.000	\$508.64	10.0%	

PA Rate Template Part IV A - Individual

Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Plan Number	HIOS Plan ID (Standard Component)	1/1/2023 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2024	1/1/2024 Plan HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Totals These cells auto-fill using the data entered in Table 10.

Plan 1	13401PA0010001	Connect Bronze 9100	M	0	Bronze	On/Off
Plan 2	13401PA0010002	Connect Bronze 7800	M	0	Expanded Bron	On/Off
Plan 3	13401PA0010003	Connect Bronze 6500	M	0	Expanded Bron	On/Off
Plan 4	13401PA0010004	ronze 6800 Enhanced Dia	M	0	Expanded Bron	On/Off
Plan 5	13401PA0010005	Connect Bronze HSA 6100	M	0	Expanded Bron	On/Off
Plan 6	13401PA0010019	Connect Bronze 0	M	0	Expanded Bron	On/Off
Plan 7	13401PA0010006	Connect Silver 5550	M	0	Silver	On/Off
Plan 8	13401PA0010007	Connect Silver 6000	M	0	Silver	On/Off
Plan 9	13401PA0010013	Connect Silver 2000	M	0	Silver	Off
Plan 10	13401PA0010014	Connect Gold 1000	M	0	Gold	On/Off
Plan 11	13401PA0010015	Connect Gold 2500	M	0	Gold	On/Off
Plan 12	13401PA0010020	nze 7600 Enhanced Asthm	DM	13401PA0010002	Expanded Bron	On/Off
Plan 13	13401PA0010008	Connect Silver 3600	DM	13401PA0010006	Silver	On/Off
Plan 14	13401PA0010009	Connect Silver 3000	DM	13401PA0010006	Silver	On/Off
Plan 15	13401PA0010010	ilver 3800 Enhanced Diat	DM	13401PA0010007	Silver	On/Off
Plan 16	13401PA0010011	er 4200 Enhanced Asthm	DM	13401PA0010007	Silver	On/Off
Plan 17	13401PA0010012	Connect Silver 4400	DM	13401PA0010013	Silver	Off
Plan 18	13401PA0010021	Connect HSA Silver 5400	DM	13401PA0010013	Silver	Off
Plan 19	13401PA0010016	Connect Gold 750	DM	13401PA0010014	Gold	On/Off
Plan 20	13401PA0010017	Gold 1900 Enhanced Diat	DM	13401PA0010014	Gold	On/Off
Plan 21	13401PA0010018	Connect Gold 900	DM	13401PA0010013	Gold	Off
Plan 22	13401PA0010022	ld 2100 Enhanced Asthm	DM	13401PA0010015	Gold	On/Off

2023 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 314.43	\$ -	\$ 314.43

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 261.58	\$ -	\$ 261.58
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 274.05	\$ -	\$ 274.05
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 278.35	\$ -	\$ 278.35
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 275.71	\$ -	\$ 275.71
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 283.68	\$ -	\$ 283.68
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 302.34	\$ -	\$ 302.34
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 358.05	\$ -	\$ 358.05
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 359.04	\$ -	\$ 359.04
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 277.13	\$ -	\$ 277.13
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 334.61	\$ -	\$ 334.61
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 331.73	\$ -	\$ 331.73
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 276.10	\$ -	\$ 276.10
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 362.00	\$ -	\$ 362.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 364.52	\$ -	\$ 364.52
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 361.17	\$ -	\$ 361.17
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 361.52	\$ -	\$ 361.52
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 270.78	\$ -	\$ 270.78
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 279.50	\$ -	\$ 279.50
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 359.83	\$ -	\$ 359.83
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 336.75	\$ -	\$ 336.75
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 356.99	\$ -	\$ 356.99
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 333.19	\$ -	\$ 333.19

2024 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 349.36	\$ -	\$ 349.36

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 290.16	\$ -	\$ 290.16
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 308.56	\$ -	\$ 308.56
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 309.89	\$ -	\$ 309.89
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 309.00	\$ -	\$ 309.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 313.72	\$ -	\$ 313.72
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 346.06	\$ -	\$ 346.06
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 398.92	\$ -	\$ 398.92
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 402.80	\$ -	\$ 402.80
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 311.12	\$ -	\$ 311.12
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 377.03	\$ -	\$ 377.03
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 379.37	\$ -	\$ 379.37
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 308.56	\$ -	\$ 308.56
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 398.92	\$ -	\$ 398.92
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 398.92	\$ -	\$ 398.92
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 402.80	\$ -	\$ 402.80
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 402.80	\$ -	\$ 402.80
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 311.12	\$ -	\$ 311.12
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 311.12	\$ -	\$ 311.12
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 377.03	\$ -	\$ 377.03
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 377.03	\$ -	\$ 377.03
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 311.12	\$ -	\$ 311.12
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 379.37	\$ -	\$ 379.37

Change in 21-year-old Non-Tobacco Premium PMPM										
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	11.1%

									10.9%	11%
									12.6%	13%
									11.3%	11%
									12.1%	12%
									10.6%	11%
									14.5%	14%
									11.4%	11%
									12.2%	12%
									12.3%	12%
									12.7%	13%
									14.4%	14%
									11.8%	12%
									10.2%	10%
									9.4%	9%
									11.5%	12%
									11.4%	11%
									14.9%	15%
									11.3%	11%
									4.8%	5%
									12.0%	12%
									-12.8%	-13%
									13.9%	14%

Clarion

0

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	11.44%
Revised Requested Average Rate Change:	11.11%
Minimum Requested Rate Change:	-12.85%
Maximum Requested Rate Change:	14.90%
Mapped Members:	2,802
Available in Rating Areas:	Rating Area 8

Key Information

Jan. 2022 - Dec. 2022 Financial Experience

Premium	\$	13,361,748.76
Claims	\$	11,765,380.10
Administrative Expenses	\$	1,364,234.55
Taxes & Fees	\$	336,716.07
Company Made After Taxes	\$	(104,581.96)

Carrier Name:	Cigna Health and Life Insurance
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	1/1/2024

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:

Claims:	82%
Administrative Expenses:	10%
Taxes & Fees:	5%
Profit:	2%

Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas	Text
1			1
2			1
3			1
4			1
5			1
6			1
7			1
8	8		1 8
9			0

The company expects its annual medical costs to increase:

6.02%

Explanation of requested rate change:

The requested rate change is mainly driven by the medical inflation and unit cost changes of medical services year over year

2024 Rates Table Template v13.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	13401				
Rate Effective Date*	1/1/2024				
Rate Expiration Date*	12/31/2024				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	
13401PA0010001	Rating Area 8	No Preference	0-14	221.98	
13401PA0010001	Rating Area 8	No Preference	15	241.71	
13401PA0010001	Rating Area 8	No Preference	16	249.25	
13401PA0010001	Rating Area 8	No Preference	17	256.80	
13401PA0010001	Rating Area 8	No Preference	18	264.92	
13401PA0010001	Rating Area 8	No Preference	19	273.04	
13401PA0010001	Rating Area 8	No Preference	20	281.46	
13401PA0010001	Rating Area 8	No Preference	21	290.16	
13401PA0010001	Rating Area 8	No Preference	22	290.16	
13401PA0010001	Rating Area 8	No Preference	23	290.16	
13401PA0010001	Rating Area 8	No Preference	24	290.16	
13401PA0010001	Rating Area 8	No Preference	25	291.33	
13401PA0010001	Rating Area 8	No Preference	26	297.13	
13401PA0010001	Rating Area 8	No Preference	27	304.09	
13401PA0010001	Rating Area 8	No Preference	28	315.41	
13401PA0010001	Rating Area 8	No Preference	29	324.69	
13401PA0010001	Rating Area 8	No Preference	30	329.34	
13401PA0010001	Rating Area 8	No Preference	31	336.30	
13401PA0010001	Rating Area 8	No Preference	32	343.26	
13401PA0010001	Rating Area 8	No Preference	33	347.62	
13401PA0010001	Rating Area 8	No Preference	34	352.26	
13401PA0010001	Rating Area 8	No Preference	35	354.58	
13401PA0010001	Rating Area 8	No Preference	36	356.90	
13401PA0010001	Rating Area 8	No Preference	37	359.22	
13401PA0010001	Rating Area 8	No Preference	38	361.55	
13401PA0010001	Rating Area 8	No Preference	39	366.19	
13401PA0010001	Rating Area 8	No Preference	40	370.83	
13401PA0010001	Rating Area 8	No Preference	41	377.79	
13401PA0010001	Rating Area 8	No Preference	42	384.47	
13401PA0010001	Rating Area 8	No Preference	43	393.75	
13401PA0010001	Rating Area 8	No Preference	44	405.36	
13401PA0010001	Rating Area 8	No Preference	45	419.00	
13401PA0010001	Rating Area 8	No Preference	46	435.25	
13401PA0010001	Rating Area 8	No Preference	47	453.53	
13401PA0010001	Rating Area 8	No Preference	48	474.42	
13401PA0010001	Rating Area 8	No Preference	49	495.02	
13401PA0010001	Rating Area 8	No Preference	50	518.23	
13401PA0010001	Rating Area 8	No Preference	51	541.16	
13401PA0010001	Rating Area 8	No Preference	52	566.40	
13401PA0010001	Rating Area 8	No Preference	53	591.94	
13401PA0010001	Rating Area 8	No Preference	54	619.50	
13401PA0010001	Rating Area 8	No Preference	55	647.07	
13401PA0010001	Rating Area 8	No Preference	56	676.95	
13401PA0010001	Rating Area 8	No Preference	57	707.13	
13401PA0010001	Rating Area 8	No Preference	58	739.34	
13401PA0010001	Rating Area 8	No Preference	59	755.30	
13401PA0010001	Rating Area 8	No Preference	60	787.51	
13401PA0010001	Rating Area 8	No Preference	61	815.36	
13401PA0010001	Rating Area 8	No Preference	62	833.64	
13401PA0010001	Rating Area 8	No Preference	63	856.57	
13401PA0010001	Rating Area 8	No Preference	64 and over	870.48	
13401PA0010002	Rating Area 8	No Preference	0-14	236.05	
13401PA0010002	Rating Area 8	No Preference	15	257.03	
13401PA0010002	Rating Area 8	No Preference	16	265.05	
13401PA0010002	Rating Area 8	No Preference	17	273.08	
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13401PA0010002	Rating Area 8	No Preference	22	308.56	
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13401PA0010002	Rating Area 8	No Preference	29	345.28	
13401PA0010002	Rating Area 8	No Preference	30	350.22	
13401PA0010002	Rating Area 8	No Preference	31	357.62	
13401PA0010002	Rating Area 8	No Preference	32	365.03	
13401PA0010002	Rating Area 8	No Preference	33	369.66	
13401PA0010002	Rating Area 8	No Preference	34	374.59	
13401PA0010002	Rating Area 8	No Preference	35	377.06	
13401PA0010002	Rating Area 8	No Preference	36	379.53	

13401PA0010002	Rating Area 8	No Preference	37	382.00
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13401PA0010002	Rating Area 8	No Preference	40	394.34
13401PA0010002	Rating Area 8	No Preference	41	401.75
13401PA0010002	Rating Area 8	No Preference	42	408.84
13401PA0010002	Rating Area 8	No Preference	43	418.72
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13401PA0010002	Rating Area 8	No Preference	53	629.47
13401PA0010002	Rating Area 8	No Preference	54	658.78
13401PA0010002	Rating Area 8	No Preference	55	688.09
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13401PA0010002	Rating Area 8	No Preference	57	751.97
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13401PA0010002	Rating Area 8	No Preference	60	837.44
13401PA0010002	Rating Area 8	No Preference	61	867.06
13401PA0010002	Rating Area 8	No Preference	62	886.50
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13401PA0010003	Rating Area 8	No Preference	20	300.59
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13401PA0010003	Rating Area 8	No Preference	49	528.66
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13401PA0010003	Rating Area 8	No Preference	55	691.04
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13401PA0010003	Rating Area 8	No Preference	57	755.19
13401PA0010003	Rating Area 8	No Preference	58	789.59
13401PA0010003	Rating Area 8	No Preference	59	806.63
13401PA0010003	Rating Area 8	No Preference	60	841.03
13401PA0010003	Rating Area 8	No Preference	61	870.78
13401PA0010003	Rating Area 8	No Preference	62	890.30
13401PA0010003	Rating Area 8	No Preference	63	914.78
13401PA0010003	Rating Area 8	No Preference	64 and over	929.66
13401PA0010004	Rating Area 8	No Preference	0-14	236.39
13401PA0010004	Rating Area 8	No Preference	15	257.40
13401PA0010004	Rating Area 8	No Preference	16	265.43
13401PA0010004	Rating Area 8	No Preference	17	273.47
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13401PA0010004	Rating Area 8	No Preference	23	309.00
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13401PA0010004	Rating Area 8	No Preference	27	323.84

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13401PA0010004	Rating Area 8	No Preference	30	350.72
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13401PA0010004	Rating Area 8	No Preference	35	377.60
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13401PA0010004	Rating Area 8	No Preference	41	402.32
13401PA0010004	Rating Area 8	No Preference	42	409.43
13401PA0010004	Rating Area 8	No Preference	43	419.32
13401PA0010004	Rating Area 8	No Preference	44	431.68
13401PA0010004	Rating Area 8	No Preference	45	446.20
13401PA0010004	Rating Area 8	No Preference	46	463.50
13401PA0010004	Rating Area 8	No Preference	47	482.97
13401PA0010004	Rating Area 8	No Preference	48	505.22
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13401PA0010004	Rating Area 8	No Preference	51	576.29
13401PA0010004	Rating Area 8	No Preference	52	603.17
13401PA0010004	Rating Area 8	No Preference	53	630.37
13401PA0010004	Rating Area 8	No Preference	54	659.72
13401PA0010004	Rating Area 8	No Preference	55	689.08
13401PA0010004	Rating Area 8	No Preference	56	720.90
13401PA0010004	Rating Area 8	No Preference	57	753.04
13401PA0010004	Rating Area 8	No Preference	58	787.34
13401PA0010004	Rating Area 8	No Preference	59	804.33
13401PA0010004	Rating Area 8	No Preference	60	838.63
13401PA0010004	Rating Area 8	No Preference	61	868.30
13401PA0010004	Rating Area 8	No Preference	62	887.77
13401PA0010004	Rating Area 8	No Preference	63	912.18
13401PA0010004	Rating Area 8	No Preference	64 and over	927.00
13401PA0010005	Rating Area 8	No Preference	0-14	240.00
13401PA0010005	Rating Area 8	No Preference	15	261.33
13401PA0010005	Rating Area 8	No Preference	16	269.49
13401PA0010005	Rating Area 8	No Preference	17	277.65
13401PA0010005	Rating Area 8	No Preference	18	286.43
13401PA0010005	Rating Area 8	No Preference	19	295.21
13401PA0010005	Rating Area 8	No Preference	20	304.31
13401PA0010005	Rating Area 8	No Preference	21	313.72
13401PA0010005	Rating Area 8	No Preference	22	313.72
13401PA0010005	Rating Area 8	No Preference	23	313.72
13401PA0010005	Rating Area 8	No Preference	24	313.72
13401PA0010005	Rating Area 8	No Preference	25	314.98
13401PA0010005	Rating Area 8	No Preference	26	321.25
13401PA0010005	Rating Area 8	No Preference	27	328.78
13401PA0010005	Rating Area 8	No Preference	28	341.02
13401PA0010005	Rating Area 8	No Preference	29	351.06
13401PA0010005	Rating Area 8	No Preference	30	356.08
13401PA0010005	Rating Area 8	No Preference	31	363.61
13401PA0010005	Rating Area 8	No Preference	32	371.14
13401PA0010005	Rating Area 8	No Preference	33	375.84
13401PA0010005	Rating Area 8	No Preference	34	380.86
13401PA0010005	Rating Area 8	No Preference	35	383.37
13401PA0010005	Rating Area 8	No Preference	36	385.88
13401PA0010005	Rating Area 8	No Preference	37	388.39
13401PA0010005	Rating Area 8	No Preference	38	390.90
13401PA0010005	Rating Area 8	No Preference	39	395.92
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13401PA0010005	Rating Area 8	No Preference	41	408.47
13401PA0010005	Rating Area 8	No Preference	42	415.68
13401PA0010005	Rating Area 8	No Preference	43	425.72
13401PA0010005	Rating Area 8	No Preference	44	438.27
13401PA0010005	Rating Area 8	No Preference	45	453.02
13401PA0010005	Rating Area 8	No Preference	46	470.59
13401PA0010005	Rating Area 8	No Preference	47	490.35
13401PA0010005	Rating Area 8	No Preference	48	512.94
13401PA0010005	Rating Area 8	No Preference	49	535.21
13401PA0010005	Rating Area 8	No Preference	50	560.31
13401PA0010005	Rating Area 8	No Preference	51	585.09
13401PA0010005	Rating Area 8	No Preference	52	612.39
13401PA0010005	Rating Area 8	No Preference	53	640.00
13401PA0010005	Rating Area 8	No Preference	54	669.80
13401PA0010005	Rating Area 8	No Preference	55	699.60
13401PA0010005	Rating Area 8	No Preference	56	731.92
13401PA0010005	Rating Area 8	No Preference	57	764.54
13401PA0010005	Rating Area 8	No Preference	58	799.37
13401PA0010005	Rating Area 8	No Preference	59	816.62
13401PA0010005	Rating Area 8	No Preference	60	851.45
13401PA0010005	Rating Area 8	No Preference	61	881.56
13401PA0010005	Rating Area 8	No Preference	62	901.33
13401PA0010005	Rating Area 8	No Preference	63	926.11
13401PA0010005	Rating Area 8	No Preference	64 and over	941.16
13401PA0010019	Rating Area 8	No Preference	0-14	264.74
13401PA0010019	Rating Area 8	No Preference	15	288.27
13401PA0010019	Rating Area 8	No Preference	16	297.27
13401PA0010019	Rating Area 8	No Preference	17	306.26
13401PA0010019	Rating Area 8	No Preference	18	315.95

13401PA0010019	Rating Area 8	No Preference	19	325.64
13401PA0010019	Rating Area 8	No Preference	20	335.68
13401PA0010019	Rating Area 8	No Preference	21	346.06
13401PA0010019	Rating Area 8	No Preference	22	346.06
13401PA0010019	Rating Area 8	No Preference	23	346.06
13401PA0010019	Rating Area 8	No Preference	24	346.06
13401PA0010019	Rating Area 8	No Preference	25	347.45
13401PA0010019	Rating Area 8	No Preference	26	354.37
13401PA0010019	Rating Area 8	No Preference	27	362.67
13401PA0010019	Rating Area 8	No Preference	28	376.17
13401PA0010019	Rating Area 8	No Preference	29	387.24
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13401PA0010019	Rating Area 8	No Preference	31	401.09
13401PA0010019	Rating Area 8	No Preference	32	409.39
13401PA0010019	Rating Area 8	No Preference	33	414.58
13401PA0010019	Rating Area 8	No Preference	34	420.12
13401PA0010019	Rating Area 8	No Preference	35	422.89
13401PA0010019	Rating Area 8	No Preference	36	425.66
13401PA0010019	Rating Area 8	No Preference	37	428.42
13401PA0010019	Rating Area 8	No Preference	38	431.19
13401PA0010019	Rating Area 8	No Preference	39	436.73
13401PA0010019	Rating Area 8	No Preference	40	442.27
13401PA0010019	Rating Area 8	No Preference	41	450.57
13401PA0010019	Rating Area 8	No Preference	42	458.53
13401PA0010019	Rating Area 8	No Preference	43	469.61
13401PA0010019	Rating Area 8	No Preference	44	483.45
13401PA0010019	Rating Area 8	No Preference	45	499.71
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13401PA0010019	Rating Area 8	No Preference	47	540.90
13401PA0010019	Rating Area 8	No Preference	48	565.81
13401PA0010019	Rating Area 8	No Preference	49	590.38
13401PA0010019	Rating Area 8	No Preference	50	618.07
13401PA0010019	Rating Area 8	No Preference	51	645.41
13401PA0010019	Rating Area 8	No Preference	52	675.51
13401PA0010019	Rating Area 8	No Preference	53	705.97
13401PA0010019	Rating Area 8	No Preference	54	738.84
13401PA0010019	Rating Area 8	No Preference	55	771.72
13401PA0010019	Rating Area 8	No Preference	56	807.36
13401PA0010019	Rating Area 8	No Preference	57	843.35
13401PA0010019	Rating Area 8	No Preference	58	881.77
13401PA0010019	Rating Area 8	No Preference	59	900.80
13401PA0010019	Rating Area 8	No Preference	60	939.21
13401PA0010019	Rating Area 8	No Preference	61	972.43
13401PA0010019	Rating Area 8	No Preference	62	994.24
13401PA0010019	Rating Area 8	No Preference	63	1021.58
13401PA0010019	Rating Area 8	No Preference	64 and over	1038.18
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13401PA0010006	Rating Area 8	No Preference	15	332.30
13401PA0010006	Rating Area 8	No Preference	16	342.67
13401PA0010006	Rating Area 8	No Preference	17	353.04
13401PA0010006	Rating Area 8	No Preference	18	364.21
13401PA0010006	Rating Area 8	No Preference	19	375.38
13401PA0010006	Rating Area 8	No Preference	20	386.95
13401PA0010006	Rating Area 8	No Preference	21	398.92
13401PA0010006	Rating Area 8	No Preference	22	398.92
13401PA0010006	Rating Area 8	No Preference	23	398.92
13401PA0010006	Rating Area 8	No Preference	24	398.92
13401PA0010006	Rating Area 8	No Preference	25	400.51
13401PA0010006	Rating Area 8	No Preference	26	408.49
13401PA0010006	Rating Area 8	No Preference	27	418.06
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13401PA0010006	Rating Area 8	No Preference	29	446.39
13401PA0010006	Rating Area 8	No Preference	30	452.77
13401PA0010006	Rating Area 8	No Preference	31	462.34
13401PA0010006	Rating Area 8	No Preference	32	471.92
13401PA0010006	Rating Area 8	No Preference	33	477.90
13401PA0010006	Rating Area 8	No Preference	34	484.28
13401PA0010006	Rating Area 8	No Preference	35	487.47
13401PA0010006	Rating Area 8	No Preference	36	490.67
13401PA0010006	Rating Area 8	No Preference	37	493.86
13401PA0010006	Rating Area 8	No Preference	38	497.05
13401PA0010006	Rating Area 8	No Preference	39	503.43
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13401PA0010006	Rating Area 8	No Preference	41	519.39
13401PA0010006	Rating Area 8	No Preference	42	528.56
13401PA0010006	Rating Area 8	No Preference	43	541.33
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13401PA0010006	Rating Area 8	No Preference	45	576.03
13401PA0010006	Rating Area 8	No Preference	46	598.37
13401PA0010006	Rating Area 8	No Preference	47	623.51
13401PA0010006	Rating Area 8	No Preference	48	652.23
13401PA0010006	Rating Area 8	No Preference	49	680.55
13401PA0010006	Rating Area 8	No Preference	50	712.46
13401PA0010006	Rating Area 8	No Preference	51	743.98
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13401PA0010006	Rating Area 8	No Preference	57	972.16
13401PA0010006	Rating Area 8	No Preference	58	1016.44
13401PA0010006	Rating Area 8	No Preference	59	1038.38
13401PA0010006	Rating Area 8	No Preference	60	1082.66

13401PA0010006	Rating Area 8	No Preference	61	1120.95
13401PA0010006	Rating Area 8	No Preference	62	1146.08
13401PA0010006	Rating Area 8	No Preference	63	1177.60
13401PA0010006	Rating Area 8	No Preference	64 and over	1196.75
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13401PA0010007	Rating Area 8	No Preference	17	356.48
13401PA0010007	Rating Area 8	No Preference	18	367.75
13401PA0010007	Rating Area 8	No Preference	19	379.03
13401PA0010007	Rating Area 8	No Preference	20	390.71
13401PA0010007	Rating Area 8	No Preference	21	402.80
13401PA0010007	Rating Area 8	No Preference	22	402.80
13401PA0010007	Rating Area 8	No Preference	23	402.80
13401PA0010007	Rating Area 8	No Preference	24	402.80
13401PA0010007	Rating Area 8	No Preference	25	404.41
13401PA0010007	Rating Area 8	No Preference	26	412.47
13401PA0010007	Rating Area 8	No Preference	27	422.13
13401PA0010007	Rating Area 8	No Preference	28	437.84
13401PA0010007	Rating Area 8	No Preference	29	450.73
13401PA0010007	Rating Area 8	No Preference	30	457.18
13401PA0010007	Rating Area 8	No Preference	31	466.84
13401PA0010007	Rating Area 8	No Preference	32	476.51
13401PA0010007	Rating Area 8	No Preference	33	482.55
13401PA0010007	Rating Area 8	No Preference	34	489.00
13401PA0010007	Rating Area 8	No Preference	35	492.22
13401PA0010007	Rating Area 8	No Preference	36	495.44
13401PA0010007	Rating Area 8	No Preference	37	498.66
13401PA0010007	Rating Area 8	No Preference	38	501.89
13401PA0010007	Rating Area 8	No Preference	39	508.33
13401PA0010007	Rating Area 8	No Preference	40	514.78
13401PA0010007	Rating Area 8	No Preference	41	524.44
13401PA0010007	Rating Area 8	No Preference	42	533.71
13401PA0010007	Rating Area 8	No Preference	43	546.60
13401PA0010007	Rating Area 8	No Preference	44	562.71
13401PA0010007	Rating Area 8	No Preference	45	581.64
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13401PA0010007	Rating Area 8	No Preference	47	629.57
13401PA0010007	Rating Area 8	No Preference	48	658.57
13401PA0010007	Rating Area 8	No Preference	49	687.17
13401PA0010007	Rating Area 8	No Preference	50	719.40
13401PA0010007	Rating Area 8	No Preference	51	751.22
13401PA0010007	Rating Area 8	No Preference	52	786.26
13401PA0010007	Rating Area 8	No Preference	53	821.71
13401PA0010007	Rating Area 8	No Preference	54	859.97
13401PA0010007	Rating Area 8	No Preference	55	898.24
13401PA0010007	Rating Area 8	No Preference	56	939.73
13401PA0010007	Rating Area 8	No Preference	57	981.62
13401PA0010007	Rating Area 8	No Preference	58	1026.33
13401PA0010007	Rating Area 8	No Preference	59	1048.48
13401PA0010007	Rating Area 8	No Preference	60	1093.19
13401PA0010007	Rating Area 8	No Preference	61	1131.86
13401PA0010007	Rating Area 8	No Preference	62	1157.24
13401PA0010007	Rating Area 8	No Preference	63	1189.06
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13401PA0010013	Rating Area 8	No Preference	15	259.16
13401PA0010013	Rating Area 8	No Preference	16	267.25
13401PA0010013	Rating Area 8	No Preference	17	275.34
13401PA0010013	Rating Area 8	No Preference	18	284.05
13401PA0010013	Rating Area 8	No Preference	19	292.76
13401PA0010013	Rating Area 8	No Preference	20	301.79
13401PA0010013	Rating Area 8	No Preference	21	311.12
13401PA0010013	Rating Area 8	No Preference	22	311.12
13401PA0010013	Rating Area 8	No Preference	23	311.12
13401PA0010013	Rating Area 8	No Preference	24	311.12
13401PA0010013	Rating Area 8	No Preference	25	312.37
13401PA0010013	Rating Area 8	No Preference	26	318.59
13401PA0010013	Rating Area 8	No Preference	27	326.05
13401PA0010013	Rating Area 8	No Preference	28	338.19
13401PA0010013	Rating Area 8	No Preference	29	348.14
13401PA0010013	Rating Area 8	No Preference	30	353.12
13401PA0010013	Rating Area 8	No Preference	31	360.59
13401PA0010013	Rating Area 8	No Preference	32	368.06
13401PA0010013	Rating Area 8	No Preference	33	372.72
13401PA0010013	Rating Area 8	No Preference	34	377.70
13401PA0010013	Rating Area 8	No Preference	35	380.19
13401PA0010013	Rating Area 8	No Preference	36	382.68
13401PA0010013	Rating Area 8	No Preference	37	385.17
13401PA0010013	Rating Area 8	No Preference	38	387.66
13401PA0010013	Rating Area 8	No Preference	39	392.63
13401PA0010013	Rating Area 8	No Preference	40	397.61
13401PA0010013	Rating Area 8	No Preference	41	405.08
13401PA0010013	Rating Area 8	No Preference	42	412.23
13401PA0010013	Rating Area 8	No Preference	43	422.19
13401PA0010013	Rating Area 8	No Preference	44	434.64
13401PA0010013	Rating Area 8	No Preference	45	449.26
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13401PA0010013	Rating Area 8	No Preference	49	530.77
13401PA0010013	Rating Area 8	No Preference	50	555.66
13401PA0010013	Rating Area 8	No Preference	51	580.24

13401PA0010013	Rating Area 8	No Preference	52	607.31
13401PA0010013	Rating Area 8	No Preference	53	634.69
13401PA0010013	Rating Area 8	No Preference	54	664.24
13401PA0010013	Rating Area 8	No Preference	55	693.80
13401PA0010013	Rating Area 8	No Preference	56	725.84
13401PA0010013	Rating Area 8	No Preference	57	758.20
13401PA0010013	Rating Area 8	No Preference	58	792.74
13401PA0010013	Rating Area 8	No Preference	59	809.85
13401PA0010013	Rating Area 8	No Preference	60	844.38
13401PA0010013	Rating Area 8	No Preference	61	874.25
13401PA0010013	Rating Area 8	No Preference	62	893.85
13401PA0010013	Rating Area 8	No Preference	63	918.43
13401PA0010013	Rating Area 8	No Preference	64 and over	933.36
13401PA0010014	Rating Area 8	No Preference	0-14	288.43
13401PA0010014	Rating Area 8	No Preference	15	314.07
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13401PA0010014	Rating Area 8	No Preference	17	333.67
13401PA0010014	Rating Area 8	No Preference	18	344.23
13401PA0010014	Rating Area 8	No Preference	19	354.79
13401PA0010014	Rating Area 8	No Preference	20	365.72
13401PA0010014	Rating Area 8	No Preference	21	377.03
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13401PA0010014	Rating Area 8	No Preference	26	386.08
13401PA0010014	Rating Area 8	No Preference	27	395.13
13401PA0010014	Rating Area 8	No Preference	28	409.83
13401PA0010014	Rating Area 8	No Preference	29	421.90
13401PA0010014	Rating Area 8	No Preference	30	427.93
13401PA0010014	Rating Area 8	No Preference	31	436.98
13401PA0010014	Rating Area 8	No Preference	32	446.03
13401PA0010014	Rating Area 8	No Preference	33	451.69
13401PA0010014	Rating Area 8	No Preference	34	457.72
13401PA0010014	Rating Area 8	No Preference	35	460.73
13401PA0010014	Rating Area 8	No Preference	36	463.75
13401PA0010014	Rating Area 8	No Preference	37	466.77
13401PA0010014	Rating Area 8	No Preference	38	469.78
13401PA0010014	Rating Area 8	No Preference	39	475.82
13401PA0010014	Rating Area 8	No Preference	40	481.85
13401PA0010014	Rating Area 8	No Preference	41	490.90
13401PA0010014	Rating Area 8	No Preference	42	499.57
13401PA0010014	Rating Area 8	No Preference	43	511.63
13401PA0010014	Rating Area 8	No Preference	44	526.72
13401PA0010014	Rating Area 8	No Preference	45	544.44
13401PA0010014	Rating Area 8	No Preference	46	565.55
13401PA0010014	Rating Area 8	No Preference	47	589.30
13401PA0010014	Rating Area 8	No Preference	48	616.45
13401PA0010014	Rating Area 8	No Preference	49	643.22
13401PA0010014	Rating Area 8	No Preference	50	673.38
13401PA0010014	Rating Area 8	No Preference	51	703.17
13401PA0010014	Rating Area 8	No Preference	52	735.97
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13401PA0010014	Rating Area 8	No Preference	54	804.97
13401PA0010014	Rating Area 8	No Preference	55	840.78
13401PA0010014	Rating Area 8	No Preference	56	879.62
13401PA0010014	Rating Area 8	No Preference	57	918.83
13401PA0010014	Rating Area 8	No Preference	58	960.68
13401PA0010014	Rating Area 8	No Preference	59	981.42
13401PA0010014	Rating Area 8	No Preference	60	1023.27
13401PA0010014	Rating Area 8	No Preference	61	1059.46
13401PA0010014	Rating Area 8	No Preference	62	1083.22
13401PA0010014	Rating Area 8	No Preference	63	1113.00
13401PA0010014	Rating Area 8	No Preference	64 and over	1131.09
13401PA0010015	Rating Area 8	No Preference	0-14	290.22
13401PA0010015	Rating Area 8	No Preference	15	316.02
13401PA0010015	Rating Area 8	No Preference	16	325.88
13401PA0010015	Rating Area 8	No Preference	17	335.74
13401PA0010015	Rating Area 8	No Preference	18	346.37
13401PA0010015	Rating Area 8	No Preference	19	356.99
13401PA0010015	Rating Area 8	No Preference	20	367.99
13401PA0010015	Rating Area 8	No Preference	21	379.37
13401PA0010015	Rating Area 8	No Preference	22	379.37
13401PA0010015	Rating Area 8	No Preference	23	379.37
13401PA0010015	Rating Area 8	No Preference	24	379.37
13401PA0010015	Rating Area 8	No Preference	25	380.89
13401PA0010015	Rating Area 8	No Preference	26	388.48
13401PA0010015	Rating Area 8	No Preference	27	397.58
13401PA0010015	Rating Area 8	No Preference	28	412.38
13401PA0010015	Rating Area 8	No Preference	29	424.52
13401PA0010015	Rating Area 8	No Preference	30	430.59
13401PA0010015	Rating Area 8	No Preference	31	439.69
13401PA0010015	Rating Area 8	No Preference	32	448.80
13401PA0010015	Rating Area 8	No Preference	33	454.49
13401PA0010015	Rating Area 8	No Preference	34	460.56
13401PA0010015	Rating Area 8	No Preference	35	463.59
13401PA0010015	Rating Area 8	No Preference	36	466.63
13401PA0010015	Rating Area 8	No Preference	37	469.66
13401PA0010015	Rating Area 8	No Preference	38	472.70
13401PA0010015	Rating Area 8	No Preference	39	478.77
13401PA0010015	Rating Area 8	No Preference	40	484.84
13401PA0010015	Rating Area 8	No Preference	41	493.94
13401PA0010015	Rating Area 8	No Preference	42	502.67

13401PA0010015	Rating Area 8	No Preference	43	514.81
13401PA0010015	Rating Area 8	No Preference	44	529.98
13401PA0010015	Rating Area 8	No Preference	45	547.81
13401PA0010015	Rating Area 8	No Preference	46	569.06
13401PA0010015	Rating Area 8	No Preference	47	592.96
13401PA0010015	Rating Area 8	No Preference	48	620.27
13401PA0010015	Rating Area 8	No Preference	49	647.21
13401PA0010015	Rating Area 8	No Preference	50	677.56
13401PA0010015	Rating Area 8	No Preference	51	707.53
13401PA0010015	Rating Area 8	No Preference	52	740.53
13401PA0010015	Rating Area 8	No Preference	53	773.92
13401PA0010015	Rating Area 8	No Preference	54	809.96
13401PA0010015	Rating Area 8	No Preference	55	846.00
13401PA0010015	Rating Area 8	No Preference	56	885.07
13401PA0010015	Rating Area 8	No Preference	57	924.53
13401PA0010015	Rating Area 8	No Preference	58	966.64
13401PA0010015	Rating Area 8	No Preference	59	987.50
13401PA0010015	Rating Area 8	No Preference	60	1029.61
13401PA0010015	Rating Area 8	No Preference	61	1066.03
13401PA0010015	Rating Area 8	No Preference	62	1089.93
13401PA0010015	Rating Area 8	No Preference	63	1119.90
13401PA0010015	Rating Area 8	No Preference	64 and over	1138.11

Company Name: Cigna Health and Life Insurance
Market: Individual
Product: Connect
Effective Date of Rates: January 1, 2024

Ending date of Rates: December 31, 2024

Table with columns for Plan ID, Plan Marketing Name, Form #, Rating Area, Network, Metal, Deductible, Coinsurance, Copays, OOP Maximum, Pediatric Dental, Age Band, and various rate categories (Non-Tobacco, Tobacco) for different plan options.

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	13401PA0010006		13401PA0010007		13401PA0010013		13401PA0010014		13401PA0010015	
HIOS Plan ID (Off Exchange)=>										
Plan Marketing Name =>	ect Silver 5000 Indiv Med Dedu		ect Silver 6000 Indiv Med Dedu		ect Silver 2000 Indiv Med Dedu		ect Gold 1000 Indiv Med Dedu		ect Gold 2500 Indiv Med Dedu	
Form # =>	AINDEPOBNFTSCH052023_500		AINDEPOBNFTSCH052023_600		AINDEPOBNFTSCH052023_200		AINDEPOBNFTSCH052023_100		AINDEPOBNFTSCH052023_250	
Rating Area =>	8		8		8		8		8	
Network =>	Connect		Connect		Connect		Connect		Connect	
Metal =>	Silver		Silver		Silver		Gold		Gold	
Deductible =>	\$5,000		\$6,000		\$2,000		\$1,000		\$2,500	
Coinsurance =>	50%		40%		50%		25%		20%	
Copays =>	PCP: 15 Specialist: 75 MH/SA Office: 75 Urgent Care: 35 RX Tier 1: 0 RX Tier 2: 20 RX Tier 3: 75		PCP: 30 Specialist: 80 MH/SA Office: 80 Urgent Care: 35 RX Tier 1: 2 RX Tier 2: 20 RX Tier 3: 85		PCP: 25 Specialist: 80 MH/SA Office: 80 Urgent Care: 40 Speech Therapy: 25 Physical Therapy: 25 Occupational Therapy: 25 RX Tier 1: 0 RX Tier 2: 25 RX Tier 3: 75		PCP: 10 Specialist: 50 MH/SA Office: 50 Urgent Care: 35 RX Tier 1: 0 RX Tier 2: 20 RX Tier 3: 20		PCP: 5 Specialist: 50 MH/SA Office: 50 Urgent Care: 35 RX Tier 1: 0 RX Tier 2: 15 RX Tier 3: 48	
OOP Maximum =>	\$9,350		\$9,300		\$9,400		\$8,700		7500	
Pediatric Dental (Yes/No) =>	No		No		No		No		No	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$305.17	\$305.17	\$308.14	\$308.14	\$238.01	\$238.01	\$288.43	\$288.43	\$290.22	\$290.22
15	\$332.30	\$332.30	\$335.53	\$335.53	\$259.16	\$259.16	\$314.07	\$314.07	\$316.02	\$316.02
16	\$342.67	\$342.67	\$346.00	\$346.00	\$267.25	\$267.25	\$323.87	\$323.87	\$325.88	\$325.88
17	\$353.04	\$353.04	\$356.48	\$356.48	\$275.34	\$275.34	\$333.67	\$333.67	\$335.74	\$335.74
18	\$364.21	\$364.21	\$367.75	\$367.75	\$284.05	\$284.05	\$344.23	\$344.23	\$346.37	\$346.37
19	\$375.38	\$375.38	\$379.03	\$379.03	\$292.76	\$292.76	\$354.79	\$354.79	\$356.99	\$356.99
20	\$386.95	\$386.95	\$390.71	\$390.71	\$301.79	\$301.79	\$365.72	\$365.72	\$367.99	\$367.99
21	\$398.92	\$398.92	\$402.80	\$402.80	\$311.12	\$311.12	\$377.03	\$377.03	\$379.37	\$379.37
22	\$398.92	\$398.92	\$402.80	\$402.80	\$311.12	\$311.12	\$377.03	\$377.03	\$379.37	\$379.37
23	\$398.92	\$398.92	\$402.80	\$402.80	\$311.12	\$311.12	\$377.03	\$377.03	\$379.37	\$379.37
24	\$398.92	\$398.92	\$402.80	\$402.80	\$311.12	\$311.12	\$377.03	\$377.03	\$379.37	\$379.37
25	\$400.51	\$400.51	\$404.41	\$404.41	\$312.37	\$312.37	\$378.54	\$378.54	\$380.89	\$380.89
26	\$408.49	\$408.49	\$412.47	\$412.47	\$318.59	\$318.59	\$386.08	\$386.08	\$388.48	\$388.48
27	\$418.06	\$418.06	\$422.13	\$422.13	\$326.05	\$326.05	\$395.13	\$395.13	\$397.58	\$397.58
28	\$433.62	\$433.62	\$437.84	\$437.84	\$338.19	\$338.19	\$409.83	\$409.83	\$412.38	\$412.38
29	\$446.39	\$446.39	\$450.73	\$450.73	\$348.14	\$348.14	\$421.90	\$421.90	\$424.52	\$424.52
30	\$452.77	\$452.77	\$457.18	\$457.18	\$353.12	\$353.12	\$427.93	\$427.93	\$430.59	\$430.59
31	\$462.34	\$462.34	\$466.84	\$466.84	\$360.59	\$360.59	\$436.98	\$436.98	\$439.69	\$439.69
32	\$471.92	\$471.92	\$476.51	\$476.51	\$368.06	\$368.06	\$446.03	\$446.03	\$448.80	\$448.80
33	\$477.90	\$477.90	\$482.55	\$482.55	\$372.72	\$372.72	\$451.69	\$451.69	\$454.49	\$454.49
34	\$484.28	\$484.28	\$489.00	\$489.00	\$377.70	\$377.70	\$457.72	\$457.72	\$460.56	\$460.56
35	\$487.47	\$487.47	\$492.22	\$492.22	\$380.19	\$380.19	\$460.73	\$460.73	\$463.59	\$463.59
36	\$490.67	\$490.67	\$495.44	\$495.44	\$382.68	\$382.68	\$463.75	\$463.75	\$466.63	\$466.63
37	\$493.86	\$493.86	\$498.66	\$498.66	\$385.17	\$385.17	\$466.77	\$466.77	\$469.66	\$469.66
38	\$497.05	\$497.05	\$501.89	\$501.89	\$387.66	\$387.66	\$469.78	\$469.78	\$472.70	\$472.70
39	\$503.43	\$503.43	\$508.33	\$508.33	\$392.63	\$392.63	\$475.82	\$475.82	\$478.77	\$478.77
40	\$509.81	\$509.81	\$514.78	\$514.78	\$397.61	\$397.61	\$481.85	\$481.85	\$484.84	\$484.84
41	\$519.39	\$519.39	\$524.44	\$524.44	\$405.08	\$405.08	\$490.90	\$490.90	\$493.94	\$493.94
42	\$528.56	\$528.56	\$533.71	\$533.71	\$412.23	\$412.23	\$499.57	\$499.57	\$502.67	\$502.67
43	\$541.33	\$541.33	\$546.60	\$546.60	\$422.19	\$422.19	\$511.63	\$511.63	\$514.81	\$514.81
44	\$557.29	\$557.29	\$562.71	\$562.71	\$434.64	\$434.64	\$526.72	\$526.72	\$529.98	\$529.98
45	\$576.03	\$576.03	\$581.64	\$581.64	\$449.26	\$449.26	\$544.44	\$544.44	\$547.81	\$547.81
46	\$598.37	\$598.37	\$604.20	\$604.20	\$466.68	\$466.68	\$565.55	\$565.55	\$569.06	\$569.06
47	\$623.51	\$623.51	\$629.57	\$629.57	\$486.28	\$486.28	\$589.30	\$589.30	\$592.96	\$592.96
48	\$652.23	\$652.23	\$658.57	\$658.57	\$508.68	\$508.68	\$616.45	\$616.45	\$620.27	\$620.27
49	\$680.55	\$680.55	\$687.17	\$687.17	\$530.77	\$530.77	\$643.22	\$643.22	\$647.21	\$647.21
50	\$712.46	\$712.46	\$719.40	\$719.40	\$555.66	\$555.66	\$673.38	\$673.38	\$677.56	\$677.56
51	\$743.98	\$743.98	\$751.22	\$751.22	\$580.24	\$580.24	\$703.17	\$703.17	\$707.53	\$707.53
52	\$778.68	\$778.68	\$786.26	\$786.26	\$607.31	\$607.31	\$735.97	\$735.97	\$740.53	\$740.53
53	\$813.79	\$813.79	\$821.71	\$821.71	\$634.69	\$634.69	\$769.15	\$769.15	\$773.92	\$773.92
54	\$851.68	\$851.68	\$859.97	\$859.97	\$664.24	\$664.24	\$804.97	\$804.97	\$809.96	\$809.96
55	\$889.58	\$889.58	\$898.24	\$898.24	\$693.80	\$693.80	\$840.78	\$840.78	\$846.00	\$846.00
56	\$930.67	\$930.67	\$939.73	\$939.73	\$725.84	\$725.84	\$879.62	\$879.62	\$885.07	\$885.07
57	\$972.16	\$972.16	\$981.62	\$981.62	\$758.20	\$758.20	\$918.83	\$918.83	\$924.53	\$924.53
58	\$1,016.44	\$1,016.44	\$1,026.33	\$1,026.33	\$792.74	\$792.74	\$960.68	\$960.68	\$966.64	\$966.64
59	\$1,038.38	\$1,038.38	\$1,048.48	\$1,048.48	\$809.85	\$809.85	\$981.42	\$981.42	\$987.50	\$987.50
60	\$1,082.66	\$1,082.66	\$1,093.19	\$1,093.19	\$844.38	\$844.38	\$1,023.27	\$1,023.27	\$1,029.61	\$1,029.61
61	\$1,120.95	\$1,120.95	\$1,131.86	\$1,131.86	\$874.25	\$874.25	\$1,059.46	\$1,059.46	\$1,066.03	\$1,066.03
62	\$1,146.08	\$1,146.08	\$1,157.24	\$1,157.24	\$893.85	\$893.85	\$1,083.22	\$1,083.22	\$1,089.93	\$1,089.93
63	\$1,177.60	\$1,177.60	\$1,189.06	\$1,189.06	\$918.43	\$918.43	\$1,113.00	\$1,113.00	\$1,119.90	\$1,119.90
64+	\$1,196.75	\$1,196.75	\$1,208.39	\$1,208.39	\$933.36	\$933.36	\$1,131.09	\$1,131.09	\$1,138.11	\$1,138.11

**Cigna Health and Life Insurance
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
13401PA0010001	Connect Bronze 9450 Indiv Med Deductible	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010002	Connect Bronze 7800 Indiv Med Deductible	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010003	Connect Bronze 6500 Indiv Med Deductible	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010004	Connect Bronze 4400 Indiv Med Deductible Enhanc	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010005	Connect Bronze HSA 6400 Indiv Med Deductible	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010019	Connect Bronze 0 Indiv Med Deductible	EPO	Bronze	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010006	Connect Silver 5000 Indiv Med Deductible	EPO	Silver	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010007	Connect Silver 6000 Indiv Med Deductible	EPO	Silver	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010013	Connect Silver 2000 Indiv Med Deductible	EPO	Silver	Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010014	Connect Gold 1000 Indiv Med Deductible	EPO	Gold	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,
13401PA0010015	Connect Gold 2500 Indiv Med Deductible	EPO	Gold	On/Off	Connect	8	Philadelphia Bucks, Chester, Delaware, Montgomery,

Company Name Cigna Health and Life Insurance

Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
13401PA0010001	Connect Bronze 9450 Indiv Med Deductible	EPO	Bronze	On/Off
13401PA0010002	Connect Bronze 7800 Indiv Med Deductible	EPO	Bronze	On/Off
13401PA0010003	Connect Bronze 6500 Indiv Med Deductible	EPO	Bronze	On/Off
13401PA0010004	Bronze 4400 Indiv Med Deductible Enhanced Diabe	EPO	Bronze	On/Off
13401PA0010005	Connect Bronze HSA 6400 Indiv Med Deductible	EPO	Bronze	On/Off
13401PA0010019	Connect Bronze 0 Indiv Med Deductible	EPO	Bronze	On/Off
13401PA0010006	Connect Silver 5000 Indiv Med Deductible	EPO	Silver	On/Off
13401PA0010007	Connect Silver 6000 Indiv Med Deductible	EPO	Silver	On/Off
13401PA0010013	Connect Silver 2000 Indiv Med Deductible	EPO	Silver	Off
13401PA0010014	Connect Gold 1000 Indiv Med Deductible	EPO	Gold	On/Off
13401PA0010015	Connect Gold 2500 Indiv Med Deductible	EPO	Gold	On/Off

RATING AREA 8

431	376	232	426	756
Bucks	Chester	Delaware	Montgomery	Philadelphia
\$290.16	\$290.16	\$290.16	\$290.16	\$290.16
\$308.56	\$308.56	\$308.56	\$308.56	\$308.56
\$309.89	\$309.89	\$309.89	\$309.89	\$309.89
\$309.00	\$309.00	\$309.00	\$309.00	\$309.00
\$313.72	\$313.72	\$313.72	\$313.72	\$313.72
\$346.06	\$346.06	\$346.06	\$346.06	\$346.06
\$398.92	\$398.92	\$398.92	\$398.92	\$398.92
\$402.80	\$402.80	\$402.80	\$402.80	\$402.80
\$311.12	\$311.12	\$311.12	\$311.12	\$311.12
\$377.03	\$377.03	\$377.03	\$377.03	\$377.03
\$379.37	\$379.37	\$379.37	\$379.37	\$379.37

1. HIOS Issuer ID:

13401

2. HIOS Product ID(s):

13401PA001

3. Applicable HIOS Plan ID(s) (Standard Component):

13401PA0010001, 13401PA0010002, 13401PA0010003, 13401PA0010004, 13401PA0010005, 13401PA0010006, 13401PA0010007, 13401PA0010013, 13401PA0010014, 13401PA0010015, 13401PA0010019

4. Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits):

In this section we have provided a description of the features of the plan designs that are considered unique and not compatible with the AV Calculator parameters along with a table that outlines which plans have these features.

The following features of the plan design(s) are considered unique and not compatible with AV Calculator parameters:

- Pharmacy Generic Drugs – The plans proposed in this filing have a five-tier pharmacy benefit design as opposed to the four-tier design that the AV Calculator can accept. Tiers 1 and 2 on the CHLIC plans divide the generic tier into two buckets and then tiers 3, 4 and 5 correspond to tiers 2, 3 and 4 in the calculator. Since the AV Calculator only allows for four tiers on the pharmacy benefit design, an alternative methodology was deemed necessary.
- Outpatient Mental Health and Substance Abuse Services – The proposed plans in this filing offer coverage for outpatient mental health and substance abuse services in both an office visit setting and a facility visit setting. Since the AV Calculator does not allow for separate cost share inputs for outpatient mental health and substance abuse office and facility visits, the cost share for these benefits was not compatible with the parameters of the AV Calculator.
- Diabetic Services – The plans proposed in this filing cover certain diabetic services at 100% and have a cap on the copay amount for insulin drugs. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV calculator.
- Diabetic Specific Benefit – The Diabetes Care plans proposed in this filing covers additional diabetic services at 100%. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV Calculator.
- Copays for All Inpatient Hospital Services – The proposed plans in this filing have a separate cost structure for the inpatient facility services versus physician services. Since the AV Calculator does not allow for separate cost share inputs, the parameters for the inpatient cost structure were not compatible with the existing parameters in the AV Calculator.
- Copays for Urgent Care Services – The AV Calculator does not currently provide an input for copays for Urgent Care Services because the National Claims Database that the Calculator is based on does not

Unique Plan Design Supporting Documentation & Justification



maintain data on Urgent Care Services. Some of the plans proposed in this filing include benefit designs that have copays for Urgent Care Services which are not compatible with the AV Calculator.

The following table illustrates which benefit plans contain these unique plan design features:

Unique Plan Feature						
Plan ID	Generic Rx	Outpatient MHA	Inpatient Hospital Copays	Urgent Care Copays	Diabetic Services	Diabetic Plan
13401PA0010001					✓	
13401PA0010002	✓	✓		✓	✓	
13401PA0010003	✓	✓		✓	✓	
13401PA0010004	✓	✓		✓	✓	✓
13401PA0010005	✓				✓	
13401PA0010019	✓	✓	✓	✓	✓	
13401PA0010006	✓	✓		✓	✓	
13401PA0010007	✓	✓		✓	✓	
13401PA0010013	✓	✓		✓	✓	
13401PA0010014	✓	✓		✓	✓	
13401PA0010015	✓	✓		✓	✓	

Please note that for any Silver plan with Cost Sharing Reduction variants, the variant plans are unique in the same manner as the base plan is outlined in the table above.

5. Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

In order to quantify the Actuarial Value of each unique plan feature, an alternate method per 156.135(b)(2) was used. In line with the proposed methodology of 156.135(b)(2), an estimate of the plan design feature was fitted into the AV Calculator to align with the Calculator's existing input parameters. Alternate methods per 156.135(b)(3) were not utilized.

6. Confirmation that only in-network cost-sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

7. Description of standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the Generic Rx, Outpatient Mental Health and Substance Abuse, Copays for Urgent care, Inpatient Hospital Copays, Diabetic Services, Diabetic Plan unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the

pharmacy unique plan design features, as discussed in Section 8, internal national individual experience was used in order to develop the inputs entered into the AV Calculator.

8. If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Pharmacy Generic Drugs – In order to use the AV calculator, we have blended the cost-sharing for tiers 1 & 2 outside of the tool based on actual national individual utilization patterns and average costs per prescription for these tiers to calculate a single copay or coinsurance percentage that can be entered into the AV calculator for Tier-1.

Outpatient Mental Health and Substance Abuse Services – A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the study indicated that the majority of Outpatient Mental Health and Substance Abuse services are performed in an Office Visit Setting, the cost sharing amount applicable to Outpatient Mental Health and Substance Abuse services performed in an Office Visit setting was entered into the AV Calculator.

Copays for All Inpatient Hospital Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the utilization split for inpatient facility services and inpatient physician services. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the analyses indicated that the majority of the utilization is expected to come from inpatient facility services, the benefit structure for inpatient facility services was applied to All Inpatient Hospital Services in the AV Calculator.

Copays for Urgent Care Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the overall utilization of urgent care services and the coinsurance percentage that would result in an equivalent paid-to-allowed ratio as the urgent care copay as defined in our benefit plans. A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range.

9. If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

The method described in 156.135(b)(3) was not used.

10. Certification Language:

I, Steven Giori, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

Unique Plan Design Supporting Documentation & Justification



- a) The development of the actuarial value is based on one of the acceptable alternative methods outlined in 45 CFR 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.
- b) All analysis in the development of the actuarial value was performed in accordance with generally accept actuarial principles & methodologies and in accordance with the ASOPs established by the ASB and all applicable laws and regulations.
- c) The metal levels were appropriately assigned in accordance with 45 CFR 156.135 and 156.140.

This certification applies explicitly to the 2024 plan year for the Individual market for the plans denoted above.



Actuarial Director
Cigna Health & Life Insurance Company

05/17/2023
Date

Issuer: Cigna Health and Life Insurance Company

Market: Individual



Key:
: 2024 On-exchange and Off-exchange service area



May 17th, 2023

This document contains responses to the Standard Questions listed in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance released by the Pennsylvania Insurance Department on March 21st, 2023.

1. Membership:

- a. *If the projected membership for plan year 2024 significantly differs from the current 2/1/2023 membership, please explain why.*

We are not expecting plan year 2024 membership to differ significantly from the current membership.

2. Experience Period Claims:

- a. *Please confirm that all claims which are capitated have been removed from the experience period claims.*

There are no capitated claims included in the experience period claims.

- b. *Please confirm that all non-EHB claims have been removed from the experience period claims.*

There are no non-EHB claims included in the experience period claims.

- c. *How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?*

We are not expecting rebates to look materially different in 2024 compared to 2022. No adjustment is needed in the rate development.

3. COVID:

- a. *Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.*
- b. *If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.*

There is no COVID adjustment included in our rate development within this filing.

4. Trend:

- a. *[SG only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.*
- b. *[SG only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.*

5. Table 6 – Retention:

- a. *Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.*

We confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%.

- b. *Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.*

We confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for Plan Year 2024.

- c. *Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Period Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.*

Table: Commissions	
Open-Enrollment Enrollee - Renewing	\$20.0
Open-Enrollment Enrollee - New	\$20.0
Special Enrollment Period Enrollee - Renewing	\$20.0
Special Enrollment Period Enrollee - New	\$20.0

6. Pricing AVs:

- a. *Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).*

We confirm that the Pricing AVs were calculated using a single risk pool.

- b. *Please identify and support any differences between company’s metallic AV calculator results and the corresponding Pricing AVs.*

Our Cumulative Probability Distribution is created using metal specific national ACA experience from 2022. Observed differences in our cost shares and the federal AV cost shares at the metal level likely result from differences in underlying data used to create the Cumulative Probability Distribution.

7. Expanded Bronze Plans:

- a. *Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.*

Please see the table below for support regarding the criteria for expanded bronze plans.

HIOS Plan ID	Criteria Met
13401PA0010002	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible
13401PA0010003	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible
13401PA0010004	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, RX T1 and RX T2 before deductible
13401PA0010005	HSA Plan
13401PA0010019	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, ER, Inpatient facility, RX T1, RX T2, and RX T3 before deductible

8. PAAM Exhibits – Consumer Factors:

- a. *Please provide a quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.*
- b. *Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.*

In 2024, Cigna is only selling plans in rating area 8, therefore the geographic rating area factor is a 1.0, which is the same as in 2023. Similarly, Cigna offers only one network option for all IFP plans in PA, therefore the network factor is a 1.0, which is the same as in 2023.

9. Public Health Emergency:

- a. *With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.*
- b. *Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustments been made specifically to the morbidity assumption for Plan Year 2024?*
- c. *Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at 100%.*

Cigna is continually evaluating our position in relation to the future cost of COVID including any impact from the cessation of the Public Health Emergency. We currently estimate that COVID will have immaterial cost impacts for Plan Year 2024 and therefore have not included any adjustments related to COVID in our manual rate development.

10. MLR Exhibit:

- a. *Please complete table below which summarizes the most recent three years of complete MLR information.*
 - i. *Actual is the final information which was filed for the specified calendar year.*
 - ii. *Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019).*
- b. *Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.*
- c. *Does the insurer expect to pay MLR rebates for the 3-year period above?*

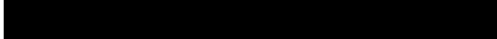
Cigna entered the IFP market in PA in 2022 and has no experience prior to 1/1/2022.

11. Plans of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.*
- b. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeffery Rohaly, wrohaly@pa.gov.*

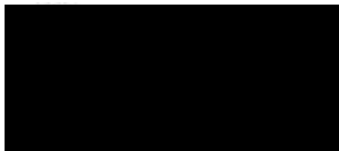
We have 11 plans that are being terminated this year. An outreach has been conducted to determine the requirements needed for a plan of withdrawal.

CHLIC requests confidential handling of this information. We believe that this information is proprietary and critical to our business.

Please contact  with any questions or concerns.

Thank you for your attention.

Sincerely,



Actuarial Advisor

Redaction Justification Document

Cover Letter

- Redacted names and contact information
- Redacted company contact information – name, telephone number, email address

URRT Part III – Federal Actuarial Memorandum

- Redacted Name of opining actuary [Opining actuary's name]
- Redacted company contact information – name, telephone number, email address
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]

PA Rate Template

- Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj"

Unique AV Justification File

- Redacted Name of opining actuary

AV Screenshots

- Entire File Redacted

Objection Response 1

- Redacted Commission Schedule [Commission schedules]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Network Cost information [Provider Contracting]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Redacted Commission Schedule [Commission schedules]
- Redacted Network cost information [Provider Contracting]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Objection Response 2

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Completeness and Redaction Justification Checklist

Issuer Name: Cigna Health and Life Insurance Company
 Market: Individual
 SERFF ID: 13401

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y		Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	N		N/A
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N		N/A
D.1.C.	Average Rate Change	X	N		N/A
D.1.D.	Membership Count	X	N		N/A
	<i>PA Act. Exhibits Table 1</i>	X	N		N/A
D.1.E.	Benefit Changes	X	N		N/A
D.1.F.	Experience Period Claims & Premium	X	N		N/A
	<i>PA Act. Exhibits Table 2</i>	X	N		N/A
D.1.G.	Credibility of Data	X	N		N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N		N/A
D.1.H.	Trend Identification	X	N		N/A
	<i>PA Act. Exhibits Table 3</i>	X	N		N/A
D.1.I.	Historical Experience	X	N		N/A
	<i>PA Act. Exhibits Table 4</i>	X	N		N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N		N/A
	<i>PA Act. Exhibits Table 5</i>	X	N		N/A
D.2.B.	Retention Items	X	N		N/A
	<i>PA Act. Exhibits Table 6</i>	X	N		N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N		N/A
	<i>PA Act. Exhibits Table 7</i>	X	N		N/A
D.2.D.	Components of Rate Change	X	N		N/A
	<i>PA Act. Exhibits Table 8</i>	X	N		N/A
	<i>PA Act. Exhibits Table 9</i>	X	N		N/A
D.3.	Plan Rate Development	X	N		N/A
	<i>PA Act. Exhibits Table 10</i>	X	N		N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N		N/A
	<i>PA Act. Exhibits Table 11</i>	X	N		N/A
D.5.A.	Age and Tobacco Factors	X	N		N/A
	<i>PA Act. Exhibits Table 12</i>	X	N		N/A
D.5.B.	Geographic Factors	X	N		N/A
	<i>PA Act. Exhibits Table 13</i>	X	N		N/A
D.5.C.	Network Factors	X	N		N/A
	<i>PA Act. Exhibits Table 14</i>	X	N		N/A
D.5.D.	<i>Rate Change Request Summary</i>	X	N		N/A
	<i>PA Act. Exhibits Table 15</i>	X	N		N/A
D.5.E.	Service Area Composition	X	N		N/A
D.5.F.	Composite Rating	X	N		N/A
D.6.	Actuarial Certifications	X	N		N/A
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N		N/A
	Service Area Map	X	N		N/A
Redaction Justification (must be submitted if any information is redacted)		X			N/A