[redacted]
Cigna Healthcare Pricing

Routing C5PRC
900 Cottage Grove Road
Hartford, CT 06152
[redacted]

July 14th, 2022

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
PAINDEPO052022 – Effective 01/01/2023

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, 2023. This filing affects the rates approved under SERFF tracking number CCGH-133247418.

Enclosed within this filing are the Unified Rate Review Submission, Part 3 Actuarial Memorandum, 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 2023 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 an 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, 2023
5.	Average rate change requested	6.0%
6.	Range of rate change requested	0.3% to 12.1%
7.	Total additional annual revenue generated from proposed rate change	$16,108
8.	Products	EPO
9.	Rating Areas and any changes from 2022	Rating Area 8 No change
10.	Metal Levels and Catastrophic Plans	Bronze, Silver, Gold

11.	Current number of covered lives as of February 1, 2022	2,410
12.	Number of plans offered in 2023 and change this represents from 2022	22 Plans in 2023 18 plans in 2022
13.	Corresponding contract form number, SERFF and Binder ID numbers	Form #: PAINDEPO052022 SERFF Filing #: CCGH-133217284 Binder ID #: CCGH-PA23-125113898
14.	HIOS Issuer ID number and submission tracking number	HIOS Issuer ID: 13401 State Tracking #: CCGH-133247418

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 Manager

1. GENERAL INFORMATION

Insurance Company Name	CHLIC
NAIC Company Code	67369
HIOS Issuer ID	13401
State	Pennsylvania
Market Type	Individual
Proposed Effective Date	01/01/2023
Primary Contact Person and Title	[redacted]
Primary Contact Telephone Number	
Primary Contact Email	

Scope and Purpose of Filing: CHLIC is filing rates for comprehensive major medical product 13401PA001 for individuals & families, to be effective January 1, 2023. 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 CCGH-133217284. 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 2/28/2022.

2023 HIOS Product ID	13401PA001
Proposed Rate Change	6.0%

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

- COVID-19 pandemic impact: Cigna Health & Life Insurance Company estimates that healthcare costs in the individual market will decrease in 2023 compared to the high pandemic levels for 2021 where there was exceptionally high COVID-19 treatment costs, pent up demand for medical services, and vaccination costs.
- Special OEP and American Rescue Plan Act Impact: Cigna Health & Life Insurance Company estimates that healthcare costs in the individual market will decrease in 2023 compared to 2021 where there was exceptionally high antiselection volume caused by the increased availability of subsidies and ability to enroll on exchange for a majority of plan year 2021.
- 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

The URRT specifies that the experience period is defined as “the most recently completed calendar year” which would indicate that calendar year 2021 data is expected to be entered. 2022 is the first year that individual coverage was offered by Cigna Health & Life Insurance Company in Pennsylvania and therefore there is no experience to report in Sections I or II, Worksheet 1 of the URRT.

a. Paid Through Date: N/A
b. Premiums (Net of MLR): N/A
c. Allowed & Incurred Claims: N/A

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

As mentioned in the previous section, there is no credible experience data or projection factors shown for the experience period in Section II, Worksheet 1 of the URRT.

6. ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

As mentioned in the previous section, there is no credible experience data or projection factors shown for the experience period in Section II, Worksheet 1 of the URRT.

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 -11.9% 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 2023. Cigna Health & Life Insurance Company relied on full-year 2021 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 2023 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 2023. 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 0.2% increment for 2023. 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.

c. Inclusion of Capitation Payments

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

8. CREDIBILITY OF EXPERIENCE

Since there is no experience data in Worksheet 1 of the URRT, 100% credibility is assigned to the Manual Rate. We believe that the Manual Rate is appropriate for developing rates for the plans in this filing, as explained in Section 8 of this document.

9. ESTABLISHING THE INDEX RATE

The Index Rate for the Projection Period for this filing is $503.11 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 Expected Allowed Claims for 2023 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 2023. 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 $540.15. 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. However, Pennsylvania created a reinsurance program in 2021 for the 2021 through 2025 benefit years. Consequently, 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 2023 risk transfer payable of $35.87 PMPM on an allowed basis is assumed. Equivalently, the projected risk transfer on a paid basis is $28.47 PMPM payable.

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 PID 2021 MAF including risk was used as the jump-off for the projection of the 2023 MAF including risk.
- Market average factor excluding risk (MAF excluding risk) – The PID 2021 MAF excluding risk was used as the jump-off for the projection of the 2023 MAF excluding risk.
- Statewide average premium (SAP) – The 2021 PID released SAP was used as the jump-off for the projection of the 2023 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 2023 Cigna Health & Life Insurance Company membership by metal tier
- Geographic Cost Factor (GCF) – Weighted average of estimated 2020 GCFs as released by CMS based on projected 2023 Cigna Health & Life Insurance Company membership by rating area
- Actuarial Value (AV) – Weighted average of HHS Risk Adjustment Model AV factors based on projected 2023 Cigna Health & Life Insurance Company membership by metal tier
- Allowable Rating Factor (ARF) – Weighted average of HHS Risk Adjustment Model ARFs based on projected 2023 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 2021 to 2023 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 2021 to 2023. The PLRS was also adjusted for expected changes as a result of moving to the proposed 2023 risk adjustment model.

The projected 2023 net allowed risk transfer payable of $35.87 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 10.8% of Cigna Health & Life Insurance Company's 2023 premiums.

Cigna Health & Life Insurance Company does not anticipate any fees or receipts from the risk corridor program in 2023 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 2.85%.

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 2023.

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 2021 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 2022 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 48. This single risk pool average age was determined using the current 2022 Cigna Health & Life Insurance Company Individual block of business age distribution. 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

Premium rates do not differ based on tobacco usage. 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	$425.33	1.00	0.61	1.00	$260.47
13401PA0010002	$447.87	1.00	0.61	1.00	$274.27
13401PA0010003	$454.70	1.00	0.61	1.00	$278.46
13401PA0010004	$450.99	1.00	0.61	1.00	$276.19
13401PA0010005	$453.86	1.00	0.61	1.00	$277.94
13401PA0010019	$492.35	1.00	0.61	1.00	$301.51
13401PA0010020	$451.19	1.00	0.61	1.00	$276.31
13401PA0010006	$591.66	1.00	0.61	1.00	$362.33

13401PA0010007	$591.14	1.00	0.61	1.00	$362.02
13401PA0010008	$600.85	1.00	0.61	1.00	$367.96
13401PA0010009	$602.21	1.00	0.61	1.00	$368.80
13401PA0010010	$595.70	1.00	0.61	1.00	$364.81
13401PA0010011	$598.63	1.00	0.61	1.00	$366.60
13401PA0010012	$446.95	1.00	0.61	1.00	$273.72
13401PA0010013	$455.42	1.00	0.61	1.00	$278.90
13401PA0010021	$468.71	1.00	0.61	1.00	$287.04
13401PA0010014	$562.03	1.00	0.61	1.00	$344.19
13401PA0010015	$555.39	1.00	0.61	1.00	$340.12
13401PA0010016	$599.41	1.00	0.61	1.00	$367.08
13401PA0010017	$562.49	1.00	0.61	1.00	$344.47
13401PA0010018	$592.51	1.00	0.61	1.00	$362.85
13401PA0010022	$557.67	1.00	0.61	1.00	$341.52

* 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 2023 PPACA MLR, without adjustment for credibility, for Cigna Health & Life Insurance Company's individual products is 87%.

A demonstration of the projected MLR calculation is illustrated below:

	PPACA 2023 MLR		
1	Member Months		30962
2	Incurred Claims	$	12,058,415
3	Claims Adjustment*	$	1,152,871
4	**Numerator (2 + 3)**	**$**	**13,211,286**
5	Earned Premium	$	16,299,443
6	Premium Adjustment**	$	-1,142,188
7	**Denominator (5 + 6)**	**$**	**$15,157,255**
8	Credibility Factor		5.15%
9	Average Deductible Factor		1.34

10	Credibility Adjustment (8 x 9)	6.92%
11	**PPACA MLR w/o Credibility (4 ÷ 7)**	87.16%
12	PPACA MLR w/ Credibility (10 + 11)	94.08%

* 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 2023 (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_6_1_2022"

HIOS Plan ID	
13401PA0010001	13401PA0010012
13401PA0010002	13401PA0010013
13401PA0010003	13401PA0010014
13401PA0010004	13401PA0010015
13401PA0010005	13401PA0010016
13401PA0010006	13401PA0010017
13401PA0010007	13401PA0010018
13401PA0010008	13401PA0010019
13401PA0010009	13401PA0010020
13401PA0010010	13401PA0010021
13401PA0010011	13401PA0010022

16. MEMBERSHIP PROJECTIONS

The membership projections for Cigna Health & Life Insurance Company's benefit plans are developed internally as best estimates. They are based on 2022 open enrollment experience on the CHLIC legal entity and assumed channel growth in PA. Active membership splits for the Cigna Health & Life Insurance Company Individual block of business and the market 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 the most recent actual enrollment data for the Individual block of business on the Cigna Health & Life Insurance Company legal entity.

Distribution by Plan by CSR-Level				
Plan ID	**100%-150% FPL**	**150%-200% FPL**	**200%-250% FPL**	**>250% FPL**
13401PA0010006	25%	60%	9%	6%
13401PA0010007	25%	60%	9%	6%
13401PA0010008	25%	60%	9%	6%
13401PA0010009	25%	60%	9%	6%
13401PA0010010	25%	60%	9%	6%
13401PA0010011	25%	60%	9%	6%
13401PA0010012				100%
13401PA0010013				100%
13401PA0010021	25%	60%	9%	6%

17. TERMINATED PLANS AND PRODUCTS

No plans have been terminated or will be unmapped in 2023

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)					
($ Millions)	**2018**	**2019**	**2020**	**2021**	**2022 (Proj)**
Stat Capital & Surplus	4,801	5,207	5,955	5,700	6,117
Authorized Control Level RBC	876	1,004	1,106	1,283	1,421

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 80.7%.

20. RELIANCE

I have relied on data and analysis provided by [redacted] Actuarial Lead Analyst, in developing the proposed premium rates and in preparing the Part 1 Unified Rate Review Template submission. I have also relied on claim, premium, enrollment, and risk score data supplied by [redacted] Informatics Senior Specialist, and [redacted] Actuarial Advisor. The data have been reviewed for reasonableness but have not been audited. In addition, I have relied on 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,[redacted], am an Associate 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_6_1_2022".

f) All factors, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

g) A new plan is not a modification of an existing plan. See the uniform modifications standards in 45 C.F.R. $ 147.106.

h) The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.

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.

[redacted]
Actuarial Director
CHLIC
[redacted]

Rate Change Summary

Cigna Health and Life Insurance – Individual Plans

Rate request filing ID # CCGH-133247418 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at https://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx

Overview

Initial requested average rate change:	6.0%[1]
Revised requested average rate change:	N/A[1]
Range of requested rate change:	0.3% - 12.1%
Effective date:	1/1/2023
Mapped Members:	2,410
Available in:	Rating Area 8

Key information

Jan. 2021-Dec. 2021 financial experience

Premiums	N/A
Claims	N/A
Administrative expenses	N/A
Taxes & fees	N/A
Company made (after taxes)	N/A

How it plans to spend your premium
This is how the insurance company plans to spend the premium it collects in 2023:

Claims:	**81%**
Administrative:	**12%**
Taxes & fees:	5%
Profit:	**2%**

The company expects its annual medical costs to increase **5.4%**.

Explanation of requested rate change

The plan rates are primarily increasing to account for increased medical costs, changes in the plan designs and benefits, changes in taxes, fees, and administrative expenses, and changes in the reinsurance program.

[1] Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.

Unified Rate Review v5.4

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.

Company Legal Name: **Cigna Health and Life Insurance Company** State: **PA**
HIOS Issuer ID: **13401** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2023**

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2021 to 12/31/2021

	Total	PMPM
Allowed Claims	$0.00	#DIV/0!
Reinsurance	$0.00	#DIV/0!
Incurred Claims in Experience Period	$0.00	#DIV/0!
Risk Adjustment	$0.00	#DIV/0!
Experience Period Premium	$0.00	#DIV/0!
Experience Period Member Months	0	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	$0.00	0.000	0.000	0.000	0.000	$0.00
Outpatient Hospital	$0.00	0.000	0.000	0.000	0.000	$0.00
Professional	$0.00	0.000	0.000	0.000	0.000	$0.00
Other Medical	$0.00	0.000	0.000	0.000	0.000	$0.00
Capitation	$0.00	0.000	0.000	0.000	0.000	$0.00
Prescription Drug	$0.00	0.000	0.000	0.000	0.000	$0.00
Total	$0.00					**$0.00**

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2023**	**$0.00**

Manual EHB Allowed Claims PMPM	$503.11
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2023**	**$503.11**	$15,577,291.82
Reinsurance	$17.25	$534,094.50
Risk Adjustment Payment/Charge	-$35.87	-$1,110,606.94
Exchange User Fees	3.41%	$570,291.67
Market Adjusted Index Rate	**$540.15**	**$16,724,095.93**

Projected Member Months	**30,962**

Product-Plan Data Collection

Company Legal Name: **Cigna Health and Life Insurance Company**
HIOS Issuer ID: **13401**
Effective Date of Rate Change(s): **1/1/2023**

State: **PA**
Market: **Individual**

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.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information																								
	1.1 Product Name		Connect EPO																						
	1.2 Product ID		13401PA001																						
	1.3 Plan Name		Connect Bronze	Connect Bronze	Connect Bronze	Connect Bronze	Connect Bronze	Connect Bronze 0	Connect Bronze	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Silver	Connect Gold	Connect Gold	Connect Gold 750	Connect Gold	Connect Gold 900	Connect Gold
	1.4 Plan ID (Standard Component ID)		13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010019	13401PA0010020	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010021	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010022
	1.5 Metal		Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold
	1.6 AV Metal Value		0.599	0.631	0.645	0.642	0.642	0.647	0.638	0.700	0.700	0.708	0.707	0.701	0.704	0.711	0.713	0.701	0.780	0.781	0.815	0.785	0.817	0.782
	1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	Renewing	New
	1.8 Plan Type		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
	1.9 Exchange Plan?		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
	1.10 Effective Date of Proposed Rates		1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
	1.11 Cumulative Rate Change % (over 12 mos prior)		6.54%	12.15%	7.96%	6.61%	7.47%	0.00%	0.00%	6.56%	2.28%	2.63%	2.44%	1.71%	5.12%	5.20%	2.38%	0.00%	5.97%	5.64%	3.49%	0.30%	3.89%	0.00%
	1.12 Product Rate Increase %		6.00%																					
	1.13 Submission Level Rate Increase %		6.00%																					

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information																								
	2.1 Plan ID (Standard Component ID)	Total	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010019	13401PA0010020	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010021	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010022
$0	2.2 Allowed Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4 Member Cost Sharing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.6 Incurred Claims	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.7 Risk Adjustment Transfer Amount	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	2.8 Premium	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.10 Current Enrollment	2,410	139	29	673	118	138	0	0	211	31	9	29	2	18	8	50	0	415	249	226	60	5	0	
	2.11 Current Premium PMPM	$468.86	$395.74	$366.37	$397.32	$462.93	$419.81	$0.00	$0.00	$497.69	$638.54	$692.69	$522.26	$732.95	$528.61	$349.34	$410.41	$0.00	$526.45	$511.93	$542.55	$547.20	$497.30	$0.00	
	2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Per Member Per Month																								
	2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors																									
3.1 Plan ID (Standard Component ID)		13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010019	13401PA0010020	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010021	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010022
3.2 Market Adjusted Index Rate		$540.15																							
3.3 AV and Cost Sharing Design of Plan		0.6531	0.6877	0.6982	0.6925	0.6969	0.7560	0.6928	0.9085	0.9077	0.9226	0.9247	0.9147	0.9192	0.6863	0.6993	0.7197	0.8630	0.8528	0.9204	0.8637	0.9098	0.8563
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Administrative Costs																									
3.6 Administrative Expense		12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%	12.54%
3.7 Taxes and Fees		2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%
3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 **Plan Adjusted Index Rate**		$425.33	$447.87	$454.70	$450.99	$453.86	$492.35	$451.19	$591.66	$591.14	$600.85	$602.21	$595.70	$598.63	$446.95	$455.42	$468.71	$562.03	$555.39	$599.41	$562.49	$592.51	$557.67		
3.11 Age Calibration Factor	0.6124	0.6124																							
3.12 Geographic Calibration Factor	1.0000	1.0000																							
3.13 Tobacco Calibration Factor	1.0000	1.0000																							
3.14 **Calibrated Plan Adjusted Index Rate**		$260.47	$274.27	$278.46	$276.19	$277.94	$301.51	$276.31	$362.33	$362.02	$367.96	$368.80	$364.81	$366.60	$273.72	$278.90	$287.04	$344.19	$340.12	$367.08	$344.47	$362.85	$341.52		

Section IV: Projected Plan Level Information																									
4.1 Plan ID (Standard Component ID)	Total	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010019	13401PA0010020	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010021	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010022
4.2 Allowed Claims	$15,564,792	$558,957	$112,878	$2,892,854	$566,264	$680,374	$289,448	$566,339	$2,816,433	$388,260	$146,671	$390,925	$24,105	$170,618	$111,381	$537,699	$203,039	$2,033,975	$1,240,536	$1,274,761	$254,126	$51,775	$253,373	
4.3 Reinsurance	$534,112	$16,462	$3,461	$89,733	$17,455	$21,076	$9,520	$17,465	$104,839	$14,445	$5,513	$14,714	$901	$6,398	$3,410	$16,698	$6,443	$73,249	$44,325	$47,842	$9,157	$1,929	$9,078	
4.4 Member Cost Sharing	$3,017,720	$172,241	$31,567	$784,892	$156,219	$185,278	$65,805	$156,066	$353,613	$48,934	$17,167	$45,271	$2,936	$20,320	$31,280	$145,435	$51,684	$313,254	$199,282	$150,872	$39,023	$6,462	$40,119	
4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
4.6 Incurred Claims	$12,012,960	$370,254	$77,850	$2,018,229	$392,590	$474,021	$214,123	$392,809	$2,357,982	$324,881	$123,991	$330,940	$20,268	$143,900	$76,692	$375,565	$144,911	$1,647,472	$996,929	$1,076,046	$205,947	$43,384	$204,177	
4.7 Risk Adjustment Transfer Amount	-$1,094,515	-$33,777	-$7,092	-$183,972	-$35,810	-$43,179	-$19,517	-$35,777	-$214,712	-$29,579	-$11,295	-$30,158	-$1,846	-$13,110	-$6,995	-$34,253	-$13,206	-$150,048	-$90,889	-$97,989	-$18,755	-$3,954	-$18,600	
4.8 Premium	$16,241,476	$500,617	$105,249	$2,728,683	$530,818	$640,848	$289,500	$531,048	$3,187,881	$439,219	$167,636	$447,445	$27,402	$194,555	$103,694	$507,795	$195,919	$2,227,330	$1,347,928	$1,454,776	$278,431	$58,658	$276,046	
4.9 Projected Member Months	30,962	1,177	235	6,001	1,177	1,412	588	1,177	5,388	743	279	743	46	325	232	1,115	418	3,963	2,427	2,427	495	99	495	
4.10 Loss Ratio	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	79.31%	
Per Member Per Month																									
4.11 Allowed Claims	$502.71	$474.90	$480.33	$482.06	$481.11	$481.85	$492.26	$481.17	$522.72	$522.56	$525.70	$526.14	$524.03	$524.98	$480.09	$482.24	$485.74	$513.24	$511.14	$525.24	$513.39	$522.98	$511.87	
4.12 Reinsurance	$17.25	$13.99	$14.73	$14.95	$14.83	$14.93	$16.19	$14.84	$19.46	$19.44	$19.76	$19.80	$19.59	$19.69	$14.70	$14.98	$15.41	$18.48	$18.26	$19.71	$18.50	$19.48	$18.34	
4.13 Member Cost Sharing	$97.47	$146.34	$134.33	$130.79	$132.73	$131.22	$111.91	$132.60	$65.63	$65.86	$61.53	$60.93	$63.83	$62.52	$134.83	$130.44	$123.65	$79.04	$82.11	$62.16	$78.83	$65.27	$81.05	
4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
4.15 Incurred Claims	$387.99	$314.57	$331.28	$336.32	$333.55	$335.71	$364.15	$333.74	$437.64	$437.26	$444.41	$445.41	$440.62	$442.77	$330.57	$336.83	$346.68	$415.71	$410.77	$443.36	$416.05	$438.23	$412.48	
4.16 Risk Adjustment Transfer Amount	-$35.35	-$28.70	-$30.18	-$30.66	-$30.43	-$30.58	-$33.19	-$30.40	-$39.85	-$39.81	-$40.48	-$40.59	-$40.13	-$40.34	-$30.15	-$30.72	-$31.59	-$37.86	-$37.45	-$40.37	-$37.89	-$39.94	-$37.58	
4.17 Premium	$524.56	$425.33	$447.87	$454.70	$450.99	$453.86	$492.35	$451.19	$591.66	$591.14	$600.85	$602.21	$595.70	$598.63	$446.95	$455.42	$468.71	$562.03	$555.39	$599.41	$562.49	$592.51	$557.67	

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

Carrier Name:	Cigna Health and Life Insurance Company
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	1/1/2023

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)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 2,203,274,345.15	$ 1,795,361,257.10	$ 1,989,955,156.83	4,247,691	$ 389,887,071.62	$ 2,379,842,228.46	$ -	$ (115,367,398.35)	$ -	$ -	$ (81,853,141.93)	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 533.11**
Loss Ratio											**88.36%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.28%	1.68%	0.00%	5.03%	18.25%
Outpatient Hospital	2.91%	1.68%	0.00%	4.64%	23.24%
Professional	1.55%	1.68%	0.00%	3.26%	23.96%
Other Medical	7.20%	1.68%	0.00%	9.01%	4.36%
Capitation				0.00%	0.00%
Prescription Drugs	4.89%	2.30%	0.00%	7.30%	30.18%
Total Annual Trend				5.39%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.111	

** 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	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18		$ 96,772,289.18	1.0000	$ 96,772,289.18	361,149	$ 267.96		$ (549,638.31)	$ 194,360,834.42	$ 538.17
Feb-18		$ 93,279,292.93	1.0000	$ 93,279,292.93	356,442	$ 261.70		$ (3,959,240.62)	$ 183,915,937.65	$ 515.98
Mar-18		$ 106,364,735.66	1.0000	$ 106,364,735.66	349,450	$ 304.38		$ (4,927,624.67)	$ 209,303,133.81	$ 598.95
Apr-18		$ 108,830,044.15	1.0000	$ 108,830,044.15	342,785	$ 317.49		$ (5,028,629.72)	$ 214,167,542.38	$ 624.79
May-18		$ 120,114,054.32	1.0000	$ 120,114,054.32	333,533	$ 360.13		$ (2,847,475.86)	$ 239,075,984.96	$ 716.80
Jun-18		$ 125,278,568.63	1.0000	$ 125,278,568.63	328,589	$ 381.26		$ (2,414,240.65)	$ 249,911,143.43	$ 760.56
Jul-18		$ 121,807,000.05	1.0000	$ 121,807,000.05	324,726	$ 375.11		$ (6,468,721.16)	$ 238,864,526.24	$ 735.59
Aug-18		$ 116,428,301.72	1.0000	$ 116,428,301.72	320,541	$ 363.22		$ (4,527,693.55)	$ 229,972,239.44	$ 717.45
Sep-18		$ 99,992,417.98	1.0000	$ 99,992,417.98	316,371	$ 316.06		$ (6,533,022.28)	$ 194,863,158.63	$ 615.93
Oct-18		$ 127,221,779.81	1.0000	$ 127,221,779.81	311,713	$ 408.14		$ (5,454,003.04)	$ 250,785,230.88	$ 804.54
Nov-18		$ 119,253,861.86	1.0000	$ 119,253,861.86	306,757	$ 388.76		$ (4,384,265.76)	$ 235,806,668.94	$ 768.71
Dec-18	$ 2,276,445,583.18	$ 116,926,519.77	1.0000	$ 116,926,519.77	299,933	$ 389.84	19.7%	$ (5,269,707.43)	$ 230,233,693.77	$ 767.62
Jan-19		$ 73,124,532.19	1.0000	$ 73,124,532.19	292,092	$ 250.35		$ (621,650.03)	$ 146,659,531.99	$ 502.10
Feb-19		$ 83,653,336.42	1.0000	$ 83,653,336.42	276,236	$ 302.83		$ (4,477,966.70)	$ 164,009,432.81	$ 593.73
Mar-19		$ 84,024,779.29	1.0000	$ 84,024,779.29	269,987	$ 311.22		$ (5,573,225.09)	$ 163,662,302.88	$ 606.19
Apr-19		$ 102,438,641.53	1.0000	$ 102,438,641.53	265,165	$ 386.32		$ (5,687,463.48)	$ 200,635,691.80	$ 756.64
May-19		$ 90,774,332.70	1.0000	$ 90,774,332.70	258,972	$ 350.52		$ (3,220,542.35)	$ 179,609,359.16	$ 693.55
Jun-19		$ 85,639,845.88	1.0000	$ 85,639,845.88	253,358	$ 338.02		$ (2,730,546.15)	$ 169,757,910.89	$ 670.03
Jul-19		$ 105,852,453.39	1.0000	$ 105,852,453.39	248,126	$ 426.61		$ (7,316,230.74)	$ 205,882,732.58	$ 829.75
Aug-19		$ 95,713,586.72	1.0000	$ 95,713,586.72	244,486	$ 391.49		$ (5,120,896.37)	$ 187,657,228.37	$ 767.56
Sep-19		$ 94,884,309.61	1.0000	$ 94,884,309.61	240,524	$ 394.49		$ (7,388,956.38)	$ 183,718,909.29	$ 763.83
Oct-19		$ 109,846,575.07	1.0000	$ 109,846,575.07	237,038	$ 463.41		$ (6,168,567.75)	$ 215,075,014.03	$ 907.34
Nov-19		$ 101,506,986.48	1.0000	$ 101,506,986.48	233,409	$ 434.89		$ (4,958,677.17)	$ 199,488,018.14	$ 854.67
Dec-19	$ 1,818,049,985.58	$ 104,673,142.13	1.0000	$ 104,673,142.13	228,375	$ 458.34	21.2%	$ (5,960,126.36)	$ 204,863,569.03	$ 897.05
Jan-20		$ 79,594,052.30	1.0000	$ 79,594,052.30	247,999	$ 320.95		$ (817,059.88)	$ 94,371,661.41	$ 380.53
Feb-20		$ 81,685,200.89	1.0000	$ 81,685,200.89	246,584	$ 331.27		$ (5,885,573.44)	$ 91,804,010.09	$ 372.30
Mar-20		$ 86,144,324.93	1.0000	$ 86,144,324.93	244,423	$ 352.44		$ (7,325,116.02)	$ 95,697,256.87	$ 391.52
Apr-20		$ 73,013,321.78	1.0000	$ 73,013,321.78	243,570	$ 299.76		$ (7,475,264.17)	$ 79,843,380.08	$ 327.80
May-20		$ 78,189,720.08	1.0000	$ 78,189,720.08	243,694	$ 320.85		$ (4,232,889.57)	$ 89,276,352.11	$ 366.35
Jun-20		$ 123,678,761.55	1.0000	$ 123,678,761.55	243,916	$ 507.05		$ (3,588,867.67)	$ 144,321,972.68	$ 591.69
Jul-20		$ 122,513,944.64	1.0000	$ 122,513,944.64	243,445	$ 503.25		$ (9,616,019.11)	$ 136,901,784.58	$ 562.35
Aug-20		$ 114,556,844.00	1.0000	$ 114,556,844.00	242,586	$ 472.23		$ (6,730,602.02)	$ 130,271,085.67	$ 537.01
Sep-20		$ 118,034,245.44	1.0000	$ 118,034,245.44	241,210	$ 489.34		$ (9,711,605.37)	$ 131,448,802.56	$ 544.96
Oct-20		$ 122,595,914.39	1.0000	$ 122,595,914.39	239,088	$ 512.76		$ (8,107,599.04)	$ 138,508,234.53	$ 579.32
Nov-20		$ 107,410,310.14	1.0000	$ 107,410,310.14	236,110	$ 454.92		$ (6,517,390.73)	$ 121,937,560.10	$ 516.44
Dec-20	$ 1,521,338,726.15	$ 151,183,773.39	1.0000	$ 151,183,773.39	232,958	$ 648.97	17.8%	$ (7,833,636.06)	$ 172,971,206.17	$ 742.50
Jan-21		$ 105,283,503.84	0.9999	$ 105,291,335.31	385,017	$ 273.47		$ (6,923,220.49)	$ 125,920,810.43	$ 327.05
Feb-21		$ 118,458,221.37	0.9998	$ 118,478,049.02	313,300	$ 378.16		$ (7,671,439.77)	$ 141,691,164.86	$ 452.25
Mar-21		$ 150,751,125.68	0.9996	$ 150,807,911.50	318,312	$ 473.77		$ (9,106,004.14)	$ 180,355,338.63	$ 566.60
Apr-21		$ 153,418,679.22	0.9992	$ 153,548,769.44	324,641	$ 472.98		$ (8,551,858.15)	$ 183,633,206.20	$ 565.65
May-21		$ 153,411,547.49	0.9981	$ 153,704,547.43	336,270	$ 457.09		$ (6,741,638.34)	$ 183,819,505.40	$ 546.64
Jun-21		$ 166,496,859.13	0.9957	$ 167,214,052.24	345,566	$ 483.88		$ (12,387,546.19)	$ 199,975,894.60	$ 578.69
Jul-21		$ 169,752,758.56	0.9903	$ 171,406,905.81	353,417	$ 485.00		$ (9,967,074.62)	$ 204,990,243.77	$ 580.02
Aug-21		$ 183,146,634.81	0.9783	$ 187,211,641.10	364,661	$ 513.39		$ (10,629,380.39)	$ 223,891,562.38	$ 613.97
Sep-21		$ 178,438,069.81	0.9511	$ 187,603,477.18	376,426	$ 498.38		$ (11,033,855.55)	$ 224,360,169.96	$ 596.03
Oct-21		$ 166,562,399.28	0.8901	$ 187,132,830.39	377,978	$ 495.09		$ (10,261,009.84)	$ 223,797,310.48	$ 592.09
Nov-21		$ 146,975,006.56	0.7505	$ 195,833,225.69	378,160	$ 517.86		$ (10,437,863.29)	$ 234,202,353.07	$ 619.32
Dec-21	$ 2,203,274,345.15	$ 102,666,451.34	0.4849	$ 211,722,411.73	373,943	$ 566.19	16.4%	$ (11,656,507.58)	$ 253,204,668.67	$ 677.12

** Express Completion Factor as a percentage*

***Express Prescription Drug Rebates as a negative number*

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Cigna Health and Life Insurance Company		
Product(s):	EPO		
Market Seament:	Individual		
Rate Effective Date:	1/1/2023	to	12/31/2023
Base Period Start Date:	1/1/2021	to	12/31/2021
Date of Most Recent Membership:	2/1/2022		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2022)	Projected Rating Period
Average Age		45.6	48.0
Total	0	2,410	30,962
<18		141	3,196
18-24		158	1,971
25-29		418	3,021
30-34		298	2,765
35-39		248	2,663
40-44		215	2,879
45-49		176	2,933
50-54		202	3,774
55-59		266	3,986
60-63		232	3,030
64+		56	744

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
			-								
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											$ -
Loss Ratio											**0.00%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

** 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-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20				#DIV/0!		#DIV/0!				#DIV/0!
Feb-20				#DIV/0!		#DIV/0!				#DIV/0!
Mar-20				#DIV/0!		#DIV/0!				#DIV/0!
Apr-20				#DIV/0!		#DIV/0!				#DIV/0!
May-20				#DIV/0!		#DIV/0!				#DIV/0!
Jun-20				#DIV/0!		#DIV/0!				#DIV/0!
Jul-20				#DIV/0!		#DIV/0!				#DIV/0!
Aug-20				#DIV/0!		#DIV/0!				#DIV/0!
Sep-20				#DIV/0!		#DIV/0!				#DIV/0!
Oct-20				#DIV/0!		#DIV/0!				#DIV/0!
Nov-20				#DIV/0!		#DIV/0!				#DIV/0!
Dec-20				#DIV/0!		#DIV/0!				#DIV/0!
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!

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

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

Carrier Name:	**Cigna Health and Life Insurance Company**	**Attachment Point:**	**$60,000**
Product(s):	**EPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**40%**
Rate Effective Date:	**1/1/2023**		
Incurred Dates:	**1/1/2021 to 12/31/2021**	**Proj. Incurred Claim Impact:**	**-3.2%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2021 to 12/31/2021					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	[redacted]	[redacted]	[redacted]	$879,099,589
$30,000	$34,999				$78,845,742
$35,000	$39,999				$82,091,808
$40,000	$44,999				$74,886,293
$45,000	$49,999				$54,926,713
$50,000	$54,999				$50,917,945
$55,000	$59,999				$47,108,604
$60,000	$64,999				$46,715,080
$65,000	$69,999				$43,403,987
$70,000	$74,999				$37,996,077
$75,000	$79,999				$31,703,203
$80,000	$84,999				$27,669,011
$85,000	$89,999				$24,304,529
$90,000	$94,999				$23,587,009
$95,000	$99,999				$18,883,632
$100,000	$109,999				$34,190,319
$110,000	$119,999				$27,573,324
$120,000	$129,999				$28,631,113
$130,000	$139,999				$27,177,705
$140,000	$149,999				$26,518,139
$150,000	$159,999				$19,824,824
$160,000	$169,999				$22,786,908
$170,000	$179,999				$20,509,280
$180,000	$189,999				$16,731,068
$190,000	$199,999				$16,939,143
$200,000	$209,999				$14,515,679
$210,000	$219,999				$13,344,153
$220,000	$229,999				$13,178,148
$230,000	$239,999				$10,955,296
$240,000	$249,999				$12,164,178
$250,000	$259,999				$9,291,055
$260,000	$269,999				$8,459,633
$270,000	$279,999				$10,092,910
$280,000	$289,999				$6,998,298
$290,000	$299,999				$5,560,590
$300,000	$324,999				$17,398,301
$325,000	$349,999				$12,228,961
$350,000	$374,999				$14,175,683
$375,000	$399,999				$7,370,329
$400,000	$424,999				$11,013,584
$425,000	$449,999				$11,352,725
$450,000	$474,999				$7,096,651
$475,000	$499,999				$6,137,653
$500,000	$599,999				$15,333,647
$600,000	$699,999				$10,228,739
$700,000	$799,999				$8,778,273
$800,000	$899,999				$3,265,199
$900,000	$999,999				$957,874
$1,000,000+					$11,438,667
Total					**$2,004,357,271**

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

Carrier Name:	**Cigna Health and Life Insurance Company**	**Attachment Point:**	**$60,000**
Product(s):	**EPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**40%**
Rate Effective Date:	**1/1/2023**		
		Proj. Incurred Claim Impact:	**-3.4%**
		Proj. Morbidity Impact:	**0.0%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2023					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999				$916,757,104
$30,000	$34,999				$79,970,926
$35,000	$39,999				$79,966,394
$40,000	$44,999				$84,982,121
$45,000	$49,999				$69,447,281
$50,000	$54,999				$53,197,738
$55,000	$59,999				$51,308,719
$60,000	$64,999				$46,078,789
$65,000	$69,999				$45,120,299
$70,000	$74,999				$42,559,132
$75,000	$79,999				$38,597,256
$80,000	$84,999				$34,121,211
$85,000	$89,999				$29,500,648
$90,000	$94,999				$25,581,261
$95,000	$99,999				$23,270,556
$100,000	$109,999				$40,384,338
$110,000	$119,999				$34,525,388
$120,000	$129,999				$28,786,241
$130,000	$139,999				$28,999,546
$140,000	$149,999				$26,951,952
$150,000	$159,999				$28,737,757
$160,000	$169,999				$24,149,303
$170,000	$179,999				$19,413,384
$180,000	$189,999				$22,279,894
$190,000	$199,999				$19,486,082
$200,000	$209,999				$17,593,529
$210,000	$219,999				$16,667,400
$220,000	$229,999				$14,390,874
$230,000	$239,999				$13,372,773
$240,000	$249,999				$13,291,347
$250,000	$259,999				$10,983,350
$260,000	$269,999				$11,459,531
$270,000	$279,999				$12,666,237
$280,000	$289,999				$7,809,091
$290,000	$299,999				$9,772,057
$300,000	$324,999				$18,926,074
$325,000	$349,999				$17,706,775
$350,000	$374,999				$11,446,651
$375,000	$399,999				$12,925,225
$400,000	$424,999				$12,607,750
$425,000	$449,999				$10,593,836
$450,000	$474,999				$8,057,991
$475,000	$499,999				$12,700,152
$500,000	$599,999				$19,642,267
$600,000	$699,999				$12,588,012
$700,000	$799,999				$8,855,114
$800,000	$899,999				$8,217,183
$900,000	$999,999				$2,714,484
$1,000,000+					$13,604,593
Total					**$2,192,765,613**

PA Rate Template Part II

Rate Development and Change

Carrier Name: Cigna Health and Life Insurance Company
Product(s): EPO
Market Segment: Individual
Rate Effective Date: 1/1/2023

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	
rebates) PMPM	$ -	$ 533.11	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.000	1.111	
Unadjusted Projected Allowed EHB Claims PMPM	$ -	$ 592.09	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other		0.881	<- See URRT Instructions
Total Non-Morbidity Changes	0.000	0.964	
Change in Demographics		1.000	<- See URRT Instructions
Change in Network		1.002	
Change in Benefits		1.002	<- See URRT Instructions
Change in Other		0.960	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ -	$ 503.11	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		$ 503.11	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 503.11		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.794		
Projected Incurred EHB Claims PMPM	$ 399.33		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-$28.47		
Projected Incurred Exchange User Fees PMPM	$14.62		
Projected Incurred Reinsurance Recoveries PMPM	$13.69		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 428.72		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 540.15		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM			
Market-Adjusted Projected Incurred Total Claims PMPM	$ 428.72		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 540.15		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	$ 533.11	<- Index Rate of Experience Period on URRT
Blended Earned Premium	$ 2,203,274,345.15	
Blended Loss Ratio	88.36%	

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

Effective Date	1/1/2023	4/1/2023	7/1/2023	10/1/2023	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	$ 503.11	$ 503.11	$ 503.11	$ 503.11	$ 503.11
Months of Trend	-	3	6	9	
Annual Trend	5.39%	5.39%	5.39%	5.39%	
Single Risk Pool Projected Allowed Claims	$ 503.11	$ 509.75	$ 516.49	$ 523.31	$ -
Quarterly Trend Factor	1.000	1.013	1.027	1.040	0.000

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	12.54%	$64.82
General and Claims	11.31%	$58.46
Agent/Broker Fees and Commissions	0.88%	$4.57
Quality Improvement Initiatives	0.35%	$1.81
Taxes and Fees	2.52%	$13.03
Risk Adjustment User Fee	0.04%	$0.21
PCORI Fee	0.01%	$0.05
PA Premium & Other Taxes (if applicable)	1.94%	$10.03
Federal Income Tax	0.53%	$2.74
Health Insurance Providers Fee (Prorated for Small Groups only)		$0.00
Profit/Contingency (after tax)	2.00%	$10.34
Total Retention	17.06%	$88.18
Projected Required Revenue PMPM	$ 516.91	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2022	2023
Average Age Factor	1.692	1.633
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	$ 559.91	$ 540.15
Normalized Market-Adiusted Projected Allowed Total Claims PMPM	$ 330.92	$ 330.79

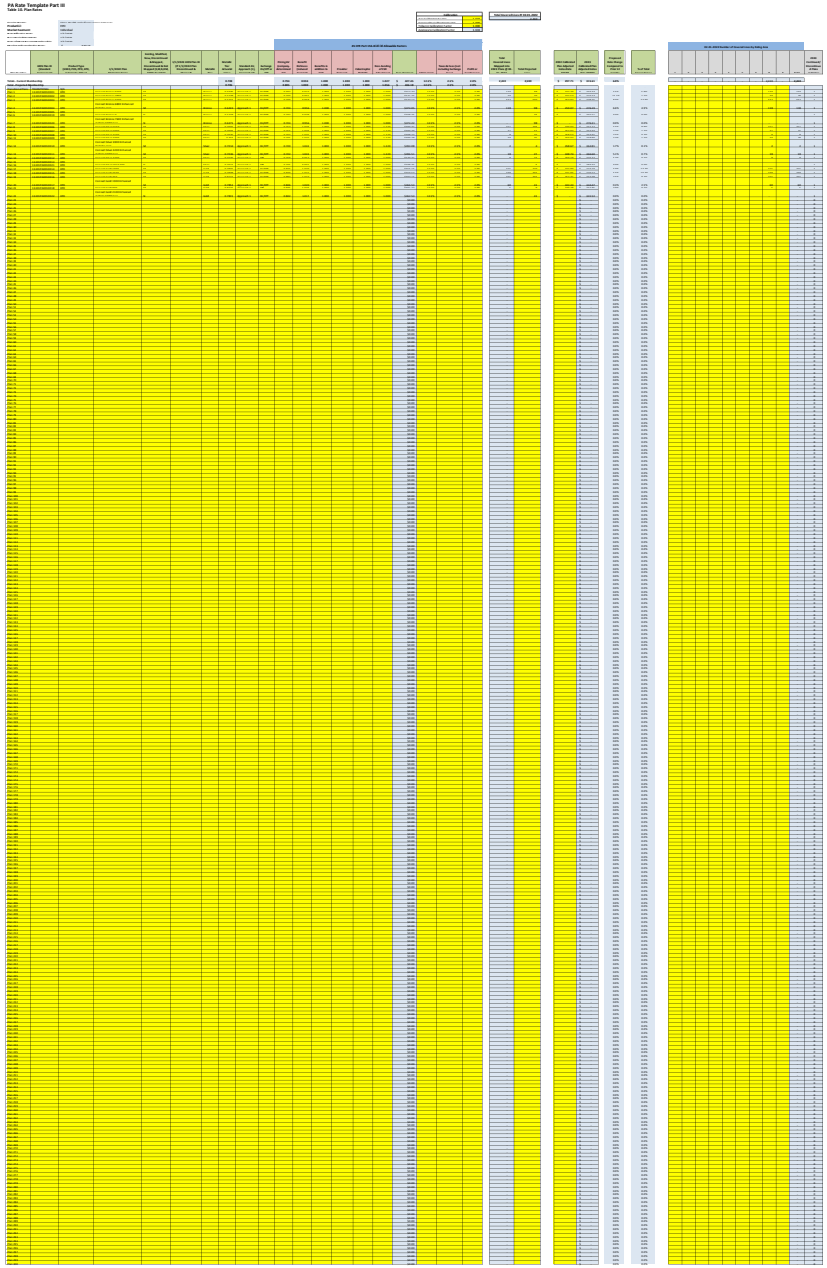
Table 8. Components of Rate Change

Rate Components	2022	2023	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 297.71	$ 315.61	$ 17.90	6.0%
B. Base period allowed claims before normalization	$ 490.97	$ 533.11	$ 42.14	14.2%
C. Normalization factor component of change	$ (200.80)	$ (206.63)	$ (5.83)	-2.0%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 290.17	$ 326.47	$ 36.30	12.2%
D2. URRT Trend	$ 35.61	$ 36.12	$ 0.51	0.2%
D3. URRT Morbidity	$ (15.99)	$ (43.02)	$ (27.03)	-9.1%
D4. URRT Other	$ 1.33	$ (11.47)	$ (12.80)	-4.3%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ 28.24	$ 21.97	$ (6.28)	-2.1%
D6. Normalized Exchange User Fee on an allowed basis	$ 11.50	$ 11.28	$ (0.22)	-0.1%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ (19.32)	$ (10.57)	$ 8.76	2.9%
D8. Subtotal - Sum(D1:D7)	$ 331.54	$ 330.79	$ (0.75)	-0.3%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (71.99)	$ (68.24)	$ 3.75	1.3%
E3. Benefit Richness	$ (4.06)	$ (1.63)	$ 2.43	0.8%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (76.05)	$ (69.87)	$ 6.18	2.1%
F. Change in Retention Components				
F1. Administrative Expenses	$ 28.40	$ 39.58	$ 11.18	3.8%
F2. Taxes and Fees	$ 7.32	$ 7.95	$ 0.63	0.2%
F3. Profit and/or Contingency	$ 5.95	$ 6.31	$ 0.36	0.1%
F4. Subtotal - Sum(F1:F3)	$ 41.68	$ 53.84	$ 12.16	4.1%
G. Change in Miscellaneous Items			$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown	$ 297.17	$ 314.76	$ 17.60	5.9%

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

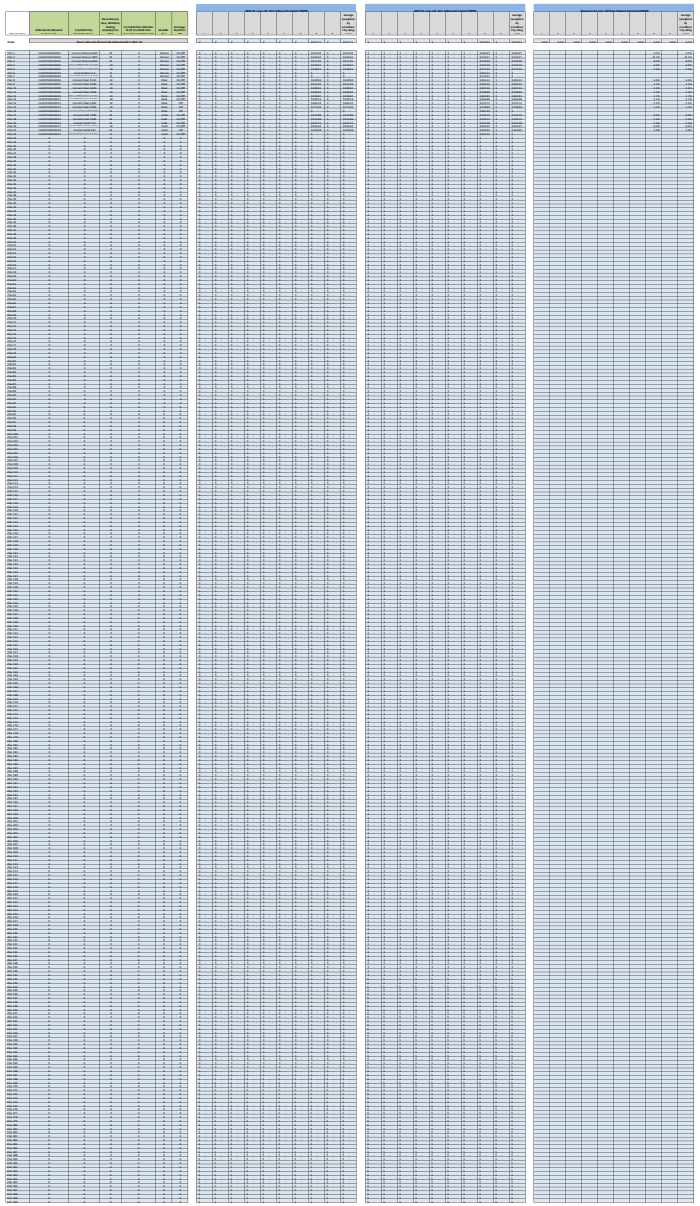
	2022	2023	
Paid-to-Allowed	0.783	0.794	
URRT Trend (Total Applied Trend Factor)	1.123	1.111	<- URRT W1, S2
URRT Morbidity	0.951	0.881	<- URRT W1, S2
URRT "Other"	1.004	0.964	<- URRT W1, S2
Risk Adjustment	$ 37.41	$ 28.47	<- URRT W1, S3
Exchange User Fee	$ 15.24	$ 14.62	<- URRT W1, S3
Reinsurance Recoveries	$ 25.60	$ 13.69	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.783	0.794	<- For 2022 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	0.984	0.994	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	9.54%	12.54%	
Taxes and Fees	2.46%	2.52%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates



PA Rate Template Part IV A - Individual

Table, 11. Blue Shield of California Individual Exchange PPO Silver 70 Rate Preference Choice



PA Rate Template Part IV B - Small Group Annual

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

Plan Number	HIOS Plan ID (Standard Component)	1/1/2022 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2023	1/1/2023 HIOS Plan ID (if 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
Totals	These cells auto-fill using the data entered in Table 10					
Plan 1	13401PA0010001	Connect Bronze 8100	M	0	Bronze	On/Off
Plan 2	13401PA0010002	Connect Bronze 7800	M	0	Bronze	On/Off
Plan 3	13401PA0010003	Connect Bronze 6500	M	0	Bronze	On/Off
Plan 4	13401PA0010004	[illegible]	M	0	Bronze	On/Off
Plan 5	13401PA0010005	[illegible]	M	0	Bronze	On/Off
Plan 6	13401PA0010019	Connect Bronze 0	N	0	Bronze	On/Off
Plan 7	13401PA0010020	[illegible]	N	0	Bronze	On/Off
Plan 8	13401PA0010006	Connect Silver 5550	M	0	Silver	On/Off
Plan 9	13401PA0010007	Connect Silver 6000	M	0	Silver	On/Off
Plan 10	13401PA0010008	Connect Silver 3600	M	0	Silver	On/Off
Plan 11	13401PA0010009	Connect Silver 3000	M	0	Silver	On/Off
Plan 12	13401PA0010010	[illegible]	M	0	Silver	On/Off
Plan 13	13401PA0010011	[illegible]	M	0	Silver	On/Off
Plan 14	13401PA0010012	Connect Silver 4400	M	0	Silver	Off
Plan 15	13401PA0010013	Connect Silver 2000	M	0	Silver	Off
Plan 16	13401PA0010021	[illegible]	N	0	Silver	Off
Plan 17	13401PA0010014	Connect Gold 1000	M	0	Gold	On/Off
Plan 18	13401PA0010015	Connect Gold 2500	M	0	Gold	On/Off
Plan 19	13401PA0010016	Connect Gold 750	M	0	Gold	On/Off
Plan 20	13401PA0010017	[illegible]	M	0	Gold	On/Off
Plan 21	13401PA0010018	Connect Gold 900	M	0	Gold	Off
Plan 22	13401PA0010022	[illegible]	N	0	Gold	On/Off
Plan 23	0	0	0	0	0	0
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Plan 25	0	0	0	0	0	0
Plan 26	0	0	0	0	0	0
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Plan 299	0	0	0	0	0	0
Plan 300	0	0	0	0	0	0

Quarter 1 2022, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Quarter 1 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$315.61	$ -	$315.61
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$260.47	$ -	$260.47
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$274.27	$ -	$274.27
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$278.46	$ -	$278.46
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$276.19	$ -	$276.19
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$277.94	$ -	$277.94
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$301.51	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$276.31	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$362.33	$ -	$362.33
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$362.02	$ -	$362.02
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$367.96	$ -	$367.96
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$368.80	$ -	$368.80
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$364.81	$ -	$364.81
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$366.60	$ -	$366.60
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$273.72	$ -	$273.72
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$278.90	$ -	$278.90
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$287.04	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$344.19	$ -	$344.19
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$340.12	$ -	$340.12
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$367.08	$ -	$367.08
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$344.47	$ -	$344.47
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$362.85	$ -	$362.85
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$341.52	$ -	$ -

Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Quarter 2 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$319.78	$ -	$319.78
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$263.91	$ -	$263.91
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$277.90	$ -	$277.90
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$282.14	$ -	$282.14
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$279.83	$ -	$279.83
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$281.63	$ -	$281.63
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$305.49	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$279.96	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$367.11	$ -	$367.11
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$366.80	$ -	$366.80
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$372.82	$ -	$372.82
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$373.67	$ -	$373.67
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$369.63	$ -	$369.63
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$371.44	$ -	$371.44
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$277.33	$ -	$277.33
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$282.58	$ -	$282.58
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$290.83	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$348.73	$ -	$348.73
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$344.63	$ -	$344.63
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$371.83	$ -	$371.83
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$349.02	$ -	$349.02
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$367.65	$ -	$367.65
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$346.03	$ -	$ -

Quarter 3 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$324.00	$ -	$324.00
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$267.40	$ -	$267.40
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$281.56	$ -	$281.56
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$285.87	$ -	$285.87
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$283.53	$ -	$283.53
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$285.33	$ -	$285.33
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$309.53	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$283.65	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$371.96	$ -	$371.96
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$371.64	$ -	$371.64
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$377.74	$ -	$377.74
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$378.60	$ -	$378.60
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$374.51	$ -	$374.51
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$376.35	$ -	$376.35
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$280.99	$ -	$280.99
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$286.31	$ -	$286.31
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$294.67	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$353.34	$ -	$353.34
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$349.16	$ -	$349.16
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$376.84	$ -	$376.84
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$353.63	$ -	$353.63
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$372.50	$ -	$372.50
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$350.60	$ -	$ -

Quarter 4 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$328.28	$ -	$328.28
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$270.93	$ -	$270.93
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$285.28	$ -	$285.28
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$289.64	$ -	$289.64
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$287.27	$ -	$287.27
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$289.10	$ -	$289.10
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$313.61	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$287.40	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$376.87	$ -	$376.87
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$376.55	$ -	$376.55
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$382.73	$ -	$382.73
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$383.60	$ -	$383.60
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$379.45	$ -	$379.45
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$381.32	$ -	$381.32
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$284.70	$ -	$284.70
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$290.09	$ -	$290.09
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$298.56	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$358.00	$ -	$358.00
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$353.77	$ -	$353.77
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$381.82	$ -	$381.82
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$358.29	$ -	$358.29
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$377.42	$ -	$377.42
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$355.23	$ -	$ -

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Cigna Health and Life Insurance Company**
Product(s):	**EPO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2023**

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.000
15	0.833			41	1.302	1.000
16	0.859			42	1.325	1.000
17	0.885			43	1.357	1.000
18	0.913			44	1.397	1.000
19	0.941			45	1.444	1.000
20	0.970			46	1.500	1.000
21	1.000	1.000		47	1.563	1.000
22	1.000	1.000		48	1.635	1.000
23	1.000	1.000		49	1.706	1.000
24	1.000	1.000		50	1.786	1.000
25	1.004	1.000		51	1.865	1.000
26	1.024	1.000		52	1.952	1.000
27	1.048	1.000		53	2.040	1.000
28	1.087	1.000		54	2.135	1.000
29	1.119	1.000		55	2.230	1.000
30	1.135	1.000		56	2.333	1.000
31	1.159	1.000		57	2.437	1.000
32	1.183	1.000		58	2.548	1.000
33	1.198	1.000		59	2.603	1.000
34	1.214	1.000		60	2.714	1.000
35	1.222	1.000		61	2.810	1.000
36	1.230	1.000		62	2.873	1.000
37	1.238	1.000		63	2.952	1.000
38	1.246	1.000		64+	3.000	1.000
39	1.262	1.000				

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia	1.000	1.000
Rating Area 9			

Table 14. Network Factors

Projection Period Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	Approval Date
Cigna Connect	Rating Area 8	1.000	1.000	

2022 Rates Table Template v12.0

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.

Issuer ID*	[illegible]
Rate Effective Date*	[illegible]
Rate Expiration Date*	[illegible]
Rating Method*	Age-Based Rates

Plan ID* Required: Enter the 14-character Plan ID	Rating Area ID* Required: Select the Rating Area ID	Tobacco* Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Age* Required: Select the age of a subscriber eligible for the rate	Individual Rate* Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
13401PA0010001	[illegible]	No Preference	[illegible]	199.26
13401PA0010001	[illegible]	No Preference	[illegible]	216.97
13401PA0010001	[illegible]	No Preference	[illegible]	223.75
13401PA0010001	[illegible]	No Preference	[illegible]	230.52
13401PA0010001	[illegible]	No Preference	[illegible]	237.81
13401PA0010001	[illegible]	No Preference	[illegible]	245.11
13401PA0010001	[illegible]	No Preference	[illegible]	252.66
13401PA0010001	[illegible]	No Preference	[illegible]	260.47
13401PA0010001	[illegible]	No Preference	[illegible]	260.47
13401PA0010001	[illegible]	No Preference	[illegible]	260.47
13401PA0010001	[illegible]	No Preference	[illegible]	260.47
13401PA0010001	[illegible]	No Preference	[illegible]	261.52
13401PA0010001	[illegible]	No Preference	[illegible]	266.73
13401PA0010001	[illegible]	No Preference	[illegible]	272.98
13401PA0010001	[illegible]	No Preference	[illegible]	283.14
13401PA0010001	[illegible]	No Preference	[illegible]	291.47
13401PA0010001	[illegible]	No Preference	[illegible]	295.64
13401PA0010001	[illegible]	No Preference	[illegible]	301.89
13401PA0010001	[illegible]	No Preference	[illegible]	308.14
13401PA0010001	[illegible]	No Preference	[illegible]	312.05
13401PA0010001	[illegible]	No Preference	[illegible]	316.22
13401PA0010001	[illegible]	No Preference	[illegible]	318.30
13401PA0010001	[illegible]	No Preference	[illegible]	320.38
13401PA0010001	[illegible]	No Preference	[illegible]	322.47
13401PA0010001	[illegible]	No Preference	[illegible]	324.55
13401PA0010001	[illegible]	No Preference	[illegible]	328.72
13401PA0010001	[illegible]	No Preference	[illegible]	332.89
13401PA0010001	[illegible]	No Preference	[illegible]	339.14
13401PA0010001	[illegible]	No Preference	[illegible]	345.13
13401PA0010001	[illegible]	No Preference	[illegible]	353.46
13401PA0010001	[illegible]	No Preference	[illegible]	363.88
13401PA0010001	[illegible]	No Preference	[illegible]	376.12
13401PA0010001	[illegible]	No Preference	[illegible]	390.71
13401PA0010001	[illegible]	No Preference	[illegible]	407.12
13401PA0010001	[illegible]	No Preference	[illegible]	425.88
13401PA0010001	[illegible]	No Preference	[illegible]	444.37
13401PA0010001	[illegible]	No Preference	[illegible]	465.21
13401PA0010001	[illegible]	No Preference	[illegible]	486.78
13401PA0010001	[illegible]	No Preference	[illegible]	508.45
13401PA0010001	[illegible]	No Preference	[illegible]	531.37
13401PA0010001	[illegible]	No Preference	[illegible]	556.11
13401PA0010001	[illegible]	No Preference	[illegible]	580.86
13401PA0010001	[illegible]	No Preference	[illegible]	607.69
13401PA0010001	[illegible]	No Preference	[illegible]	634.78
13401PA0010001	[illegible]	No Preference	[illegible]	663.69
13401PA0010001	[illegible]	No Preference	[illegible]	678.01
13401PA0010001	[illegible]	No Preference	[illegible]	706.93
13401PA0010001	[illegible]	No Preference	[illegible]	731.93
13401PA0010001	[illegible]	No Preference	[illegible]	748.34
13401PA0010001	[illegible]	No Preference	[illegible]	768.90
13401PA0010001	[illegible]	No Preference	[illegible]	781.41
13401PA0010002	[illegible]	No Preference	[illegible]	209.82
13401PA0010002	[illegible]	No Preference	[illegible]	228.47
13401PA0010002	[illegible]	No Preference	[illegible]	235.60
13401PA0010002	[illegible]	No Preference	[illegible]	242.73
13401PA0010002	[illegible]	No Preference	[illegible]	250.41
13401PA0010002	[illegible]	No Preference	[illegible]	258.09
13401PA0010002	[illegible]	No Preference	[illegible]	266.05
13401PA0010002	[illegible]	No Preference	[illegible]	274.27
13401PA0010002	[illegible]	No Preference	[illegible]	274.27
13401PA0010002	[illegible]	No Preference	[illegible]	274.27
13401PA0010002	[illegible]	No Preference	[illegible]	274.27
13401PA0010002	[illegible]	No Preference	[illegible]	275.37
13401PA0010002	[illegible]	No Preference	[illegible]	280.86
13401PA0010002	[illegible]	No Preference	[illegible]	287.44
13401PA0010002	[illegible]	No Preference	[illegible]	298.14
13401PA0010002	[illegible]	No Preference	[illegible]	306.91
13401PA0010002	[illegible]	No Preference	[illegible]	311.30
13401PA0010002	[illegible]	No Preference	[illegible]	317.88
13401PA0010002	[illegible]	No Preference	[illegible]	324.47
13401PA0010002	[illegible]	No Preference	[illegible]	328.58
13401PA0010002	[illegible]	No Preference	[illegible]	332.97
13401PA0010002	[illegible]	No Preference	[illegible]	335.16
13401PA0010002	[illegible]	No Preference	[illegible]	337.36
13401PA0010002	[illegible]	No Preference	[illegible]	339.55
13401PA0010002	[illegible]	No Preference	[illegible]	341.74
13401PA0010002	[illegible]	No Preference	[illegible]	346.13
13401PA0010002	[illegible]	No Preference	[illegible]	350.52
13401PA0010002	[illegible]	No Preference	[illegible]	357.10
13401PA0010002	[illegible]	No Preference	[illegible]	363.41
13401PA0010002	[illegible]	No Preference	[illegible]	372.19
13401PA0010002	[illegible]	No Preference	[illegible]	383.16
13401PA0010002	[illegible]	No Preference	[illegible]	396.05
13401PA0010002	[illegible]	No Preference	[illegible]	411.41
13401PA0010002	[illegible]	No Preference	[illegible]	428.69
13401PA0010002	[illegible]	No Preference	[illegible]	448.44
13401PA0010002	[illegible]	No Preference	[illegible]	467.91
13401PA0010002	[illegible]	No Preference	[illegible]	489.85
13401PA0010002	[illegible]	No Preference	[illegible]	511.52
13401PA0010002	[illegible]	No Preference	[illegible]	535.39
13401PA0010002	[illegible]	No Preference	[illegible]	559.54
13401PA0010002	[illegible]	No Preference	[illegible]	585.57
13401PA0010002	[illegible]	No Preference	[illegible]	611.63
13401PA0010002	[illegible]	No Preference	[illegible]	639.88
13401PA0010002	[illegible]	No Preference	[illegible]	668.40
13401PA0010002	[illegible]	No Preference	[illegible]	698.85
13401PA0010002	[illegible]	No Preference	[illegible]	713.93
13401PA0010002	[illegible]	No Preference	[illegible]	744.38
13401PA0010002	[illegible]	No Preference	[illegible]	770.71
13401PA0010002	[illegible]	No Preference	[illegible]	787.98
13401PA0010002	[illegible]	No Preference	[illegible]	809.66
13401PA0010002	[illegible]	No Preference	[illegible]	822.81
13401PA0010003	[illegible]	No Preference	[illegible]	213.03
13401PA0010003	[illegible]	No Preference	[illegible]	231.96
13401PA0010003	[illegible]	No Preference	[illegible]	239.20
13401PA0010003	[illegible]	No Preference	[illegible]	246.44
13401PA0010003	[illegible]	No Preference	[illegible]	254.24
13401PA0010003	[illegible]	No Preference	[illegible]	262.03
13401PA0010003	[illegible]	No Preference	[illegible]	270.11
13401PA0010003	[illegible]	No Preference	[illegible]	278.46
13401PA0010003	[illegible]	No Preference	[illegible]	278.46
13401PA0010003	[illegible]	No Preference	[illegible]	278.46
13401PA0010003	[illegible]	No Preference	[illegible]	278.46
13401PA0010003	[illegible]	No Preference	[illegible]	279.58
13401PA0010003	[illegible]	No Preference	[illegible]	285.14
13401PA0010003	[illegible]	No Preference	[illegible]	291.83
13401PA0010003	[illegible]	No Preference	[illegible]	302.69
13401PA0010003	[illegible]	No Preference	[illegible]	311.60
13401PA0010003	[illegible]	No Preference	[illegible]	316.05
13401PA0010003	[illegible]	No Preference	[illegible]	322.74
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13401PA0010007	[illegible]	No Preference	[illegible]	362.02
13401PA0010007	[illegible]	No Preference	[illegible]	362.02
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13401PA0010007	[illegible]	No Preference	[illegible]	363.46
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13401PA0010007	[illegible]	No Preference	[illegible]	491.25
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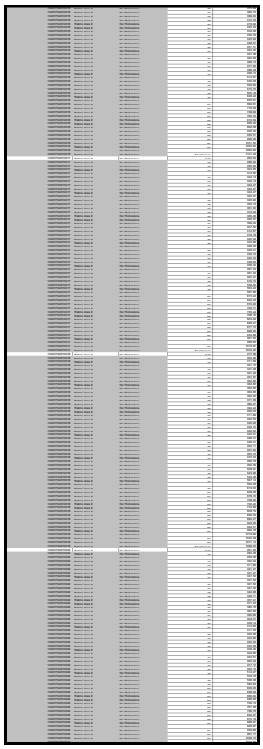
13401PA0010007	[illegible]	No Preference	[illegible]	1017.26



Company Name: Cigna Health and Life Insurance
Market: Individual
Product: Connect
Effective Date of Rates: January 1, 2023
Ending date of Rates: December 31, 2023

HIOS Plan ID (On Exchange)=>	13401PA0010001		13401PA0010002		13401PA0010003		13401PA0010004		13401PA0010005		13401PA0010019		13401PA0010020		13401PA0010006		13401PA0010007		13401PA0010008		13401PA0010009	
HIOS Plan ID (Off Exchange)=>																						
Plan Marketing Name =>	Connect Bronze 9100		Connect Bronze 7800		Connect Bronze 6500		nect Bronze 6800 Enhanced Diab		Connect Bronze HSA 6100		Connect Bronze 0		Bronze 7600 Enhanced Asthma C		Connect Silver 5550		Connect Silver 6000		Connect Silver 3600		Connect Silver 3000	
Form # =>	PAINDEPOBNFTSCH052022_910		PAINDEPOBNFTSCH052022_780		PAINDEPOBNFTSCH052022_650		PAINDEPOBNFTSCH052022_680		PAINDEPOBNFTSCH052022_610		PAINDEPOBNFTSCH052022_0		PAINDEPOBNFTSCH052022_760		PAINDEPOBNFTSCH052022_555		PAINDEPOBNFTSCH052022_600		PAINDEPOBNFTSCH052022_360		PAINDEPOBNFTSCH052022_300	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8	
Network =>	Connect		Connect		Connect		Connect		Connect		Connect		Connect		Connect		Connect		Connect		Connect	
Metal =>	Bronze		Bronze		Bronze		Bronze		Bronze		Bronze		Bronze		Silver		Silver		Silver		Silver	
Deductible =>	9100		7800		6500		6800		6100		Med: 0 Rx:4950		7600		5550		6000		3600		3000	
Coinsurance =>	0		50%		50%		40%		50%		50%		50%		50%		40%		40%		40%	
Copays =>	N/A		PCP: 50 Specialist: 100 MH/SA Office: 100 Urgent Care: 75 RX Tier 1: 3		PCP: 35 Specialist: 80 MH/SA Office: 80 Urgent Care: 75 RX Tier 1: 3		PCP: 50 Specialist: 90 MH/SA Office: 90 Urgent Care: 75 RX Tier 1: 3 RX Tier 2: 30		PCP: 50 Speech Therapy: 40 Physical Therapy: 40 Occupational Therapy: 40 RX Tier 1: 3 RX Tier 2: 30		PCP: 50 Specialist: 110 MH/SA Office: 110 Urgent Care: 75 ER: 1300 Lab: 55 RX Tier 1: 5 RX Tier 2: 35 RX Tier 3: 200		PCP: 50 Specialist: 80 MH/SA Office: 80 Urgent Care: 75 RX Tier 1: 3		PCP: 15 Specialist: 70 MH/SA Office: 70 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 ER: 1275 RX Tier 1: 2 RX Tier 2: 20 RX Tier 3: 85		PCP: 25 Specialist: 75 MH/SA Office: 75 Urgent Care: 35 RX Tier 1: 3 RX Tier 2: 25 RX Tier 3: 90		PCP: 25 Specialist: 75 MH/SA Office: 75 Urgent Care: 35 Lab: 50 RX Tier 1: 3 RX Tier 2: 30 RX Tier 3: 75	
OOP Maximum =>	9100		9100		9100		9100		7050		9100		9100		9100		9100		9100		9100	
Pediatric Dental (Yes/No) =>	No		No		No		No		No		No		No		No		No		No		No	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$199.26	$199.26	$209.82	$209.82	$213.02	$213.02	$211.28	$211.28	$212.63	$212.63	$230.66	$230.66	$211.38	$211.38	$277.19	$277.19	$276.94	$276.94	$281.49	$281.49	$282.13	$282.13
15	$216.97	$216.97	$228.47	$228.47	$231.96	$231.96	$230.06	$230.06	$231.53	$231.53	$251.16	$251.16	$230.16	$230.16	$301.82	$301.82	$301.56	$301.56	$306.51	$306.51	$307.21	$307.21
16	$223.75	$223.75	$235.60	$235.60	$239.20	$239.20	$237.25	$237.25	$238.75	$238.75	$259.00	$259.00	$237.35	$237.35	$311.25	$311.25	$310.97	$310.97	$316.08	$316.08	$316.80	$316.80
17	$230.52	$230.52	$242.73	$242.73	$246.44	$246.44	$244.43	$244.43	$245.98	$245.98	$266.84	$266.84	$244.53	$244.53	$320.67	$320.67	$320.38	$320.38	$325.64	$325.64	$326.38	$326.38
18	$237.81	$237.81	$250.41	$250.41	$254.24	$254.24	$252.16	$252.16	$253.76	$253.76	$275.28	$275.28	$252.27	$252.27	$330.81	$330.81	$330.52	$330.52	$335.95	$335.95	$336.71	$336.71
19	$245.11	$245.11	$258.09	$258.09	$262.03	$262.03	$259.89	$259.89	$261.54	$261.54	$283.72	$283.72	$260.01	$260.01	$340.96	$340.96	$340.66	$340.66	$346.25	$346.25	$347.04	$347.04
20	$252.66	$252.66	$266.05	$266.05	$270.11	$270.11	$267.90	$267.90	$269.60	$269.60	$292.47	$292.47	$268.02	$268.02	$351.46	$351.46	$351.16	$351.16	$356.92	$356.92	$357.73	$357.73
21	$260.47	$260.47	$274.27	$274.27	$278.46	$278.46	$276.19	$276.19	$277.94	$277.94	$301.51	$301.51	$276.31	$276.31	$362.33	$362.33	$362.02	$362.02	$367.96	$367.96	$368.80	$368.80
22	$260.47	$260.47	$274.27	$274.27	$278.46	$278.46	$276.19	$276.19	$277.94	$277.94	$301.51	$301.51	$276.31	$276.31	$362.33	$362.33	$362.02	$362.02	$367.96	$367.96	$368.80	$368.80
23	$260.47	$260.47	$274.27	$274.27	$278.46	$278.46	$276.19	$276.19	$277.94	$277.94	$301.51	$301.51	$276.31	$276.31	$362.33	$362.33	$362.02	$362.02	$367.96	$367.96	$368.80	$368.80
24	$260.47	$260.47	$274.27	$274.27	$278.46	$278.46	$276.19	$276.19	$277.94	$277.94	$301.51	$301.51	$276.31	$276.31	$362.33	$362.33	$362.02	$362.02	$367.96	$367.96	$368.80	$368.80
25	$261.52	$261.52	$275.37	$275.37	$279.58	$279.58	$277.29	$277.29	$279.05	$279.05	$302.72	$302.72	$277.41	$277.41	$363.78	$363.78	$363.46	$363.46	$369.43	$369.43	$370.27	$370.27
26	$266.73	$266.73	$280.86	$280.86	$285.14	$285.14	$282.82	$282.82	$284.61	$284.61	$308.75	$308.75	$282.94	$282.94	$371.03	$371.03	$370.70	$370.70	$376.79	$376.79	$377.65	$377.65
27	$272.98	$272.98	$287.44	$287.44	$291.83	$291.83	$289.44	$289.44	$291.28	$291.28	$315.99	$315.99	$289.57	$289.57	$379.73	$379.73	$379.39	$379.39	$385.62	$385.62	$386.50	$386.50
28	$283.14	$283.14	$298.14	$298.14	$302.69	$302.69	$300.22	$300.22	$302.12	$302.12	$327.75	$327.75	$300.35	$300.35	$393.86	$393.86	$393.51	$393.51	$399.97	$399.97	$400.88	$400.88
29	$291.47	$291.47	$306.91	$306.91	$311.60	$311.60	$309.05	$309.05	$311.02	$311.02	$337.39	$337.39	$309.19	$309.19	$405.45	$405.45	$405.10	$405.10	$411.74	$411.74	$412.68	$412.68
30	$295.64	$295.64	$311.30	$311.30	$316.05	$316.05	$313.47	$313.47	$315.46	$315.46	$342.22	$342.22	$313.61	$313.61	$411.25	$411.25	$410.89	$410.89	$417.63	$417.63	$418.58	$418.58
31	$301.89	$301.89	$317.88	$317.88	$322.74	$322.74	$320.10	$320.10	$322.14	$322.14	$349.45	$349.45	$320.24	$320.24	$419.95	$419.95	$419.58	$419.58	$426.46	$426.46	$427.43	$427.43
32	$308.14	$308.14	$324.47	$324.47	$329.42	$329.42	$326.73	$326.73	$328.81	$328.81	$356.69	$356.69	$326.87	$326.87	$428.64	$428.64	$428.26	$428.26	$435.29	$435.29	$436.29	$436.29
33	$312.05	$312.05	$328.58	$328.58	$333.60	$333.60	$330.87	$330.87	$332.98	$332.98	$361.21	$361.21	$331.02	$331.02	$434.08	$434.08	$433.69	$433.69	$440.81	$440.81	$441.82	$441.82
34	$316.22	$316.22	$332.97	$332.97	$338.05	$338.05	$335.29	$335.29	$337.42	$337.42	$366.04	$366.04	$335.44	$335.44	$439.87	$439.87	$439.49	$439.49	$446.70	$446.70	$447.72	$447.72
35	$318.30	$318.30	$335.16	$335.16	$340.28	$340.28	$337.50	$337.50	$339.65	$339.65	$368.45	$368.45	$337.65	$337.65	$442.77	$442.77	$442.38	$442.38	$449.64	$449.64	$450.67	$450.67
36	$320.38	$320.38	$337.36	$337.36	$342.51	$342.51	$339.71	$339.71	$341.87	$341.87	$370.86	$370.86	$339.86	$339.86	$445.67	$445.67	$445.28	$445.28	$452.59	$452.59	$453.62	$453.62
37	$322.47	$322.47	$339.55	$339.55	$344.73	$344.73	$341.92	$341.92	$344.09	$344.09	$373.27	$373.27	$342.07	$342.07	$448.57	$448.57	$448.18	$448.18	$455.53	$455.53	$456.57	$456.57
38	$324.55	$324.55	$341.74	$341.74	$346.96	$346.96	$344.13	$344.13	$346.32	$346.32	$375.69	$375.69	$344.28	$344.28	$451.47	$451.47	$451.07	$451.07	$458.48	$458.48	$459.52	$459.52
39	$328.72	$328.72	$346.13	$346.13	$351.42	$351.42	$348.55	$348.55	$350.76	$350.76	$380.51	$380.51	$348.70	$348.70	$457.27	$457.27	$456.86	$456.86	$464.36	$464.36	$465.42	$465.42
40	$332.89	$332.89	$350.52	$350.52	$355.87	$355.87	$352.97	$352.97	$355.21	$355.21	$385.33	$385.33	$353.12	$353.12	$463.06	$463.06	$462.66	$462.66	$470.25	$470.25	$471.32	$471.32
41	$339.14	$339.14	$357.10	$357.10	$362.56	$362.56	$359.60	$359.60	$361.88	$361.88	$392.57	$392.57	$359.75	$359.75	$471.76	$471.76	$471.34	$471.34	$479.08	$479.08	$480.17	$480.17
42	$345.13	$345.13	$363.41	$363.41	$368.96	$368.96	$365.95	$365.95	$368.27	$368.27	$399.51	$399.51	$366.11	$366.11	$480.09	$480.09	$479.67	$479.67	$487.54	$487.54	$488.65	$488.65
43	$353.46	$353.46	$372.19	$372.19	$377.87	$377.87	$374.79	$374.79	$377.17	$377.17	$409.15	$409.15	$374.95	$374.95	$491.69	$491.69	$491.25	$491.25	$499.32	$499.32	$500.46	$500.46
44	$363.88	$363.88	$383.16	$383.16	$389.01	$389.01	$385.83	$385.83	$388.29	$388.29	$421.21	$421.21	$386.00	$386.00	$506.18	$506.18	$505.74	$505.74	$514.04	$514.04	$515.21	$515.21
45	$376.12	$376.12	$396.05	$396.05	$402.10	$402.10	$398.82	$398.82	$401.35	$401.35	$435.39	$435.39	$398.99	$398.99	$523.21	$523.21	$522.75	$522.75	$531.33	$531.33	$532.54	$532.54
46	$390.71	$390.71	$411.41	$411.41	$417.69	$417.69	$414.28	$414.28	$416.91	$416.91	$452.27	$452.27	$414.46	$414.46	$543.50	$543.50	$543.02	$543.02	$551.94	$551.94	$553.19	$553.19
47	$407.12	$407.12	$428.69	$428.69	$435.23	$435.23	$431.68	$431.68	$434.42	$434.42	$471.27	$471.27	$431.87	$431.87	$566.33	$566.33	$565.83	$565.83	$575.12	$575.12	$576.43	$576.43
48	$425.88	$425.88	$448.44	$448.44	$455.28	$455.28	$451.57	$451.57	$454.44	$454.44	$492.97	$492.97	$451.76	$451.76	$592.42	$592.42	$591.90	$591.90	$601.61	$601.61	$602.98	$602.98
49	$444.37	$444.37	$467.91	$467.91	$475.05	$475.05	$471.18	$471.18	$474.17	$474.17	$514.38	$514.38	$471.38	$471.38	$618.14	$618.14	$617.60	$617.60	$627.74	$627.74	$629.17	$629.17
50	$465.21	$465.21	$489.85	$489.85	$497.33	$497.33	$493.27	$493.27	$496.41	$496.41	$538.50	$538.50	$493.49	$493.49	$647.13	$647.13	$646.56	$646.56	$657.17	$657.17	$658.67	$658.67
51	$485.78	$485.78	$511.52	$511.52	$519.33	$519.33	$515.09	$515.09	$518.36	$518.36	$562.32	$562.32	$515.31	$515.31	$675.75	$675.75	$675.16	$675.16	$686.24	$686.24	$687.80	$687.80
52	$508.45	$508.45	$535.38	$535.38	$543.56	$543.56	$539.12	$539.12	$542.54	$542.54	$588.55	$588.55	$539.35	$539.35	$707.28	$707.28	$706.65	$706.65	$718.25	$718.25	$719.89	$719.89
53	$531.37	$531.37	$559.52	$559.52	$568.06	$568.06	$563.42	$563.42	$567.00	$567.00	$615.09	$615.09	$563.67	$563.67	$739.16	$739.16	$738.51	$738.51	$750.63	$750.63	$752.34	$752.34
54	$556.11	$556.11	$585.57	$585.57	$594.51	$594.51	$589.66	$589.66	$593.41	$593.41	$643.73	$643.73	$589.92	$589.92	$773.58	$773.58	$772.90	$772.90	$785.59	$785.59	$787.38	$787.38
55	$580.86	$580.86	$611.63	$611.63	$620.97	$620.97	$615.90	$615.90	$619.81	$619.81	$672.37	$672.37	$616.17	$616.17	$808.01	$808.01	$807.29	$807.29	$820.55	$820.55	$822.41	$822.41
56	$607.69	$607.69	$639.88	$639.88	$649.65	$649.65	$644.35	$644.35	$648.44	$648.44	$703.43	$703.43	$644.63	$644.63	$845.33	$845.33	$844.58	$844.58	$858.45	$858.45	$860.40	$860.40
57	$634.78	$634.78	$668.40	$668.40	$678.61	$678.61	$673.07	$673.07	$677.35	$677.35	$734.79	$734.79	$673.36	$673.36	$883.01	$883.01	$882.23	$882.23	$896.71	$896.71	$898.75	$898.75
58	$663.69	$663.69	$698.85	$698.85	$709.52	$709.52	$703.73	$703.73	$708.20	$708.20	$768.26	$768.26	$704.03	$704.03	$923.23	$923.23	$922.42	$922.42	$937.56	$937.56	$939.69	$939.69
59	$678.01	$678.01	$713.93	$713.93	$724.83	$724.83	$718.92	$718.92	$723.48	$723.48	$784.84	$784.84	$719.23	$719.23	$943.16	$943.16	$942.33	$942.33	$957.79	$957.79	$959.97	$959.97
60	$706.93	$706.93	$744.38	$744.38	$755.74	$755.74	$749.57	$749.57	$754.34	$754.34	$818.31	$818.31	$749.90	$749.90	$983.38	$983.38	$982.51	$982.51	$998.64	$998.64	$1,000.91	$1,000.91
61	$731.93	$731.93	$770.71	$770.71	$782.48	$782.48	$776.09	$776.09	$781.02	$781.02	$847.25	$847.25	$776.42	$776.42	$1,018.16	$1,018.16	$1,017.26	$1,017.26	$1,033.96	$1,033.96	$1,036.32	$1,036.32
62	$748.34	$748.34	$787.99	$787.99	$800.02	$800.02	$793.49	$793.49	$798.53	$798.53	$866.25	$866.25	$793.83	$793.83	$1,040.99	$1,040.99	$1,040.07	$1,040.07	$1,057.14	$1,057.14	$1,059.55	$1,059.55
63	$768.92	$768.92	$809.66	$809.66	$822.02	$822.02	$815.31	$815.31	$820.49	$820.49	$890.07	$890.07	$815.66	$815.66	$1,069.61	$1,069.61	$1,068.67	$1,068.67	$1,086.21	$1,086.21	$1,088.68	$1,088.68
64+	$781.41	$781.41	$822.81	$822.81	$835.38	$835.38	$828.56	$828.56	$833.82	$833.82	$904.53	$904.53	$828.92	$828.92	$1,086.99	$1,086.99	$1,086.05	$1,086.05	$1,103.87	$1,103.87	$1,106.39	$1,106.39

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

HIOS Plan ID (On Exchange)=>	13401PA0010010		13401PA0010011						13401PA0010014		13401PA0010015		13401PA0010016		13401PA0010017				13401PA0010022	
HIOS Plan ID (Off Exchange)=>					13401PA0010012		13401PA0010013	13401PA0010021									13401PA0010018			
Plan Marketing Name =>	ct Silver 3800 Enhanced Diabete		Silver 4200 Enhanced Asthma C		Connect Silver 4400		Connect Silver 2000	Connect Silver HSA 5400	Connect Gold 1000		Connect Gold 2500		Connect Gold 750		ct Gold 1900 Enhanced Diabete		Connect Gold 900		Gold 2100 Enhanced Asthma C	
Form # =>	PAINDEPOBNFTSCH052022_380		PAINDEPOBNFTSCH052022_420		PAINDEPOBNFTSCH052022_440		PAINDEPOBNFTSCH052022_200	PAINDEPOBNFTSCH052022_540	PAINDEPOBNFTSCH052022_100		PAINDEPOBNFTSCH052022_250		PAINDEPOBNFTSCH052022_750		PAINDEPOBNFTSCH052022_190		PAINDEPOBNFTSCH052022_900		PAINDEPOBNFTSCH052022_210	
Rating Area =>	8		8		8		8	8	8		8		8		8		8		8	
Network =>	Connect		Connect		Connect		Connect	Connect	Connect		Connect		Connect		Connect		Connect		Connect	
Metal =>	Silver		Silver		Silver		Silver	Silver	Gold		Gold		Gold		Gold		Gold		Gold	
Deductible =>	3800		4200		4400		2000	5400	1000		2500		750		1900		900		2100	
Coinsurance =>	40%		40%		50%		50%	0%	25%		20%		20%		20%		20%		20%	
Copays =>	PCP: 20 Specialist: 80 MH/SA Office: 80 Urgent Care: 35 ER: 1200 RX Tier 1: 3 RX Tier 2: 30 RX Tier 3: 100		PCP: 15 Specialist: 75 MH/SA Office: 75 Urgent Care: 35 RX Tier 1: 3 RX Tier 2: 20 RX Tier 3: 110		PCP: 0 Specialist: 80 Urgent Care: 40 Speech Therapy: 0 Physical Therapy: 0 Occupational Therapy: 0 RX Tier 1: 0 RX Tier 2: 30 RX Tier 3: 90		PCP: 25 Specialist: 80 MH/SA Office: 80 Urgent Care: 40 Speech Therapy: 25 Physical Therapy: 25 Occupational Therapy: 25 RX Tier 1: 3 RX Tier 2: 25 RX Tier 3: 75	N/A	PCP: 15 Specialist: 50 MH/SA Office: 50 Urgent Care: 35 RX Tier 1: 0 RX Tier 2: 25		PCP: 10 Specialist: 45 MH/SA Office: 45 Urgent Care: 35 RX Tier 1: 3 RX Tier 2: 20 RX Tier 3: 50		PCP: 0 Specialist: 60 Urgent Care: 35 RX Tier 1: 3 RX Tier 2: 25 RX Tier 3: 60		PCP: 15 Specialist: 50 MH/SA Office: 50 Urgent Care: 30 RX Tier 1: 2 RX Tier 2: 10 RX Tier 3: 50		PCP: 0 Specialist: 80 Urgent Care: 40 Speech Therapy: 0 Physical Therapy: 0 Occupational Therapy: 0 RX Tier 1: 0 RX Tier 2: 10 RX Tier 3: 75		PCP: 10 Specialist: 50 MH/SA Office: 50 Urgent Care: 35 RX Tier 1: 0 RX Tier 2: 15 RX Tier 3: 60	
OOP Maximum =>	9100		9100		9100		9100	5400	8700		7850		7000		9100		9100		9100	
Pediatric Dental (Yes/No) =>	No		No		No		No	No	No		No		No		No		No		No	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$279.08	$279.08	$280.45	$280.45	$209.39	$209.39	$213.36	$213.36	$219.58	$219.58	$263.30	$263.30	$260.19	$260.19	$280.82	$280.82	$263.52	$263.52	$277.58	$277.58	$261.26	$261.26
15	$303.88	$303.88	$305.38	$305.38	$228.00	$228.00	$232.32	$232.32	$239.10	$239.10	$286.71	$286.71	$283.32	$283.32	$305.78	$305.78	$286.94	$286.94	$302.26	$302.26	$284.48	$284.48
16	$313.37	$313.37	$314.91	$314.91	$235.12	$235.12	$239.57	$239.57	$246.56	$246.56	$295.66	$295.66	$292.16	$292.16	$315.32	$315.32	$295.90	$295.90	$311.69	$311.69	$293.36	$293.36
17	$322.85	$322.85	$324.44	$324.44	$242.24	$242.24	$246.83	$246.83	$254.03	$254.03	$304.61	$304.61	$301.01	$301.01	$324.87	$324.87	$304.85	$304.85	$321.12	$321.12	$302.24	$302.24
18	$333.07	$333.07	$334.71	$334.71	$249.90	$249.90	$254.64	$254.64	$262.06	$262.06	$314.24	$314.24	$310.53	$310.53	$335.14	$335.14	$314.50	$314.50	$331.28	$331.28	$311.80	$311.80
19	$343.28	$343.28	$344.97	$344.97	$257.57	$257.57	$262.44	$262.44	$270.10	$270.10	$323.88	$323.88	$320.05	$320.05	$345.42	$345.42	$324.14	$324.14	$341.44	$341.44	$321.37	$321.37
20	$353.86	$353.86	$355.60	$355.60	$265.50	$265.50	$270.53	$270.53	$278.42	$278.42	$333.86	$333.86	$329.92	$329.92	$356.07	$356.07	$334.13	$334.13	$351.97	$351.97	$331.27	$331.27
21	$364.81	$364.81	$366.60	$366.60	$273.72	$273.72	$278.90	$278.90	$287.04	$287.04	$344.19	$344.19	$340.12	$340.12	$367.08	$367.08	$344.47	$344.47	$362.85	$362.85	$341.52	$341.52
22	$364.81	$364.81	$366.60	$366.60	$273.72	$273.72	$278.90	$278.90	$287.04	$287.04	$344.19	$344.19	$340.12	$340.12	$367.08	$367.08	$344.47	$344.47	$362.85	$362.85	$341.52	$341.52
23	$364.81	$364.81	$366.60	$366.60	$273.72	$273.72	$278.90	$278.90	$287.04	$287.04	$344.19	$344.19	$340.12	$340.12	$367.08	$367.08	$344.47	$344.47	$362.85	$362.85	$341.52	$341.52
24	$364.81	$364.81	$366.60	$366.60	$273.72	$273.72	$278.90	$278.90	$287.04	$287.04	$344.19	$344.19	$340.12	$340.12	$367.08	$367.08	$344.47	$344.47	$362.85	$362.85	$341.52	$341.52
25	$366.27	$366.27	$368.07	$368.07	$274.81	$274.81	$280.02	$280.02	$288.18	$288.18	$345.56	$345.56	$341.48	$341.48	$368.55	$368.55	$345.84	$345.84	$364.30	$364.30	$342.88	$342.88
26	$373.56	$373.56	$375.40	$375.40	$280.28	$280.28	$285.59	$285.59	$293.92	$293.92	$352.45	$352.45	$348.28	$348.28	$375.89	$375.89	$352.73	$352.73	$371.56	$371.56	$349.71	$349.71
27	$382.32	$382.32	$384.20	$384.20	$286.85	$286.85	$292.29	$292.29	$300.81	$300.81	$360.71	$360.71	$356.45	$356.45	$384.70	$384.70	$361.00	$361.00	$380.27	$380.27	$357.91	$357.91
28	$396.55	$396.55	$398.50	$398.50	$297.53	$297.53	$303.16	$303.16	$312.01	$312.01	$374.13	$374.13	$369.71	$369.71	$399.02	$399.02	$374.44	$374.44	$394.42	$394.42	$371.23	$371.23
29	$408.22	$408.22	$410.23	$410.23	$306.29	$306.29	$312.09	$312.09	$321.19	$321.19	$385.15	$385.15	$380.59	$380.59	$410.76	$410.76	$385.46	$385.46	$406.03	$406.03	$382.16	$382.16
30	$414.06	$414.06	$416.09	$416.09	$310.67	$310.67	$316.55	$316.55	$325.79	$325.79	$390.65	$390.65	$386.04	$386.04	$416.64	$416.64	$390.97	$390.97	$411.84	$411.84	$387.62	$387.62
31	$422.81	$422.81	$424.89	$424.89	$317.24	$317.24	$323.24	$323.24	$332.67	$332.67	$398.91	$398.91	$394.20	$394.20	$425.45	$425.45	$399.24	$399.24	$420.55	$420.55	$395.82	$395.82
32	$431.57	$431.57	$433.69	$433.69	$323.80	$323.80	$329.94	$329.94	$339.56	$339.56	$407.17	$407.17	$402.36	$402.36	$434.26	$434.26	$407.50	$407.50	$429.26	$429.26	$404.01	$404.01
33	$437.04	$437.04	$439.19	$439.19	$327.91	$327.91	$334.12	$334.12	$343.87	$343.87	$412.34	$412.34	$407.46	$407.46	$439.76	$439.76	$412.67	$412.67	$434.70	$434.70	$409.14	$409.14
34	$442.88	$442.88	$445.05	$445.05	$332.29	$332.29	$338.58	$338.58	$348.46	$348.46	$417.84	$417.84	$412.91	$412.91	$445.64	$445.64	$418.18	$418.18	$440.50	$440.50	$414.60	$414.60
35	$445.79	$445.79	$447.99	$447.99	$334.48	$334.48	$340.82	$340.82	$350.76	$350.76	$420.60	$420.60	$415.63	$415.63	$448.57	$448.57	$420.94	$420.94	$443.41	$443.41	$417.33	$417.33
36	$448.71	$448.71	$450.92	$450.92	$336.67	$336.67	$343.05	$343.05	$353.05	$353.05	$423.35	$423.35	$418.35	$418.35	$451.51	$451.51	$423.69	$423.69	$446.31	$446.31	$420.06	$420.06
37	$451.63	$451.63	$453.85	$453.85	$338.86	$338.86	$345.28	$345.28	$355.35	$355.35	$426.10	$426.10	$421.07	$421.07	$454.45	$454.45	$426.45	$426.45	$449.21	$449.21	$422.80	$422.80
38	$454.55	$454.55	$456.79	$456.79	$341.05	$341.05	$347.51	$347.51	$357.65	$357.65	$428.86	$428.86	$423.79	$423.79	$457.38	$457.38	$429.21	$429.21	$452.11	$452.11	$425.53	$425.53
39	$460.39	$460.39	$462.65	$462.65	$345.43	$345.43	$351.97	$351.97	$362.24	$362.24	$434.37	$434.37	$429.23	$429.23	$463.26	$463.26	$434.72	$434.72	$457.92	$457.92	$430.99	$430.99
40	$466.22	$466.22	$468.52	$468.52	$349.81	$349.81	$356.43	$356.43	$366.83	$366.83	$439.87	$439.87	$434.67	$434.67	$469.13	$469.13	$440.23	$440.23	$463.73	$463.73	$436.46	$436.46
41	$474.98	$474.98	$477.32	$477.32	$356.38	$356.38	$363.13	$363.13	$373.72	$373.72	$448.13	$448.13	$442.84	$442.84	$477.94	$477.94	$448.50	$448.50	$472.43	$472.43	$444.65	$444.65
42	$483.37	$483.37	$485.75	$485.75	$362.67	$362.67	$369.54	$369.54	$380.32	$380.32	$456.05	$456.05	$450.66	$450.66	$486.38	$486.38	$456.42	$456.42	$480.78	$480.78	$452.51	$452.51
43	$495.04	$495.04	$497.48	$497.48	$371.43	$371.43	$378.47	$378.47	$389.51	$389.51	$467.06	$467.06	$461.54	$461.54	$498.13	$498.13	$467.44	$467.44	$492.39	$492.39	$463.44	$463.44
44	$509.64	$509.64	$512.14	$512.14	$382.38	$382.38	$389.62	$389.62	$400.99	$400.99	$480.83	$480.83	$475.15	$475.15	$512.81	$512.81	$481.22	$481.22	$506.91	$506.91	$477.10	$477.10
45	$526.78	$526.78	$529.37	$529.37	$395.24	$395.24	$402.73	$402.73	$414.48	$414.48	$497.01	$497.01	$491.13	$491.13	$530.06	$530.06	$497.41	$497.41	$523.96	$523.96	$493.15	$493.15
46	$547.21	$547.21	$549.90	$549.90	$410.57	$410.57	$418.35	$418.35	$430.55	$430.55	$516.28	$516.28	$510.18	$510.18	$550.62	$550.62	$516.70	$516.70	$544.28	$544.28	$512.27	$512.27
47	$570.19	$570.19	$573.00	$573.00	$427.82	$427.82	$435.92	$435.92	$448.64	$448.64	$537.97	$537.97	$531.61	$531.61	$573.75	$573.75	$538.40	$538.40	$567.14	$567.14	$533.79	$533.79
48	$596.46	$596.46	$599.39	$599.39	$447.52	$447.52	$456.00	$456.00	$469.30	$469.30	$562.75	$562.75	$556.10	$556.10	$600.18	$600.18	$563.20	$563.20	$593.26	$593.26	$558.38	$558.38
49	$622.36	$622.36	$625.42	$625.42	$466.96	$466.96	$475.80	$475.80	$489.68	$489.68	$587.18	$587.18	$580.24	$580.24	$626.24	$626.24	$587.66	$587.66	$619.03	$619.03	$582.63	$582.63
50	$651.55	$651.55	$654.75	$654.75	$488.86	$488.86	$498.12	$498.12	$512.65	$512.65	$614.72	$614.72	$607.45	$607.45	$655.61	$655.61	$615.22	$615.22	$648.06	$648.06	$609.95	$609.95
51	$680.37	$680.37	$683.71	$683.71	$510.48	$510.48	$520.15	$520.15	$535.32	$535.32	$641.91	$641.91	$634.32	$634.32	$684.61	$684.61	$642.43	$642.43	$676.72	$676.72	$636.93	$636.93
52	$712.10	$712.10	$715.61	$715.61	$534.29	$534.29	$544.41	$544.41	$560.29	$560.29	$671.85	$671.85	$663.91	$663.91	$716.54	$716.54	$672.40	$672.40	$708.29	$708.29	$666.64	$666.64
53	$744.21	$744.21	$747.87	$747.87	$558.38	$558.38	$568.96	$568.96	$585.55	$585.55	$702.14	$702.14	$693.84	$693.84	$748.84	$748.84	$702.71	$702.71	$740.22	$740.22	$696.69	$696.69
54	$778.86	$778.86	$782.70	$782.70	$584.38	$584.38	$595.45	$595.45	$612.82	$612.82	$734.84	$734.84	$726.16	$726.16	$783.72	$783.72	$735.44	$735.44	$774.69	$774.69	$729.14	$729.14
55	$813.52	$813.52	$817.52	$817.52	$610.38	$610.38	$621.95	$621.95	$640.09	$640.09	$767.54	$767.54	$758.47	$758.47	$818.59	$818.59	$768.16	$768.16	$809.16	$809.16	$761.58	$761.58
56	$851.10	$851.10	$855.28	$855.28	$638.58	$638.58	$650.67	$650.67	$669.65	$669.65	$802.99	$802.99	$793.50	$793.50	$856.40	$856.40	$803.64	$803.64	$846.54	$846.54	$796.76	$796.76
57	$889.04	$889.04	$893.41	$893.41	$667.04	$667.04	$679.68	$679.68	$699.51	$699.51	$838.79	$838.79	$828.87	$828.87	$894.58	$894.58	$839.47	$839.47	$884.27	$884.27	$832.27	$832.27
58	$929.53	$929.53	$934.10	$934.10	$697.43	$697.43	$710.64	$710.64	$731.37	$731.37	$876.99	$876.99	$866.63	$866.63	$935.32	$935.32	$877.70	$877.70	$924.55	$924.55	$870.18	$870.18
59	$949.59	$949.59	$954.26	$954.26	$712.48	$712.48	$725.98	$725.98	$747.15	$747.15	$895.92	$895.92	$885.33	$885.33	$955.51	$955.51	$896.65	$896.65	$944.51	$944.51	$888.97	$888.97
60	$990.09	$990.09	$994.96	$994.96	$742.86	$742.86	$756.93	$756.93	$779.02	$779.02	$934.13	$934.13	$923.09	$923.09	$996.26	$996.26	$934.88	$934.88	$984.78	$984.78	$926.87	$926.87
61	$1,025.11	$1,025.11	$1,030.15	$1,030.15	$769.14	$769.14	$783.71	$783.71	$806.57	$806.57	$967.17	$967.17	$955.74	$955.74	$1,031.50	$1,031.50	$967.95	$967.95	$1,019.62	$1,019.62	$959.66	$959.66
62	$1,048.09	$1,048.09	$1,053.25	$1,053.25	$786.38	$786.38	$801.28	$801.28	$824.65	$824.65	$988.85	$988.85	$977.16	$977.16	$1,054.62	$1,054.62	$989.65	$989.65	$1,042.48	$1,042.48	$981.17	$981.17
63	$1,076.91	$1,076.91	$1,082.21	$1,082.21	$808.01	$808.01	$823.31	$823.31	$847.33	$847.33	$1,016.04	$1,016.04	$1,004.03	$1,004.03	$1,083.62	$1,083.62	$1,016.87	$1,016.87	$1,071.14	$1,071.14	$1,008.15	$1,008.15
64+	$1,094.42	$1,094.42	$1,099.80	$1,099.80	$821.15	$821.15	$836.70	$836.70	$861.11	$861.11	$1,032.56	$1,032.56	$1,020.36	$1,020.36	$1,101.24	$1,101.24	$1,033.40	$1,033.40	$1,088.55	$1,088.55	$1,024.55	$1,024.55

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 9100	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010002	Connect Bronze 7800	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010003	Connect Bronze 6500	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010004	Connect Bronze 6800 Enhanced Diabetes Care	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010005	Connect Bronze HSA 6100	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010019	Connect Bronze 0	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010020	Connect Bronze 7600 Enhanced Asthma COPD Care	EPO	Bronze	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010006	Connect Silver 5550	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010007	Connect Silver 6000	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010008	Connect Silver 3600	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010009	Connect Silver 3000	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010010	Connect Silver 3800 Enhanced Diabetes Care	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010011	Connect Silver 4200 Enhanced Asthma COPD Care	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010012	Connect Silver 4400	EPO	Silver	Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010013	Connect Silver 2000	EPO	Silver	Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010021	Connect Silver HSA 5400	EPO	Silver	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010014	Connect Gold 1000	EPO	Gold	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010015	Connect Gold 2500	EPO	Gold	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010016	Connect Gold 750	EPO	Gold	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010017	Connect Gold 1900 Enhanced Diabetes Care	EPO	Gold	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010018	Connect Gold 900	EPO	Gold	Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
13401PA0010022	Connect Gold 2100 Enhanced Asthma COPD Care	EPO	Gold	On/Off	Connect	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name Cigna Health and Life Insurance
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

					RATING AREA 8				
	02-01-2022 Number of Covered Lives by Rating County				0	0	0	0	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Bucks	Chester	Delaware	Montgomery	Philadelphia
13401PA0010001	Connect Bronze 9100	EPO	Bronze	On/Off	$260.47	$260.47	$260.47	$260.47	$260.47
13401PA0010002	Connect Bronze 7800	EPO	Bronze	On/Off	$274.27	$274.27	$274.27	$274.27	$274.27
13401PA0010003	Connect Bronze 6500	EPO	Bronze	On/Off	$278.46	$278.46	$278.46	$278.46	$278.46
13401PA0010004	Connect Bronze 6800 Enhanced Diabetes Care	EPO	Bronze	On/Off	$276.19	$276.19	$276.19	$276.19	$276.19
13401PA0010005	Connect Bronze HSA 6100	EPO	Bronze	On/Off	$277.94	$277.94	$277.94	$277.94	$277.94
13401PA0010019	Connect Bronze 0	EPO	Bronze	On/Off	$301.51	$301.51	$301.51	$301.51	$301.51
13401PA0010020	Connect Bronze 7600 Enhanced Asthma COPD Care	EPO	Bronze	On/Off	$276.31	$276.31	$276.31	$276.31	$276.31
13401PA0010006	Connect Silver 5550	EPO	Silver	On/Off	$362.33	$362.33	$362.33	$362.33	$362.33
13401PA0010007	Connect Silver 6000	EPO	Silver	On/Off	$362.02	$362.02	$362.02	$362.02	$362.02
13401PA0010008	Connect Silver 3600	EPO	Silver	On/Off	$367.96	$367.96	$367.96	$367.96	$367.96
13401PA0010009	Connect Silver 3000	EPO	Silver	On/Off	$368.80	$368.80	$368.80	$368.80	$368.80
13401PA0010010	Connect Silver 3800 Enhanced Diabetes Care	EPO	Silver	On/Off	$364.81	$364.81	$364.81	$364.81	$364.81
13401PA0010011	Connect Silver 4200 Enhanced Asthma COPD Care	EPO	Silver	On/Off	$366.60	$366.60	$366.60	$366.60	$366.60
13401PA0010012	Connect Silver 4400	EPO	Silver	Off	$273.72	$273.72	$273.72	$273.72	$273.72
13401PA0010013	Connect Silver 2000	EPO	Silver	Off	$278.90	$278.90	$278.90	$278.90	$278.90
13401PA0010021	Connect Silver HSA 5400	EPO	Silver	On/Off	$287.04	$287.04	$287.04	$287.04	$287.04
13401PA0010014	Connect Gold 1000	EPO	Gold	On/Off	$344.19	$344.19	$344.19	$344.19	$344.19
13401PA0010015	Connect Gold 2500	EPO	Gold	On/Off	$340.12	$340.12	$340.12	$340.12	$340.12
13401PA0010016	Connect Gold 750	EPO	Gold	On/Off	$367.08	$367.08	$367.08	$367.08	$367.08
13401PA0010017	Connect Gold 1900 Enhanced Diabetes Care	EPO	Gold	On/Off	$344.47	$344.47	$344.47	$344.47	$344.47
13401PA0010018	Connect Gold 900	EPO	Gold	Off	$362.85	$362.85	$362.85	$362.85	$362.85
13401PA0010022	Connect Gold 2100 Enhanced Asthma COPD Care	EPO	Gold	On/Off	$341.52	$341.52	$341.52	$341.52	$341.52

RATING AREA 1

Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren
0	0	0	0	0	0	0	0

RATING AREA 2

Elk	Cameron	Potter
0	0	0

RATING AREA 3

Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
0	0	0	0	0	0	0	0	0	0	0	0	0

RATING AREA 4

Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
0	0	0	0	0	0	0	0	0	0

RATING AREA 5

Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset
0	0	0	0	0	0	0

RATING AREA 6

Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union
0	0	0	0	0	0	0	0	0	0

RATING AREA 7

Adams	Berks	Lancaster	York
0	0	0	0

RATING AREA 9

Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
0	0	0	0	0	0	0

Unique Plan Design Supporting Documentation & Justification

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, 13401PA0010008, 13401PA0010009, 13401PA0010010, 13401PA0010011, 13401PA0010012, 13401PA0010013, 13401PA0010014, 13401PA0010015, 13401PA0010016, 13401PA0010017, 13401PA0010018, 13401PA0010019, 13401PA0010020, 13401PA0010021, 13401PA0010022

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.

- Asthma/COPD Specific Benefit – The Asthma/COPD Care plans proposed in this filing covers pulmonary rehab, supplemental oxygen and pulmonary function testing at 100% and certain asthma/COPD related medication at lower copays. 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 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 MHSA	Inpatient Hospital Copays	Urgent Care Copays	Diabetic Services	Diabetic Plan	Asthma/COPD Plan
13401PA0010001					✓		
13401PA0010002	✓	✓		✓	✓		
13401PA0010003	✓	✓		✓	✓		
13401PA0010004	✓	✓		✓	✓	✓	
13401PA0010005	✓				✓		
13401PA0010019	✓	✓	✓	✓	✓		
13401PA0010020	✓	✓		✓	✓		✓
13401PA0010006	✓	✓		✓	✓		
13401PA0010007	✓	✓		✓	✓		
13401PA0010008	✓	✓	✓	✓	✓		
13401PA0010009	✓	✓		✓	✓		
13401PA0010010	✓	✓		✓	✓	✓	
13401PA0010011	✓	✓		✓	✓		✓
13401PA0010012	✓			✓	✓		
13401PA0010013	✓	✓		✓	✓		
13401PA0010021					✓		
13401PA0010014	✓	✓		✓	✓		
13401PA0010015	✓	✓		✓	✓		
13401PA0010016	✓			✓	✓		
13401PA0010017	✓	✓		✓	✓	✓	
13401PA0010018	✓			✓	✓		
13401PA0010022	✓	✓		✓	✓		✓

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, and Ashtma/COPD 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:

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 2022 plan year for the Individual market for the plans denoted above.

[redacted]
Actuarial Manager
Cigna Health & Life Insurance Company

06/01/2022
Date

Issuer: Cigna Health and Life Insurance Company
Market: Individual

Key:
: 2023 On-exchange and Off-exchange service area

[redacted] **FSA, MAAA**
Cigna Healthcare Pricing

Routing C5PRC
900 Cottage Grove Road
Hartford, CT 06152
[redacted]

June 2nd, 2022

David D'Agostino
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation & Administration
1311 Strawberry Square
Harrisburg, PA 17120

Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052022 – Effective 01/01/2023

Dear Mr. D'Agostino,

This letter is in response to your June 2nd, 2022 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

1. ***In the Plan Design Summary submitted under the Rate/Rule Schedule tab is missing the membership amounts on the Rates by County tab, cells BR5 – BV5. Please provide an updated Plan Design Summary with these cells filled in.***

   The membership has been added to the Rate/Rule Schedule tab. See 13401_pa_PDSandRateTable_6_2_2022.xlsm for update.

2. ***Per the PA Final Rate Filing Guidance, a second CSR funding factor between 1.22 – 1.26 is required to be submitted in the Actuarial Memorandum. This 2nd CSR factor is to be the factor under the assumption that the subsidies are extended into PY23. Please update the Actuarial Memorandum to include the 2nd CSR factor.***

   The Actuarial Memorandum has been updated to include the chosen 1.22 CSR funding factor choice should the subsidies be extended into PY23. See 13401_pa_actmemo_6_2_2022.pdf and 13401_pa_redacted_actmemo_6_2_2022.pdf.

Please contact [redacted] with any questions or concerns.

Thank you for your attention.

Sincerely,

[redacted]
Actuarial Director

[redacted] **FSA, MAAA**
Cigna Healthcare Pricing

Routing C5PRC
900 Cottage Grove Road
Hartford, CT 06152
[redacted]

June 24nd, 2022

David D'Agostino
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation & Administration
1311 Strawberry Square
Harrisburg, PA 17120

Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052022 – Effective 01/01/2023

Dear Mr. D'Agostino,

This letter is in response to your June 15th, 2022 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

1. *The following questions pertain to the User Exchange Fee:*
    a. *Per the Actuarial Memorandum, the user exchange fee is 2.85%, please provide an excel exhibit supporting the 2.85% amount.*

Table 1: User Exchange Build Up	
Exchange User Fee	3.00%
On Exchange Distribution	95.0%
Weighted Average	2.85%

See PAObjectionResponseExhibit6.24.2022.xlsm.

    b. *With the assumption of the expanded subsidies not being extended into plan year 2023, has any adjustment been made in the assumption of on-exchange membership for plan year 2023? Has any adjustment been made to morbidity?*

No adjustments for expanded subsidies not being extended have been made in the assumptions of on-exchange membership or morbidity for plan year 2023.

2. *The following questions relate to the trend assumptions:*
    a. *Please provide a detailed narrative explaining how the medical and pharmacy trend assumptions were developed and provide a detailed quantitative exhibit displaying the development.*

We rely on large group experience when setting trend assumptions due to the year to year variability in the exchange. Using large group data provides a better view of actual medical and pharmacy cost changes year over year. The national average medical and pharmacy trend is used for manually rated states. The inpatient (IP), outpatient (OP), and professional (PRO) trend by provider is found for

2022 and 2023. Then the provider trends by IP, OP, and PRO are weighted by allowed claims to get to the national 2022 and 2023 projected trend.

b. *Please provide a detailed summary of actual historical utilization, service mix, and unit cost trends by major medical and pharmacy service category for whatever calendar years were used in the trend development. Please describe any adjustments made to the underlying data (e.g., normalizing for changes in demographics, COVID-19, etc.) and include quantitative support for any adjustments.*

   Please see the PAObjectionResponseExhibit6.24.2022.xlsx for the utilization, service mix, and unit cost trends. No adjustments were applied to the data.

c. *Please provide average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for whatever calendar years were used in the trend development for each major service category (e.g., inpatient, outpatient, etc.).*

   Please see the PAObjectionResponseExhibit6.24.2022.xlsx for the average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for calendar years 2019, 2020, and 2021 by service category.

d. *Please provide script counts per 1,000 and average allowed and paid claim costs PMPM by month for whatever calendar years were used in the trend development for each drug tier (e.g., generic, brand formulary, etc.).*

   Please see the PAObjectionResponseExhibit6.24.2022.xlsx for the script counts per 1,000 and average allowed and paid claim costs PMPM by month for calendar years 2019, 2020, and 2021.

3. *Please provide a detailed quantitative exhibit displaying the development of the projected 2023 risk transfer payment. This exhibit should provide the support and detail for all adjustments applied in moving from the base assumption to the assumption used in the 2023 risk transfer payment calculation. In providing your response, please include the following information:*
   a. *The Company's projected 2023 PLRS, ARF, IDF, and GCF factors for 2023. Please include quantitative support for the following adjustments used when developing the 2023 PLRS, as discussed in Section 10 of the Actuarial Memorandum:*
      i. *Expected changes as a result of moving to the proposed 2023 risk adjustment model. Please explain whether the Company is assuming that changes to the risk adjustment model will impact the Company in the same manner as the rest of the PA Individual ACA market.*
      ii. *How the Company's projected morbidity change was included, as discussed in Section 7 of the Actuarial Memorandum.*
      iii. *Please provide support for using the 2020 geographic cost factors, as stated in Section 10 of the Actuarial Memorandum, instead of the 2021 factors in the development of the risk transfer amount.*
      iv. *Please provide support that the assumed morbidity level in the risk transfer calculation is consistent with the assumed morbidity level throughout the rest of the filing.*

      Please see the PAObjectionResponseExhibit6.24.2022.xlsx for the detailed calculation of the projected 2022 PLRS, ARF, IDF, and GCF factors. There are no expected changes as a result of moving to the proposed 2023 risk adjustment model, and we do expect the changes will impact Cigna in the same manner as the rest of the PA individual ACA market. The company's projected morbidity change was applied as a morbidity adjustment to the 2021 Cigna national PLRS to reflect the expected 2023 population.

The 2020 geographic cost factors were used as the 2021 CMS produced GCF were not readily available at time of development.

b. *The PA projected state average premium PMPM (prior to the application of the 0.86 adjustment), PLRS, ARF, IDF, and GCF for the Individual market for 2023. Please include quantitative support for the following adjustments used when developing the 2023 PLRS, as discussed in Section 10 of the Actuarial Memorandum:*
    i. *Expected changes as a result of moving to the proposed risk adjustment model. Please confirm the adjustment captures expected changes of moving to the 2023 risk adjustment model, and not the 2021 risk adjustment model, as discussed in Section 10 of the Actuarial Memorandum.*
    ii. *Expected changes in market-wide morbidity, as discussed in Section 7 of the Actuarial Memorandum.*
    iii. *Please confirm the starting point for the MAF including and excluding risk was 2021 data as Section 10 of the Actuarial Memorandum states 2022 data.*

    Please see the PAObjectionResponseExhibit6.24.2022.xlsx for the expected PA state average premium PMPM, PLRS, ARF, IDF, and GCF. There are no expected changes as a result of moving to the proposed 2023 risk adjustment model. No expected market-wide morbidity adjustments were applied to the state factors.

    The starting point for the MAF was 2021 data. The Actuarial Memorandum has been updated to reflect this. See 13401_PA_actmemo_6_24_2022.pdf

c. *Please provide a detailed quantitative exhibit displaying the anticipated 2023 high cost risk pool receipt and high cost risk pool charge, if included in the risk transfer assumption.*

    There is no anticipated 2023 high cost risk pool receipt and high cost risk pool charge included in the risk transfer assumption.

4. *Please provide a detailed description of the experience underlying the manual rate. In particular, please comment on the following items:*
    a. *Please explain whether the experience underlying the manual rate is limited to Individual ACA members or also includes non-ACA members (i.e., Transitional, Grandfathered, or other coverage types). If the manual rate experience includes non-ACA experience, please explain, and provide a detailed quantitative exhibit demonstrating, how the experience was adjusted to reflect the ACA population expected to be enrolled in 2023. Additionally, please provide an exhibit displaying each calendar year's member months, average allowed PMPM, and average paid PMPM associated with each coverage type included in the manual rate experience.*

    The experience underlying the manual rate is limited to Individual ACA members and does not include non-ACA members. No adjustments were made to the data.

    b. *Please confirm what calendar year(s) experience was used to develop the manual rate. Additionally, please state how many months of claims run-out was utilized in the development of the manual rate.*

    2021 calendar year experience was used to develop the manual rate with one month of runout.

5. *The following questions pertain to the development of the Index Rate:*
    a. *Please explain whether an adjustment was applied to the manual rate experience as a result of the impact of COVID-19. If an adjustment was included, please provide a detailed quantitative exhibit*

displaying the development of the COVID-19 adjustment. If nationwide experience was used to develop the adjustment, please demonstrate that the adjustment is appropriate for the population in Rating Area 8 in PA. If no adjustment was applied, please provide a detailed quantitative exhibit demonstrating that no adjustment was necessary.

No adjustment was applied directly to the manual rate experience for the impact of COVID-19. The morbidity calculation includes a decrement based on the national impact of COVID-19 claims in 2021 to reflect expected lower morbidity in 2023 due to reduced COVID claims.

b. *The following questions relate to the morbidity adjustment:*
    i. *Please provide a detailed quantitative exhibit displaying the development of the -11.9% morbidity adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum:*
        1. *Overall health status in the Individual market, including the elimination of the individual mandate, continued uncertainty in the Individual market, and the presence or absence of Transitional policies.*
        2. *Membership distribution by metal tier and CSR plan and the source for these projected distributions*
            a. *Please indicate the role of the anticipated sunset of the enhanced premium subsidies on the projected metal mix.*
            b. *Please note there appears to be a typo for the 200%-250% FPL CSR distribution for plan 13401PA0010006 in Section 16 of the Actuarial Memorandum (i.e., we believe the distribution should be 9% instead of 6% to align with all other plans).*

Table 5a: Morbidity Adjustment Breakout	
Expected PA morbidity relative to National	-1.8%
Special Open Enrollment Period	-5.0%
COVID-19	-5.6%
Total Change in Morbidity	-11.9%

Table 5ai: Metal Distribution	
Bronze	38.0%
Silver	30.0%
Gold	32.0%

Table 5ai 2: CSR Distribution	
Base	5.8%
73%	9.4%
87%	59.9%
94%	24.9%

Membership distribution by metal tier was developed using an average of the Pennsylvania data within the enrollment 2021 Public Use File released by CMS and our 2022 Pennsylvania metal distribution. The CSR plan distribution was developed based on the 2022 Pennsylvania CSR variant distribution. There is no included impact on metal mix due to the sunset of enhanced

premium subsidies. The typo for CSR distribution in the Actuarial Memorandum has been corrected. See 13401_PA_actmemo_6_24_2022.pdf.

ii. *Please provide a detailed quantitative exhibit demonstrating the development of the estimated impact, if any, of COVID-19 on the morbidity of the Company's projected 2023 population.*

A -5.6% impact due to COVID was included in the morbidity. This was estimated based on the percent of COVID related claims in the total 2021 claims.

c. *The following question relates to the demographic adjustment:*
   i. *Please provide a detailed quantitative exhibit displaying the development of the demographic adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum.*
      1. *The quantitative development of the adjustment used to translate the manual rate experience to a 3:1 age slope as prescribed by the ACA.*
      2. *The quantitative development of the adjustment used to reflect that the age mix of the 2023 population will be different than the age mix underlying the manual rate. In providing your response, please provide an exhibit demonstrating the distribution of members by age underlying the manual rate experience and projected 2023 populations.*

There is no demographic adjustment applied to the manual rate. The age calibration factor found on the III Plan Rates tab in the PAAM accounts for the age curve and translates the manual rate experience to a 3:1 age slope. It is expected that the 2023 population will be consistent with the 2021 population. The development of this factor can be found on tab 12 of the PAObjectionResponseExhibit6.25.2021.xlsx

d. *The following question relates to the portfolio adjustment:*
   i. *Please provide a detailed quantitative exhibit displaying the development of the portfolio adjustment, as discussed in Section 7 of the Actuarial Memorandum. Additionally, please demonstrate that the portfolio adjustment is not already accounted for in either the "membership distribution by metal tier and CSR plan" component of the morbidity adjustment, Induced Demand plan level adjustment, or Silver Load plan level adjustment.*

The portfolio adjustment accounts for differences in induced demand utilization in PA Rating Area 8 compared to national induced demand based on the different Metal and CSR distributions. This is a factor of 0.2% and is included in the change in benefit impact.

e. *Please provide a detailed quantitative exhibit displaying the development of the network savings adjustment, as discussed in Section 7 of the Actuarial Memorandum.*

The network savings adjustment was developed by comparing the IFP national average network to the expected PA specific network and applying the change to the expected 2023 medical cost.

Table 2d: Network Savings Adjustment	
Pennsylvania Expected Network Cost	[redacted]
National Expected Network Cost	
Network Savings Adjustment	0.3%
Trended Medical Weight	69.8%

Network Savings Adjustment	0.2%

f. The following question relates to the pharmacy formulary savings adjustment:

i. Please provide a detailed quantitative exhibit displaying the development of the pharmacy formulary savings adjustment, as discussed in Section 7 of the Actuarial Memorandum.

There is no reference to a pharmacy formulary savings adjustment in Section 7 and there is no expected impact due to pharmacy formulary savings applied to the index rate.

6. *The following questions pertain to COVID:*
   a. *What impact, if any, is COVID having on the Plan Year 2023 rates. If the rates are impacted, please provide a qualitative explanation and quantitative exhibit demonstrating the effect of COVID.*
   b. *Have you adjusted trend at all?*
   c. *Has the base experience been adjusted at all?*

   A -5.6% impact due to COVID was included in the morbidity. This was estimated based on the percent of COVID related claims in the total 2021 claims. The trend and base experience have not been adjusted for COVID.

7. *The following questions relate to plan factors:*
   a. *Please explain how the utilization changes, as described in Section 11 of the Actuarial Memorandum, was accounted for in the development of the Induced Demand and/or Pricing AV factors (i.e., the Company's estimates of the relationship between historical utilization and corresponding metal tier or CSR plan variant).*

   The utilization changes are accounted for using the HHS Induced Demand formula rather than the company's estimates of the relationship. This has been updated in the act memo to reflect the appropriate wording.

   b. *Please provide a detailed quantitative exhibit displaying the development of the Pricing AV factors shown on the 'III Plan Rates' tab of the PA Rate Template Part II excel file. In providing your response, please include the following information:*
      i. *Please explain whether the Company's internal pricing model is limited to Individual ACA experience only. If non-ACA experience is included, please explain what adjustments are made to translate the non-ACA experience to an ACA basis.*
      ii. *Please explain what adjustments were applied to the Company's pricing model to translate nationwide Individual experience to reflect the Company's anticipated 2023 PA population. If no adjustments were applied, please explain why the Company believes this is appropriate.*
      iii. *Please demonstrate that the Pricing AV factors do not reflect differences in morbidity.*

   The internal pricing model used is limited to individual ACA experience only. A morbidity and network factor as described in objection 5 were used to adjust from the nationwide claim cost to a PA specific population, but the Pricing AV is determined at a national data level based on the cost share using a Cumulative Probability Distribution of Cigna's own claims experience by claim band and metal for each plan. The projected allowed claims pmpm and projected incurred claims pmpm are found for each plan to calculate the pricing AV. This is demonstrated in the PAObjectionResponseExhibit6.25.2021.xlsx file.

8. *Per the Actuarial Memorandum, a demographic adjustment was made do to the manual rate development not confirming to the 3:1 age slope as prescribed by the ACA. However, under Source & Appropriateness of Experience Data used in Developing the Manual Rate, it states national individual experience was used. Given that the experience is individual ACA experience, why is there a need to adjust to the 3:1 age slope?*

The value of the demographic adjustment described on page 3 of the actuarial memorandum is 1.63. Our experience indicates a wider disparity in claims experience than the prescribed 3:1 age slope indicates. Specifically, our experience indicates that older aged individuals experience claims at a rate that far exceeds three times the 21 year old average. Thus, we have included this demographic adjustment to account for this disparity.

9. *The following questions pertain to Special OEP and American Rescue Plan:*
    a. *Please explain where the decrease from 2023 to 2021 is in the rate development process. Please provide a narrative to how these two factors affected rates separately.*
    b. *Please provide a quantitative exhibit showing the impact of the Special OEP period.*
    c. *Please provide a quantitative exhibit showing the impact of the American Rescue Plan.*

    A -5.0% Special OEP impact is included in the morbidity adjustment. It is calculated by taking the claim costs associated with special OEP members divided by the total costs in 2021. There is no expected impact included in the rate development for the American Rescue Plan.

10. *The following questions pertain to Table 6. Retention:*
    a. *Please explain how the general and claims and commissions non-benefit expense assumptions were developed (i.e., 9.69% and 2.50% of premium, respectively).*

    The general and claims non-benefit expense assumption has been updated to 11.31% and the commission expense has been updated to 0.88% to correctly allocate marketing expenses.

    The general and claims non-benefit expense assumption was developed based on an expense study using finance data which looked at variable acquisition, variable recurring, fixed acquisition, and fixed recurring costs. These costs were projected forward from 2021 to expected 2023 costs and divided by member months to get the general and claims expenses pmpm. This is then divided by the average premium to find the expense percent of 11.31%.

    The commission expense assumption was developed by taking the expected 2022 commission schedule for renewals and new sales and weighting to a total commission pmpm based on the expected percentage of enrollment using brokers. The commission PMPM is then divided by the average expected premium in Pennsylvania to get to the commission non-benefit expense percent.

    b. *The Administrative Expenses are a consistent 12.54% for all plans. Please explain why the administrative costs, on a dollar amount, vary based on plan. Why is it appropriate that a higher premium plan pays a higher administrative cost?*

    This is the typical allocation method for Cigna's individual business development. Many other carriers in Pennsylvania, as well as carriers in other state ACA markets, use a similar approach. Using a flat PMPM amount instead of the consistent percentage could significantly alter the sloping of premium rates (e.g., bronze rates would increase and gold rates would decrease). Commission schedules are not varied by plan (see the response to objection 11 for additional detail). A consistent administrative expense percentage is applied to each plan's projected rate.

    c. *The PCORI fee is listed as $0.06 pmpm, please provide a quantitative exhibit showing its development.*

    This was an error. Table 6 has been updated to show no PCORI fee. See 13401_PAAM_6_24_2022.xlsx

    d. *The PA Premium & Other Taxes is listed as 2.04%. Given that PA Premium Tax is 2%, please explain what the .04% represents and show how it is calculated.*

The .04% represents the state and local taxes for Cigna Health and Life Insurance Company.

e. *The federal income tax is listed as 0.42%, however the profit is listed as 2.00%. Given that the profit is an after-tax amount, please change the federal income tax to 0.53% or change the profit accordingly.*

The federal income tax has been updated to 0.53%. See 13401_PAAM_6_24_2022.xlsx.

11. *The following questions pertain to commissions:*
    a. *In the PAAM Exhibits, Table 6, the commission is listed as $12.92 PMPM. Please provide the quantitative development for determining the commission PMPM.*

Table 11: Commission Expense Development	
[redacted]	
Commission %	0.88%

The commission previously included the marketing expenses. This has been updated as described in 10a. The table above shows the development of the commission expense.

    b. *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 Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please explain in detail the reason for the difference. Note that federal law prohibits different compensation to agents and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during OEP.*

Table 11b: Commissions
[redacted]

    c. *Please provide a current copy of the broker contract agreements for plan year 2023.*

See 13401_2022_Commissions_Schedule.pdf

12. *The following question pertains to the Age Calibration Factor:*
    a. *Per Section 12. Calibration, the Age Calibration is calculated by using Age Bands. Please provide an exhibit calculating the age calibration factor using the complete CMS Age Factor in Table 12. Age and Tobacco Factors (i.e., all ages listed).*

The detailed quantitative buildup of this Age Calibration Factor can be found in the attached excel file PAObjectionResponseExhibit6.25.2021.xlsx

13. *Per Table 10, it states that the plans follow the Standard AV calculator approach. However, based on the Unique Plan Design submitted, Approach 1 is used. Please change this for all plans listed on the Unique Plan Design Summary.*

This has been updated. See 13401_PAAM_6_24_2022.xlsx.

14. *The following questions pertain to Pricing and Metallic AVs:*
    a. *When comparing the average Pricing AV to Metallic AV at the three different metal levels, bronze plans have a Pricing AV which is 1.1455 times greater than their average metallic AV. Meanwhile, when comparing gold and silver plans Pricing-to-Metallic AV levels the differential is only 1.0779 and 1.0273 respectively. Please explain why bronze plans have such a high differential.*

    Our Cumulative Probability Distribution is created using metal specific national ACA experience from 2021. 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.

    b. *Please explain why the average Pricing Av for a bronze plan (0.727) is greater than the average Pricing AV for a silver plan (0.724).*

    The Pricing AV of 13401PA0010019 is higher due to differences in claims experience used to build up the pricing AV compared to the Federal AV calculator.

15. *Per the PA Plan Design Summary and Rate Table, no plans offer pediatric dental benefits. Please confirm that there is reasonable assurance that a stand-alone dental plan will be offered in all geographic areas Cigna is offering plans in.*

    There is reasonable assurance that a stand-alone dental plan will be offered in all geographic areas Cigna is offering plans in.

16. *Per the Pennsylvania Final Rate Filing Guidance, Table 5, the Change in Morbidity – All Other should have an individual adjustment factor of 1.0. Please confirm that no individual adjustment factor was used.*

    No individual adjustment factor was used in the Change in Morbidity – All Other factor.

17. *Please add the following statements to the Actuarial Certification:*
    a. *All factors, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum*
    b. *A new plan is not a modification of an existing plan. See the uniform modifications standards in 45 C.F.R. $ 147.106*
    c. *The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification*

    These statements have been added to the Actuarial certification. See 13401_PA_actmemo_6_24_2022.pdf.

18. *Currently, the expanded subsidies from the American Rescue Plan are expected to discontinue for plan year 2023. Please confirm that the current rate filing assumptions are reflective of the expanded subsidies being removed for plan year 2023 and please provide a brief narrative on how rates were impacted.*

    Yes, the current rate filing is reflective of the expanded subsidies being removed for plan year 2023.

19. *The following questions pertain to the Public Health Emergency:*
    a. *With the Public Health Emergency scheduled to end prior to the start of PY23, how has the rate development been affected? Please provide support for any adjustments.*
    b. *Furthermore, with the PHE scheduled to end prior to the start of PY23, has any adjustment been made specifically to the assumption of on-exchange membership and morbidity for Plan Year 2023?*

No adjustments for the Public Health Emergency ending have been made to the on-exchange membership and morbidity assumptions for Plan Year 2023.

20. *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 2023 compared to 2021. No adjustment is needed in the rate development.

21. *Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) have been met.*

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
13401PA0010020	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible

22. *Per HHS Final Notice of Benefit and Payment Parameters, the federal medical rebate loss ratio is prohibited from including indirect quality improvement activity (QIA) expenses. Please confirm that in the calculation of the rebate MLR that indirect quality improvement activity (QIA) expenses have been excluded.*

    Yes, the rebate MLR calculation excludes indirect quality improvement activity (QIA) expenses.

23. *Please explain how a change in member behavior to use service types such as telehealth more frequently than in the past and how a reversion back to more traditional service types is considered in your trend development.*

    There is no expected impact on trend due to the change in mix of telehealth and traditional service types. The current telehealth contracted rates for a visit are similar to the rates for an in person visit, so no material difference is expected due to changes in member behavior.

24. *Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rate Templates, and binder are identical.*

    Rates are consistent between these files.

Please contact [redacted] with any questions or concerns.

Thank you for your attention.

Sincerely,

[redacted]

Actuarial Director

Table 1: User Exchange Build Up	
Exchange User Fee	3.00%
On Exchange Distribution	95.0%
Weighted Average	2.85%

Trend Information

		Inpatient Hospital Inputs			Outpatient Hospital Inputs			Physician Inputs			Prescription Drugs Inputs			Other Inputs					
	Calendar Year	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Capitation PMPM	Total PMPM	
	2017	$9,779.01	100.5	$81.88	$530.42	2,133.3	$94.29	$193.30	4,584.4	$73.85	$1,268.98	768.2	$81.24			$0.00	$0.00	**$331.26**	
	2018	$8,910.96	115.0	$85.38	$553.32	2,317.4	$106.85	$251.52	5,131.5	$107.55	$177.74	7,674.5	$113.67	$349.47	766.0	$22.31	$0.00	**$435.77**	
	2019	$8,567.58	122.3	$87.28	$579.27	2,443.0	$117.93	$274.49	5,473.6	$125.20	$209.22	7,936.8	$138.38	$321.33	1,017.6	$27.25	$0.00	**$496.04**	
	2020	$7,910.11	140.1	$92.35	$576.20	2,503.4	$120.21	$291.14	5,557.0	$134.82	$162.46	8,434.6	$114.19	$346.59	1,018.1	$29.41	$0.00	**$490.97**	
	2021	$8,377.82	155.1	$108.27	$561.84	2,945.1	$137.89	$269.97	6,318.9	$142.16	$241.56	8,893.4	$179.03	$258.67	1,200.9	$25.89	$0.00	**$593.23**	
PROJECTED	2022	$8,653.01	157.7	$113.71	$578.19	2,994.7	$144.29	$274.16	6,425.4	$146.80	$253.37	9,097.6	$192.09	$277.30	1,221.1	$28.22	$0.00	**$625.10**	
	2023	$8,937.25	160.3	$119.42	$595.02	3,045.2	$150.99	$278.41	6,533.7	$151.59	$265.75	9,306.5	$206.10	$297.26	1,241.7	$30.76	$0.00	**$658.87**	
UNIT OF MEASUREMENT		Admits			Visits			Visits			Prescriptions			Visits					

		Inpatient Hospital Trends			Outpatient Hospital Trends			Physician Trends			Prescription Drug Trends			Other Trends					
	Calendar Year	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Capitation Trend	Total Trend	
	2018	-8.9%	14.4%	4.3%	4.3%	8.6%	13.3%	30.1%	11.9%	45.6%	-86.0%	899.0%	39.9%	N/A	N/A	N/A	N/A	**31.6%**	
	2019	-3.9%	6.3%	2.2%	4.7%	5.4%	10.4%	9.1%	6.7%	16.4%	17.7%	3.4%	21.7%	-8.1%	32.9%	22.2%	N/A	**13.8%**	
	2020	-7.7%	14.6%	5.8%	-0.5%	2.5%	1.9%	6.1%	1.5%	7.7%	-22.4%	6.3%	-17.5%	7.9%	0.0%	7.9%	N/A	**-1.0%**	
	2021	5.9%	10.7%	17.2%	-2.5%	17.6%	14.7%	-7.3%	13.7%	5.4%	48.7%	5.4%	56.8%	-25.4%	18.0%	-12.0%	N/A	**20.8%**	
PROJECTED	2022	3.3%	1.7%	5.0%	2.9%	1.7%	4.6%	1.6%	1.7%	3.3%	4.9%	2.3%	7.3%	7.2%	1.7%	9.0%	N/A	**5.4%**	
	2023	3.3%	1.7%	5.0%	2.9%	1.7%	4.6%	1.6%	1.7%	3.3%	4.9%	2.3%	7.3%	7.2%	1.7%	9.0%	N/A	**5.4%**	
																		5.4%	<-- Annualized Trend

	Allowed Cost PMPM					Paid Cost PMPM					Admit/Service Count Utilization per 1000				
Year	IP	OP	Professional	OMS	Pharmacy	IP	OP	Professional	OMS	Pharmacy	IP	OP	Professiona	OMS	Pharmacy
2019	86.71	117.22	124.45	27.08	137.54	79.94	88.07	93.03	21.75	113.99	121.51	2,428.29	5,440.60	1,011.47	7,888.90
2020	91.88	119.60	134.13	29.26	170.97	85.56	93.20	106.49	23.52	143.93	139.38	2,490.71	5,528.75	1,012.95	8,391.69
2021	104.27	132.95	137.06	24.95	172.87	96.39	105.81	107.35	19.89	152.74	155.08	2,945.09	6,318.93	1,200.92	8,893.42

Trend

IP	OP	Professiona	OMS	Pharmacy
6.0%	2.0%	7.8%	8.0%	24.3%
13.5%	11.2%	2.2%	-14.7%	1.1%

		Allowed Cost PMPM					Paid Cost PMPM					Admit/Service Count Utilization per 1000				
Year	Month	IP	OP	Professional	OMS	Pharmacy	IP	OP	Professional	OMS	Pharmacy	IP	OP	Professiona	OMS	Pharmacy
2019	January	85.69	100.73	100.61	21.08	111.97	74.59	61.51	59.94	13.10	70.75	131.18	2,270.46	5,056.54	759.93	7,089.58
2019	February	82.03	101.69	103.83	22.56	114.51	74.61	69.36	69.05	16.45	82.80	125.95	2,352.91	5,168.08	836.32	7,164.70
2019	March	95.38	108.31	111.77	26.11	130.86	87.64	77.05	78.93	20.22	101.00	142.95	2,555.42	5,541.00	973.87	8,022.78
2019	April	97.02	114.47	120.40	26.49	137.32	89.10	84.35	87.71	20.92	112.77	136.12	2,601.25	5,758.31	1,021.59	8,007.07
2019	May	94.87	116.41	123.79	26.34	144.49	87.86	87.46	93.28	21.15	121.29	131.43	2,631.14	5,755.77	1,029.92	8,198.40
2019	June	96.86	108.21	110.94	24.63	132.88	90.66	81.88	83.88	20.21	113.15	127.24	2,398.56	5,219.52	971.39	7,434.32
2019	July	87.94	116.11	121.02	25.75	153.05	81.80	89.25	92.68	20.97	132.38	130.33	2,554.72	5,618.12	1,032.11	8,182.10
2019	August	98.79	120.68	126.64	27.38	136.70	92.81	94.32	98.56	22.77	118.34	128.67	2,611.84	5,738.88	1,081.70	7,899.02
2019	September	84.09	118.26	121.55	27.79	137.57	78.94	94.08	95.49	23.21	120.71	125.40	2,510.08	5,657.11	1,227.10	7,687.43
2019	October	83.92	131.80	147.11	32.62	158.42	78.66	106.14	117.34	27.79	140.31	135.06	2,739.95	6,624.13	1,533.17	8,551.65
2019	November	73.06	126.77	134.04	30.18	141.06	67.79	102.98	107.75	25.94	125.33	100.60	2,308.16	5,365.08	1,108.28	7,981.01
2019	December	56.77	152.55	185.31	36.96	161.88	52.12	120.64	147.62	31.85	145.18	31.55	1,568.81	3,802.11	643.50	8,731.53
2020	January	108.26	112.03	117.84	22.09	85.60	96.26	70.15	75.69	13.32	49.51	153.79	2,573.91	5,715.14	992.46	7,637.73
2020	February	101.02	115.69	119.01	24.26	88.54	92.40	80.89	83.37	17.25	62.20	155.33	2,577.47	5,649.38	997.53	7,752.40
2020	March	97.13	104.07	109.60	24.29	111.12	90.09	77.62	81.27	18.32	86.16	151.96	2,222.42	5,129.44	934.40	8,812.46
2020	April	72.36	73.32	82.08	22.18	100.89	67.53	59.50	63.75	18.15	82.97	137.83	1,357.42	3,918.08	694.57	7,626.05
2020	May	103.24	95.44	102.37	23.90	101.32	97.20	77.28	79.35	19.38	86.56	152.93	1,970.17	4,658.81	835.75	7,765.31
2020	June	103.39	118.55	125.61	27.35	111.95	96.93	94.58	104.49	22.51	97.56	168.05	2,682.55	5,857.15	1,025.97	8,295.88
2020	July	113.72	125.77	130.13	28.29	121.77	107.60	100.97	110.45	23.62	106.91	164.38	2,996.32	6,121.60	1,122.35	8,512.44
2020	August	109.43	126.08	132.47	30.23	122.02	103.42	101.10	112.30	25.36	108.38	158.56	2,845.20	6,022.03	1,127.56	8,585.61
2020	September	98.60	125.40	139.10	31.60	127.74	93.28	101.46	118.73	26.65	114.54	144.40	2,934.58	6,451.89	1,266.01	8,972.78
2020	October	89.13	138.01	154.13	32.69	127.76	83.48	112.38	132.07	27.53	114.39	154.26	3,110.53	6,751.70	1,323.65	9,281.66
2020	November	71.39	141.47	159.27	35.15	122.48	66.57	116.35	127.46	29.60	110.52	104.78	2,769.87	5,781.54	1,097.93	8,504.12
2020	December	31.42	162.43	244.31	50.41	145.01	28.95	129.49	194.82	41.88	131.93	20.32	1,846.63	4,275.96	738.48	9,028.87
2021	January	88.68	90.82	95.10	16.55	117.65	81.10	63.39	64.20	10.06	83.56	119.00	2,295.98	4,505.22	810.23	6,060.98
2021	February	111.61	117.17	125.37	22.37	151.16	102.16	87.30	90.03	16.10	119.95	143.98	2,672.48	5,620.96	1,042.89	7,344.74
2021	March	126.28	142.29	154.73	28.57	184.90	115.63	108.73	115.74	21.69	156.93	160.56	3,319.16	7,178.92	1,369.64	9,675.75
2021	April	120.80	143.18	150.02	28.54	181.61	111.46	112.00	113.27	22.40	158.98	157.72	3,186.25	7,144.64	1,361.82	10,084.64
2021	May	114.55	137.09	140.87	25.96	171.68	105.87	107.75	108.60	20.43	152.13	161.44	2,862.02	6,406.39	1,225.05	9,362.55
2021	June	113.99	143.40	149.20	28.27	171.88	106.13	113.78	117.03	22.85	153.79	158.00	2,950.92	6,647.39	1,271.65	8,805.28
2021	July	120.47	142.16	141.72	26.32	171.78	112.03	112.96	112.12	21.48	155.46	165.63	2,918.91	6,334.30	1,232.10	8,483.50
2021	August	124.48	146.07	149.42	26.29	182.60	116.49	118.63	120.46	21.62	165.88	177.01	3,303.50	6,838.07	1,257.12	9,305.29
2021	September	115.62	136.43	142.94	24.49	177.81	107.04	111.76	116.52	20.14	162.42	172.56	3,124.02	6,592.82	1,236.80	8,963.80
2021	October	89.14	136.68	139.22	25.50	180.70	83.29	112.89	114.01	21.46	166.30	171.06	2,960.49	6,448.38	1,268.14	9,290.79
2021	November	79.98	132.34	134.86	24.20	186.26	73.43	110.70	111.25	20.60	172.38	149.90	2,852.82	6,295.30	1,220.75	9,418.58
2021	December	56.22	131.21	126.81	23.62	197.21	51.71	110.68	106.72	20.49	183.34	126.24	2,956.24	6,036.60	1,156.76	10,048.96

Table 4: Morbidity Adjustment Breakout		
Component	**2022 State**	**2023 Projected**
Actuarial Value (AV)	0.704	[redacted]
Plan Liability Risk Score (PLRS)	1.521	
Allowable Rating Factor (ARF)	1.812	
Induced Demand Factor (IDF)	1.033	
Geographic Cost Factor (GCF)	1.013	
Statewide Average Premium (P)	$610.24	
PLRS * IDF * GCF Normalized PLRS * IDF * GCF (N1)	1.592	
AV * ARF * IDF * GCF Normalized AV * PLRS * IDF * GCF (N2)	1.335	
Transfer PMPM (P * [N1 - N2] * 0.86)		

Table 3a: IDF and AV Factor Development			
	IDF	AV	Weight
Bronze	1	0.6	38.0%
Gold	1.08	0.8	32.0%
Silver	1.03	0.7	5.8%
CSR 73	1.03	0.7	2.4%
CSR 87	1.12	0.7	15.4%
CSR 94	1.12	0.7	6.4%
Factor	1.054	0.694	

Table 3b: PLRS Adjustment	
2021 Cigna PLRS	[redacted]
Expected PA morbidity relative to National	
Expected Morbidity Relative to Market	
2023 Expected Cigna PA PLRS	

Table 4d: Statewide Average Premium PMPM	
2021 Statewide Average Premium PMPM	$598.55
2021 - 2022 Change	0.2%
Expected 2022 - 2023 Change	1.8%
2022 SWAP pre adjustment	$610.24

Table 5a: Morbidity Adjustment Breakout	
Expected PA morbidity relative to National	-1.8%
Special Open Enrollment Period	-5.0%
COVID-19	-5.6%
Total Change in Morbidity	-11.9%

Table 5ai: Metal Distribution	
Bronze	38.0%
Silver	30.0%
Gold	32.0%

Table 5ai 2: CSR Distribution	
Base	5.8%
73%	9.4%
87%	59.9%
94%	24.9%

Table 5e: Network Savings Adjustment	
Pennsylvania Expected Network Cost	[redacted]
National Expected Network Cost	
Network Savings Adjustment	0.3%
Trended Medical Weight	69.8%
Network Savings Adjustment	0.2%

Table 7 b. Pricing AV Factor Development			
Plan ID	Proj Allowed Clair	Proj Incurred Claims PMPM	Pricing AV
13401PA0010001	472.42	326.84	0.6919
13401PA0010002	472.42	340.30	0.7203
13401PA0010003	472.42	344.24	0.7287
13401PA0010004	472.42	342.09	0.7241
13401PA0010005	472.42	343.77	0.7277
13401PA0010019	472.42	365.02	0.7727
13401PA0010020	472.42	342.23	0.7244
13401PA0010006	910.10	652.32	0.7168
13401PA0010007	910.10	651.96	0.7164
13401PA0010008	910.10	658.67	0.7237
13401PA0010009	910.10	659.59	0.7247
13401PA0010010	910.10	655.12	0.7198
13401PA0010011	910.10	657.14	0.7221
13401PA0010012	910.10	654.51	0.7192
13401PA0010013	910.10	663.94	0.7295
13401PA0010021	910.10	678.43	0.7454
13401PA0010014	782.78	662.22	0.8460
13401PA0010015	782.78	657.03	0.8394
13401PA0010016	782.78	690.13	0.8816
13401PA0010017	782.78	662.58	0.8464
13401PA0010018	782.78	685.08	0.8752
13401PA0010022	782.78	658.83	0.8417

Table 11a: Commission Expense Development	
[redacted]	
Commission %	0.88%

Table 11b: Commissions
[redacted]

Average Demo Factor	1.633

2021 Actual National ACA Membership Distribution by Age and Gender

		Distribution	
Age	Demo Factor	Male	Female
0	0.765	0.22%	0.22%
1	0.765	0.22%	0.22%
2	0.765	0.29%	0.30%
3	0.765	0.29%	0.30%
4	0.765	0.29%	0.30%
5	0.765	0.29%	0.30%
6	0.765	0.29%	0.30%
7	0.765	0.29%	0.30%
8	0.765	0.29%	0.30%
9	0.765	0.29%	0.30%
10	0.765	0.29%	0.30%
11	0.765	0.29%	0.30%
12	0.765	0.29%	0.30%
13	0.765	0.29%	0.30%
14	0.765	0.29%	0.30%
15	0.833	0.29%	0.30%
16	0.859	0.29%	0.30%
17	0.885	0.29%	0.30%
18	0.913	0.29%	0.30%
19	0.941	0.29%	0.30%
20	0.970	0.29%	0.30%
21	1.000	0.53%	0.62%
22	1.000	0.53%	0.62%
23	1.000	0.53%	0.62%
24	1.000	0.53%	0.62%
25	1.004	0.53%	0.62%
26	1.024	1.14%	1.32%
27	1.048	0.95%	1.10%
28	1.087	0.95%	1.10%
29	1.119	0.95%	1.10%
30	1.135	0.95%	1.10%
31	1.159	0.81%	0.91%
32	1.183	0.81%	0.91%
33	1.198	0.81%	0.91%
34	1.214	0.81%	0.91%
35	1.222	0.81%	0.91%
36	1.230	0.81%	0.91%
37	1.238	0.81%	0.91%
38	1.246	0.81%	0.91%
39	1.262	0.81%	0.91%
40	1.278	0.81%	0.91%
41	1.302	0.86%	1.03%
42	1.325	0.86%	1.03%
43	1.357	0.86%	1.03%
44	1.397	0.86%	1.03%
45	1.444	0.86%	1.03%
46	1.500	0.86%	1.03%
47	1.563	0.86%	1.03%
48	1.635	0.86%	1.03%
49	1.706	0.86%	1.03%
50	1.786	0.86%	1.03%
51	1.865	1.12%	1.46%
52	1.952	1.12%	1.46%
53	2.040	1.12%	1.46%
54	2.135	1.12%	1.46%
55	2.230	1.12%	1.46%
56	2.333	1.12%	1.46%
57	2.437	1.12%	1.46%
58	2.548	1.12%	1.46%
59	2.603	1.12%	1.46%
60	2.714	1.12%	1.46%
61	2.810	1.40%	1.01%
62	2.873	1.40%	1.01%
63	2.952	1.40%	1.01%
64	3.000	0.47%	0.34%
65	3.000	0.47%	0.34%
66+	3.000	0.47%	0.34%

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
13401PA0010020	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible

[redacted]
Cigna Healthcare Pricing

Routing C5PRC
900 Cottage Grove Road
Hartford, CT 06152
[redacted]

July 14, 2022

David D'Agostino
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation & Administration
1311 Strawberry Square
Harrisburg, PA 17120

Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052022 – Effective 01/01/2023

Dear Mr. D'Agostino,

This letter is in response to your July 6, 2022 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

1. *The following question pertains to the response received in Q10.d:*
    a. *Please provide additional clarification on what local taxes Cigna pays in the state of PA.*

    We pay all applicable taxes in totality for all CHLIC business in the state of PA. Therefore, we price for expenses that are based on a corporate allocation for our portion of CHLIC, and therefore don't have further insight into what specific taxes are being paid at a local level.

2. *The following questions pertain to the response received in Q14.a:*
    a. *Please confirm that there are different CPD tables for each specific metal level*
    b. *If confirmation is given to the prior question:*
        i. *Please explain why it is reasonable to use metal specific experience.*
        ii. *Please explain how each CPD table has been normalized for morbidity.*
        iii. *Please confirm that each table has enough data to be credible.*

    Yes, there are different CPD tables for each specific metal level. This is reasonable because each table is credible and the federal AV calculator uses metal specific CPD tables. The CPD tables have not been normalized for morbidity, but are based on Cigna IFP claims which would inherently include members of all different risk levels. Each table is credible based on our credibility standard.

3. *The following questions pertain to the response received in Q14.b:*
    a. *Please provide a detailed quantitative exhibit that walks from the pricing AV of 13401PA0010019 to the pricing AV of 13401PA0010009. Please provide what the pricing AV changes to after each of the following changes in this exact order: MOOP, Deductible, Coinsurance, Copays, Other Benefit Designs, and Other adjustments outside of the cost model.*
        i. *If there are other adjustments please provide a description of what they represent*

Table 3: Pricing AV Crosswalk	
	Pricing AV
Benefit Change	

Starting AV Plan 13401PA0010019	77.3%
MOOP	77.3%
Deductible	72.1%
Overall Coinsurance	72.3%
Copay Amounts	73.1%
Copay Benefit	75.9%
CPD Silver	72.5%
Ending AV Plan 13401PA0010009	72.5%

4. *The following questions are follow-up questions to the response provided for question 3:*
    a. *Please provide additional quantitative and qualitative detail around the [redacted] over the market, as indicated in table 3b: PLRS Adjustment. This adjustment seems to only be applied to the plan PLRS in the risk adjustment calculation, and not as a morbidity adjustment, which suggests that the risk calculation may not be consistent with the rest of the filing. Please reconcile this apparent discrepancy.*
    b. *Please provide the starting source and development/support of any adjustments to the starting source for the statewide information. If the 2021 interim information, which was available at the time of the initial filing, was not utilized please provide support for using a different source.*
        i. *As an example, the 2021 statewide average premium used in the development ($598.55) is higher than the 2021 statewide average premium from the interim report ($585.36).*
    c. *Please provide support for using the 2020 geographic cost factors when the 2021 geographic cost factors from the interim report were available at the time of the initial filing.*

    a. The adjustments for PLRS are based on the expected Cigna population in Pennsylvania, which is expected to be relatively healthy compared to the average market. Based on other new market entries and our initial year price positioning, we estimate that the Cigna PLRS [redacted] the market. The Pennsylvania market is expected to be roughly 12% less risky than Cigna's average footprint in 2021, which is driven by COVID, SEP and PA's average PLRS.

    b. The statewide results from the Department Model where used for the SWAP, PLRS, ARF, and AV since this was viewed as the most updated information available. The IDF and GCF used the 2020 CMS final report. We feel the values used are appropriate for the state and are directionally aligned with 2022 Wakely data.

    c. The 2020 geographic cost factors were used as we were not aware of the interim report at the time of the initial filing. We believe the 2020 GCF that was used is still appropriate and aligns more closely with 2022 Wakely data than the interim report.

5. *As a follow-up to question 5, please provide a detailed narrative explaining the purpose of, and a quantitative exhibit displaying the development of the following adjustments included in the development of the -11.9% morbidity adjustment:*
    a. *Expected PA morbidity relative to National (i.e., -1.8%)*
    b. *Special Enrollment Period (i.e., -5.0%)*
    c. *COVID-19 (i.e, -5.6%); understanding that there is an expected improvement in the projection period relative to the manual rate, please quantify this adjustment by major service category, if possible*

    a. This is found by taking the weighted average of the manual claims PMPM normalized for age, ARF, IDF, and GCF by metal based on the expected PA metal distribution compared to the national weighted average.

Table 5a: Morbidity Build Up	
PA Expected PMPM	$261.45
National experience PMPM	$266.16

Change in Benefit Factor	-1.8%

b. Special Enrollment Period was calculated by looking at the post risk adjusted loss ratio excluding COVID for special enrollment period and open enrollment period members.

Table 5b: SEP Impact	
Post RA MLR	
SEP	84.43%
OEP	80.40%
Impact	-5.01%

c. COVID-19 improvement was calculated by looking at the total direct COVID costs from testing, treatment, and vaccines in 2021 and then removing the impact that was accounted for in our pricing.

Table 5c: COVID Impact	
Testing	-2.3%
Treatment	-3.8%
Vaccine	-0.6%
Total 2021 Direct COVID Costs	-6.6%
2021 Priced COVID Impact	1.0%
Net Impact Due to COVID	-5.6%

6. *The following questions are follow-up questions to the response provided for question 7:*
   a. *Please provide additional detail on the appropriateness of determining the pricing AV by metal band and how this method does not reflect differences in morbidity between metal levels.*
   b. *The projected allowed claims for silver plans indicated in "Table 7b: Pricing AV Factor Development" are higher than the gold plans. Please confirm that the development of the pricing AV does not include the non-funding of CSRs. If the development of the pricing AVs does include the non-funding of CSRs, please adjust the pricing AVs so that the non-funding of CSRs are not double-counted when also applying the separate CSR adjustment factor in the rate development.*

   Yes, there are different CPD tables for each specific metal level. This is reasonable because each table is credible and the federal AV calculator uses metal specific CPD tables. The CPD tables are based on Cigna IFP claims which would inherently include members of all different risk levels at each metal level.

   The development of the Pricing AV does not include the non-funding of CSR.

7. *As a follow-up to question 10, please provide support for not building in a PCORI fee in the updated version of the filed rates.*

   Upon additional review, it appears this was an error as I thought the PCORI was rounded to zero, but it is actually 0.01%. At this time do not have the buildup, but if this is a material concern we can provide that at a later date.

8. *Please update the 2021 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.*

   This has been updated. See 13401_PAAM_7_14_2022.xlsm.

9. *If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.*

We do not intend to modify Table 5 to reflect changes due to the final CMS transfer amount. Table 5 is being updated to reflect the change of plan 13401PA0010021 to off exchange only. This impacted the projected membership for the plan which changed the Paid to Allowed Ratio for 2023.

10. *Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.*

    This has been confirmed and the rates are consistent to the second decimal place.

11. *Please ensure that the 7/14/22 versions of the following items are posted in SERFF with your July 14th response to this data call.*
    a. *Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.*
    b. *PA Actuarial Memorandum*
    c. *PA Actuarial Memorandum Exhibits*
    d. *Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")*
    e. *URRT*
    f. *Federal Rate Template*
    g. *Part III: Actuarial Memorandum*
    h. *Updated Rate Change Request Summary (Attachment I)*
    i. *Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).*

    This has been included in the response.

Please contact [redacted] with any questions or concerns.

Thank you for your attention.

Sincerely,

[redacted]
Actuarial Director

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	[redacted]		
	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	[redacted]		
A.2.C.	SERFF Submission	x			
A.2.D.	SERFF Rate/Rule Schedule Tab	x			
B.	Cover Letter & PA Bulletin Information	x			
C.	Rate Change Request Summary	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
	PA Act. Exhibits Table 1	x	N		N/A
D.1.E.	*Benefit Changes*	x	N		N/A
D.1.F.	*Experience Period Claims & Premium*	x	N		N/A
	PA Act. Exhibits Table 2	x	N		N/A
D.1.G.	*Credibility of Data*	x	N		N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	x	N		N/A
D.1.H.	*Trend Identification*	x	N		N/A
	PA Act. Exhibits Table 3	x	N		N/A
D.1.I.	*Historical Experience*	x	N		N/A
	PA Act. Exhibits Table 4	x	N		N/A
D.2.A.	*Development of PAIR, MAIR and Total Allowed Claims*	x	N		N/A
	PA Act. Exhibits Table 5	x	N		N/A
D.2.B.	*Retention Items*	x	N		N/A
	PA Act. Exhibits Table 6	x	N		N/A
D.2.C.	*Normalized Market-Adjusted Projected Allowed Total Claims*	x	N		N/A
	PA Act. Exhibits Table 7	x	N		N/A
D.2.D.	*Components of Rate Change*	x	N		N/A
	PA Act. Exhibits Table 8	x	N		N/A
	PA Act. Exhibits Table 9	x	N		N/A
D.3.	*Plan Rate Development*	x	N		N/A
	PA Act. Exhibits Table 10	x	N		N/A
D.4.	*Plan Premium Development for 21-Year-Old Non-Tobacco User*	x	N		N/A
	PA Act. Exhibits Table 11	x	N		N/A
D.5.A.	*Age and Tobacco Factors*	x	N		N/A
	PA Act. Exhibits Table 12	x	N		N/A
D.5.B.	*Geographic Factors*	x	N		N/A
	PA Act. Exhibits Table 13	x	N		N/A
D.5.C.	*Network Factors*	x	N		N/A
	PA Act. Exhibits Table 14	x	N		N/A
D.5.D.	*Service Area Composition*	x	N		N/A
D.5.E.	*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	[redacted]		Y