

State: VermontGMCB **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical Premium Credit COVID-19
Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

Filing at a Glance

Company: Cigna Health and Life Insurance Company
Product Name: Medical Premium Credit COVID-19
State: VermontGMCB
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002A Large Group Only - PPO
Filing Type: GMCB Rate
Date Submitted: 12/22/2020
SERFF Tr Num: CCGP-132641757
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: COVID-19 MEDICAL PREMIUM CREDIT
Effective: 04/01/2021
Date Requested:
Author(s): Maria Mahmood, Jennifer Linstone
Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber
Disposition Date:
Disposition Status:
Effective Date:
State Filing Description:

State: VermontGMCB **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical Premium Credit COVID-19
Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

General Information

Project Name: COVID-19 MEDICAL PREMIUM CREDIT	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 12/22/2020	
State Status Changed:	Deemer Date:
Created By: Maria Mahmood	Submitted By: Maria Mahmood
Corresponding Filing Tracking Number:	
PPACA: Not PPACA-Related	
PPACA Notes: null	
Include Exchange Intentions:	No

Filing Description:
 Please be advised that Cigna Health & Life Insurance Company intends to offer a premium credit to its clients, as a result of the ongoing COVID-19 pandemic. The attached documents provide the details.

Please contact Paul Schaeffer at (860) 226-8017 or at paul.schaeffer@cigna.com with any questions or concerns regarding this filing

Company and Contact

Filing Contact Information

Maria Mahmood, Compliance Specialist maria.mahmood@cigna.com
 900 Cottage Grove Road 860-226-5080 [Phone]
 C5PRC 860-226-3183 [FAX]
 Hartford, CT 06152-1233

Filing Company Information

Cigna Health and Life Insurance Company	CoCode: 67369	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type: LAH
Bloomfield, CT 06002	Group Name:	State ID Number:
(860) 226-3000 ext. [Phone]	FEIN Number: 59-1031071	

State: VermontGMCB **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical Premium Credit COVID-19
Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CCGP-132641757

State Tracking #:

Company Tracking #:

COVID-19 MEDICAL PREMIUM CREDIT

State: VermontGMCB **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical Premium Credit COVID-19
Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:
SERFF Tracking Number of Last Filing: CCGP-132206853

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Cigna Health and Life Insurance Company	Neutral	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: VermontGMCB Filing Company: Cigna Health and Life Insurance Company
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
 Product Name: Medical Premium Credit COVID-19
 Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

Rate Review Detail

COMPANY:

Company Name: Cigna Health and Life Insurance Company
 HHS Issuer Id: 67369

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
PPO, Open Access Plus, Network			1

Trend Factors:

FORMS:

New Policy Forms: n/a
 Affected Forms: n/a
 Other Affected Forms: HP-POL et al

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 0
 Benefit Change: None
 Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
 Total Incurred Claims: 0.00
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
 Projected Incurred Claims: 0.00
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

State: VermontGMCB **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Medical Premium Credit COVID-19
Project Name/Number: COVID-19 MEDICAL PREMIUM CREDIT/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	COVID-19 Relief Program - Actuarial Memorandum GMCB v2.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	In compliance
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Filing Compliance Certification
Bypass Reason:	Included in memorandum
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

CCGP-132641757

State Tracking #:**Company Tracking #:**

COVID-19 MEDICAL PREMIUM CREDIT

State:

VermontGMCB

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name:

Medical Premium Credit COVID-19

Project Name/Number:

COVID-19 MEDICAL PREMIUM CREDIT/

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Supporting Information Requested by GMCB
Comments:	
Attachment(s):	COVID-19 GMCB Draft v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Communication Sent to Policyholders
Comments:	
Attachment(s):	premium relief ecard copyUScommercial_Final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Credit Form Approval
Comments:	
Attachment(s):	VT Medical Covid Form Filing Aproval CCGH-132427660.pdf
Item Status:	
Status Date:	

December 22, 2020

The Green Mountain Care Board
89 Main Street
Montpelier, VT 05620



900 Cottage Grove Rd.
C5PRC
Bloomfield, CT 06002
Telephone 860-226-8017
Paul.Schaeffer@Cigna.com

COVID-19 RELIEF PROGRAM: ACTUARIAL MEMORANDUM

In recognition of the impact of the COVID-19 pandemic upon claim experience, the Company intends to grant a credit to all of its guaranteed cost group health insurance policyholders in such amount as it may determine based upon calendar year 2020 claim experience for the block of business.

An experience credit will be provided to all guaranteed cost large group policyholders with effective dates from May 2019 to April 2020, for which the corresponding coverage periods include the month with the most pronounced level of deferred care (April 2020).

Due to the uncertainty surrounding the key cost drivers pertaining to COVID-19, the impact to calendar year 2020 claims cannot be properly assessed at this time. Following conclusion of the 2020 calendar year, the effect of the COVID-19 pandemic on the overall experience of the block of business will be assessed. A singular, book-level credit % will be determined based on the impact of COVID-19 on the calendar year 2020 MLR for the nationwide book of guaranteed cost large group business.

The singular credit % will be no less than 10% of each policyholder's average 2020 monthly premium.

The singular credit % will be applied to the average monthly premium for calendar year 2020 to determine the experience credit for each guaranteed cost large group policyholder. The experience credit will be applied to each existing policyholder's billed premium in April 2021.

There will be no changes to health coverage plan benefits as a result of the experience credit.

The experience credit is expected to be reflected in the MLR calculations as an experience rating credit, consistent with the treatment of other experience rating credits within the current MLR calculation rules. The experience credit will serve to increase the 2020 MLR. Illustratively, if the experience credit is 10%, the estimated impact to claims within the MLR calculation is $10\%/12 = +0.8\%$.

Subject to state regulations, communication to policyholders and their respective benefit advisor via email occurred in June 2020. The company will be available for questions, feedback and to provide additional guidance and support post the release of communications to applicable policyholders.

Please contact Paul Schaeffer at (860) 226-8017 or at Paul.Schaeffer@cigna.com with any questions or concerns regarding this filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul Schaeffer', with a horizontal line underneath.

Paul Schaeffer, FSA, MAAA
Actuarial Senior Director

December 22, 2020

The Green Mountain Care Board
89 Main Street
Montpelier, VT 05620



900 Cottage Grove Rd.
C5PRC
Bloomfield, CT 06002
Telephone 860-226-8017
Paul.Schaeffer@Cigna.com

COVID-19 RELIEF PROGRAM

The experience rate credit filling does not change the filing (CCGH-132427660) that was filed and approved on June 26, 2020. We are resubmitting the same filing in parallel with this response.

Below is the supporting information for the Green Mountain Care Board based on their November 18, 2020 email request.

Request 1: State the markets that will receive premium credits.

Response 1: An experience rate credit (premium credit) will be provided to all guaranteed cost large group policyholders with effective dates from May 2019 to April 2020, for which the corresponding coverage periods include the month with the most pronounced level of deferred care (April 2020).

Request 2: A copy of the communication that will be sent to the members explaining the premium credit.

Response 2: See attached letter that was sent to policyholders in June 2020.

Request 3: The period of time that that premium credits will apply.

Response 3: The experience rate credit will be applied as an offset to premium as a part of the policyholder's billing statement in April 2021.

Request 4: The percent of premium being credited.

Response 4: The percent of experience rate credit will be no less than 10% of a policyholder's average 2020 monthly premium.

Request 5: A qualitative and quantitative demonstration of how the percent of the premium for the credit was or will be determined.

Response 5: Due to the uncertainty in the final impact of COVID-19 on 2020 claims experience, the final percentage of the experience rate credit cannot be properly assessed at this time. We have committed to crediting at least 10% of a policyholder's average 2020 monthly premium. The credit will be determined based on a retrospective assessment of the impact COVID-19 had on the guaranteed cost book of business in 2020. A singular, book-level credit percentage will be determined and applied to all guaranteed cost large group business.

Request 6: Explanation as to whether a large group's own experience will impact the amount of the credit received and if so, how?

Response 6: A large group's own experience will not directly impact the amount of the credit received. A large group's own experience will be part of the national book of business experience that determines the experience rate credit percentage.

Request 7: Confirmation that the same credit percentage will apply to all members in the market and the premium reduction will not threaten the issuers' solvency.

Response 7: The same credit percentage will apply to all members in the market. The experience rate credit will not threaten the issuers' solvency.

Request 8: When providing the Actuarial Memorandum supporting the rate credit, please make sure the memo addresses the issues involved in developing the credit, including but not limited to:

- Does a group have to be in force for 12 months in order to get the credit?
- Will groups that are not enrolled as of April 2021, but were enrolled during the time of the pandemic be eligible for a refund?
- What will be used to determine the amount of the credit?
- Is there a targeted loss ratio that will trigger the credit, if so what is the target?
- Please confirm that all groups will receive the credit based on the market segment experience versus the experience of the group.

Response 8: The Actuarial Memorandum is attached and addresses these issues.

Please contact Paul Schaeffer at (860) 226-8017 or at Paul.Schaeffer@cigna.com with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul Schaeffer', with a horizontal line underneath it.

Paul Schaeffer, FSA, MAAA
Actuarial Senior Director

SUPPORTING CLIENTS IMPACTED BY COVID-19

Experience credit applicable to guaranteed cost fully-insured clients

Since the COVID-19 pandemic began, Cigna has taken important steps to drive meaningful value for clients, provide expanded care, and ease the financial impact to customers for COVID-19 testing and treatment. Now, in addition to these and other support measures, we are offering premium relief to our fully-insured guaranteed cost clients.

Expanded Support for Clients

Cigna will apply an experience credit to the April 2021 bill to all eligible, fully-insured guaranteed cost clients. The experience credit will be at least 10% of clients' average monthly medical premium during the 2020 calendar year. More specifically:

- The final percentage credit applied will be determined based on Cigna's 2020 calendar year book of business experience.
- The credit will be applied to the April 2021 bill*, for guaranteed cost clients who were effective between May 2019 and April 30, 2020.
- Clients must be active with Cigna as of April 2021 to receive the experience credit.
- In spite of the tremendous uncertainty remaining about the ultimate impacts of COVID-19 on utilization this year, Cigna is committed to applying the experience credit equal to at least 10% of clients' average 2020 monthly medical premium. This percentage could ultimately be adjusted upwards, contingent upon the actual assessed outcome of the impact of COVID-19 for the remainder of calendar year 2020.

This extended relief builds on the robust actions already taken to deliver peace of mind for those we serve, and underscores Cigna's commitment to delivering access to affordable, predictable, simple health care during this unprecedented time.

As always, please contact your Cigna representative with any questions about this financial relief.

*The program does not apply to Shared Returns, HMO policies, Allegiance's guaranteed cost product, or new guaranteed cost business written after April 2020. Guaranteed cost premium credits will be available in all states where such credits are allowed and consistent with state regulatory parameters.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Life Insurance Company of North America, Cigna Life Insurance Company of New York (New York, NY), and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

State: Vermont **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Medical Premium Credit COVID-19
Project Name/Number: Medical Premium Credit COVID-19/

Filing at a Glance

Company: Cigna Health and Life Insurance Company
Product Name: Medical Premium Credit COVID-19
State: Vermont
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Form
Date Submitted: 06/19/2020
SERFF Tr Num: CCGH-132427660
SERFF Status: Closed-Approved
State Tr Num: 102997
State Status: Approved
Co Tr Num: COVID-19 MEDICAL PREMIUM CREDIT
Co Status:
Effective: 06/30/2020
Date Requested:
Author(s): Maria Mahmood, Martha Pinckney, Lauren Cadiz
Reviewer(s): Anna Van Fleet (primary)
Disposition Date: 06/26/2020
Disposition Status: Approved
Effective Date: 06/26/2020

State: Vermont
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Medical Premium Credit COVID-19
Project Name/Number: Medical Premium Credit COVID-19/

Filing Company: Cigna Health and Life Insurance Company

General Information

Project Name: Medical Premium Credit COVID-19
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/26/2020
State Status Changed: 06/26/2020
Created By: Maria Mahmood
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:
Company Status Changed:
Deemer Date:
Submitted By: Lauren Cadiz

PPACA: Not PPACA-Related
Include Exchange Intentions:

No

Filing Description:
Informational filing only.

Please be advised that Cigna Health & Life Insurance Company intends to offer a premium credit to its clients, as a result of the ongoing COVID-19 pandemic. The attached memo provides the details.

Company and Contact

Filing Contact Information

Lauren Cadiz,
900 Cottage Grove Rd
Bloomfield, CT 06002

Lauren.Cadiz@cigna.com
860-226-6228 [Phone]

Filing Company Information

Cigna Health and Life Insurance
Company
900 Cottage Grove Road
Bloomfield, CT 06002
(860) 226-6000 ext. [Phone]

CoCode: 67369
Group Code: 901
Group Name:
FEIN Number: 59-1031071

State of Domicile: Connecticut
Company Type: LAH
State ID Number:

State: Vermont
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
 Product Name: Medical Premium Credit COVID-19
 Project Name/Number: Medical Premium Credit COVID-19/

Filing Company: Cigna Health and Life Insurance Company

Filing Fees

State Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: 1 filing fee x \$150.00
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
Cigna Health and Life Insurance Company	\$150.00	06/19/2020 02:03 PM	179771600
EFT Total	\$150.00		

State: Vermont Filing Company: Cigna Health and Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Medical Premium Credit COVID-19
Project Name/Number: Medical Premium Credit COVID-19/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Anna Van Fleet	06/26/2020	06/26/2020

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
policy document	Note To Reviewer	Lauren Cadiz	06/25/2020	06/25/2020

SERFF Tracking #:

CCGH-132427660

State Tracking #:

102997

Company Tracking #:

COVID-19 MEDICAL PREMIUM CREDIT

State: Vermont

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: Medical Premium Credit COVID-19

Project Name/Number: Medical Premium Credit COVID-19/

Disposition

Disposition Date: 06/26/2020

Effective Date: 06/26/2020

Status: Approved

HHS Status: HHS Approved

State Review:

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Vermont Supplemental Health Care Compliance Certification Form		Yes
Supporting Document	Health F106 Form		Yes
Supporting Document	Explanation of Variability		Yes
Supporting Document	Health - Civil Union		Yes
Supporting Document	Flesch Score Certification		Yes
Supporting Document	Redlined Copy		Yes
Supporting Document	Third Party Filing Authorization		Yes
Supporting Document	Informational Memo		Yes

State: Vermont
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Medical Premium Credit COVID-19
Project Name/Number: Medical Premium Credit COVID-19/

Filing Company: Cigna Health and Life Insurance Company

Note To Reviewer

Created By:

Lauren Cadiz on 06/25/2020 11:50 AM

Last Edited By:

Lauren Cadiz

Submitted On:

06/25/2020 11:55 AM

Subject:

policy document

Comments:

Hi Anna,

My colleague, Christine Cooney, notified me that you are requesting the policy provision text: "As of Any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience." for the informational filing that we recently submitted. This text can be found in SERFF filing number CCGH-126716408. I've also attached the policy document to this note. The text can be found on page 8.

Thank you!

Lauren

*Mailing Address: Hartford, Connecticut 06152
Home Office: Bloomfield, Connecticut*

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

POLICYHOLDER: [ABC Company]

ADDRESS: [Burlington, Vermont]

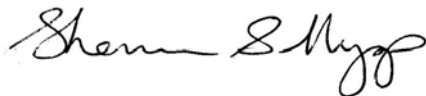
ACCOUNT NUMBER: [A1234567]

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
[MEDICAL BENEFITS]	[09/01/2010]	[September 1]
[PRESCRIPTION DRUG BENEFITS]	[09/01/2010]	[September 1]
[VISION]	[09/01/2010]	[September 1]

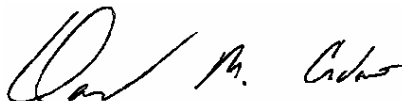
[(This listing of the Group Insurance Policies is continued on the next page.)]

These Policies contain the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

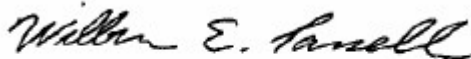
The Insurance Company and the Policyholder have agreed to all of the terms of these policies.



Shermona Mapp, Corporate Secretary



David M. Cordani, President



Wilbur E. Parsell, Registrar

(Continued)

POLICYHOLDER: [ABC Company]

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
[ADDITIONAL POLICIES]	[09/01/2010]	[September 1]
[ADDITIONAL POLICIES]	[09/01/2010]	[September 1]
[ADDITIONAL POLICIES]	[09/01/2010]	[September 1]
[ADDITIONAL POLICIES]	[09/01/2010]	[September 1]

These policies are issued in Vermont and shall be governed by its laws.

CONTENTS

	Page
[THE SCHEDULE	
THE INSURANCE SCHEDULE	4
ALL OTHER SCHEDULE SECTIONS	Certificate
DEFINITIONS	Certificate
ELIGIBILITY	Certificate
EFFECTIVE DATE.....	Certificate
BENEFITS	
Medical Expense Insurance	Certificate
Vision Care Insurance.....	Certificate
GENERAL LIMITATIONS.....	Certificate
MEDICARE ELIGIBLES	Certificate
COORDINATION OF BENEFITS.....	Certificate
PAYMENT OF BENEFITS	Certificate
TERMINATION OF INSURANCE	Certificate
MEDICAL CONVERSION PRIVILEGE	Certificate
PREMIUMS	7
CANCELLATION OF POLICY.....	10
MISCELLANEOUS PROVISIONS	11 and Certificate]

THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

GROUP POLICY(IES)		EMPLOYEE CLASS	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Employees</u>	<u>Effective Date</u>
[CN001]	[Preferred Provider Medical Benefits] [Prescription Drug Benefits] [Vision Care Insurance]	[Each Employee as reported to the insurance company by the Employer]	[September 1, 2010]

THE INSURANCE SCHEDULE (Continued)

The Certificate may include Certificate Riders which are identified by Rider Numbers. These Certificate Riders are listed below.

Certificate Rider Number
[HP-RDR1]

Certificate Number
[001]

AFFILIATED EMPLOYERS

ELIGIBILITY FOR EMPLOYEE INSURANCE

Each Employee in one of the Classes of Eligible Employees shown below will become eligible for Employee Insurance according to the provisions set forth in the ELIGIBILITY - EFFECTIVE DATE section of the Employee Certificate.

AFFILIATED EMPLOYERS

[DEF COMPANY[

WAITING PERIOD

[None] [[1-90 days] after date of hire] [[1-90] days from the date of Active Service] [First of the month following [1-90] days from the date of Active Service] [The first day of the month following [1-90] days from date of hire]

CLASSES OF ELIGIBLE EMPLOYEES

[All Hourly Employees]

PREMIUMS

PREMIUM PAYMENT. The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Policyholder and the Insurance Company agree on some other method of premium payment. The Policyholder and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the policy becomes effective. If the Policyholder and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the policy will be cancelled except as set forth in the Grace Period.

MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

MONTHLY PREMIUM STATEMENT. If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that (1), (2) or (3) below takes place.

- (1) A person becomes insured.
- (2) The amount of insurance on a person changes, but not due to a revision of The Schedule.
- (3) A person ceases to be insured.

MONTHLY PREMIUM RATE FOR MEDICAL EXPENSE INSURANCE. The monthly premium rate for Medical Expense Insurance is determined by written agreement between the Policyholder and Connecticut General Life Insurance Company.

MEDICAL EXPENSE INSURANCE PREMIUM. The monthly premium for Medical Expense Insurance will be calculated as follows:

- (1) Multiply the number of Employees insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- (2) Add the results.

[MONTHLY PREMIUM RATE FOR VISION CARE INSURANCE. The monthly premium rate for Vision Care Insurance is determined by written agreement between the Policyholder and Connecticut General Life Insurance Company.

VISION CARE INSURANCE PREMIUM. The monthly premium for Vision Care Insurance will be calculated as follows:

- (1) Multiply the number of Employees insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- (2) Add the results.]

CHANGE IN METHOD OF PREMIUM PAYMENT. If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Policyholder and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

CHANGES IN PREMIUM RATES. Any premium rate may be changed by the Insurance Company from time to time with at least 31 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by [5-20]% or more.

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the policyholder or its employees.

(The following is applicable to Medical Expense [and Vision Care] Insurance)

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

(The following is applicable to Medical Expense Insurance)

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by interaction with an HMO.

The experience for the insurance under this policy for persons who are age 65 or older and for whom Medicare is the primary payer to this plan may be combined with the experience under other policies issued by the Insurance Company providing similar insurance for such persons.

Experience for Pooled Coverage under this policy may be combined with the experience for coverage which is deemed pooled under other group insurance policies providing similar insurance issued by the Insurance Company.

POOLED COVERAGE. Pooled Coverage means any benefits paid for a person in a policy year while this coverage is in force after benefits totaling \$150,000 have already been paid in that year for him.

CANCELLATION OF POLICY

The Policyholder may cancel the policy as of any Premium Due Date by giving written notice to the Insurance Company before the date.

The Insurance Company may cancel the policy due to the following reasons only:

with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable state or federal law;

as of any Premium Due Date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;

immediately, if the Employer has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;

as of any Premium Due Date, if the number of insured Employees or if the number of insured Dependents fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules;

if the Insurance Company withdraws from the health insurance market with prior written notice and in accordance with applicable state or federal law;

in accordance with any applicable state law, if it is determined that the size of the Employer group has changed, making such group eligible for a guaranteed issued small group product;

in accordance with any applicable state or federal law, if prior notice is given to the Employer;

as to an Employer member of an association to which this policy is issued, when the Employer's membership in the association ceases, in accordance with applicable state or federal law.

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

Uniform Modification of Coverage. At renewal, the provisions of this policy may be modified to reflect product revisions which have been uniformly made to this product.

GRACE PERIOD. If, before a Premium Due Date, the Policyholder has not given written notice to the Insurance Company that the policy is to be canceled, a Grace Period of 31 days will be granted for the payment of each premium after the initial premium. The policy will stay in effect during that time. If any premium is not received at the home office or by an authorized agent of the Insurance Company by the end of the Grace Period, the policy will automatically be canceled at the end of the Grace Period; except that, if the Policyholder has given written notice in advance of an earlier date of cancellation, the policy will be canceled as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time the policy was in force.

MISCELLANEOUS PROVISIONS

EXECUTION OF POLICY. The policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Hartford, Connecticut.

CONSIDERATION. The policy is issued to the Policyholder in consideration of the application and payment of premiums.

INSURANCE DATA. The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or continue an Employee's insurance. The Insurance Company has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. It also has this right until all rights and obligations under the policy are finally determined.

MALE PRONOUN. The male pronoun as used herein will be deemed to include the female.

ADDITIONAL PROGRAMS. The Insurance Company may, from time to time, offer or arrange for various entities to offer discounts, benefits or other consideration to Employees for the purpose of promoting their general health and well being. Contact the Insurance Company for details of these programs.

MEDICAL CONVERSION PRIVILEGE

COST OF CONVERSION. In the event an eligible insured Employee or Dependent elects to be insured under an individual policy of medical care benefits (called a Converted Policy), in addition to the premium charged to the insured, the Insurance Company charges its group customers a one-time fee per each Conversion Policy issued.

The fee is due and payable upon issuance of coverage, and the charge may not be passed on to the applying individual or dependents.

The Insurance Company reserves the right to change the fee. If the fee changes, it will be effective on the policy anniversary date, and you will be notified in advance.

PROVISIONS

ENTIRE CONTRACT. The entire contract will be made up of the policy, the application of the Policyholder, a copy of which is attached to the policy and all subsequent versions of the policy, and the applications, if any, of the Employees.

POLICY CHANGES. Changes may be made in the policy only by amendment signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary, or Assistant Secretary. No agent may change or waive any terms of the policy.

STATEMENTS NOT WARRANTIES. All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Employee to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing and is signed by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence or start of the loss on which claim is based.

If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

CLAIM FORMS. When the Insurance Company receives the notice of claim, it will give to the claimant, or to the Policyholder for the claimant, the claim forms it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after the Insurance Company receives notice of claim, he will be considered to have met the proof of loss requirements if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

PROOF OF LOSS. Written proof of loss must be given to the Insurance Company within 90 days after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the policy until at least 60 days after proof of loss has been filed with the Insurance Company. No action will be brought at all unless brought within 3 years after the time within which proof of loss is required by the policy.

TIME LIMITATIONS. If any time limit set forth in the policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the

Employee lives when the policy is issued, then the time limit provided in the policy is extended to agree with the minimum permitted by the law of that state.

CERTIFICATES. The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual certificate. The Policyholder will be responsible for distributing the certificates to its Employees. The certificate will show the benefits provided under the policy. It will set forth any changes in benefits due to age and to whom benefits will be paid. Nothing in the certificate will change or void the terms of the policy.

NOTICE OF TERMINATION OF ELIGIBILITY. Written notice of the termination of eligibility of any Employee or Dependent must be given to the Insurance Company within (60) days of the loss of eligibility. If such notice is not received by the Insurance Company within (60) days of the date of loss of eligibility for an Employee or Dependent, then the Employer shall be responsible for all claims for that Employee or Dependent incurred through the (60th) day prior to the Insurance Company's receipt of notice of termination of eligibility for the Employee or Dependent.

State: Vermont

Filing Company:

Cigna Health and Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: Medical Premium Credit COVID-19

Project Name/Number: Medical Premium Credit COVID-19/

Supporting Document Schedules

Bypassed - Item:	Vermont Supplemental Health Care Compliance Certification Form
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health F106 Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Explanation of Variability
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Health - Civil Union
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Flesch Score Certification
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Redlined Copy
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

State: Vermont Filing Company: Cigna Health and Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Medical Premium Credit COVID-19
Project Name/Number: Medical Premium Credit COVID-19/

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	Informational filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Informational Memo
Comments:	
Attachment(s):	VT-COVID 19 RELIEF INFORMATIONAL MEMO.pdf
Item Status:	
Status Date:	

Lauren Cadiz
Legal Compliance Senior Analyst



900 Cottage Grove Rd.
B6LPA
Bloomfield, CT 06002
Telephone 860-226-5080
Lauren.cadiz@Cigna.com

June 19, 2020

Securities and Health Care Administration
Vermont Division of Insurance
89 Main Street, Drawer 20
Montpelier, VT 05620-3101

CIGNA CLIENT COVID-19 RELIEF PROGRAM INFORMATIONAL MEMO

In recognition of the impact of the COVID-19 pandemic upon claim experience, the Company intends to grant a credit to all of its guaranteed cost group health insurance policyholders in such amount as it may determine based upon calendar year 2020 claim experience for the block of business.

The Company's group health insurance policies include the following provision:

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience.

Following conclusion of the 2020 calendar year, the effect of the COVID-19 pandemic on the overall experience of the block of business will be assessed. The credit determined by the Company will then be provided to all existing policyholders in the block of business in April of 2021.

Please contact Lauren Cadiz at (860) 226-7150 or at Lauren.cadiz@cigna.com with any questions or concerns regarding this filing.

Sincerely,

Lauren Cadiz
Legal Compliance Senior Analyst