Filing at a Glance

Company:	Cigna Health and Life Insurance Company
Product Name:	Dental
State:	Colorado
TOI:	H10I Individual Health - Dental
Sub-TOI:	H10I.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	CCGH-129068894
SERFF Status:	Closed-Filed
State Tr Num:	278995
State Status:	Filed
Co Tr Num:	
Implementation Date Requested:	01/01/2014
Author(s):	Jennifer Linstone, Maria Mahmood
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date:	08/07/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014

State Filing Description:

General Information

Project Name: EHB Pediatric Dental
Project Number:
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Jennifer Linstone

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/07/2013
State Status Changed: 07/30/2013
Created By: Jennifer Linstone
Corresponding Filing Tracking Number: CCGH-129058982

Filing Description:

This rate filing is for the pediatric essential health benefit dental product offering effective January 1, 2014. Proposed rates for Cigna Health and Life Insurance Company's dental plans are enclosed. These rates are accompanied by Actuarial Memorandum and Actuarial Certification.

On Exchange:
Stand-Alone Pediatric Dental Form # PPO_ENG_Cigna_49375CO0030001_20140101
Stand-Alone Pediatric and Family Dental Form # PPO_ENG_Cigna_49375CO0030002_20140101

Off Exchange:
Stand-Alone Pediatric Dental Form # (Same as above)
Our 3 Standard PPO Dental Plans which were placed on file by your Department under CCGP-128734733 on 5/7/2013.

Thank you for your time and attention. Please let me know if you have any questions or concerns.

Jenn

Company and Contact

Filing Contact Information

Jennifer Bonafilia, Compliance Specialist
900 Cottage Grove Road
Hartford, CT 06152

jennifer.bonafilia@cigna.com
860-226-8054 [Phone]
860-226-5400 [FAX]

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: CO

Filing Fees

Fee Required? No
Retaliatory? No

Fee Explanation:

State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page. Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 850
All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: yes
Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: yes

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /
Filing Company: Cigna Health and Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/07/2013	08/07/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/27/2013	07/27/2013
Pending Industry Response	Cathy Gilliland	07/26/2013	07/26/2013
Pending Industry Response	Cathy Gilliland	07/18/2013	07/18/2013
Pending Industry Response	Cathy Gilliland	07/15/2013	07/15/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Cathy Gilliland	06/17/2013	06/17/2013

Response Letters

Responded By	Created On	Date Submitted
Maria Mahmood	07/29/2013	07/29/2013
Jennifer Linstone	07/26/2013	07/26/2013
Jennifer Linstone	07/24/2013	07/24/2013
Jennifer Linstone	07/24/2013	07/24/2013
Jennifer Linstone	07/09/2013	07/09/2013
Jennifer Linstone	06/28/2013	06/28/2013

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition letter	Note To Filer	Nichole Boggess	08/07/2013	08/07/2013
Re: Rating Areas	Note To Filer	Rachel Plummer	07/23/2013	07/23/2013
Rating Areas	Note To Reviewer	Jennifer Linstone	07/19/2013	07/19/2013
Geographic Rating Areas	Note To Filer	Amy Filler	07/18/2013	07/18/2013
extension	Note To Filer	Cathy Gilliland	07/18/2013	07/18/2013
Request for an Extension	Note To Reviewer	Jennifer Linstone	07/17/2013	07/17/2013
Meeting	Note To Reviewer	Jennifer Linstone	07/17/2013	07/17/2013
Requesting a Meeting to Discuss Lack of Support Provided in The Actuarial Memorandum	Note To Filer	Michael Muldoon	07/14/2013	07/14/2013

Disposition

Disposition Date: 08/07/2013
Implementation Date: 01/01/2014
Status: Filed

Comment: State Tracking #278995
Company: CIGNA Health and Life Insurance Company
Product Line: Individual Standalone Dental

Rate Implementation Summary
Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014
This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Both On and Off Exchange Plans
Child Only Pediatric: 1 plan

On Exchange Only Plans
Other Adult & Child: 1 Family plan

Final Rate Filing Disposition
The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# 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	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document	Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification		Yes
Supporting Document	Stand-Alone Dental Plans – Description of EHB Allocation		Yes
Supporting Document	Attestations		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Response Letter 6-17		Yes
Supporting Document	Response letter 7/15		Yes
Supporting Document	Revised Response Letter		Yes
Supporting Document	Revised rate table		Yes
Form	Stand-Alone Pediatric Dental		Yes
Form	Stand-Alone Pediatric and Family Dental		Yes
Rate (revised)	Rate Manual		Yes
Rate	Rate Manual		Yes
Rate	Rate Manual		Yes
Rate	Rate Manual		Yes

Final Disposition Letter

State Tracking #278995
Company: CIGNA Health and Life Insurance Company
Product Line: Individual Standalone Dental

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014
This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Both On and Off Exchange Plans
Child Only Pediatric: 1 plan

On Exchange Only Plans
Other Adult & Child: 1 Family plan.

Rate Methodology

Experience Used for Rate Setting: There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on existing group dental products. CIGNA provided 3-years of Group business experience. An estimate of claims cost was benefits and targeted population. Financial analysis was conducted to project future developed and adjusted for differences in administrative expenses and other retention components. A trend factor and geographical differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

2011 Experience Period Loss Ratio: 82.0% loss ratio based on an average of 5,230 enrolled members.

Annual Dental Cost Trends: 5.5%. This is 5.1% dental unit cost inflation trend, 3% utilization, -2.5% leveraging. Data used was 2011 to 2012 claim trend.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Average premium retention is 33.4% shown as follows:
Admin expenses: 13.0%
Commissions: 10.0%
Premium Tax: 1.0%
Health Insurer Fee: 2.2%
Exchange User Fee: 1.4%
Profit Pre-Tax: 6.0%

Sample of Final Premium Levels

Low AV				
Age*	Denver	Fort Collins	Grand Junction	Pueblo
0 – 20	$38.00	$36.00	$33.00	$31.00
21	$31.00	$30.00	$28.00	$27.00
64	$49.00	$44.00	$44.00	$43.00

Division Objections and Rate Changes During the Review Process

The Division objected to the use of different rating regions in the rate data template and rate manual than are defined by Colorado to be used. CIGNA corrected these to use the standard Colorado areas.

The Division objected to the 3.0% exchange user fee. CIGNA responded and reduced this to 1.4%.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/27/2013
Submitted Date	07/27/2013
Respond By Date	07/29/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

- Rate Manual , [PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101] (Rate)

Comments: Rates in the rate manual do not match to rates in the RDT for areas 3, 4, 5. For example the Child 0-19 Rate for area 3 in the rate manual is $38, but is $33 in the RDT.

Note in the RDT that area 3 is for the Denver MSA 10 county rating area which is consistent with the Colorado area definitions. So this is the rate that the Exchange would use for the Denver area.

This differs from your original area 3 which was listed as Larimer/Weld Counties.

Your RDT does not have rates for Colorado areas 6 through 11.

You will need to completely resolve this issue by Monday July 29th or your rates will not be sent to the Colorado Exchange, you will be out of the Colorado Exchange market for 2014.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/29/2013, which is within 2 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/26/2013
Submitted Date	07/26/2013
Respond By Date	07/26/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Actuarial Memorandum (Supporting Document)

Comments: All objections have not been corrected and updated on the Actuarial Memorandum. The objection letter is not sufficent. Please make all changes in an updated Actuarial Memorandum.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/26/2013, which is within 0 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/26/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/18/2013
Submitted Date	07/18/2013
Respond By Date	07/24/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: 4-2-11 section 6 Please make all changes that are in the response in the Actuarial Memorandum with updates.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/24/2013, which is within 5 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/24/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/15/2013
Submitted Date	07/15/2013
Respond By Date	07/24/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Objection 2 has not been answered appropriately. Please see regulation 4-2-11 section 6 (A)-each item must bee discussed.

regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.

2. Requested Rate Action: The overall rate increase or decrease amount should be listed.

3. Marketing method(s): A brief description of the marketing method used for the filed form should be listed.

4. Premium classification: The section should state all attributes upon which the premium rates vary.

5. Product descriptions: This section should describe the benefits provided by the policy.

6. Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

7. Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.

8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable, cancellable, non-cancellable, or optionally renewable

Objection 2

- Response Letter 6-17 (Supporting Document)

Comments: Objection 3-please provide all answers in the actuarial Memorandum. The Actuarial Memoradum shows (I) using a lifetime Loss ratio, your response states no lifetime loss ratios.

Objection 3

- Response Letter 6-17 (Supporting Document)

Comments: objection 5- Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.

If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product. If no experience for the new product is available, experience for a comparable product must be provided.

Objection 4

- Response Letter 6-17 (Supporting Document)

Comments: regulation 4-2-11 section 6 (P) Please provide the premiums and claims with Loss ratios.

The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Please refer to Regulation 4-2-11 section 5 (B) Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuarys opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/17/2013, which is within 2 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/17/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,
Cathy Gilliland

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/12/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: You have a statewide service area Dental Service Area of COS002 and Denver Local Plus of COS001. Onn the Plans and Benefits Template, you have COS002 listed. On the Network Template, you have one network listed, called Denver LocalPlus CON001. Please resubmit and clear this confusion up on the appropriate templates.

Objection 2

Comments: The Individual rated for over 21 are listes as $9999.00. The division would like to verify this amount is correct.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Rachel Plummer

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/17/2013
Submitted Date	06/17/2013
Respond By Date	07/01/2013

Dear Jennifer Bonafilia,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: regulation 4-6-7 section 5 3 a Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages
Children ages newborn through age 19 (or through age 24 if the child is a full-time
student covered as a dependent), excluding emancipated minors
Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

Objection 2

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action: The overall rate increase or decrease amount should be listed.
3. Marketing method(s): A brief description of the marketing method used for the filed form should be listed.
4. Premium classification: The section should state all attributes upon which the premium rates vary.
5. Product descriptions: This section should describe the benefits provided by the policy.
6. Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).
7. Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable, cancellable, non-cancellable, or optionally renewable.

Objection 3

- Actuarial Memorandum (Supporting Document)

Comments: (I) there is no lifetime loss ratios.

Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.
Benefits Ratio Guidelines
Comprehensive Major Medical (Individual) 75%
Comprehensive Major Medical (Small Group) 80%
Comprehensive Major Medical (Large Group) 85%
Comprehensive Major Medical (Student Blanket) 80%
Specified or Dread Disease 60%
Limited Benefit Plans 60%
Disability Income 60%
Dental/Vision 60%
Stop Loss 60%
Short Term Limited Duration Health Insurance 60%

Objection 5

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.

Objection 6

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Objection 7

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 5 (B) Actuarial Certification
Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuarys opinion, the rates are not excessive, inadequate or unfairly discriminatory. (The requirements for the actuarial certification for Medicare supplement rate filings can be found in Section 14.H of Colorado Insurance Regulation 4-3-1. The requirements for the actuarial certification for certain long-term care rate filings can be found in Sections 10.B and 18.B of Colorado Insurance Regulation 4-4-1).

Objection 8

- Attestations (Supporting Document)

Comments: Please attach the attestations on the binder filing

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/01/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/01/2013.

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a $500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Cathy Gilliland

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/29/2013
Submitted Date	07/29/2013

Dear Cathy Gilliland,

Introduction:

Response 1

Comments:

Please see the updated Rate Table Template.

Related Objection 1

Applies To:

- *Rate Manual , [PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101] (Rate)*
- *Actuarial Memorandum (Supporting Document)*

Comments: Rates in the rate manual do not match to rates in the RDT for areas 3, 4, 5. For example the Child 0-19 Rate for area 3 in the rate manual is $38, but is $33 in the RDT.
Note in the RDT that area 3 is for the Denver MSA 10 county rating area which is consistent with the Colorado area definitions. So this is the rate that the Exchange would use for the Denver area.
This differs from your original area 3 which was listed as Larimer/Weld Counties.
Your RDT does not have rates for Colorado areas 6 through 11.

You will need to completely resolve this issue by Monday July 29th or your rates will not be sent to the Colorado Exchange, you will be out of the Colorado Exchange market for 2014.

Changed Items:

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Filing Company: Cigna Health and Life Insurance Company

Supporting Document Schedule Item Changes	
Satisfied - Item:	Revised rate table
Comments:	
Attachment(s):	CO.RateTables.v2.3.07.29.2013.49375.pdf CO.zip

No Form Schedule items changed.

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101	New		Dental Manual 2013 IND CO - Fed Match.pdf,	07/29/2013 By: Maria Mahmood
Previous Version						
1	*Rate Manual*	*PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101*	*New*		*Dental Manual 2013 IND CO - Fed Match.pdf,*	*07/24/2013 By: Jennifer Linstone*
Previous Version						
1	*Rate Manual*	*PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101*	*New*		*Dental Manual 2013 IND CO - Fed Match.pdf,*	*06/28/2013 By: Jennifer Linstone*
Previous Version						

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Filing Company: Cigna Health and Life Insurance Company

Rate/Rule Schedule Item Changes

1	Rate Manual	PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101	New		Dental Manual 2013 IND CO.pdf,	06/14/2013 By: Jennifer Linstone

Conclusion:

Sincerely,
Maria Mahmood

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2013
Submitted Date	07/26/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to yuor objection dated 7/26.

Response 1

Comments:

Please see revised Actuarial Memo & Response letter.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: All objections have not been corrected and updated on the Actuarial Memorandum. The objection letter is not sufficent. Please make all changes in an updated Actuarial Memorandum.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Revised Response Letter
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /
Filing Company: Cigna Health and Life Insurance Company

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Revised Response Letter
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Sincerely,
Jennifer Linstone

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2013
Submitted Date	07/24/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 7/18.

Response 1

Comments:

Please see revised memorandum.

Related Objection 1

Comments: 4-2-11 section 6 Please make all changes that are in the response in the Actuarial Memorandum with updates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your time and attention to this filing. Please let me know if you have any further questions.

Sincerely,

Jennifer Linstone

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2013
Submitted Date	07/24/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 7/15.

Response 1

Comments:

Please see attached response letter and revised exhibits.

Related Objection 1

Comments: Objection 2 has not been answered appropriately. Please see regulation 4-2-11 section 6 (A)-each item must bee discussed.
regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action: The overall rate increase or decrease amount should be listed.
3. Marketing method(s): A brief description of the marketing method used for the filed form should be listed.
4. Premium classification: The section should state all attributes upon which the premium rates vary.
5. Product descriptions: This section should describe the benefits provided by the policy.
6. Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).
7. Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable, cancellable, non-cancellable, or optionally renewable

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attached response letter and revised exhibits.

Related Objection 2

Applies To:

- Response Letter 6-17 (Supporting Document)

Comments: Objection 3-please provide all answers in the actuarial Memorandum. The Actuarial Memoradum shows (I) using a lifetime Loss ratio, your response states no lifetime loss ratios.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attached response letter and revised exhibits.

Related Objection 3

Applies To:

- Response Letter 6-17 (Supporting Document)

Comments: objection 5- Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.
If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product. If no experience for the new product is available, experience for a comparable product must be provided.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see attached response letter and revised exhibits.

Related Objection 4

Applies To:

- Response Letter 6-17 (Supporting Document)

Comments: regulation 4-2-11 section 6 (P) Please provide the premiums and claims with Loss ratios. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see attached response letter and revised exhibits.

Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Please refer to Regulation 4-2-11 section 5 (B) Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuarys opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Changed Items:

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Response letter 7/15
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Response letter 7/15
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf

No Form Schedule items changed.

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Filing Company: Cigna Health and Life Insurance Company

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101	New		Dental Manual 2013 IND CO - Fed Match.pdf,	07/24/2013 By: Jennifer Linstone
Previous Version						
1	*Rate Manual*	*PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101*	*New*		*Dental Manual 2013 IND CO - Fed Match.pdf,*	*06/28/2013 By: Jennifer Linstone*
Previous Version						
1	*Rate Manual*	*PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101*	*New*		*Dental Manual 2013 IND CO.pdf,*	*06/14/2013 By: Jennifer Linstone*

Conclusion:

PLease let me know if you have further questions.

Thanks, Jenn
Sincerely,
Jennifer Linstone

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2013
Submitted Date	07/09/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 7/5.

Response 1

Comments:

A revised Network template has been added to the binder filing.

Related Objection 1

Comments: You have a statewide service area Dental Service Area of COS002 and Denver Local Plus of COS001. Onn the Plans and Benefits Template, you have COS002 listed. On the Network Template, you have one network listed, called Denver LocalPlus CON001. Please resubmit and clear this confusion up on the appropriate templates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The 9999 for age 21 and over is only for the Pediatric Dental plan. This is not the price. That plan is only available for Children age 20 and below. The federal template required a number to validate, but this plan is not available for anyone age 21 and over.

Related Objection 2

Comments: The Individual rated for over 21 are listes as $9999.00. The division would like to verify this amount is correct.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn

Sincerely,

Jennifer Linstone

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2013
Submitted Date	06/28/2013

Dear Cathy Gilliland,

Introduction:

The following is in response to your objection dated 6/17.

Response 1

Comments:

See attached response letter under supporting documents.

Related Objection 1

Comments: regulation 4-6-7 section 5 3 a Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages
Children ages newborn through age 19 (or through age 24 if the child is a full-time
student covered as a dependent), excluding emancipated minors
Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

See attached response letter under supporting documents.

Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.
2. Requested Rate Action: The overall rate increase or decrease amount should be listed.
3. Marketing method(s): A brief description of the marketing method used for the filed form should be listed.
4. Premium classification: The section should state all attributes upon which the premium rates vary.
5. Product descriptions: This section should describe the benefits provided by the policy.
6. Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).
7. Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.
8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable, cancellable, non-cancellable, or optionally renewable.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See attached response letter under supporting documents.

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: (I) there is no lifetime loss ratios.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See attached response letter under supporting documents.

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (H) The Division recommended benefits ratio guidelines are as listed below. Targeted benefits ratios below these guidelines shall be actuarially justified.
Benefits Ratio Guidelines
Comprehensive Major Medical (Individual) 75%
Comprehensive Major Medical (Small Group) 80%
Comprehensive Major Medical (Large Group) 85%
Comprehensive Major Medical (Student Blanket) 80%
Specified or Dread Disease 60%
Limited Benefit Plans 60%
Disability Income 60%
Dental/Vision 60%
Stop Loss 60%
Short Term Limited Duration Health Insurance 60%

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

See attached response letter under supporting documents.

Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

See attached response letter under supporting documents.

Related Objection 6

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

State: Colorado **Filing Company:** Cigna Health and Life Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

See attached response letter under supporting documents.

Related Objection 7

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 section 5 (B) Actuarial Certification

Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuarys opinion, the rates are not excessive, inadequate or unfairly discriminatory. (The requirements for the actuarial certification for Medicare supplement rate filings can be found in Section 14.H of Colorado Insurance Regulation 4-3-1. The requirements for the actuarial certification for certain long-term care rate filings can be found in Sections 10.B and 18.B of Colorado Insurance Regulation 4-4-1).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

See attached response letter under supporting documents.

Related Objection 8

Applies To:

- Attestations (Supporting Document)

Comments: Please attach the attestations on the binder filing

Changed Items:

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Response Letter 6-17
Comments:	
Attachment(s):	Response to letter 6.17.2013.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Previous Version	
Satisfied - Item:	*Actuarial Memorandum*
Comments:	
Attachment(s):	*Actuarial Memo CO.pdf*

Satisfied - Item:	Response Letter 6-17
Comments:	
Attachment(s):	Response to letter 6.17.2013.pdf

No Form Schedule items changed.

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101	New		Dental Manual 2013 IND CO - Fed Match.pdf,	06/28/2013 By: Jennifer Linstone
Previous Version						
1	*Rate Manual*	*PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101*	*New*		*Dental Manual 2013 IND CO.pdf,*	*06/14/2013 By: Jennifer Linstone*

Conclusion:

Please let me know if you have any further questions.

Thanks, Jenn
Sincerely,
Jennifer Linstone

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Filer

Created By:

Nichole Boggess on 08/07/2013 02:15 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/07/2013 02:15 PM

Subject:

Disposition letter

Comments:

Resent letter with updated information.

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Filer

Created By:

Rachel Plummer on 07/23/2013 10:35 AM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Re: Rating Areas

Comments:

Attached is a PDF version of the Geographic Rating Areas, as requested.

Geographic Rating Areas

Rating Area	County
Rating Area 1	Boulder
Rating Area 2	El Paso, Teller
Rating Area 3	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park
Rating Area 4	Larimer
Rating Area 5	Mesa
Rating Area 6	Weld
Rating Area 7	Pueblo
Rating Area 8	Alamosa, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Kit Carson, Las Animas, Lincoln, Mineral, Otero, Prowers, Rio Grande, Saguache
Rating Area 9	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Rating Area 10	Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, San Miguel
Rating Area 11	Eagle, Garfield, Pitkin, Summit

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Reviewer

Created By:

Jennifer Linstone on 07/19/2013 02:46 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Rating Areas

Comments:

I can't open the file that was sent. Do you have a pdf version you could send?

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Filer

Created By:

Amy Filler on 07/18/2013 05:51 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Geographic Rating Areas

Comments:

As requested on our phone call today, a link to the dental rate filing application instructions is listed below. See the link on page 5 of this document for the breakdown of the 11 geographic rating areas in Colorado along with the counties that are covered.

http://www.connectforhealthco.com/wpfb-file/20130604_connect-for-health-colorado-qdp-certification-application-instructions-pdf/

Also, I have attached an excel spreadsheet of a similar rating area breakdown. Let us know if you have any further questions.

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Attachment Geo Rating Areas.xlsx is not a PDF document and cannot be reproduced here.

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Filer

Created By:

Cathy Gilliland on 07/18/2013 03:37 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

extension

Comments:

Your extension is until 7/24/2013

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Reviewer

Created By:

Jennifer Linstone on 07/17/2013 10:59 AM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Request for an Extension

Comments:

Would it be possible to get an extension until Monday July 22nd to respond to the objection that we have due? PLease let me know if that is possible. I apologize for the inconvenience.

Thanks, Jenn

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Reviewer

Created By:

Jennifer Linstone on 07/17/2013 10:51 AM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Meeting

Comments:

Hi Michael-

Was this meeting ever scheduled? I believe Megan Weaver reached out to Nichole but had to leave a message? We have a response due today and wasn't sure if that was going to be discussed.

Thanks, Jenn

State:	*Colorado*	**Filing Company:**	*Cigna Health and Life Insurance Company*
TOI/Sub-TOI:	*H10I Individual Health - Dental/H10I.000 Health - Dental*		
Product Name:	*Dental*		
Project Name/Number:	*EHB Pediatric Dental /*		

Note To Filer

Created By:

Michael Muldoon on 07/14/2013 06:08 PM

Last Edited By:

Nichole Boggess

Submitted On:

07/30/2013 06:41 PM

Subject:

Requesting a Meeting to Discuss Lack of Support Provided in The Actuarial Memorandum

Comments:

I have sent a request to Cathy Gilliland and Nichole Boggess in the Colorado DORA office to set up a phone conference with you for July 16th or July 17th to discuss the lack of support for rate development and rating factors in this filing, and any other outstanding rate binder issues.
Please contact Cathy and Nicky for any questions regarding this meeting request.

Thank You,

Michael Muldoon
ASA, MAAA, FCA
DoonWorx Health Solutions
Colorado DORA Rate Review

State: *Colorado*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*
Filing Company: *Cigna Health and Life Insurance Company*

Form Schedule

Lead Form Number: PPO_ENG_Cigna_49375CO0030001_20140101

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Stand-Alone Pediatric Dental	PPO_ENG_Cigna_49375CO0030001_20140101	POL	Other	N/A Rate Filing		
2		Stand-Alone Pediatric and Family Dental	PPO_ENG_Cigna_49375CO0030002_20140101	POL	Other	N/A Rate Filing		

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Rate Information

Rate data applies to filing.

Filing Method: Serff
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# 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	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *Colorado* **Filing Company:** *Cigna Health and Life Insurance Company*
TOI/Sub-TOI: *H10I Individual Health - Dental/H10I.000 Health - Dental*
Product Name: *Dental*
Project Name/Number: *EHB Pediatric Dental /*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	PPO_ENG_Cigna_49375CO0030001_20140101, PPO_ENG_Cigna_49375CO0030002_20140101	New		Dental Manual 2013 IND CO - Fed Match.pdf,

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit I - Geographic Classification

Code	Area Name
1	Rating Area 1
2	Rating Area 2
3	Rating Area 3
4	Rating Area 4
5	Rating Area 5
6	Rating Area 6
7	Rating Area 7
8	Rating Area 8
9	Rating Area 9
10	Rating Area 10
11	Rating Area 11

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014

CO Rating Area	Child Rate 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65+ Medicare Primary Payer	Age 65+ Medicare Secondary Payer
Area 1	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 2	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 3	$38	$31	$38	$38	$38	$38	$38	$38	$38	$49	$49	$49
Area 4	$36	$30	$37	$37	$37	$37	$37	$37	$37	$47	$47	$47
Area 5	$33	$28	$35	$35	$35	$35	$35	$35	$35	$44	$44	$44
Area 6	$36	$30	$37	$37	$37	$37	$37	$37	$37	$47	$47	$47
Area 7	$31	$27	$34	$34	$34	$34	$34	$34	$34	$43	$43	$43
Area 8	$32	$28	$34	$34	$34	$34	$34	$34	$34	$44	$44	$44
Area 9	$32	$27	$34	$34	$34	$34	$34	$34	$34	$44	$44	$44
Area 10	$33	$28	$35	$35	$35	$35	$35	$35	$35	$45	$45	$45
Area 11	$29	$25	$32	$32	$32	$32	$32	$32	$32	$42	$42	$42

** Premium rates reflect per member per month rate.*

Exhibit III - Rate Development
CHLIC - Colorado Individual Dental Plan

CO Group Dental Claims

CO members	53,805
CO claims	$ 17,427,478
Claim PMPY	$324

Adjustment Factors	Relativities
Group, $1500 Max, R&C 90%	1.00
Ped EHB pmpm	0.63
EHB + fam pmpm	0.61

	Claim PMPY	Policy Mix
Ped EHB	$204.06	25%
EHB + fam	$197.58	75%
Expected Group Dental Cost	$199	

Illustrative Rate Development for Individual Dental Policy

(i) Expected Group Dental Cost Per Member Per Year		$ 199
Translation to Individual Basis	(a) 0% Employer Contribution Adju	1.17
	(b) SIC Unknown Adjus	1.04
	(c) No Prior Coverage Adjustment	1.10
(ii) Group to Individual basis adjustment factor = (a) x (b) x (c)		1.33848
(iii) Expected Individual Dental Cost Per Member Per Year = (i) x (ii)		$267
(iv) Trend (Annual Trend 5.5%)		1.17
(v) Trended Individual Dental Cost Per Member Per Year = (iii) x (iv)		$313
(vi) Retention		36%
(vii) Average Premium Rate Per Member Per Year = (v) / [1- (vi)]		$489

Exhibit IV - Historical Experience
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)
2009-NTL*	$ 437,930,859	15,256,118	$ 375,199,760	$ -	$ 375,199,760	85.7%
2010-NTL*	$ 519,828,792	17,742,501	$ 440,700,391	$ -	$ 440,700,391	84.8%
2011-NTL*	$ 611,471,763	20,630,257	$ 519,900,381	$ -	$ 519,900,381	85.0%
2009-CO**	$ -	-	$ -	$ -	$ -	0.0%
2010-CO**	$ 526,923	17,408	$ 445,253	$ -	$ 445,253	84.5%
2011-CO**	$ 20,705,135	628,250	$ 16,982,225	$ -	$ 16,982,225	82.0%

Notes on Experience

* 2009, 2010, and 2011 group dental premium and claims experience for the entire country.

** 2009, 2010, and 2011 group dental premium and claims experience for the accounts that were sitused in CO.

Exhibit V - Projections
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)	A/E Claims Ratio (i)	Active Life Reserves (j)	Earned Premium Manual Rate Basis (k)	Earned Premium Current Rate Basis (l)
Year 1	$ 5,276,894				$ 2,875,335	54.5%	$ 2,875,335	54.5%	100%			
Year 2	$ 3,463,717				$ 2,700,229	78.0%	$ 2,700,229	78.0%	100%			
Year 3	$ 1,637,045				$ 1,276,200	78.0%	$ 1,276,200	78.0%	100%			
Year 4	$ 557,100				$ 434,301	78.0%	$ 434,301	78.0%	100%			
Year 5	$ 136,508				$ 106,419	78.0%	$ 106,419	78.0%	100%			
Year 6	$ 24,085				$ 18,776	78.0%	$ 18,776	78.0%	100%			
Year 7	$ 3,060				$ 2,385	78.0%	$ 2,385	78.0%	100%			
Year 8	$ 280				$ 218	78.0%	$ 218	78.0%	100%			
Year 9	$ 18				$ 14	78.0%	$ 14	78.0%	100%			
Year 10	$ 1				$ 1	78.0%	$ 1	78.0%	100%			
Past						0.0%		0.0%	0%			
Future	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Lifetime	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Interest	4.5%											
Past						0.0%		0.0%	0%			
Future	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	66.4%	100%			
Lifetime	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	**66.4%**	100%			

Projection Assumptions:

Premium Yield	5.5%										
Dental Cost Trend	5.5%										
Policies sold	15,000										
	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	
Average Persistency Rate	0.86	0.62	0.45	0.32	0.23	0.17	0.12	0.09	0.06	0.04	
% of Book Remaining	86	54	24	8	2	0	0	0	0	0	
Durational Claim Slope	0.70	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.91

Exhibit VI - Actuarial Value Calculation
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Child Distribution

Bucket	Child Dist	Total Scld	Class I w/Ded	Class I No Ded	Coinsurance	Clms w/Class I	Cal Yr Max w/Class I
0	0.34434	0.00	0.00	0.00	99.95%	0.00	0.00
10	0.00002	9.16	0.00	9.16	99.95%	0.00	0.00
20	0.00011	18.33	0.00	18.15	99.47%	0.00	0.00
30	0.00031	27.49	0.00	27.22	99.47%	0.00	0.00
40	0.00071	36.66	0.00	35.93	98.99%	0.00	0.00
50	0.00125	45.82	0.00	44.91	98.99%	0.00	0.00
60	0.00187	54.99	4.99	53.89	98.99%	4.94	4.94
70	0.00293	64.15	14.15	62.87	98.99%	14.01	14.01
80	0.00427	73.32	23.32	71.85	98.99%	23.08	23.08
90	0.00542	82.48	32.48	80.83	98.99%	32.15	32.15
100	0.01562	91.65	41.65	89.81	98.99%	41.23	41.23
120	0.02149	109.98	59.98	107.78	98.99%	59.37	59.37
140	0.02416	128.31	78.31	125.74	98.99%	77.52	77.52
160	0.02563	146.63	96.63	143.70	98.99%	95.66	95.66
180	0.02675	164.96	114.96	160.01	98.52%	113.26	113.26
200	0.02620	183.29	133.29	177.79	98.52%	131.31	131.31
220	0.02713	201.62	151.62	195.57	98.52%	149.37	149.37
240	0.02686	219.95	169.95	211.15	98.04%	166.62	166.62
260	0.02764	238.28	188.28	228.75	98.04%	184.59	184.59
280	0.02633	256.61	206.61	241.21	97.08%	200.58	200.58
300	0.02503	274.94	224.94	258.44	97.08%	218.37	218.37
320	0.02388	293.27	243.27	272.74	96.60%	235.00	235.00
340	0.02225	311.60	261.60	286.67	96.12%	251.45	251.45
360	0.01974	329.93	279.93	300.23	95.64%	267.72	267.72
380	0.01876	348.26	298.26	313.43	95.16%	283.82	283.82
400	0.02471	366.59	316.59	322.60	94.20%	298.21	298.21
430	0.02186	394.08	344.08	344.08	93.23%	320.79	320.79
460	0.01890	421.57	371.57	371.57	91.30%	339.24	339.24
490	0.01652	449.07	399.07	399.07	89.84%	358.50	358.50
520	0.01416	476.56	426.56	426.56	88.38%	376.98	376.98
550	0.01304	504.06	454.06	454.06	86.91%	394.63	394.63
580	0.01121	531.55	481.55	481.55	85.93%	413.82	413.82
610	0.00996	559.04	509.04	509.04	83.97%	427.46	427.46
640	0.00865	586.54	536.54	536.54	82.99%	445.27	445.27
670	0.00772	614.03	564.03	564.03	81.51%	459.75	459.75
700	0.00701	641.53	591.53	591.53	80.03%	473.38	473.38
730	0.00639	669.02	619.02	619.02	78.54%	486.16	486.16
760	0.00606	696.51	646.51	646.51	77.54%	501.33	501.33
790	0.00550	724.01	674.01	674.01	76.55%	515.94	515.94
820	0.00479	751.50	701.50	701.50	75.55%	529.99	529.99
850	0.00472	779.00	729.00	729.00	75.05%	547.12	547.12
880	0.00417	806.49	756.49	756.49	74.05%	560.16	560.16
910	0.00395	833.98	783.98	783.98	72.54%	568.74	568.74
940	0.00349	861.48	811.48	811.48	73.05%	592.75	592.75
970	0.00344	888.97	838.97	838.97	72.04%	604.42	604.42
1,000	0.00980	916.47	866.47	866.47	71.03%	615.49	615.49
1,100	0.00840	1,008.11	958.11	958.11	69.02%	661.27	661.27
1,200	0.00703	1,099.76	1,049.76	1,049.76	67.50%	708.56	708.56
1,300	0.00602	1,191.40	1,141.40	1,141.40	65.98%	753.06	753.06
1,400	0.00514	1,283.05	1,233.05	1,233.05	64.96%	800.96	800.96
1,500	0.00450	1,374.70	1,324.70	1,324.70	64.45%	853.75	853.75
1,600	0.00421	1,466.34	1,416.34	1,416.34	63.43%	898.38	898.38
1,700	0.00377	1,557.99	1,507.99	1,507.99	62.92%	948.81	948.81
1,800	0.00348	1,649.64	1,599.64	1,599.64	62.41%	998.27	998.27
1,900	0.00334	1,741.28	1,691.28	1,691.28	62.92%	1,064.11	1,064.11
2,000	0.00281	1,832.93	1,782.93	1,782.93	61.89%	1,103.54	1,103.54
2,100	0.00272	1,924.58	1,874.58	1,874.58	60.87%	1,141.07	1,141.07
2,200	0.00222	2,016.22	1,966.22	1,966.22	60.87%	1,196.86	1,196.86
2,300	0.00213	2,107.87	2,057.87	2,057.87	60.36%	1,242.12	1,242.12
2,400	0.00204	2,199.52	2,149.52	2,149.52	60.36%	1,297.44	1,297.44
2,500	0.00166	2,291.16	2,241.16	2,241.16	60.36%	1,352.76	1,352.76
2,600	0.00164	2,382.81	2,332.81	2,332.81	60.36%	1,408.08	1,408.08
2,700	0.00157	2,474.46	2,424.46	2,424.46	60.36%	1,463.36	1,463.36
2,800	0.00128	2,566.10	2,516.10	2,516.10	59.84%	1,505.72	1,505.72
2,900	0.00111	2,657.75	2,607.75	2,607.75	59.33%	1,547.14	1,547.14
3,000	0.00392	2,749.40	2,699.40	2,699.40	59.33%	1,601.51	1,601.51
3,500	0.00236	3,207.63	3,157.63	3,157.63	59.32%	1,873.16	1,873.16
4,000	0.00130	3,665.86	3,615.86	3,615.86	59.32%	2,144.84	2,144.84
4,500	0.00073	4,124.09	4,074.09	4,074.09	59.31%	2,416.54	2,416.54
5,000	0.00056	4,582.33	4,532.33	4,532.33	59.31%	2,688.04	2,688.04
5,500	0.00133	5,040.56	4,990.56	4,990.56	59.31%	2,959.74	2,959.74
360.17	n/a	330.08	297.32	311.89	n/a	227.66	227.66

class I-III claims	227.66	
claims > $700 OOP	11.16	
ortho claims	47.32	assumes 30% is medically necessary
total annual	286.13	
pmpm	23.84	
allowed	398.55	
paid	286.13	
AV	71.8%	

Ortho Child

Cost:

Expected Cost	Discounted Cost	Disc cost with Ded	Coinsurance	Final Cost	Frequency
6539.57	4531.92	4531.92	50%	2265.96	0.1007

Total Annual Ortho Cost **228.23**

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Filing Company: Cigna Health and Life Insurance Company

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	No longer required per DOI
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification
Comments:	
Attachment(s):	CO.SADAVJustification.05.29.2013.49375.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Stand-Alone Dental Plans Description of EHB Allocation
Comments:	
Attachment(s):	CO.SADEHBAllocation.05.29.2013.49375.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Attestations
Comments:	
Attachment(s):	Carrier Attestation.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo CO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response Letter 6-17

State: Colorado
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental
Product Name: Dental
Project Name/Number: EHB Pediatric Dental /

Filing Company: Cigna Health and Life Insurance Company

Comments:	
Attachment(s):	Response to letter 6.17.2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Response letter 7/15
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Revised Response Letter
Comments:	
Attachment(s):	Response to letter 7.15.2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Revised rate table
Comments:	
Attachment(s):	CO.RateTables.v2.3.07.29.2013.49375.pdf CO.zip
Item Status:	
Status Date:	

State:	Colorado	**Filing Company:**	Cigna Health and Life Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Dental		
Project Name/Number:	EHB Pediatric Dental /		

Attachment CO.zip is not a PDF document and cannot be reproduced here.

Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification

HIOS Issuer ID: 49375

HIOS Product ID: 49375CO003

HIOS Plan ID: 49375CO0030001

Actuarial Certification

I, Dipti Patel, FSA, MAAA, certify that to the best of my knowledge and judgment, these rates on average meet an Actuarial Value of 71.8%. This rate filing is in compliance with the applicable laws and regulations of this state and that the premiums charged are reasonable in relation to the benefits provided.

The actuarial value analysis was
(i) conducted by a member of the American Academy of Actuaries; and
(ii) performed in accordance with generally accepted actuarial principles and methodologies;

Dipti Patel

Dipti Patel, FSA, MAAA
Actuarial Manager

_____6/12/2013_____
Date

Stand-Alone Dental Plans – Description of EHB Allocation

HIOS Issuer ID: 49375

HIOS Plan ID: 49375CO0030001

Certification Language:
For the plans listed above, the portion of the premium allocable to the pediatric dental essential health benefit, is
(i) no greater than the total premium for the plan; and
(ii) calculated by a member of the American Academy of Actuaries in accordance with generally accepted actuarial principles and methodologies.

Dipti Patel

Dipti Patel, FSA, MAAA
Actuarial Manager

6/12/2013
Date

EHB Apportionment for Pediatric Dental

$36.00

Pricing Methodology

There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on our existing group dental products along with publicly available premium rate information for various individual dental plans. From this information, an estimate of claims cost was developed and adjusted for differences in benefits and targeted population. Financial analysis was conducted to project future administrative expenses and other retention components. A trend factor and geographical differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

CARRIER ATTESTATION FORM

Instructions:
Review each of the attestation and sign at the end of the document. **The Data Submitter must sign this attestation document.**

General Issuer Attestations

1. Carrier attests that it will have a license by the end of the certification period, be in good standing, and be authorized to offer each specific type of insurance coverage offered in each State in which the issuer offers a QHP.

2. Carrier attests that it will be bound by 2 CFR 376 and that no individual or entity that is a part of the Carrier's organization is excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services Administration. This attestation includes any member of the board of directors, key management or executive staff or major stockholder of the Carrier and its affiliated companies, subsidiaries or subcontractors.

3. Carrier attests that it will inform HHS, based on its best information, knowledge and belief, of any federal or state government current or pending legal actions, criminal or civil, convictions, administrative actions, investigations or matters subject to arbitration against the Carrier (under a current or former name), its principals, or any of its subcontractors. The Carrier also attests that, based on its best information, knowledge and belief, none of its principals, nor any of its affiliates is presently debarred, suspended, proposed for debarment, or declared ineligible to participate in Federal programs by HHS or another Federal agency under 2 CFR 180.970 or any other applicable statute or regulation, and should such actions occur, it will inform HHS within 5 working days of learning of such action.

Benefit Design Attestation

1. Carrier attests that it will follow all Actuarial Value requirements.

2. Carrier attests that it will comply with all benefit design standards, federal regulations and laws, and state mandated benefits for all services including: preventive services, emergency services, and formulary drug list.

3. Carrier attests that its health benefit plans provide coverage for each of the 10 statutory categories of essential health benefits (EHBs) in accordance with the applicable EHB benchmark plan and federal law:
    a. Provide benefits and limitations on coverage that are substantially equal to those covered by the EHB-benchmark plan;
    b. Complies with the requirements of 45 CFR 146.136 with regard to mental health and substance use disorder services, including behavioral health;
    c. Provides coverage for preventive services described in 45 CFR 147/130;
    d. Complies with EHB requirements with respect to prescription drug coverage;
    e. Any benefits substituted are actuarially equivalent to those offered by the EHB benchmark plan;
    f. Complies with the prohibition on discrimination with regard to EHB;
    g. Benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category;
    h. Include all applicable state required benefits.

Stand-Alone Dental Attestations

1. Carrier attests that any stand-alone dental plans it offers will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit.

2. Carrier attests that all stand-alone dental plans that it offers will comply with all benefit design standards and federal regulations and laws for stand-alone dental plans, as applicable, including that:
   a. the out-of-pocket maximum for its stand-alone dental plan is reasonable for the coverage of the pediatric dental EHB;
   b. it offers the pediatric dental EHB;
   c. it does not include annual and lifetime dollar limits on the pediatric dental EHB.

Financial Management Attestations

1. Carrier attests that it will acknowledge and agree to be bound by Federal statutes and requirements that govern Federal funds. Federal funds include, but are not limited to, advance payments of the premium tax credit, cost-sharing reductions, and Federal payments related to the risk adjustment, reinsurance, and risk corridor programs.

2. Carrier attests that it will adhere to the risk corridor standards and requirements set by HHS as applicable for:
   a. risk corridor data standards and annual HHS notice of benefit and payment parameters for the calendar years 2014, 2015, and 2016 (45 CFR 153.510);
   b. remit charges to HHS under the circumstances described in 45 CFR 153.510(c).

3. Carrier attests that it will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit and cost sharing reductions, including the provisions at 45 CFR 156.410, 156.425, 156.430, 156.440, 156.460, and 156.470.

4. Carrier attests that it will reduce premiums on behalf of eligible individuals if the Exchange notifies the QHP Issuer that it will receive an APTC on behalf of that individual pursuant to §156.460.

5. Carrier attests that it will adhere to the data standards and reporting for the CSR reconciliation process pursuant to 45 CFR 156.430(c) for QHPs.

6. The following applies to Carriers participating in the risk adjustment and reinsurance programs inside and/or outside of the Exchange. Carrier attests that it will:
   a. adhere to the risk adjustment standards and requirements set by HHS in the annual HHS notice of benefit and payment parameters (45 CFR Subparts G and H);
   b. remit charges to HHS under the circumstances described in 45 CFR 153.610;
   c. adhere to the reinsurance standards and requirements set by HHS in the annual HHS notice of benefit and payment parameters (45 CFR 153.400, 153.405, 153.410, 153.420);
   d. remit contributions to HHS under the circumstances described in 45 CFR 153.400;
   e. establish dedicated and secure server environments to host enrollee claims, encounter, and enrollment information for the purpose of performing risk adjustment and reinsurance operations for all plans offered;
   f. allow proper interface between the dedicated server environment and special, dedicated CMS resources that execute the risk adjustment and reinsurance operations;

g. ensure the transfer of timely, routine, and uniform data from local systems to the dedicated server environment using CMS-defined standards, including file formats and processing schedules;
h. comply with all information collection and reporting requirements approved through the Paperwork Reduction Act of 1995 and having a valid OMB control number for approved collections. The Issuer will submit all required information in a CMS- established manner and common data format;
i. cooperate with CMS, or its designee, through a process for establishing the server environment to implement these functions, including systems testing and operational readiness;
j. use sufficient security procedures to ensure that all data available electronically are authorized and protect all data from improper access, and ensure that the operations environment is restricted to only authorized users;
k. provide access to all original source documents and medical records related to the eligible organization's submissions, including the beneficiary's authorization and signature to CMS or CMS' designee, if requested, for audit;
l. retain all original source documentation and medical records pertaining to any such particular claims data for a period of at least 10 years;
m. be responsible for all data submitted to CMS by itself, its employees, or its agents and based on best knowledge, information, and belief, submit data that are accurate, complete, and truthful;
n. all information, in any form whatsoever, exchanged for risk adjustment shall be employed solely for the purposes of operating the premium stabilization programs and financial programs associated with state markets, including but not limited to, the calculation of user fees to fund such programs, oversight, and any validation and analysis that CMS determines necessary.

7. The following attestation applies to Carriers participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Under the False Claims Act, 31 U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of $5,500 to $11,000 per false claim. 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute. Carrier acknowledges the False Claims Act, 31 U.S.C., §§ 3729-3733.

8. The following applies to Carriers participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Carrier attests to provide and promptly update when applicable changes occur in its Tax Identification Number (TIN) and associated legal entity name as registered with the Internal Revenue Service, financial institution account information, and any other information needed by CMS in order for the

Carrier to receive invoices, demand letters, and payments under the APTC, CSR, user fees, reinsurance, risk adjustment, and risk corridors programs, as well as, any reconciliations of the aforementioned programs.

9. The following applies to Carriers participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Carrier attests that it will develop, operate and maintain viable systems, processes, procedures and communication protocols to accept payment-related information submitted by CMS.

Marketing

1. Carrier attests that it will:
    a. Comply with any applicable state laws and regulations regarding marketing by health insurance carriers; and
    b. Not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs.

Network Adequacy

1. Carrier attests that each of its managed care health benefit plans will:
    a. maintain a provider network(s) that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that the services will be accessible without unreasonable delay.
    b. include in its provider network(s) a sufficient number and geographic distribution of essential community providers (ECPs), where available, to ensure reasonable and timely access to a broad rand of such providers for low-income, medically underserved individuals in their service areas.

Meaningful Difference – (Does not apply to stand-alone dental plans)

1. Carrier attests that it will ensure the health benefit plans it offers are meaningfully different from one another.

Non-Discrimination

1. Carrier will not employ benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs or pre-existing conditions.
2. Carrier will not discriminate against individuals on the basis of health status, race, color, national origin, disability, age, sex, gender identity or sexual orientation, consistent with 45 CFR 156.200(e).

Signature: Edmund J. Skowronek

Date: 5/15/2013

Printed Name: Edmund J. Skowronek

Title/Position: Assistant Director

Cigna Health and Life Insurance Company (CHLIC)
Accident and Health Rate Filing
Actuarial Memorandum
Individual Dental

A. Summary

The purpose of this memorandum is to file rates associated with the policy forms shown above. Please note that this is the initial rate filing for these forms. The memorandum includes a description of the product features underlying the product, as well as information related to the development of the premium rates. A Rate Table containing the detailed premium rates has been included with this filing. The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

Benefit Description

1. myCigna Dental Pediatric Plan

For Children (Age 0-19)	**Participating Provider**	**Non –Participating Provider**
Calendar Year Maximum: Class I, II, III	None	
Calendar Year Deductible: Class I, II, III	$50 per person	
	$150 per family	
Out of Pocket Maximum: Class I, II, III	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible

2. myCigna Dental Family + Pediatric Plan

For Children (Age 0-19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	None	
Lifetime Maximum: Class IV	None	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Separate Lifetime Deductible for Class IV	None	
Out of Pocket Maximum: Class I, II, III & IV	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible
Class IV – Medically Necessary Orthodontia	50% after Deductible	50% after Deductible

For Adults (Age >19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	$1,000	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	
Class II - Basic Restorative Services	50% after Deductible	
	6 Months Waiting Period	
Class III - Major Restorative Services	80% after Deductible	
	12 Months Waiting Period	
	No coverage for replacement of teeth missing prior to the effective date.	
Class IV – Medically Necessary Orthodontia	Plan pays 0%, network discounts apply	Not covered

Please note: The myCigna Dental Family + Pediatric plan will only be available on-Exchange.

B. Assumption or Acquisition

The plans in this rate filing are not part of an acquisition or assumption of policies.

C. Rating Period

The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

D. Underwriting

Individuals will not be subject to underwriting.

E. Effect of Law Changes

These are new plans and any benefit requirements due to new laws, regulations, or state-mandated benefits have been included in the plan benefits and estimated in claim costs.

F. Rate History

This is the first set of premium rates for these plans.

G. Coordination of Benefits

Actual and projected loss ratios in this filing are net of any savings from coordination of benefits or subrogation.

H. Relation of Benefits to Premium

The product is priced using lifetime loss ratio target, as to minimize the need for future rate increases. We estimate total retention to be approximately 33.6% and anticipate lifetime loss ratio is expected to be 66.4%. Total retention is comprised of administrative expenses, premium tax, commissions and a risk charge.

Administrative Expenses	13%
Commissions	10%
Profit	6%
Premium Tax	1%
PPACA Health Insurance Assessment	2.2%
Exchange Fees	1.4%
Total	33.6%

The administrative expenses are comprised of the following:

Acquisition and Issue	1.0%
Policy Maintenance	6.5%
Overhead and Claims	5.5%
Administrative Expenses	13.0%

Recent financial reviews show these are the average costs.

I. Lifetime Loss Ratio

The anticipated lifetime loss ratio is expected to be 66.4%.

J. Provision for Profit and Contingencies

The overall profit and contingencies charge in the retention is 6%.

K. Development of Proposed Rates

There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on our existing group dental products. From this information, an estimate of claims cost was developed and adjusted for differences in benefits and targeted population. Financial analysis was conducted to project future administrative expenses and other retention components. A trend factor and geographical differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

Premium rates will vary based on plan design, age, and geographic area. The geographic classification follows CO standard rating areas (see Exhibit I).

The schedules of proposed individual rates are attached to this memorandum as Rate Table (Exhibit II).

L. Trend

The expected annualized trend is 5.5%.

Component	
Inflation	5.1%
Utilization	3.0%
Leveraging	-2.5%
Total	5.5%

This factor reflects underlying differences in network costs and discounts, inflation/severity, cost-shifting, utilization, and cost share leveraging. The trend was developed from 2012 data compared to 2011. Trend factors will be applied to the new business premium rates in Exhibit II on a semi-annual basis.

M. Credibility

This is a new product offering and so no experience currently exists for the plan.

N. Data Requirements

Since this is a new product, no data on earned premium or claims experience currently exist. However, our large group experience can be viewed in Exhibit IV.

O. Side-by-Side Comparison

This is the first set of premium rates for these plans.

P. Lifetime Loss Ratio Projections

The lifetime loss ratio for this product described in Section A of this memorandum is 66.4%.

Q. Other Factors

Rating factors such as age factors and area factors are inherent in the schedule of proposed individual rates in Exhibit II.

Renewability Clause

The policy is conditionally renewable.

Additional Rate Build-Up Information

Formula-driven, Excel versions of these models have been submitted to the state separately.

Exhibit III - Rate Development
CHLIC - Colorado Individual Dental Plan

CO Group Dental Claims

CO members	53,805
CO claims	$ 17,427,478
Claim PMPY	$324

Adjustment Factors	Relativities
Group, $1500 Max, R&C 90%	1.00
Ped EHB pmpm	0.63
EHB + fam pmpm	0.61

	Claim PMPY	Policy Mix
Ped EHB	$204.06	25%
EHB + fam	$197.58	75%
Expected Group Dental Cost	$199	

Illustrative Rate Development for Individual Dental Policy

(i) Expected Group Dental Cost Per Member Per Year		$ 199
Translation to Individual Basis	(a) 0% Employer Contribution Adj	1.17
	(b) SIC Unknown Adjus	1.04
	(c) No Prior Coverage Adjustment	1.10
(ii) Group to Individual basis adjustment factor = (a) x (b) x (c)		1.33848
(iii) Expected Individual Dental Cost Per Member Per Year = (i) x (ii)		$267
(iv) Trend (Annual Trend 5.5%)		1.17
(v) Trended Individual Dental Cost Per Member Per Year = (iii) x (iv)		$313
(vi) Retention		36%
(vii) Average Premium Rate Per Member Per Year = (v) / [1- (vi)]		$489

Exhibit IV - Historical Experience
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)
2009-NTL*	$ 437,930,859	15,256,118	$ 375,199,760	$ -	$ 375,199,760	85.7%
2010-NTL*	$ 519,828,792	17,742,501	$ 440,700,391	$ -	$ 440,700,391	84.8%
2011-NTL*	$ 611,471,763	20,630,257	$ 519,900,381	$ -	$ 519,900,381	85.0%
2009-CO**	$ -	-	$ -	$ -	$ -	0.0%
2010-CO**	$ 526,923	17,408	$ 445,253	$ -	$ 445,253	84.5%
2011-CO**	$ 20,705,135	628,250	$ 16,982,225	$ -	$ 16,982,225	82.0%

Notes on Experience

* 2009, 2010, and 2011 group dental premium and claims experience for the entire country.

** 2009, 2010, and 2011 group dental premium and claims experience for the accounts that were sitused in CO.

Exhibit V - Projections
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)	A/E Claims Ratio (i)	Active Life Reserves (j)	Earned Premium Manual Rate Basis (k)	Earned Premium Current Rate Basis (l)
Year 1	$ 5,276,894				$ 2,875,335	54.5%	$ 2,875,335	54.5%	100%			
Year 2	$ 3,463,717				$ 2,700,229	78.0%	$ 2,700,229	78.0%	100%			
Year 3	$ 1,637,045				$ 1,276,200	78.0%	$ 1,276,200	78.0%	100%			
Year 4	$ 557,100				$ 434,301	78.0%	$ 434,301	78.0%	100%			
Year 5	$ 136,508				$ 106,419	78.0%	$ 106,419	78.0%	100%			
Year 6	$ 24,085				$ 18,776	78.0%	$ 18,776	78.0%	100%			
Year 7	$ 3,060				$ 2,385	78.0%	$ 2,385	78.0%	100%			
Year 8	$ 280				$ 218	78.0%	$ 218	78.0%	100%			
Year 9	$ 18				$ 14	78.0%	$ 14	78.0%	100%			
Year 10	$ 1				$ 1	78.0%	$ 1	78.0%	100%			
Past						0.0%		0.0%	0%			
Future	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Lifetime	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Interest	4.5%											
Past						0.0%		0.0%	0%			
Future	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	66.4%	100%			
Lifetime	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	**66.4%**	100%			

Projection Assumptions:

Premium Yield	5.5%
Dental Cost Trend	5.5%
Policies sold	15,000

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	
Average Persistency Rate	0.86	0.62	0.45	0.32	0.23	0.17	0.12	0.09	0.06	0.04	
% of Book Remaining	86	54	24	8	2	0	0	0	0	0	
Durational Claim Slope	0.70	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.91

Exhibit VI - Actuarial Value Calculation
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Child Distribution

Bucket	Child Dist	Total Scld	Class I w/Ded	Class I No Ded	Coinsurance	Clms w/Class I	Cal Yr Max w/Class I
0	0.34434	0.00	0.00	0.00	99.95%	0.00	0.00
10	0.00002	9.16	0.00	9.16	99.95%	0.00	0.00
20	0.00011	18.33	0.00	18.15	99.47%	0.00	0.00
30	0.00031	27.49	0.00	27.22	99.47%	0.00	0.00
40	0.00071	36.66	0.00	35.93	98.99%	0.00	0.00
50	0.00125	45.82	0.00	44.91	98.99%	0.00	0.00
60	0.00187	54.99	4.99	53.89	98.99%	4.94	4.94
70	0.00293	64.15	14.15	62.87	98.99%	14.01	14.01
80	0.00427	73.32	23.32	71.85	98.99%	23.08	23.08
90	0.00542	82.48	32.48	80.83	98.99%	32.15	32.15
100	0.01562	91.65	41.65	89.81	98.99%	41.23	41.23
120	0.02149	109.98	59.98	107.78	98.99%	59.37	59.37
140	0.02416	128.31	78.31	125.74	98.99%	77.52	77.52
160	0.02563	146.63	96.63	143.70	98.99%	95.66	95.66
180	0.02675	164.96	114.96	160.01	98.52%	113.26	113.26
200	0.02620	183.29	133.29	177.79	98.52%	131.31	131.31
220	0.02713	201.62	151.62	195.57	98.52%	149.37	149.37
240	0.02686	219.95	169.95	211.15	98.04%	166.62	166.62
260	0.02764	238.28	188.28	228.75	98.04%	184.59	184.59
280	0.02633	256.61	206.61	241.21	97.08%	200.58	200.58
300	0.02503	274.94	224.94	258.44	97.08%	218.37	218.37
320	0.02388	293.27	243.27	272.74	96.60%	235.00	235.00
340	0.02225	311.60	261.60	286.67	96.12%	251.45	251.45
360	0.01974	329.93	279.93	300.23	95.64%	267.72	267.72
380	0.01876	348.26	298.26	313.43	95.16%	283.82	283.82
400	0.02471	366.59	316.59	322.60	94.20%	298.21	298.21
430	0.02186	394.08	344.08	344.08	93.23%	320.79	320.79
460	0.01890	421.57	371.57	371.57	91.30%	339.24	339.24
490	0.01652	449.07	399.07	399.07	89.84%	358.50	358.50
520	0.01416	476.56	426.56	426.56	88.38%	376.98	376.98
550	0.01304	504.06	454.06	454.06	86.91%	394.63	394.63
580	0.01121	531.55	481.55	481.55	85.93%	413.82	413.82
610	0.00996	559.04	509.04	509.04	83.97%	427.46	427.46
640	0.00865	586.54	536.54	536.54	82.99%	445.27	445.27
670	0.00772	614.03	564.03	564.03	81.51%	459.75	459.75
700	0.00701	641.53	591.53	591.53	80.03%	473.38	473.38
730	0.00639	669.02	619.02	619.02	78.54%	486.16	486.16
760	0.00606	696.51	646.51	646.51	77.54%	501.33	501.33
790	0.00550	724.01	674.01	674.01	76.55%	515.94	515.94
820	0.00479	751.50	701.50	701.50	75.55%	529.99	529.99
850	0.00472	779.00	729.00	729.00	75.05%	547.12	547.12
880	0.00417	806.49	756.49	756.49	74.05%	560.16	560.16
910	0.00395	833.98	783.98	783.98	72.54%	568.74	568.74
940	0.00349	861.48	811.48	811.48	73.05%	592.75	592.75
970	0.00344	888.97	838.97	838.97	72.04%	604.42	604.42
1,000	0.00980	916.47	866.47	866.47	71.03%	615.49	615.49
1,100	0.00840	1,008.11	958.11	958.11	69.02%	661.27	661.27
1,200	0.00703	1,099.76	1,049.76	1,049.76	67.50%	708.56	708.56
1,300	0.00602	1,191.40	1,141.40	1,141.40	65.98%	753.06	753.06
1,400	0.00514	1,283.05	1,233.05	1,233.05	64.96%	800.96	800.96
1,500	0.00450	1,374.70	1,324.70	1,324.70	64.45%	853.75	853.75
1,600	0.00421	1,466.34	1,416.34	1,416.34	63.43%	898.38	898.38
1,700	0.00377	1,557.99	1,507.99	1,507.99	62.92%	948.81	948.81
1,800	0.00348	1,649.64	1,599.64	1,599.64	62.41%	998.27	998.27
1,900	0.00334	1,741.28	1,691.28	1,691.28	62.92%	1,064.11	1,064.11
2,000	0.00281	1,832.93	1,782.93	1,782.93	61.89%	1,103.54	1,103.54
2,100	0.00272	1,924.58	1,874.58	1,874.58	60.87%	1,141.07	1,141.07
2,200	0.00222	2,016.22	1,966.22	1,966.22	60.87%	1,196.86	1,196.86
2,300	0.00213	2,107.87	2,057.87	2,057.87	60.36%	1,242.12	1,242.12
2,400	0.00204	2,199.52	2,149.52	2,149.52	60.36%	1,297.44	1,297.44
2,500	0.00166	2,291.16	2,241.16	2,241.16	60.36%	1,352.76	1,352.76
2,600	0.00164	2,382.81	2,332.81	2,332.81	60.36%	1,408.08	1,408.08
2,700	0.00157	2,474.46	2,424.46	2,424.46	60.36%	1,463.36	1,463.36
2,800	0.00128	2,566.10	2,516.10	2,516.10	59.84%	1,505.72	1,505.72
2,900	0.00111	2,657.75	2,607.75	2,607.75	59.33%	1,547.14	1,547.14
3,000	0.00392	2,749.40	2,699.40	2,699.40	59.33%	1,601.51	1,601.51
3,500	0.00236	3,207.63	3,157.63	3,157.63	59.32%	1,873.16	1,873.16
4,000	0.00130	3,665.86	3,615.86	3,615.86	59.32%	2,144.84	2,144.84
4,500	0.00073	4,124.09	4,074.09	4,074.09	59.31%	2,416.54	2,416.54
5,000	0.00056	4,582.33	4,532.33	4,532.33	59.31%	2,688.04	2,688.04
5,500	0.00133	5,040.56	4,990.56	4,990.56	59.31%	2,959.74	2,959.74
360.17	n/a	330.08	297.32	311.89	n/a	227.66	227.66

class I-III claims	227.66	
claims > $700 OOP	11.16	
ortho claims	47.32	assumes 30% is medically necessary
total annual	286.13	
pmpm	23.84	
allowed	398.55	
paid	286.13	
AV	71.8%	

Ortho Child

Cost:

Expected Cost	Discounted Cost	Disc cost with Ded	Coinsurance	Final Cost	Frequency
6539.57	4531.92	4531.92	50%	2265.96	0.1007

Total Annual Ortho Cost **228.23**

Actuarial Certification

I, Dipti Patel, FSA, MAAA, certify that to the best of my knowledge and judgment, these rates on average meet an Actuarial Value of 71.8%. This rate filing is in compliance with the applicable laws and regulations of this state and the premiums charged are reasonable in relation to the benefits provided. I attest that, in my opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Dipti Patel

_____

Dipti Patel, FSA, MAAA
Actuarial Manager

_____7/26/2013_____
Date

Megan Weaver
Actuarial Sr. Analyst
Cigna Dental

June 21, 2013

Routing B7CDH
900 Cottage Grove Road
Hartford, Connecticut
06152
Tel: 860.226.2994
Fax: 860.226.6776
megan.weaver@cigna.com

Colorado Division of Insurance
c/o Cathy Gilliland
Rates and Forms Section
1560 Broadway, suite 850
Denver, Colorado 80202

RE: Cigna Health and Life Insurance Company
Individual Insurance Rate Filing Request
NAIC# 67369

Dear Ms. Gilliland:

In response to your letter dated June 17, 2013, this letter provides additional information for your consideration.

Objection 1
Comments: regulation 4-6-7 section 5 3 a Age - if a carrier uses age to calculate rates, then it shall use the following 12 mandatory age categories. Rates must be based on employee age only, not employee and spouse ages
Children ages newborn through age 19 (or through age 24 if the child is a full-time student covered as a dependent), excluding emancipated minors
Emancipated minors and persons ages 20 through 24
Age 25 through 29
Age 30 through 34
Age 35 through 39
Age 40 through 44
Age 45 through 49
Age 50 through 54
Age 55 through 59
Age 60 through 64
Age 65 and older: Medicare is primary payer
Age 65 and older: Medicare is secondary payer

Please see Exhibit II – Premium Rates.

Objection 2
- Actuarial Memorandum (Supporting Document)
Comments: regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option being added to an existing form. If the filing is a rate revision, the reason for the revision should be stated.

2. Requested Rate Action: The overall rate increase or decrease amount should be listed.
3. Marketing method(s): A brief description of the marketing method used for the filed form should be listed.
4. Premium classification: The section should state all attributes upon which the premium rates vary.
5. Product descriptions: This section should describe the benefits provided by the policy.
6. Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should
be identified).
7. Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and
the issue age range of the form should be specified.
8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable,
cancellable, non-cancellable, or optionally renewable.

1. This is a new filing.
2. N/A – new product so no rate increase/decrease
3. Cigna will be marketing their new Dental products for 2014 through various outlets; this includes Cigna.com, cross selling to existing customers, email and direct mail campaigns to prospects, and finally the creation of marketing collaterals (i.e. Summary of Benefits, Outline of Coverage, Plan Comparisons).
4. Section K. Development of Proposed Rates in Actuarial Memorandum
5. Benefit Description tables on page 1-3 of Actuarial Memorandum
6. PPO_ENG_Cigna_49375CO0030001_20140101 is plan 1. myCigna Dental Pediatric

PPO_ENG_Cigna_49375CO0030002_20140101 is plan 2. myCigna Dental Family + Pediatric Plan

7. Renewal Age. Age ranges follow Objection 1.

8. Guaranteed renewable. Section R. of Actuarial Memorandum

Objection 3
- Actuarial Memorandum (Supporting Document)
Comments: (I) there is no lifetime loss ratios.

Please see Section P. Loss Ratio Projections of Actuarial Memorandum.

Objection 4
- Actuarial Memorandum (Supporting Document)

Comments: regulation 4-2-11 section 6 (H) The Division recommended benefits ratio guidelines are as listed below. Targeted
benefits ratios below these guidelines shall be actuarially justified.
Benefits Ratio Guidelines
Comprehensive Major Medical (Individual) 75%
Comprehensive Major Medical (Small Group) 80%
Comprehensive Major Medical (Large Group) 85%
Comprehensive Major Medical (Student Blanket) 80%
Specified or Dread Disease 60%
Limited Benefit Plans 60%
Disability Income 60%
Dental/Vision 60%
Stop Loss 60%
Short Term Limited Duration Health Insurance 60%

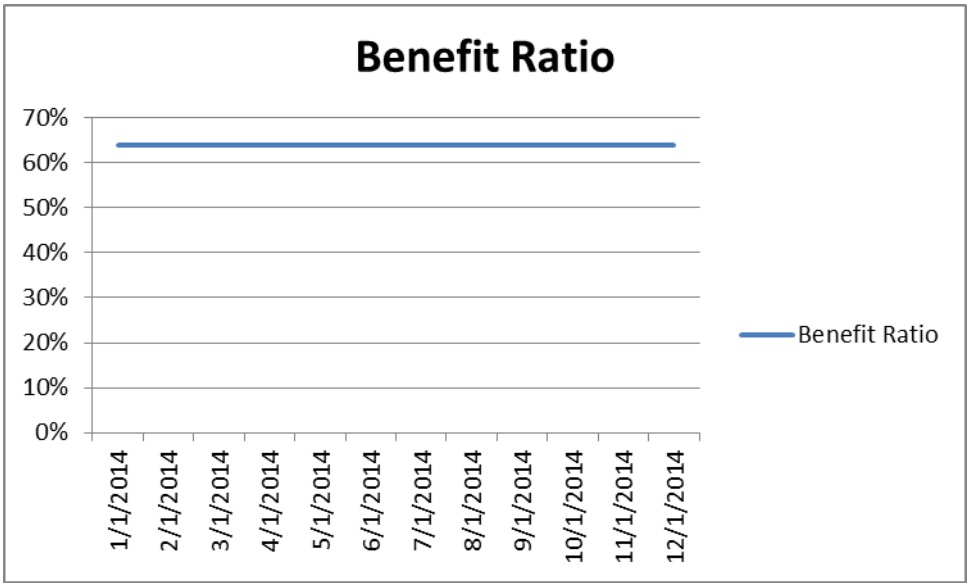
Our benefit ratio for this dental product is 64%.

Objection 5
- Actuarial Memorandum (Supporting Document)
Comments: Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include earned
premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a
Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience must be
provided for this product.

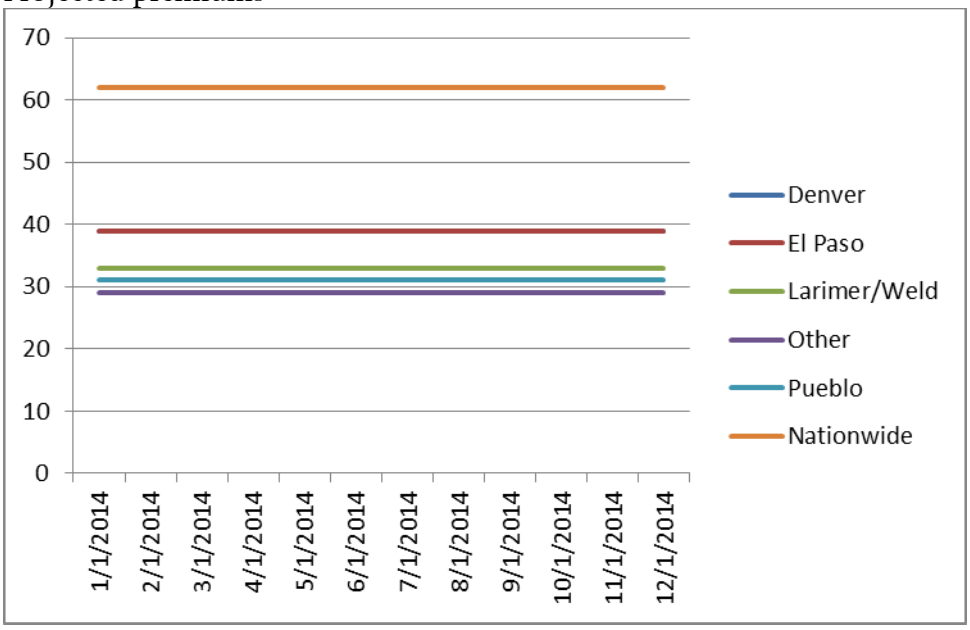
Since this is a new product filing, there are no earned premiums or claims for Colorado or nationwide for this new product.

Objection 6
- Actuarial Memorandum (Supporting Document)
Comments: Regulation 4-2-11 section 6 (P) Benefits Ratio Projections: The memorandum must contain a section projecting the
benefits ratio, over the rating period, both with and without the requested rate change. The comparison should be shown in chart
form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, both with and without the
requested rate change. The corresponding projection calculations should also be included. For products priced using a lifetime loss
ratio standard, such as long-term care, Medicare supplement and long term disability, the projections should include a timeframe as
to when the lifetime loss ratio will be achieved.

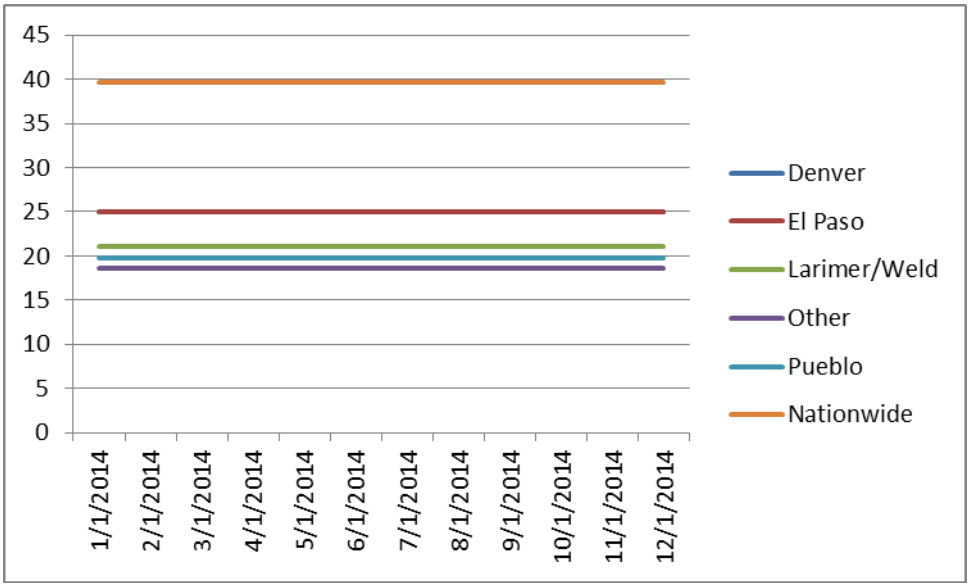
Benefits Ratio = 64%



Projected premiums



Projected incurred claims



Objection 7
- Actuarial Memorandum (Supporting Document)
Comments: Regulation 4-2-11 section 5 (B) Actuarial Certification
Each rate filing shall include a signed and dated statement by a qualified actuary, which attests that, in the actuarys opinion, the rates
are not excessive, inadequate or unfairly discriminatory. (The requirements for the actuarial certification for Medicare supplement rate
filings can be found in Section 14.H of Colorado Insurance Regulation 4-3-1. The requirements for the actuarial certification for
certain long-term care rate filings can be found in Sections 10.B and 18.B of Colorado Insurance Regulation 4-4-1).

Please see "Actuarial Certification" on page 6 of the Actuarial Memorandum.

If you have any questions or need additional information, please contact me at 860.226.2994 or megan.weaver@cigna.com.

Sincerely,

Megan Weaver
Actuarial Sr. Analyst

Megan Weaver
Actuarial Sr. Analyst
Cigna Dental

July 17, 2013

Routing B7CDH
900 Cottage Grove Road
Hartford, Connecticut
06152
Tel: 860.226.2994
Fax: 860.226.6776
megan.weaver@cigna.com

Colorado Division of Insurance
c/o Cathy Gilliland
Rates and Forms Section
1560 Broadway, suite 850
Denver, Colorado 80202

RE: Cigna Health and Life Insurance Company
Individual Insurance Rate Filing Request
NAIC# 67369

Dear Ms. Gilliland:

In response to your letter dated July 15, 2013 and our phone conference July 18, 2013, this letter provides additional information for your consideration.

Please note the changes/additions per our phone call:

1. 3 year group data experience can be viewed in Exhibit IV – Historical.
2. Rate calculations can be viewed in Exhibit III – Rate Development.
3. Trend development added in Actuarial Memorandum under "L. Trend"
4. Exchange Fee changed to 1.4% (see Actuarial Memorandum Section H)
5. PPACA tax was removed from Premium Tax portion of retention (see Actuarial Memorandum Section H)
6. Rates adjusted to CO's 11 standard rating areas (See Exhibit II)
7. Removed 15% dependent discount from Actuarial Memorandum
8. Added clarification of administrative expenses
9. Loss Ratio Projections for ten years in Exhibit V – Projections
10. Development of Actuarial Calculation in Exhibit VI. The 71.8% actuarial value is the percent of the total cost of services that we will pay after cost sharing. We calculated this value from our large group claim experience, which is based off the probability of a claim and the amount of each claim.

Objection 1

Comments: Objection 2 has not been answered appropriately. Please see regulation 4-2-11 section 6 (A)- each item must bee
discussed.
regulation 4-2-11 section 6 (A) 1. Reason(s) for the rate filing: A statement whether this is a new filing, a rate revision, or a new option
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8. Renewability provision: A statement regarding the renewability provision and whether the policy/rider is guaranteed renewable,
cancellable, non-cancellable, or optionally renewable

1. All products referred to in this filing are new and have never been previously offered in Colorado, nor in any other state or jurisdiction.
2. 0%, new product
3. Cigna will be marketing their new Dental products for 2014 through various outlets; this includes Cigna.com, cross selling to existing customers, email and direct mail campaigns to prospects, and finally the creation of marketing collaterals (i.e. Summary of Benefits, Outline of Coverage, Plan Comparisons).
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7. Renewal Age

8. Guaranteed renewable. Section R. of Actuarial Memorandum

Objection 2
- Response Letter 6-17 (Supporting Document)
Comments: Objection 3-please provide all answers in the actuarial Memorandum. The Actuarial Memoradum shows (I) using a
lifetime Loss ratio, your response states no lifetime loss ratios.

Please see Section P. Lifetime Loss Ratio Projections of Actuarial Memorandum

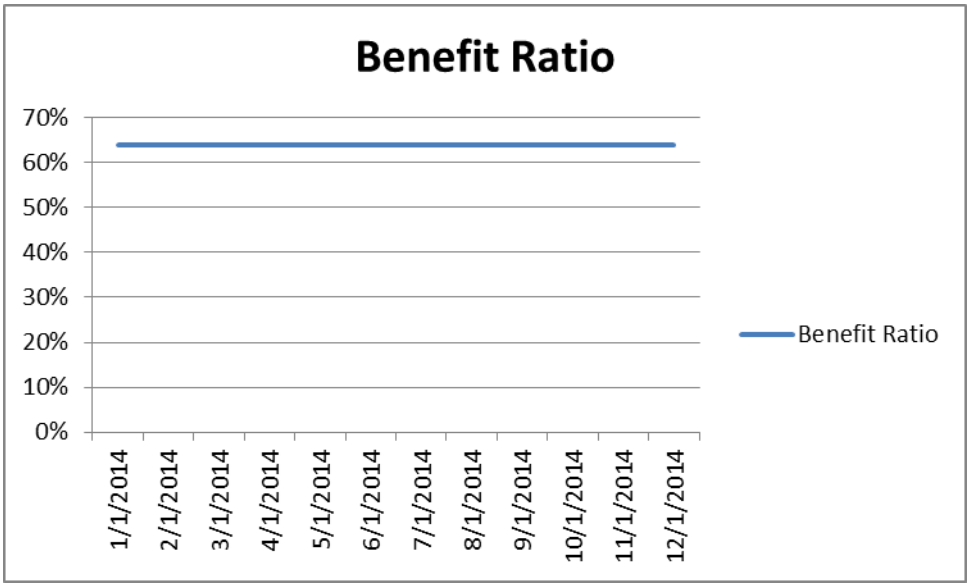
Objection 3
- Response Letter 6-17 (Supporting Document)
Comments: objection 5- Regulation 4-2-11 section 6 (N) Data Requirements: The memorandum must, at a minimum, include
earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders
submitted on a Colorado-only basis for at least 3 years. If the filing is to introduce a new product to Colorado, nationwide experience
must be provided for this product.
If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product. If no experience for
the new product is available, experience for a comparable product must be provided.

Please see Exhibit IV.

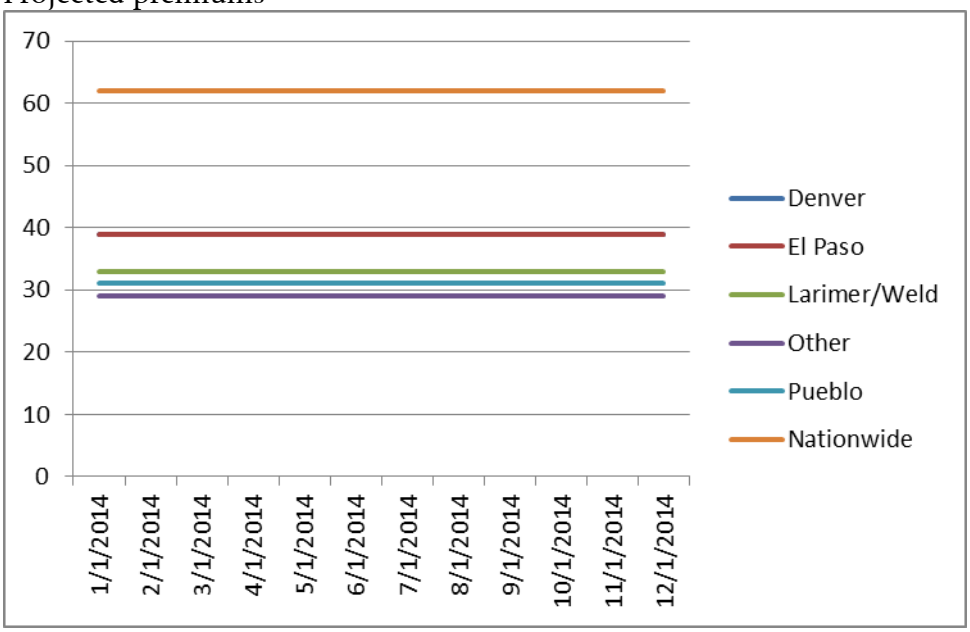
Objection 4

- Response Letter 6-17 (Supporting Document)
Comments: regulation 4-2-11 section 6 (P) Please provide the premiums and claims with Loss ratios. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over
the rating period, both with and without the requested rate change. The corresponding projection calculations should also be
included. For products priced using a lifetime loss ratio standard, such as long-term care, Medicare supplement and long term
disability, the projections should include a timeframe as to when the lifetime loss ratio will be achieved.

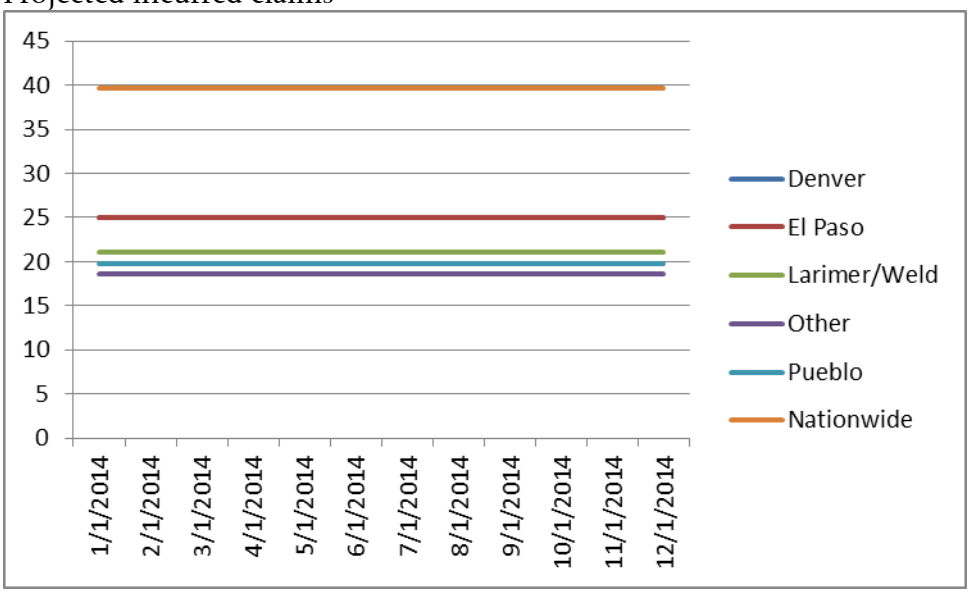
Benefits Ratio = 64%



Projected premiums



Projected incurred claims



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Comments: Please refer to Regulation 4-2-11 section 5 (B) Each rate filing shall include a signed and dated statement by a
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Please see "Actuarial Certification" on page 6 of the Actuarial Memorandum.

If you have any questions or need additional information, please contact me at 860.226.2994 or megan.weaver@cigna.com.

Sincerely,

Megan Weaver
Actuarial Sr. Analyst

Megan Weaver
Actuarial Sr. Analyst
Cigna Dental

July 26, 2013

Routing B7CDH
900 Cottage Grove Road
Hartford, Connecticut
06152
Tel: 860.226.2994
Fax: 860.226.6776
megan.weaver@cigna.com

Colorado Division of Insurance
c/o Cathy Gilliland
Rates and Forms Section
1560 Broadway, suite 850
Denver, Colorado 80202

RE: Cigna Health and Life Insurance Company
Individual Insurance Rate Filing Request
NAIC# 67369

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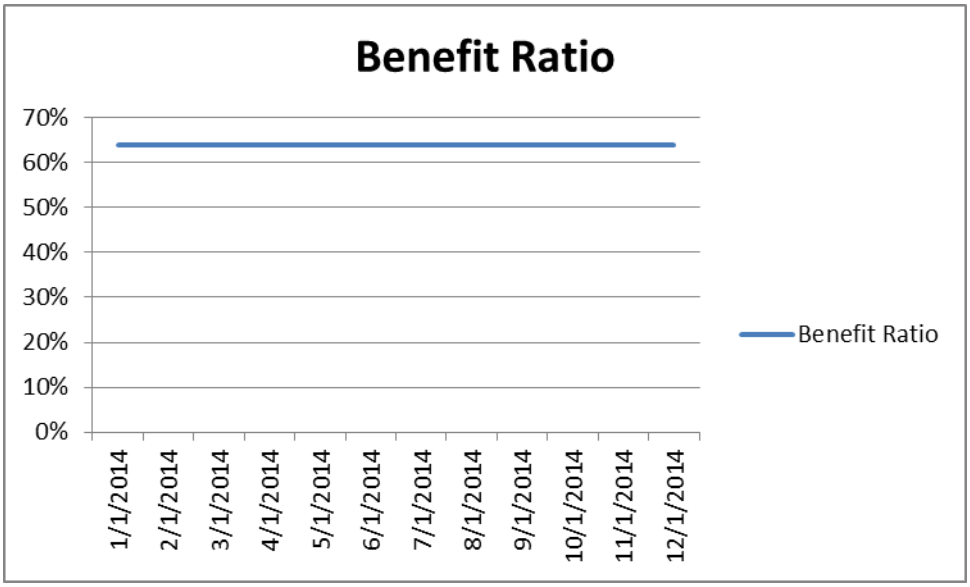
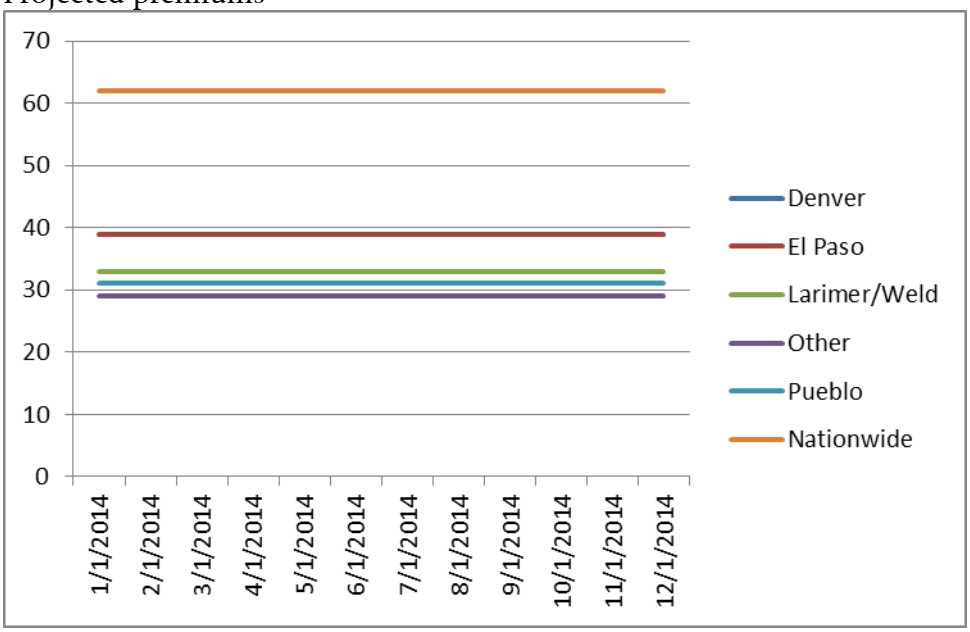
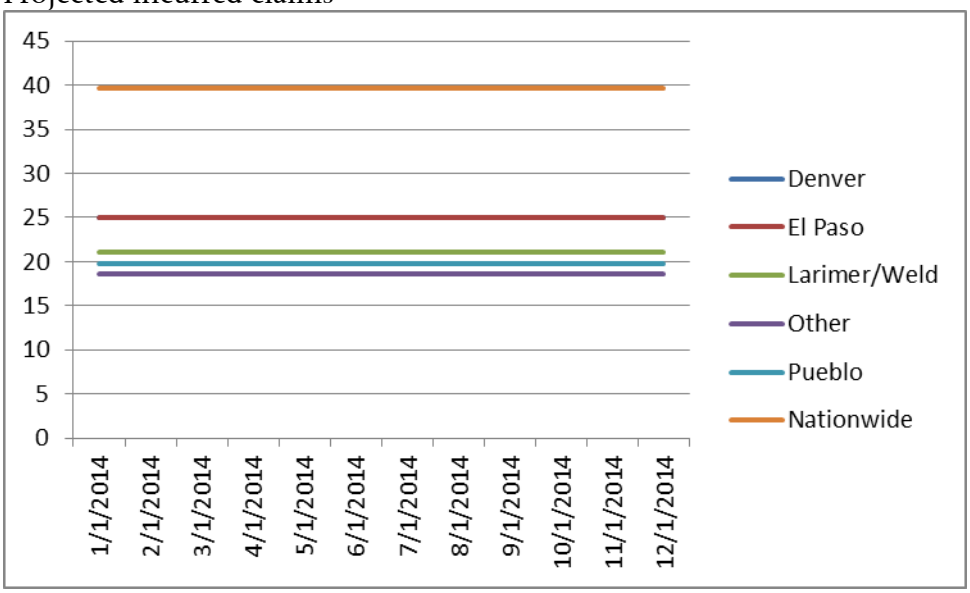


Projected premiums



Projected incurred claims



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Please see "Actuarial Certification" on page 9 of the Actuarial Memorandum.

If you have any questions or need additional information, please contact me at 860.226.2994 or megan.weaver@cigna.com.

Sincerely,

Megan Weaver
Actuarial Sr. Analyst

Rates Table Template v2.3	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are a community rating state, select Family Option under Age and fill in all columns.			
	If you are not community rating state, select 0-20 under Age 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 + S. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	49375			
Federal TIN*	59-1031071			
Rate Effective Date*	01/01/2014			
Rate Expiration Date*	12/31/2014			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Require:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
49375CO0030001	Rating Area 1	No Preference	0-20	39.00
49375CO0030001	Rating Area 1	No Preference	21	9999.00
49375CO0030001	Rating Area 1	No Preference	22	9999.00
49375CO0030001	Rating Area 1	No Preference	23	9999.00
49375CO0030001	Rating Area 1	No Preference	24	9999.00
49375CO0030001	Rating Area 1	No Preference	25	9999.00
49375CO0030001	Rating Area 1	No Preference	26	9999.00
49375CO0030001	Rating Area 1	No Preference	27	9999.00
49375CO0030001	Rating Area 1	No Preference	28	9999.00
49375CO0030001	Rating Area 1	No Preference	29	9999.00
49375CO0030001	Rating Area 1	No Preference	30	9999.00
49375CO0030001	Rating Area 1	No Preference	31	9999.00
49375CO0030001	Rating Area 1	No Preference	32	9999.00
49375CO0030001	Rating Area 1	No Preference	33	9999.00
49375CO0030001	Rating Area 1	No Preference	34	9999.00
49375CO0030001	Rating Area 1	No Preference	35	9999.00
49375CO0030001	Rating Area 1	No Preference	36	9999.00
49375CO0030001	Rating Area 1	No Preference	37	9999.00
49375CO0030001	Rating Area 1	No Preference	38	9999.00
49375CO0030001	Rating Area 1	No Preference	39	9999.00
49375CO0030001	Rating Area 1	No Preference	40	9999.00
49375CO0030001	Rating Area 1	No Preference	41	9999.00
49375CO0030001	Rating Area 1	No Preference	42	9999.00
49375CO0030001	Rating Area 1	No Preference	43	9999.00
49375CO0030001	Rating Area 1	No Preference	44	9999.00
49375CO0030001	Rating Area 1	No Preference	45	9999.00
49375CO0030001	Rating Area 1	No Preference	46	9999.00
49375CO0030001	Rating Area 1	No Preference	47	9999.00
49375CO0030001	Rating Area 1	No Preference	48	9999.00
49375CO0030001	Rating Area 1	No Preference	49	9999.00
49375CO0030001	Rating Area 1	No Preference	50	9999.00
49375CO0030001	Rating Area 1	No Preference	51	9999.00
49375CO0030001	Rating Area 1	No Preference	52	9999.00
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49375CO0030001	Rating Area 1	No Preference	54	9999.00
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49375CO0030002	Rating Area 8	No Preference	32	34.00
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49375CO0030002	Rating Area 8	No Preference	37	34.00
49375CO0030002	Rating Area 8	No Preference	38	34.00
49375CO0030002	Rating Area 8	No Preference	39	34.00
49375CO0030002	Rating Area 8	No Preference	40	34.00
49375CO0030002	Rating Area 8	No Preference	41	34.00
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49375CO0030002	Rating Area 10	No Preference	0-20	33.00
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49375CO0030002	Rating Area 11	No Preference	64	42.00
49375CO0030002	Rating Area 11	No Preference	65 and over	42.00

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/24/2013		Rate	Rate Manual	07/29/2013	Dental Manual 2013 IND CO - Fed Match.pdf (Superceded)
07/24/2013		Supporting Document	Actuarial Memorandum	07/26/2013	Actuarial Memo CO.pdf (Superceded)
06/28/2013		Rate	Rate Manual	07/24/2013	Dental Manual 2013 IND CO - Fed Match.pdf (Superceded)
06/28/2013		Supporting Document	Actuarial Memorandum	07/24/2013	Actuarial Memo CO.pdf (Superceded)
06/14/2013		Rate	Rate Manual	06/28/2013	Dental Manual 2013 IND CO.pdf (Superceded)
06/14/2013		Supporting Document	Actuarial Memorandum	06/28/2013	Actuarial Memo CO.pdf (Superceded)

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit I - Geographic Classification

Code	Area Name
1	Rating Area 1
2	Rating Area 2
3	Rating Area 3
4	Rating Area 4
5	Rating Area 5
6	Rating Area 6
7	Rating Area 7
8	Rating Area 8
9	Rating Area 9
10	Rating Area 10
11	Rating Area 11

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014

CO Rating Area	Child Rate 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65+ Medicare Primary Payer	Age 65+ Medicare Secondary Payer
Area 1	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 2	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 3	$38	$31	$38	$38	$38	$38	$38	$38	$38	$49	$49	$49
Area 4	$36	$30	$37	$37	$37	$37	$37	$37	$37	$47	$47	$47
Area 5	$33	$28	$35	$35	$35	$35	$35	$35	$35	$44	$44	$44
Area 6	$36	$30	$37	$37	$37	$37	$37	$37	$37	$47	$47	$47
Area 7	$31	$27	$34	$34	$34	$34	$34	$34	$34	$43	$43	$43
Area 8	$32	$28	$34	$34	$34	$34	$34	$34	$34	$44	$44	$44
Area 9	$32	$27	$34	$34	$34	$34	$34	$34	$34	$44	$44	$44
Area 10	$33	$28	$35	$35	$35	$35	$35	$35	$35	$45	$45	$45
Area 11	$29	$25	$32	$32	$32	$32	$32	$32	$32	$42	$42	$42

** Premium rates reflect per member per month rate.*

Exhibit III - Rate Development
CHLIC - Colorado Individual Dental Plan

CO Group Dental Claims

CO members	53,805
CO claims	$ 17,427,478
Claim PMPY	$324

Adjustment Factors	Relativities
Group, $1500 Max, R&C 90%	1.00
Ped EHB pmpm	0.63
EHB + fam pmpm	0.61

	Claim PMPY	Policy Mix
Ped EHB	$204.06	25%
EHB + fam	$197.58	75%
Expected Group Dental Cost	$199	

Illustrative Rate Development for Individual Dental Policy

(i) Expected Group Dental Cost Per Member Per Year		$ 199
Translation to Individual Basis	(a) 0% Employer Contribution Adju	1.17
	(b) SIC Unknown Adjus	1.04
	(c) No Prior Coverage Adjustment	1.10
(ii) Group to Individual basis adjustment factor = (a) x (b) x (c)		1.33848
(iii) Expected Individual Dental Cost Per Member Per Year = (i) x (ii)		$267
(iv) Trend (Annual Trend 5.5%)		1.17
(v) Trended Individual Dental Cost Per Member Per Year = (iii) x (iv)		$313
(vi) Retention		36%
(vii) Average Premium Rate Per Member Per Year = (v) / [1- (vi)]		$489

Exhibit IV - Historical Experience
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)
2009-NTL*	$ 437,930,859	15,256,118	$ 375,199,760	$ -	$ 375,199,760	85.7%
2010-NTL*	$ 519,828,792	17,742,501	$ 440,700,391	$ -	$ 440,700,391	84.8%
2011-NTL*	$ 611,471,763	20,630,257	$ 519,900,381	$ -	$ 519,900,381	85.0%
2009-CO**	$ -	-	$ -	$ -	$ -	0.0%
2010-CO**	$ 526,923	17,408	$ 445,253	$ -	$ 445,253	84.5%
2011-CO**	$ 20,705,135	628,250	$ 16,982,225	$ -	$ 16,982,225	82.0%

Notes on Experience

* 2009, 2010, and 2011 group dental premium and claims experience for the entire country.

** 2009, 2010, and 2011 group dental premium and claims experience for the accounts that were sitused in CO.

Exhibit V - Projections
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Cal Year (a)	Earned Premium (b)	Member-months	Paid Claims (c)	Change in Claim Liability & Reserve (d)	Incurred Claims (e) = (c) + (d)	Incurred Loss Ratio (f) = (e) / (b)	Expected Incurred Claims (g)	Expected Loss Ratio (h)	A/E Claims Ratio (i)	Active Life Reserves (j)	Earned Premium Manual Rate Basis (k)	Earned Premium Current Rate Basis (l)
Year 1	$ 5,276,894				$ 2,875,335	54.5%	$ 2,875,335	54.5%	100%			
Year 2	$ 3,463,717				$ 2,700,229	78.0%	$ 2,700,229	78.0%	100%			
Year 3	$ 1,637,045				$ 1,276,200	78.0%	$ 1,276,200	78.0%	100%			
Year 4	$ 557,100				$ 434,301	78.0%	$ 434,301	78.0%	100%			
Year 5	$ 136,508				$ 106,419	78.0%	$ 106,419	78.0%	100%			
Year 6	$ 24,085				$ 18,776	78.0%	$ 18,776	78.0%	100%			
Year 7	$ 3,060				$ 2,385	78.0%	$ 2,385	78.0%	100%			
Year 8	$ 280				$ 218	78.0%	$ 218	78.0%	100%			
Year 9	$ 18				$ 14	78.0%	$ 14	78.0%	100%			
Year 10	$ 1				$ 1	78.0%	$ 1	78.0%	100%			
Past						0.0%		0.0%	0%			
Future	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Lifetime	$ 11,098,708				$ 7,413,878	66.8%	$ 7,413,878	66.8%	100%			
Interest	4.5%											
Past						0.0%		0.0%	0%			
Future	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	66.4%	100%			
Lifetime	$ 10,253,682				$ 6,808,445	66.4%	$ 6,808,445	**66.4%**	100%			

Projection Assumptions:

Premium Yield	5.5%										
Dental Cost Trend	5.5%										
Policies sold	15,000										
	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	
Average Persistency Rate	0.86	0.62	0.45	0.32	0.23	0.17	0.12	0.09	0.06	0.04	
% of Book Remaining	86	54	24	8	2	0	0	0	0	0	
Durational Claim Slope	0.70	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.91

Exhibit VI - Actuarial Value Calculation
CHLIC - Colorado Individual Dental Plan
Experience and Durational Loss Ratio Projection

Child Distribution

Bucket	Child Dist	Total Scld	Class I w/Ded	Class I No Ded	Coinsurance	Clms w/Class I	Cal Yr Max w/Class I
0	0.34434	0.00	0.00	0.00	99.95%	0.00	0.00
10	0.00002	9.16	0.00	9.16	99.95%	0.00	0.00
20	0.00011	18.33	0.00	18.15	99.47%	0.00	0.00
30	0.00031	27.49	0.00	27.22	99.47%	0.00	0.00
40	0.00071	36.66	0.00	35.93	98.99%	0.00	0.00
50	0.00125	45.82	0.00	44.91	98.99%	0.00	0.00
60	0.00187	54.99	4.99	53.89	98.99%	4.94	4.94
70	0.00293	64.15	14.15	62.87	98.99%	14.01	14.01
80	0.00427	73.32	23.32	71.85	98.99%	23.08	23.08
90	0.00542	82.48	32.48	80.83	98.99%	32.15	32.15
100	0.01562	91.65	41.65	89.81	98.99%	41.23	41.23
120	0.02149	109.98	59.98	107.78	98.99%	59.37	59.37
140	0.02416	128.31	78.31	125.74	98.99%	77.52	77.52
160	0.02563	146.63	96.63	143.70	98.99%	95.66	95.66
180	0.02675	164.96	114.96	160.01	98.52%	113.26	113.26
200	0.02620	183.29	133.29	177.79	98.52%	131.31	131.31
220	0.02713	201.62	151.62	195.57	98.52%	149.37	149.37
240	0.02686	219.95	169.95	211.15	98.04%	166.62	166.62
260	0.02764	238.28	188.28	228.75	98.04%	184.59	184.59
280	0.02633	256.61	206.61	241.21	97.08%	200.58	200.58
300	0.02503	274.94	224.94	258.44	97.08%	218.37	218.37
320	0.02388	293.27	243.27	272.74	96.60%	235.00	235.00
340	0.02225	311.60	261.60	286.67	96.12%	251.45	251.45
360	0.01974	329.93	279.93	300.23	95.64%	267.72	267.72
380	0.01876	348.26	298.26	313.43	95.16%	283.82	283.82
400	0.02471	366.59	316.59	322.60	94.20%	298.21	298.21
430	0.02186	394.08	344.08	344.08	93.23%	320.79	320.79
460	0.01890	421.57	371.57	371.57	91.30%	339.24	339.24
490	0.01652	449.07	399.07	399.07	89.84%	358.50	358.50
520	0.01416	476.56	426.56	426.56	88.38%	376.98	376.98
550	0.01304	504.06	454.06	454.06	86.91%	394.63	394.63
580	0.01121	531.55	481.55	481.55	85.93%	413.82	413.82
610	0.00996	559.04	509.04	509.04	83.97%	427.46	427.46
640	0.00865	586.54	536.54	536.54	82.99%	445.27	445.27
670	0.00772	614.03	564.03	564.03	81.51%	459.75	459.75
700	0.00701	641.53	591.53	591.53	80.03%	473.38	473.38
730	0.00639	669.02	619.02	619.02	78.54%	486.16	486.16
760	0.00606	696.51	646.51	646.51	77.54%	501.33	501.33
790	0.00550	724.01	674.01	674.01	76.55%	515.94	515.94
820	0.00479	751.50	701.50	701.50	75.55%	529.99	529.99
850	0.00472	779.00	729.00	729.00	75.05%	547.12	547.12
880	0.00417	806.49	756.49	756.49	74.05%	560.16	560.16
910	0.00395	833.98	783.98	783.98	72.54%	568.74	568.74
940	0.00349	861.48	811.48	811.48	73.05%	592.75	592.75
970	0.00344	888.97	838.97	838.97	72.04%	604.42	604.42
1,000	0.00980	916.47	866.47	866.47	71.03%	615.49	615.49
1,100	0.00840	1,008.11	958.11	958.11	69.02%	661.27	661.27
1,200	0.00703	1,099.76	1,049.76	1,049.76	67.50%	708.56	708.56
1,300	0.00602	1,191.40	1,141.40	1,141.40	65.98%	753.06	753.06
1,400	0.00514	1,283.05	1,233.05	1,233.05	64.96%	800.96	800.96
1,500	0.00450	1,374.70	1,324.70	1,324.70	64.45%	853.75	853.75
1,600	0.00421	1,466.34	1,416.34	1,416.34	63.43%	898.38	898.38
1,700	0.00377	1,557.99	1,507.99	1,507.99	62.92%	948.81	948.81
1,800	0.00348	1,649.64	1,599.64	1,599.64	62.41%	998.27	998.27
1,900	0.00334	1,741.28	1,691.28	1,691.28	62.92%	1,064.11	1,064.11
2,000	0.00281	1,832.93	1,782.93	1,782.93	61.89%	1,103.54	1,103.54
2,100	0.00272	1,924.58	1,874.58	1,874.58	60.87%	1,141.07	1,141.07
2,200	0.00222	2,016.22	1,966.22	1,966.22	60.87%	1,196.86	1,196.86
2,300	0.00213	2,107.87	2,057.87	2,057.87	60.36%	1,242.12	1,242.12
2,400	0.00204	2,199.52	2,149.52	2,149.52	60.36%	1,297.44	1,297.44
2,500	0.00166	2,291.16	2,241.16	2,241.16	60.36%	1,352.76	1,352.76
2,600	0.00164	2,382.81	2,332.81	2,332.81	60.36%	1,408.08	1,408.08
2,700	0.00157	2,474.46	2,424.46	2,424.46	60.36%	1,463.36	1,463.36
2,800	0.00128	2,566.10	2,516.10	2,516.10	59.84%	1,505.72	1,505.72
2,900	0.00111	2,657.75	2,607.75	2,607.75	59.33%	1,547.14	1,547.14
3,000	0.00392	2,749.40	2,699.40	2,699.40	59.33%	1,601.51	1,601.51
3,500	0.00236	3,207.63	3,157.63	3,157.63	59.32%	1,873.16	1,873.16
4,000	0.00130	3,665.86	3,615.86	3,615.86	59.32%	2,144.84	2,144.84
4,500	0.00073	4,124.09	4,074.09	4,074.09	59.31%	2,416.54	2,416.54
5,000	0.00056	4,582.33	4,532.33	4,532.33	59.31%	2,688.04	2,688.04
5,500	0.00133	5,040.56	4,990.56	4,990.56	59.31%	2,959.74	2,959.74
360.17	n/a	330.08	297.32	311.89	n/a	227.66	227.66

class I-III claims	227.66	
claims > $700 OOP	11.16	
ortho claims	47.32	assumes 30% is medically necessary
total annual	286.13	
pmpm	23.84	
allowed	398.55	
paid	286.13	
AV	71.8%	

Ortho Child

Cost:

Expected Cost	Discounted Cost	Disc cost with Ded	Coinsurance	Final Cost	Frequency
6539.57	4531.92	4531.92	50%	2265.96	0.1007

Total Annual Ortho Cost **228.23**

Cigna Health and Life Insurance Company (CHLIC)
Accident and Health Rate Filing
Actuarial Memorandum
Individual Dental

A. Summary

The purpose of this memorandum is to file rates associated with the policy forms shown above. Please note that this is the initial rate filing for these forms. The memorandum includes a description of the product features underlying the product, as well as information related to the development of the premium rates. A Rate Table containing the detailed premium rates has been included with this filing. The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

Benefit Description

1. myCigna Dental Pediatric Plan

For Children (Age 0-19)	**Participating Provider**	**Non –Participating Provider**
Calendar Year Maximum: Class I, II, III	None	
Calendar Year Deductible: Class I, II, III	$50 per person	
	$150 per family	
Out of Pocket Maximum: Class I, II, III	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible

2. myCigna Dental Family + Pediatric Plan

For Children (Age 0-19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	None	
Lifetime Maximum: Class IV	None	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Separate Lifetime Deductible for Class IV	None	
Out of Pocket Maximum: Class I, II, III & IV	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible
Class IV – Medically Necessary Orthodontia	50% after Deductible	50% after Deductible

For Adults (Age >19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	$1,000	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	
Class II - Basic Restorative Services	50% after Deductible	
	6 Months Waiting Period	
Class III - Major Restorative Services	80% after Deductible	
	12 Months Waiting Period	
	No coverage for replacement of teeth missing prior to the effective date.	
Class IV – Medically Necessary Orthodontia	Plan pays 0%, network discounts apply	Not covered

Please note: The myCigna Dental Family + Pediatric plan will only be available on-Exchange.

B. Assumption or Acquisition

The plans in this rate filing are not part of an acquisition or assumption of policies.

C. Rating Period

The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

D. Underwriting

Individuals will not be subject to underwriting.

E. Effect of Law Changes

These are new plans and any benefit requirements due to new laws, regulations, or state-mandated benefits have been included in the plan benefits and estimated in claim costs.

F. Rate History

This is the first set of premium rates for these plans.

G. Coordination of Benefits

Actual and projected loss ratios in this filing are net of any savings from coordination of benefits or subrogation.

H. Relation of Benefits to Premium

The product is priced using lifetime loss ratio target, as to minimize the need for future rate increases. We estimate total retention to be approximately 33.6% and anticipate lifetime loss ratio is expected to be 66.4%. Total retention is comprised of administrative expenses, premium tax, commissions and a risk charge.

Administrative Expenses	13%
Commissions	10%
Profit	6%
Premium Tax	1%
PPACA Health Insurance Assessment	2.2%
Exchange Fees	1.4%
Total	33.6%

The administrative expenses are comprised of the following:

Acquisition and Issue	1.0%
Policy Maintenance	6.5%
Overhead and Claims	5.5%
Administrative Expenses	13.0%

Recent financial reviews show these are the average costs.

I. Lifetime Loss Ratio

The anticipated lifetime loss ratio is expected to be 66.4%.

J. Provision for Profit and Contingencies

The overall profit and contingencies charge in the retention is 6%.

K. Development of Proposed Rates

There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on our existing group dental products. From this information, an estimate of claims cost was developed and adjusted for differences in benefits and targeted population. Financial analysis was conducted to project future administrative expenses and other retention components. A trend factor and geographical differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

Premium rates will vary based on plan design, age, and geographic area. The geographic classification follows CO standard rating areas (see Exhibit I).

The schedules of proposed individual rates are attached to this memorandum as Rate Table (Exhibit II).

L. Trend

The expected annualized trend is 5.5%.

Component	
Inflation	5.1%
Utilization	3.0%
Leveraging	-2.5%
Total	5.5%

This factor reflects underlying differences in network costs and discounts, inflation/severity, cost-shifting, utilization, and cost share leveraging. The trend was developed from 2012 data compared to 2011. Trend factors will be applied to the new business premium rates in Exhibit II on a semi-annual basis.

M. Credibility

This is a new product offering and so no experience currently exists for the plan.

N. Data Requirements

Since this is a new product, no data on earned premium or claims experience currently exist. However, our large group experience can be viewed in Exhibit IV.

O. Side-by-Side Comparison

This is the first set of premium rates for these plans.

P. Lifetime Loss Ratio Projections

The lifetime loss ratio for this product described in Section A of this memorandum is 64%.

Q. Other Factors

Rating factors such as age factors and area factors are inherent in the schedule of proposed individual rates in Exhibit II.

Renewability Clause

The policy is guaranteed renewable.

Actuarial Certification

I, Dipti Patel, FSA, MAAA, certify that to the best of my knowledge and judgment, these rates on average meet an Actuarial Value of 71.8%. This rate filing is in compliance with the applicable laws and regulations of this state and the premiums charged are reasonable in relation to the benefits provided. I attest that, in my opinion, the rates are not excessive, inadequate or unfairly discriminatory.

Dipti Patel

Dipti Patel, FSA, MAAA
Actuarial Manager

7/24/2013
Date

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit I - Geographic Classification

Code	Area Name *
1	Denver
2	El Paso
3	Larimer/Weld
4	Other
5	Pueblo
6	Nationwide **

**Area Names are Cigna-defined. A detailed zip code to area mapping is available upon request.*

***All members who change residence outside of the state of Colorado and wish to continue their current Colorado policy will be subject to the Nationwide rates.*

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit II - Premium Rates*

		Child Rate 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65+ Medicare Primary Payer	Age 65+ Medicare Secondary Payer
Area 1	Denver	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 2	El Paso	$39	$32	$39	$39	$39	$39	$39	$39	$39	$49	$49	$49
Area 3	Larimer/Weld	$33	$28	$35	$35	$35	$35	$35	$35	$35	$45	$45	$45
Area 4	Other	$29	$26	$32	$32	$32	$32	$32	$32	$32	$42	$42	$42
Area 5	Pueblo	$31	$27	$34	$34	$34	$34	$34	$34	$34	$43	$43	$43
Area 6	Nationwide	$62	$45	$53	$53	$53	$53	$53	$53	$53	$63	$63	$63

** Premium rates reflect per member per month rate.*

Cigna Health and Life Insurance Company (CHLIC)
Accident and Health Rate Filing
Actuarial Memorandum
Individual Dental

A. Summary

The purpose of this memorandum is to file rates associated with the policy forms shown above. Please note that this is the initial rate filing for these forms. The memorandum includes a description of the product features underlying the product, as well as information related to the development of the premium rates. A Rate Table containing the detailed premium rates has been included with this filing. The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

Benefit Description

1. myCigna Dental Pediatric Plan

For Children (Age 0-19)	**Participating Provider**	**Non –Participating Provider**
Calendar Year Maximum: Class I, II, III	None	
Calendar Year Deductible: Class I, II, III	$50 per person	
	$150 per family	
Out of Pocket Maximum: Class I, II, III	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible

2. myCigna Dental Family + Pediatric Plan

For Children (Age 0-19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	None	
Lifetime Maximum: Class IV	None	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Separate Lifetime Deductible for Class IV	None	
Out of Pocket Maximum: Class I, II, III & IV	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible
Class IV – Medically Necessary Orthodontia	50% after Deductible	50% after Deductible

For Adults (Age >19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	$1,000	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	
Class II - Basic Restorative Services	50% after Deductible	
	6 Months Waiting Period	
Class III - Major Restorative Services	80% after Deductible	
	12 Months Waiting Period	
	No coverage for replacement of teeth missing prior to the effective date.	
Class IV – Medically Necessary Orthodontia	Plan pays 0%, network discounts apply	Not covered

Please note: The myCigna Dental Family + Pediatric plan will only be available on-Exchange.

B. Assumption or Acquisition

The plans in this rate filing are not part of an acquisition or assumption of policies.

C. Rating Period

The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

D. Underwriting

Individuals will not be subject to underwriting.

E. Effect of Law Changes

These are new plans and any benefit requirements due to new laws, regulations, or state-mandated benefits have been included in the plan benefits and estimated in claim costs.

F. Rate History

This is the first set of premium rates for these plans.

G. Coordination of Benefits

Actual and projected loss ratios in this filing are net of any savings from coordination of benefits or subrogation.

H. Relation of Benefits to Premium

The product is priced using lifetime loss ratio target, as to minimize the need for future rate increases. We estimate total retention to be approximately 36% and anticipate lifetime loss ratio is expected to be 64%. Total retention is comprised of administrative expenses, premium tax, commissions and a risk charge.

Administrative Expenses	13%
Commissions	10%
Profit	6%
Taxes*	4%
Exchange Fees	3%
Total	36%

** includes state premium tax and PPACA health insurance industry fee assessment*

I. Lifetime Loss Ratio

The anticipated lifetime loss ratio is expected to be 64%.

J. Provision for Profit and Contingencies

The overall profit and contingencies charge in the retention is 6%.

K. Development of Proposed Rates

There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on our existing group dental products along with publicly available premium rate information for various individual dental plans. From this information, an estimate of claims cost was developed and adjusted for differences in benefits and targeted population. Financial analysis was conducted to project future administrative expenses and other retention components. A trend factor and geographical differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

Premium rates will vary based on plan design, age, and geographic area. The geographic classification is as follows:

State	Code	Rating Area
CO	1	CODenver
CO	2	COEl Paso
CO	3	COLarimer/Weld
CO	4	COOther
CO	5	COPueblo

A 15% dependent discount will be applied to the premium rate of any dependents of the primary insured. The policy premium rate will be equal to the sum of the primary insured rate and the discounted dependent rates.

The schedules of proposed individual rates are attached to this memorandum as Rate Table.

L. Trend

The expected annualized trend is 5.5%.
This factor reflects underlying differences in network costs and discounts, inflation/severity, cost-shifting, utilization, and cost share leveraging.

M. Credibility

This is a new product offering and so no experience currently exists for the plan.

N. Data Requirements

No data on earned premium or claims experience currently exists for this new offering.

O. Side-by-Side Comparison

This is the first set of premium rates for these plans.

P. Loss Ratio Projections

Projected loss ratio for this product described in Section A of this memorandum is 64% on lifetime basis.

Q. Other Factors

Rating factors such as age factors and area factors are inherent in the schedule of proposed individual rates in Exhibit II.

Renewability Clause

The policy is guaranteed renewable.

Actuarial Certification

I, Dipti Patel, FSA, MAAA, certify that to the best of my knowledge and judgment, these rates on average meet an Actuarial Value of 71.8%. This rate filing is in compliance with the applicable laws and regulations of this state and that the premiums charged are reasonable in relation to the benefits provided.

Dipti Patel

_____

Dipti Patel, FSA, MAAA
Actuarial Manager

_____6/5/2013_____
Date

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit I - Geographic Classification

Code	Area Name *
1	Denver
2	El Paso
3	Larimer/Weld
4	Other
5	Pueblo
6	Nationwide **

**Area Names are Cigna-defined. A detailed zip code to area mapping is available upon request.*

***All members who change residence outside of the state of Colorado and wish to continue their current Colorado policy will be subject to the Nationwide rates.*

Cigna Health and Life Insurance Company
Accident and Health Rate Filing
Individual Dental
Effective: 01/01/2014
Exhibit II - Premium Rates*

		Child Rate 0-20	Adult Rate 21-24	Adult Rate 25-59	Adult Rate 60+
Area 1	Denver	$39	$32.00	$39.00	$49.00
Area 2	El Paso	$39	$32.00	$39.00	$49.00
Area 3	Larimer/Weld	$33	$28.00	$35.00	$45.00
Area 4	Other	$29	$26.00	$32.00	$42.00
Area 5	Pueblo	$31	$27.00	$34.00	$43.00
Area 6	Nationwide	$62	$44.00	$52.00	$63.00

** Premium rates reflect per member per month rate.*

Cigna Health and Life Insurance Company (CHLIC)
Accident and Health Rate Filing
Actuarial Memorandum
Individual Dental

A. Summary

The purpose of this memorandum is to file rates associated with the policy forms shown above. Please note that this is the initial rate filing for these forms. The memorandum includes a description of the product features underlying the product, as well as information related to the development of the premium rates. A Rate Table containing the detailed premium rates has been included with this filing. The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

Benefit Description

1. myCigna Dental Pediatric Plan

For Children (Age 0-19)	**Participating Provider**	**Non –Participating Provider**
Calendar Year Maximum: Class I, II, III	None	
Calendar Year Deductible: Class I, II, III	$50 per person	
	$150 per family	
Out of Pocket Maximum: Class I, II, III	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible

2. myCigna Dental Family + Pediatric Plan

For Children (Age 0-19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	None	
Lifetime Maximum: Class IV	None	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Separate Lifetime Deductible for Class IV	None	
Out of Pocket Maximum: Class I, II, III & IV	$700 per person	
	$1400 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	100% after Deductible
Class II - Basic Restorative Services	50% after Deductible	50% after Deductible
Class III - Major Restorative Services	50% after Deductible	50% after Deductible
Class IV – Medically Necessary Orthodontia	50% after Deductible	50% after Deductible

For Adults (Age >19)	Participating Provider	Non –Participating Provider
Calendar Year Maximum: Class I, II, III & IV	$1,000	
Calendar Year Deductible: Class I, II, III & IV	$50 per person	
	$150 per family	
Reimbursement Levels	Based on reduced contracted fees	Maximum Allowable Charge
Benefit	**Percentage of Covered Expenses the Plan Pays**	
Class I - Preventive/Diagnostic Services	100% after Deductible	
Class II - Basic Restorative Services	50% after Deductible	
	6 Months Waiting Period	
Class III - Major Restorative Services	80% after Deductible	
	12 Months Waiting Period	
	No coverage for replacement of teeth missing prior to the effective date.	
Class IV – Medically Necessary Orthodontia	Plan pays 0%, network discounts apply	Not covered

Please note: The myCigna Dental Family + Pediatric plan will only be available on-Exchange.

B. Assumption or Acquisition

The plans in this rate filing are not part of an acquisition or assumption of policies.

C. Rating Period

The rates contained in this filing are proposed for new contracts, on and after the effective date of January 1, 2014.

D. Underwriting

Individuals will not be subject to underwriting.

E. Effect of Law Changes

These are new plans and any benefit requirements due to new laws, regulations, or state-mandated benefits have been included in the plan benefits and estimated in claim costs.

F. Rate History

This is the first set of premium rates for these plans.

G. Coordination of Benefits

Actual and projected loss ratios in this filing are net of any savings from coordination of benefits or subrogation.

H. Relation of Benefits to Premium

The product is priced using lifetime loss ratio target, as to minimize the need for future rate increases. We estimate total retention to be approximately 36% and anticipate lifetime loss ratio is expected to be 64%. Total retention is comprised of administrative expenses, premium tax, commissions and a risk charge.

Administrative Expenses	13%
Commissions	10%
Profit	6%
Taxes*	4%
Exchange Fees	3%
Total	36%

** includes state premium tax and PPACA health insurance industry fee assessment*

I. Lifetime Loss Ratio

The anticipated lifetime loss ratio is expected to be 64%.

J. Provision for Profit and Contingencies

The overall profit and contingencies charge in the retention is 6%.

K. Development of Proposed Rates

There is limited experience available for the individual dental product as this is a fairly new product. As a result premium rates were developed based on our existing group dental products along with publicly available premium rate information for various individual dental plans. From this information, an estimate of claims cost was developed and adjusted for differences in benefits and targeted population. Financial analysis was conducted to project future administrative expenses and other retention components. A trend factor and geographical

differences were then applied based on large group methodology. Rates were then compiled to ensure an appropriate target loss ratio.

Premium rates will vary based on plan design, age, and geographic area. The geographic classification is as follows:

State	Code	Rating Area
CO	1	CODenver
CO	2	COEl Paso
CO	3	COLarimer/Weld
CO	4	COOther
CO	5	COPueblo

A 15% dependent discount will be applied to the premium rate of any dependents of the primary insured. The policy premium rate will be equal to the sum of the primary insured rate and the discounted dependent rates.

The schedules of proposed individual rates are attached to this memorandum as Rate Table.

L. Trend

The expected annualized trend is 5.5%.
This factor reflects underlying differences in network costs and discounts, inflation/severity, cost-shifting, utilization, and cost share leveraging.

M. Credibility

This is a new product offering and so no experience currently exists for the plan.

N. Data Requirements

No data on earned premium or claims experience currently exists for this new offering.

O. Side-by-Side Comparison

This is the first set of premium rates for these plans.

P. Loss Ratio Projections

Projected loss ratio for this product described in Section A of this memorandum is 64% on lifetime basis.

Q. Other Factors

Rating factors such as age factors and area factors are inherent in the schedule of proposed individual rates in Exhibit II.

Actuarial Certification

I, Dipti Patel, FSA, MAAA, certify that to the best of my knowledge and judgment, these rates on average meet an Actuarial Value of 71.8%. This rate filing is in compliance with the applicable laws and regulations of this state and that the premiums charged are reasonable in relation to the benefits provided.

Dipti Patel

Dipti Patel, FSA, MAAA
Actuarial Manager

6/5/2013
Date