

FILED

MAY 21 2025

Department of Insurance
State of Idaho

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

CIGNA HEALTH AND LIFE
INSURANCE COMPANY

Certificate of Authority No. 994
NAIC ID No. 67369

Docket No. 18-4710-25

**ORDER AUTHORIZING
DISCONTINUANCE OF
MEDICARE SUPPLEMENT PLANS**

On March 27, 2025, CIGNA HEALTH AND LIFE INSURANCE COMPANY (the “Company”) notified the Idaho Department of Insurance (“Department”) that the Company intends to discontinue availability of its Medicare Supplement policies in Idaho effective June 1, 2025. The Company identified the affected plans as policy form numbers CHLIC-MS-CR-A.v2-ID, CHLIC-MS-CR-F.v2-ID, CHLIC-MS-CR-G.v2-ID, CHLIC-MS-CR-HDF.v2-ID, and CHLIC-MS-CR-N.v2-ID.

The Company acknowledged that, per IDAPA 18.04.10.056.04(b), discontinuing availability of its Medicare Supplement plans in Idaho will prohibit the Company from filing, for approval in Idaho, a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plan as the discontinued forms for five years from the date of the Company’s notice to the Department. The Company represented that there are 2,013 active

Medicare Supplement policies covering Idaho insureds under the above-identified policy forms, and that the Company will continue to service those policies which are guaranteed renewable.

The Department's Director ("Director"), having reviewed the foregoing and IDAPA 18.04.10.056.04, finds that the proposed effective date of the discontinuance complies with the notice requirements to the Director set forth in IDAPA 18.04.10.056.04(a). Based on this finding, and good cause appearing,

NOW, THEREFORE, IT IS ORDERED, pursuant to IDAPA 18.04.10.056.04(a), that CIGNA HEALTH AND LIFE INSURANCE COMPANY may discontinue availability of its Medicare Supplement plans identified above, effective June 1, 2025.

IT IS FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04(b), that CIGNA HEALTH AND LIFE INSURANCE COMPANY shall not file with the Department a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plan as the discontinued forms prior to March 27, 2030.

DATED and effective this 21 day of May 2025.

STATE OF IDAHO
DEPARTMENT OF INSURANCE


DEAN L. CAMERON
Director

NOTIFICATION OF RIGHTS

This is a final order of the agency. Any party may file a motion for reconsideration of this final order within 14 days of the service date of this order. The agency will dispose of the motion for reconsideration within 21 days of its receipt, or the motion will be considered denied by operation of law. *See* Idaho Code § 67-5246(4).

Any such motion for reconsideration shall be served on the Director of the Idaho Department of Insurance, addressed as follows:

Dean L. Cameron, Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may file a petition for judicial review in the district court of the county in which:

- i. A hearing was held;
- ii. The final agency action was taken;
- iii. The party seeking review of the order resides, or operates its principal place of business in Idaho; or
- iv. The real property or personal property that was the subject of the agency action is located.

A petition for judicial review must be filed within 28 days of: (a) the service date of this final order, (b) the service of an order denying motion for reconsideration, or (c) the failure within 21 days to grant or deny a motion for reconsideration, whichever is later. *See* Idaho Code § 67-5273. The filing of a petition for judicial review does not itself stay the effectiveness or enforcement of the order under appeal. Idaho Code § 67-5274.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 21st day of May 2025, I caused a true and correct copy of the foregoing ORDER AUTHORIZING DISCONTINUANCE OF MEDICARE SUPPLEMENT PLANS to be served upon the following by the designated means:

Cigna Health and Life Insurance Co. Michelle Harro, Compliance Investigator 900 Cottage Grove Rd Bloomfield, CT 06002	☒ First Class Mail ☐ Certified Mail ☒ Email: michelle.shutt@cigna.com
--	--



Jan Noriyuki
Paralegal