

STATE OF INDIANA)
) SS: BEFORE THE INDIANA
COUNTY OF MARION) COMMISSIONER OF INSURANCE

IN THE MATTER OF:)
)
Cigna HealthCare of Indiana, Inc.)
900 Cottage Grove Road)
Bloomfield, Connecticut 06002)

Examination of: **Cigna HealthCare of Indiana, Inc.**

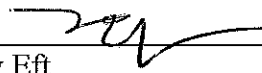
NOTICE OF ENTRY OF ORDER

Enclosed is the Final Order entered by Amy L. Beard, Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Cigna HealthCare of Indiana, Inc., any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as sent to you on May 14, 2021, has been adopted by the Commissioner.

Pursuant to Ind. Code § 27-1-3.1-12(b), within thirty (30) days of receipt of the Final Order, each director of Cigna HealthCare of Indiana, Inc. shall file an affidavit with the Indiana Department of Insurance stating that he/she has received a copy of the Verified Report of Examination and the Final Order.

The Final Order is a final administrative decision that may be appealed pursuant to Ind. Code § 4-21.5-5.

June 18, 2021
Date


Roy Eft
Chief Financial Examiner

CERTIFIED MAIL NUMBER: 7017 3040 0000 9294 9988

STATE OF INDIANA)
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COUNTY OF MARION) COMMISSIONER OF INSURANCE

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Cigna HealthCare of Indiana, Inc.)
900 Cottage Grove Road)
Bloomfield, Connecticut 06002)

Examination of: **Cigna HealthCare of Indiana, Inc.**

FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Cigna HealthCare of Indiana, Inc. (hereinafter “Company”) for the time period January 1, 2017 through December 31, 2019.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter “Commissioner”) by the Examiner on March 18, 2021.

A copy of the Verified Report of Examination, along with a Notice of Opportunity to Make Written Submission or Rebuttal, was mailed to the Company via Certified Mail on May 14, 2021 and was received by the Company on May 21, 2021.

The Company did not file any objections.

NOW THEREFORE, based on the Verified Report of Examination, I hereby make the following **FINDINGS**:

1. That the Verified Report of Examination is a true and accurate report of the financial condition and affairs of the Cigna HealthCare of Indiana, Inc. as of December 31, 2019.
2. That the Examiner’s Recommendations are reasonable and necessary in order for the Cigna HealthCare of Indiana, Inc. to comply with the laws of the State of Indiana.

Based on the FINDINGS, the Commissioner does hereby ORDER:

1. Pursuant to Ind. Code § 27-1-3.1-11(a)(1), the Verified Report of Examination is adopted and shall be filed. Hereafter the Verified Report of Examination, may constitute prima facie evidence of the facts contained therein in any action or proceeding taken by the Indiana Department of Insurance against the Company, its officers, directors, or agents.

2. The Company shall comply with the Examiner's Recommendations enumerated in summary form and throughout the text of the Verified Report of Examination. A written response to these recommendations should be provided to the Department within 30 days of receipt of this order.

3. Compliance with the Examiner's recommendations shall be completed on or before the filing of the subsequent annual statement. In the event it is not feasible to comply with a recommendation before the filing of the subsequent annual statement, the Company shall submit a written explanation as to why it was not feasible with the filing of the annual statement.

Signed this 18 day of
June, 2021.



Amy L. Beard
Insurance Commissioner
Indiana Department of Insurance

ABOUT AFFIRMATIONS

The following pages for affirmations need to be signed by each Board Member and returned to the Indiana Department of Insurance within thirty (30) days in accordance with I.C. §27-1-3.1-12(b).

If your affirmations list individuals that are no longer on your Board of Directors, you may simply retype the form on plain white paper with the correct names and a line to the right for signature. If the names are misspelled, you may do the same, simply re-type the corrected form with a line to the right for signature.

Should you have any questions or difficulties with these forms or you require additional time past the thirty (30) day requirement, please do not hesitate to contact this department at (317) 232-2390.

STATE OF INDIANA
Department of Insurance
REPORT OF EXAMINATION
OF

CIGNA HEALTHCARE OF INDIANA, INC.

NAIC Co. CODE 95525

NAIC GROUP CODE 0901

As of

December 31, 2019

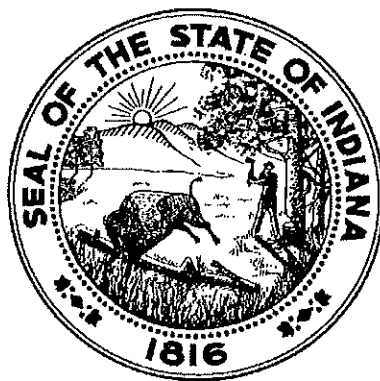


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STATE OF INDIANA

ERIC J. HOLCOMB, GOVERNOR

Indiana Department of Insurance

Amy L. Beard, Commissioner
311 W. Washington Street, Suite 103
Indianapolis, Indiana 46204-2787
Telephone: 317-232-2385
Fax: 317-232-5251
Website: in.gov/idoi

March 18, 2021

Honorable Amy L. Beard, Commissioner
Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Dear Commissioner:

Pursuant to the authority vested in Appointment Number 4056, an examination has been made of the affairs and financial condition of:

Cigna HealthCare of Indiana, Inc.
900 Cottage Grove Road
Bloomfield, Connecticut 06002

hereinafter referred to as the "Company", or "Cigna", an Indiana domestic stock health maintenance organization (HMO). The examination was conducted remotely with support from the corporate offices of Cigna Corporation.

The Report of Examination, reflecting the status of the Company as of December 31, 2019, is hereby respectfully submitted.

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES 317-232-2389 COMPANY COMPLIANCE 317-232-3495 CONSUMER SERVICES 317-232-2395/1-800-622-4461 FINANCIAL SERVICES 317-232-2390 MEDICAL MALPRACTICE 317-232-2402 COMPANY RECORDS 317-232-5692 STATE HEALTH INSURANCE PROGRAM 1-800-452-4800

SCOPE OF EXAMINATION

The Company was last examined by Noble Consulting Services, Inc. and covered the period from January 1, 2014 through December 31, 2016. The present risk focused examination was conducted by Noble Consulting Services, Inc. as an individual examination. It covered the period from January 1, 2017 through December 31, 2019 and included any material transactions and/or events occurring subsequent to the examination date and noted during the course of this examination.

The examination was conducted in accordance with the NAIC *Financial Condition Examiners Handbook* (Handbook). The Handbook requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company, and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

The examination of the Company was called by the Indiana Department of Insurance (INDOI) in accordance with the Handbook guidelines, through the NAIC's Financial Examination Electronic Tracking System.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If, during the course of the examination an adjustment is identified, the impact of such adjustment will be documented separately following the Company's financial statements.

This examination report includes significant findings of fact, as in the Indiana Code (IC) 27-1-3.1-10, and general information about the insurer and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but separately communicated to other regulators and/or the Company.

HISTORY

The Company is licensed as an HMO and commenced operations on September 21, 1986. The Company is a wholly-owned subsidiary of Healthsource, Inc. (Healthsource), which is a wholly-owned subsidiary of Cigna Health Corporation (CHC), which is an indirect wholly-owned subsidiary of Cigna Corporation (Cigna Corp).

The Company is domiciled in Indiana and offers traditional HMO coverage. The Company is not actively marketing its products.

CAPITAL AND SURPLUS

The Company has 20,000 Class A shares authorized and 10,000 shares issued and outstanding. The par value is \$0.01 per share, and all outstanding shares are owned by Healthsource. The Company has no preferred stock.

DIVIDENDS TO STOCKHOLDERS

The Company paid no dividends during the examination period.

TERRITORY AND PLAN OF OPERATION

The Company is licensed to transact business exclusively in Indiana and offers only an HMO product. The Company's product portfolio remains available, but it is not being actively marketed.

For the years ended December 31, 2019 and 2018, the Company had one (1) member, from which it earned one hundred percent (100%) of total revenue, excluding investment income.

GROWTH OF THE COMPANY

The following summarizes the financial results of the Company during the examination period:

<u>Year</u>	<u>Admitted Assets</u>	<u>Liabilities</u>	<u>Capital and Surplus</u>	<u>Total Revenue</u>	<u>Net Income</u>
2019	\$ 1,632,519	\$ 35,639	\$ 1,596,880	\$ 18,567	\$ 7,321
2018	1,655,045	65,274	1,589,771	25,951	81,865
2017	1,733,329	301,031	1,432,298	1,233,775	231,092

The decrease in total revenue and net income is due to the Company not writing new business.

The Company received a capital contribution of \$100,000 from HealthSource in 2018. As of December 31, 2019, the Company maintained the minimum surplus required by state laws and regulatory agencies of \$1,000,000.

MANAGEMENT AND CONTROL

Directors

The Bylaws provide that the business affairs of the Company are to be managed by a Board of Directors (Board) consisting of no more than eight (8) directors. At least one (1) of the directors must be a resident of Indiana. The shareholders, at each annual meeting, elect the members of the Board.

The following is a listing of persons serving as directors as of December 31, 2019, and their principal occupations as of that date:

<u>Name and Address</u>	<u>Principal Occupation</u>
Michael Crompton Bloomfield, Connecticut	Vice President Cigna HealthCare of Indiana, Inc.
Jacqueline Lee-McCord Carmel, Indiana	Provider Contracting Senior Manager Cigna HealthCare of Indiana, Inc.
Brian Marsella Chicago, Illinois	President Cigna HealthCare of Indiana, Inc.

Officers

The Bylaws state that the elected officers of the Company shall consist of the President, the Vice President, the Treasurer, the Secretary and such other officers as may be chosen by the Board. Each officer shall be elected by affirmative vote of the Board at the annual meeting thereof and shall hold office until the next annual meeting of the Board or until their successor shall have been elected and qualified or until their death, resignation, or removal by the shareholders of the Company or failure to qualify to so serve.

The Bylaws require that the Company elects a Chairman of the Board. The Company did not elect a Chairman of the Board in 2019. See the Other Significant Issues section of this Report of Examination.

The following is a list of key officers and their respective titles as of December 31, 2019:

<u>Name</u>	<u>Office</u>
Brian Marsella	President
Scott Lambert	Treasurer and Vice President
Anna Krishtul	Secretary and Vice President
Michael Crompton	Vice President
Brian Evanko	Vice President
Mark Fleming	Vice President
Thomas Garvey	Vice President
Glenn Gerhard	Vice President
Joanne Hart	Vice President
Aslam Khan	Vice President
Kathleen O'Neil	Vice President
Maureen Ryan	Vice President
Timothy Sheridan	Vice President

CONFLICT OF INTEREST

Directors and officers are required to review and sign Conflict of Interest statements annually. It was determined that all directors and officers listed in the Management and Control section of this Report of Examination have reviewed and signed their statements as of December 31, 2019.

CORPORATE RECORDS

Articles of Incorporation

There were no amendments made to the Articles of Incorporation during the examination period.

Bylaws

There were no amendments made to the Bylaws during the examination period.

Minutes

The Board and shareholders meeting minutes were reviewed for the period under examination through the fieldwork

date. Significant actions taken during each meeting were noted.

The Cigna Audit Committee meeting minutes for the examination period, and through the fieldwork date, were reviewed for significant actions. This included the Audit Committee for HMOs.

AFFILIATED COMPANIES

Organizational Structure

The following abbreviated organizational chart shows the Company's immediate parent company and indirect parent holding companies as of December 31, 2019:

	<u>NAIC Co. Code</u>	<u>Domiciliary State/Country</u>
Cigna Corporation		DE
Cigna Holding Company		DE
Cigna Holdings, Inc.		DE
Connecticut General Corporation		CT
Cigna Health Corporation		DE
Healthsource, Inc.		DE
Cigna HealthCare of Indiana, Inc.	95525	IN

Affiliated Agreements

The following affiliated agreements and transactions were disclosed as part of the Form B – Holding Company Registration Statement and were filed with the INDOI, as required, in accordance with IC 27-1-23-4.

Management Services Agreement

The Management Services Agreement is by and between CHC and each of its subsidiaries or affiliates that are signatories thereto. Under this agreement, CHC and certain affiliates provide management services to the Company. In 2019, CHC charged the Company \$2,782 under this agreement.

Line of Credit Agreement

The Line of Credit Agreement is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company would be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2019.

Network Access Agreement

The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Companies (CGLIC), Cigna Health and Life Insurance Company (CHLIC), and the affiliated HMOs. This agreement allows CGLIC, CHLIC, and the affiliated HMOs to access the Company's provider networks. There were no charges related to this agreement in 2019.

Mental Health Services Agreement

The Company has a Mental Health Services Agreement with Cigna Behavioral Health, Inc. (CBH) on behalf of their respective subsidiaries and affiliates and arranges for the provision of mental health and substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense related to this contract was \$543 in 2019.

Cigna Health Management Inc. Agreement

This agreement is by and between Cigna Health Management, Inc. (CHM), CGLIC, and CHC on behalf of their respective health plan subsidiaries and affiliates. CHM provides services to the Company's enrollees of the HMOs. The expense related to this contract was \$59 in 2019.

Participating Mail Order Pharmacy Agreement

This agreement is by and among Tel-Drug, Inc. (TDI), Tel-Drug of Pennsylvania, LLC (TDP) and certain subsidiaries of CHC, including the Company. Under this agreement, TDI and TDP provide mail-order pharmacy services to the Company's enrollees. There were no charges related to this agreement in 2019.

Dental Consultation Agreement

The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts. There were no charges related to this agreement in 2019.

Cigna Health Access Premium Billing Authorization Agreement

This agreement is by and among Cigna Corp and certain subsidiaries, including the Company, and it allows each HMO to provide its Cigna Health Access customers with a single premium bill. There were no charges related to this agreement in 2019.

Investment Advisory Agreement

The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expense related to this agreement was \$2,436 in 2019.

Fee Sharing Agreement

Several of Cigna Corp's subsidiaries are subject to the Health Insurance Providers Fee (the Fee) which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk in accordance with the Patient Protection and Affordable Care Act. By entering into this agreement, each subsidiary has consented to select Cigna Corp as its "designated entity" for the payment of this Fee. The Agreement allows Cigna Corp to pay each year to the United States Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna Corp's responsibilities as the designated entity. There were no charges related to this agreement in 2019.

Consolidated Tax Allocation Agreement

The Company participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna Corp and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna Corp. Pursuant to this agreement, payments are made to Cigna Corp based on taxable income of the Company. In the case of a taxable loss, Cigna Corp pays the Company a refund to the extent Cigna Corp is able to utilize that loss in the consolidated return. There were no charges related to this agreement in 2019.

Rebate Services Agreement and Pharmacy Benefit Services Agreement

The Company is party to a Rebate Services Agreement and Pharmacy Benefit Services Agreement (collectively the agreements) with Express Scripts, Inc. (ESI). Under the agreements, ESI made the following pharmacy benefit management services available to the Company in 2019 or the future: manufacturer revenue services, formulary development, pharmacy network contracting, claims processing, care management, and clinical services. ESI is an indirect subsidiary of Cigna Corp. There were no charges related to this agreement in 2019.

FIDELITY BOND AND OTHER INSURANCE

The Company protects itself against loss from any fraudulent or dishonest acts by any employees through a fidelity bond issued by National Union Fire Insurance Company of Pittsburgh, PA. The bond has a single loss coverage limit of \$5,000,000, with a \$2,500,000 deductible. The fidelity bond is adequate to meet the prescribed minimum coverage specified by the NAIC.

The Company had additional types of coverage in-force as of December 31, 2019, including but not limited to automobile liability, commercial umbrella, computer crime, directors and officers liability, errors and omissions liability, and workers' compensation.

PENSION, STOCK OWNERSHIP, AND INSURANCE PLANS

The Company has no employees. Employees of CHLIC performed certain functions on behalf of the health plan.

CHLIC provides certain post-retirement benefits to retired employees, spouses, and other eligible dependents through a plan sponsored by Cigna Corp. CHLIC also participates in a capital accumulation 401(k) plan sponsored by Cigna Corp in which employee contributions on a basis are supplemented by the Company's matching contributions. The Company has no legal obligation for benefits under these plans. CHLIC allocates amounts to the Company based on salary ratios and member months. The Company's expense credit for such benefits, included within general administrative expenses, was \$25 for 2019.

Cigna Corp froze its primary domestic defined benefit pension plans effective July 1, 2009. As a result, pension expense is no longer allocated to the Company.

SPECIAL AND STATUTORY DEPOSITS

The Company reported one (1) special deposit for the benefit of all policyholders as of December 31, 2019. The deposit was held with the state of Indiana and had a book value of \$561,181 and a fair value of \$564,900.

REINSURANCE

The need for reinsurance is limited to serve the statutory requirements of IC 27-13-19, which requires an HMO to have a plan for receivership that allows for the continuation of benefits after the date of receivership. The Company's only reinsurance agreement is with an affiliate.

Effective January 1, 2013, the agreement was amended to change the reinsurer to CHLIC for claims incurred on January 1, 2013 and after. The agreement is administered by CHC. Under the provisions of the agreement, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual health plan members. The required deductible per individual commercial health plan member, per calendar year, was \$150,000 for the years ended December 31, 2019 and 2018.

ACCOUNTS AND RECORDS

The Company's accounting procedures, practices, account records, and supporting data were reviewed and tested to the extent deemed necessary. The trial balance prepared from the Company's general ledger for the year ended December 31, 2019, was agreed to the Annual Statement. The Company filed for and received an exemption from

filing audited financial statements beginning in 2018. The Company's accounting procedures, practices, and account records were deemed satisfactory.

FINANCIAL STATEMENTS

CIGNA HEALTHCARE OF INDIANA, INC.

Assets

As of December 31, 2019

	<u>Per Examination*</u>
Bonds	\$ 561,181
Cash, cash equivalents and short-term investments	<u>1,067,184</u>
Subtotals, cash and invested assets	1,628,365
Investment income due and accrued	3,024
Receivables from parent, subsidiaries and affiliates	<u>1,130</u>
Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts	<u>1,632,519</u>
Total	<u>\$ 1,632,519</u>

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

CIGNA HEALTHCARE OF INDIANA, INC.
Liabilities, Capital and Surplus
As of December 31, 2019

	<u>Per Examination*</u>
Claims unpaid	\$ 30,870
Unpaid claims adjustment expenses	70
Aggregate health policy reserves	130
General expenses due or accrued	2,703
Current federal and foreign income tax payable and interest thereon	1,786
Net deferred tax liability	56
Ceded reinsurance premiums payable	24
Total liabilities	35,639
Aggregate write-ins for special surplus funds	56
Common capital stock	100
Gross paid in and contributed surplus	26,848,244
Unassigned funds (surplus)	(25,251,520)
Total capital and surplus	1,596,880
Total liabilities, capital and surplus	\$ 1,632,519

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

CIGNA HEALTHCARE OF INDIANA, INC.
Statement of Revenue and Expenses
For the Year Ended December 31, 2019

	<u>Per Examination*</u>
Member Months	55
UNDERWRITING INCOME	
Net premium income	\$ 18,567
DEDUCTIONS	
Hospital and Medical:	
Hospital/medical benefits	21,407
Other professional services	647
Outside referrals	954
Emergency room and out-of-area	2,027
Prescription drugs	(90)
Total hospital and medical	<u>24,945</u>
Claims adjustment expenses	462
General administrative expenses	8,840
Increase in reserves for life and accident and health contracts	(320)
Total underwriting deductions	<u>33,927</u>
Net underwriting gain or (loss)	(15,360)
INVESTMENT INCOME	
Net investment gains (losses)	24,408
OTHER INCOME	
Net income or (loss) after capital gains tax and before all other federal income taxes	9,048
Federal and foreign income taxes incurred	<u>1,727</u>
Net income (loss)	<u>\$ 7,321</u>

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

CIGNA HEALTHCARE OF INDIANA, INC.
Capital and Surplus Account Reconciliation

	2019	2018	2017
Capital and surplus prior reporting year	\$ 1,589,771	\$ 1,432,298	\$ 1,176,974
Net income or (loss)	7,321	81,865	231,092
Change in net deferred income tax	(178)	(24,392)	23,278
Change in nonadmitted assets	(34)	-	954
Capital changes:			
Paid in	-	100,000	-
Net change in capital and surplus	<u>7,109</u>	<u>157,473</u>	<u>255,324</u>
Capital and surplus end of reporting period	<u>\$ 1,596,880</u>	<u>\$ 1,589,771</u>	<u>\$ 1,432,298</u>

COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to the financial statements as of December 31, 2019, based on the results of this examination.

OTHER SIGNIFICANT ISSUES

The Company Bylaws require that the Company elect a Chairman of the Board annually. The Company did not elect a Chairman of the Board in 2019. It is recommended that the Board of the Company annually elect a Chairman to comply with the Bylaws.

SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) pandemic. The extent of the impact of COVID-19 on Cigna's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, regulatory decisions, and the impact on the financial markets, all of which are uncertain and cannot be predicted. Due to the timing of the examination and field work, the effects of the pandemic on this entity are not fully addressed within this examination report.

AFFIDAVIT

This is to certify that the undersigned is a duly qualified Examiner-in-Charge appointed by the Indiana Department of Insurance and that he, in coordination with staff assistance from Noble Consulting Services, Inc., performed an examination of Cigna HealthCare of Indiana, Inc., as of December 31, 2019.

The Indiana Department of Insurance is accredited under the National Association of Insurance Commissioners Financial Regulation Accreditation Standards.

This examination was performed in accordance with those procedures required by the NAIC Financial Condition Examiners Handbook and other procedures tailored for this examination. Such procedures performed on this examination do not constitute an audit made in accordance with generally accepted auditing standards and no audit opinion is expressed on the financial statements contained in this report.

The attached Report of Examination is a true and complete report of condition of Cigna HealthCare of Indiana, Inc. as of December 31, 2019, as determined by the undersigned.

Dan Schoettle
Dan Schoettle, CPA, CFE
Noble Consulting Services, Inc.

Under the Supervision of:

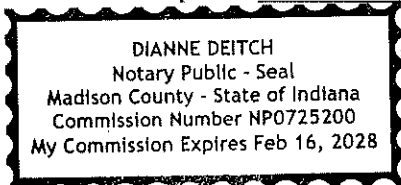
Jerry Ehlers
Jerry Ehlers, CPA, CFE, CISA
Examinations Manager
Indiana Department of Insurance

State of: Indiana
County of: Marion

On this 7 day of April, 2021, before me personally appeared, Dan Schoettle and Jerry Ehlers, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires: February 16, 2028



Dianne Deitch
Notary Public

Dianne Deitch
Notary Public

