Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Individual Medical	SERFF Tr Num: CCGP-126911978	State: California
TOI: H16I Individual Health - Major Medical	SERFF Status: Assigned	State Tr Num: PF-2010-02230
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)	Co Tr Num: 62308	State Status:
Filing Type: Rate		Reviewer(s): Angela Jang, Marsha Seeley, Sai-on Sam, Ali Zaker-Shahrak, Xiangchen Meng, Wayne Thomas
	Author: Maria Mahmood	Disposition Date:
	Date Submitted: 11/18/2010	Disposition Status:
Implementation Date Requested:		Implementation Date:

General Information

Project Name: HIPAA Rate filing	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/19/2010	Explanation for Other Group Market Type:
	State Status Changed:
Deemer Date:	Created By: Maria Mahmood
Submitted By: Maria Mahmood	Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related	

Filing Description:
Connecticut General Life Insurance Company
HIPAA Rate filing - Form Number: CAIND2009

We are submitting for the Department's review materials in connection with Connecticut General Life Insurance Company's (CGLIC) individual disability (health) plan.
Included in this submission is a HIPAA rate filing to be used with the Individual Policy forms approved by your

Department on June 26, 2009 under file # PF-2008-00385.

Please do not hesitate to contact me at 954.349.2714 or via e-mail at carlos.fajardo@cigna.com if there are any questions or concerns regarding this filing.

Company and Contact

Filing Contact Information

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

Filing Company Information

Connecticut General Life Insurance Company	CoCode: 62308	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type:
Hartford, CT 06152-1233	Group Name:	State ID Number:
(860) 226-5080 ext. [Phone]	FEIN Number: 06-0303370	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	$0.00		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
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 required):**	**Minimum % Change (where required):**
Connecticut General Life Insurance Company	%	%				%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
	Rate pages	CAIND2009	Revised	Previous State Filing Number: Percent Rate Change Request:	PF-2008-00385	HIPAA final rates-1-1-2011 HC.pdf

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 1

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	316	608	888
1	316	608	888
2	316	608	888
3	316	608	888
4	316	608	888
5	316	608	888
6	316	608	888
7	316	608	888
8	316	608	888
9	316	608	888
10	316	608	888
11	316	608	888
12	316	608	888
13	316	608	888
14	316	608	888
15	446	905	1363
16	446	905	1363
17	446	905	1363
18	446	905	1363
19	446	905	1363
20	446	905	1363
21	446	905	1363
22	446	905	1363
23	446	905	1363
24	446	905	1363
25	446	905	1363
26	446	905	1363
27	446	905	1363
28	446	905	1363
29	446	905	1363
30	559	1038	1628
31	559	1038	1628
32	559	1038	1628
33	559	1038	1628
34	559	1038	1628
35	624	1135	1731
36	624	1135	1731
37	624	1135	1731
38	624	1135	1731
39	624	1135	1731
40	674	1258	1768
41	674	1258	1768
42	674	1258	1768
43	674	1258	1768
44	674	1258	1768
45	722	1416	1932
46	722	1416	1932
47	722	1416	1932
48	722	1416	1932
49	722	1416	1932
50	889	1688	2179
51	889	1688	2179
52	889	1688	2179
53	889	1688	2179
54	889	1688	2179
55	1046	1978	2401
56	1046	1978	2401
57	1046	1978	2401
58	1046	1978	2401
59	1046	1978	2401
60	1046	1978	2401
61	1046	1978	2401
62	1046	1978	2401
63	1046	1978	2401
64	1046	1978	2401
65	1496	2649	3254
66	1496	2649	3254
67	1496	2649	3254
68	1496	2649	3254
69	1496	2649	3254
70	1576	2791	3431
71	1576	2791	3431
72	1576	2791	3431
73	1576	2791	3431
74	1576	2791	3431
75+	1670	2956	3634

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	316	608	888
1	316	608	888
2	316	608	888
3	316	608	888
4	316	608	888
5	316	608	888
6	316	608	888
7	316	608	888
8	316	608	888
9	316	608	888
10	316	608	888
11	316	608	888
12	316	608	888
13	316	608	888
14	316	608	888
15	446	905	1363
16	446	905	1363
17	446	905	1363
18	446	905	1363
19	446	905	1363
20	446	905	1363
21	446	905	1363
22	446	905	1363
23	446	905	1363
24	446	905	1363
25	446	905	1363
26	446	905	1363
27	446	905	1363
28	446	905	1363
29	446	905	1363
30	559	1038	1628
31	559	1038	1628
32	559	1038	1628
33	559	1038	1628
34	559	1038	1628
35	624	1135	1731
36	624	1135	1731
37	624	1135	1731
38	624	1135	1731
39	624	1135	1731
40	674	1258	1768
41	674	1258	1768
42	674	1258	1768
43	674	1258	1768
44	674	1258	1768
45	722	1416	1932
46	722	1416	1932
47	722	1416	1932
48	722	1416	1932
49	722	1416	1932
50	889	1688	2179
51	889	1688	2179
52	889	1688	2179
53	889	1688	2179
54	889	1688	2179
55	1046	1978	2401
56	1046	1978	2401
57	1046	1978	2401
58	1046	1978	2401
59	1046	1978	2401
60	1046	1978	2401
61	1046	1978	2401
62	1046	1978	2401
63	1046	1978	2401
64	1046	1978	2401
65	1496	2649	3254
66	1496	2649	3254
67	1496	2649	3254
68	1496	2649	3254
69	1496	2649	3254
70	1576	2791	3431
71	1576	2791	3431
72	1576	2791	3431
73	1576	2791	3431
74	1576	2791	3431
>74	1670	2956	3634

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 2

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	286	567	881
1	286	567	881
2	286	567	881
3	286	567	881
4	286	567	881
5	286	567	881
6	286	567	881
7	286	567	881
8	286	567	881
9	286	567	881
10	286	567	881
11	286	567	881
12	286	567	881
13	286	567	881
14	286	567	881
15	390	802	1240
16	390	802	1240
17	390	802	1240
18	390	802	1240
19	390	802	1240
20	390	802	1240
21	390	802	1240
22	390	802	1240
23	390	802	1240
24	390	802	1240
25	390	802	1240
26	390	802	1240
27	390	802	1240
28	390	802	1240
29	390	802	1240
30	476	912	1488
31	476	912	1488
32	476	912	1488
33	476	912	1488
34	476	912	1488
35	524	1001	1546
36	524	1001	1546
37	524	1001	1546
38	524	1001	1546
39	524	1001	1546
40	576	1105	1575
41	576	1105	1575
42	576	1105	1575
43	576	1105	1575
44	576	1105	1575
45	620	1226	1673
46	620	1226	1673
47	620	1226	1673
48	620	1226	1673
49	620	1226	1673
50	747	1463	1878
51	747	1463	1878
52	747	1463	1878
53	747	1463	1878
54	747	1463	1878
55	871	1685	2004
56	871	1685	2004
57	871	1685	2004
58	871	1685	2004
59	871	1685	2004
60	871	1685	2004
61	871	1685	2004
62	871	1685	2004
63	871	1685	2004
64	871	1685	2004
65	1343	2396	2998
66	1343	2396	2998
67	1343	2396	2998
68	1343	2396	2998
69	1343	2396	2998
70	1416	2526	3164
71	1416	2526	3164
72	1416	2526	3164
73	1416	2526	3164
74	1416	2526	3164
75+	1501	2673	3350

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	286	567	881
1	286	567	881
2	286	567	881
3	286	567	881
4	286	567	881
5	286	567	881
6	286	567	881
7	286	567	881
8	286	567	881
9	286	567	881
10	286	567	881
11	286	567	881
12	286	567	881
13	286	567	881
14	286	567	881
15	390	802	1240
16	390	802	1240
17	390	802	1240
18	390	802	1240
19	390	802	1240
20	390	802	1240
21	390	802	1240
22	390	802	1240
23	390	802	1240
24	390	802	1240
25	390	802	1240
26	390	802	1240
27	390	802	1240
28	390	802	1240
29	390	802	1240
30	476	912	1488
31	476	912	1488
32	476	912	1488
33	476	912	1488
34	476	912	1488
35	524	1001	1546
36	524	1001	1546
37	524	1001	1546
38	524	1001	1546
39	524	1001	1546
40	576	1105	1575
41	576	1105	1575
42	576	1105	1575
43	576	1105	1575
44	576	1105	1575
45	620	1226	1673
46	620	1226	1673
47	620	1226	1673
48	620	1226	1673
49	620	1226	1673
50	747	1463	1878
51	747	1463	1878
52	747	1463	1878
53	747	1463	1878
54	747	1463	1878
55	871	1685	2004
56	871	1685	2004
57	871	1685	2004
58	871	1685	2004
59	871	1685	2004
60	871	1685	2004
61	871	1685	2004
62	871	1685	2004
63	871	1685	2004
64	871	1685	2004
65	1343	2396	2998
66	1343	2396	2998
67	1343	2396	2998
68	1343	2396	2998
69	1343	2396	2998
70	1416	2526	3164
71	1416	2526	3164
72	1416	2526	3164
73	1416	2526	3164
74	1416	2526	3164
>74	1501	2673	3350

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 3

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	296	562	882
1	296	562	882
2	296	562	882
3	296	562	882
4	296	562	882
5	296	562	882
6	296	562	882
7	296	562	882
8	296	562	882
9	296	562	882
10	296	562	882
11	296	562	882
12	296	562	882
13	296	562	882
14	296	562	882
15	396	811	1285
16	396	811	1285
17	396	811	1285
18	396	811	1285
19	396	811	1285
20	396	811	1285
21	396	811	1285
22	396	811	1285
23	396	811	1285
24	396	811	1285
25	396	811	1285
26	396	811	1285
27	396	811	1285
28	396	811	1285
29	396	811	1285
30	491	943	1504
31	491	943	1504
32	491	943	1504
33	491	943	1504
34	491	943	1504
35	540	1027	1556
36	540	1027	1556
37	540	1027	1556
38	540	1027	1556
39	540	1027	1556
40	592	1127	1626
41	592	1127	1626
42	592	1127	1626
43	592	1127	1626
44	592	1127	1626
45	639	1200	1697
46	639	1200	1697
47	639	1200	1697
48	639	1200	1697
49	639	1200	1697
50	770	1429	1897
51	770	1429	1897
52	770	1429	1897
53	770	1429	1897
54	770	1429	1897
55	895	1640	2030
56	895	1640	2030
57	895	1640	2030
58	895	1640	2030
59	895	1640	2030
60	895	1640	2030
61	895	1640	2030
62	895	1640	2030
63	895	1640	2030
64	895	1640	2030
65	1378	2378	3072
66	1378	2378	3072
67	1378	2378	3072
68	1378	2378	3072
69	1378	2378	3072
70	1452	2505	3240
71	1452	2505	3240
72	1452	2505	3240
73	1452	2505	3240
74	1452	2505	3240
75+	1538	2648	3426

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	296	562	882
1	296	562	882
2	296	562	882
3	296	562	882
4	296	562	882
5	296	562	882
6	296	562	882
7	296	562	882
8	296	562	882
9	296	562	882
10	296	562	882
11	296	562	882
12	296	562	882
13	296	562	882
14	296	562	882
15	396	811	1285
16	396	811	1285
17	396	811	1285
18	396	811	1285
19	396	811	1285
20	396	811	1285
21	396	811	1285
22	396	811	1285
23	396	811	1285
24	396	811	1285
25	396	811	1285
26	396	811	1285
27	396	811	1285
28	396	811	1285
29	396	811	1285
30	491	943	1504
31	491	943	1504
32	491	943	1504
33	491	943	1504
34	491	943	1504
35	540	1027	1556
36	540	1027	1556
37	540	1027	1556
38	540	1027	1556
39	540	1027	1556
40	592	1127	1626
41	592	1127	1626
42	592	1127	1626
43	592	1127	1626
44	592	1127	1626
45	639	1200	1697
46	639	1200	1697
47	639	1200	1697
48	639	1200	1697
49	639	1200	1697
50	770	1429	1897
51	770	1429	1897
52	770	1429	1897
53	770	1429	1897
54	770	1429	1897
55	895	1640	2030
56	895	1640	2030
57	895	1640	2030
58	895	1640	2030
59	895	1640	2030
60	895	1640	2030
61	895	1640	2030
62	895	1640	2030
63	895	1640	2030
64	895	1640	2030
65	1378	2378	3072
66	1378	2378	3072
67	1378	2378	3072
68	1378	2378	3072
69	1378	2378	3072
70	1452	2505	3240
71	1452	2505	3240
72	1452	2505	3240
73	1452	2505	3240
74	1452	2505	3240
>74	1538	2648	3426

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 4

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	270	531	861
1	270	531	861
2	270	531	861
3	270	531	861
4	270	531	861
5	270	531	861
6	270	531	861
7	270	531	861
8	270	531	861
9	270	531	861
10	270	531	861
11	270	531	861
12	270	531	861
13	270	531	861
14	270	531	861
15	373	768	1225
16	373	768	1225
17	373	768	1225
18	373	768	1225
19	373	768	1225
20	373	768	1225
21	373	768	1225
22	373	768	1225
23	373	768	1225
24	373	768	1225
25	373	768	1225
26	373	768	1225
27	373	768	1225
28	373	768	1225
29	373	768	1225
30	454	881	1411
31	454	881	1411
32	454	881	1411
33	454	881	1411
34	454	881	1411
35	498	953	1466
36	498	953	1466
37	498	953	1466
38	498	953	1466
39	498	953	1466
40	553	1050	1495
41	553	1050	1495
42	553	1050	1495
43	553	1050	1495
44	553	1050	1495
45	592	1184	1589
46	592	1184	1589
47	592	1184	1589
48	592	1184	1589
49	592	1184	1589
50	710	1433	1795
51	710	1433	1795
52	710	1433	1795
53	710	1433	1795
54	710	1433	1795
55	828	1650	1923
56	828	1650	1923
57	828	1650	1923
58	828	1650	1923
59	828	1650	1923
60	828	1650	1923
61	828	1650	1923
62	828	1650	1923
63	828	1650	1923
64	828	1650	1923
65	1289	2288	2869
66	1289	2288	2869
67	1289	2288	2869
68	1289	2288	2869
69	1289	2288	2869
70	1359	2413	3025
71	1359	2413	3025
72	1359	2413	3025
73	1359	2413	3025
74	1359	2413	3025
75+	1439	2560	3209

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	270	531	861
1	270	531	861
2	270	531	861
3	270	531	861
4	270	531	861
5	270	531	861
6	270	531	861
7	270	531	861
8	270	531	861
9	270	531	861
10	270	531	861
11	270	531	861
12	270	531	861
13	270	531	861
14	270	531	861
15	373	768	1225
16	373	768	1225
17	373	768	1225
18	373	768	1225
19	373	768	1225
20	373	768	1225
21	373	768	1225
22	373	768	1225
23	373	768	1225
24	373	768	1225
25	373	768	1225
26	373	768	1225
27	373	768	1225
28	373	768	1225
29	373	768	1225
30	454	881	1411
31	454	881	1411
32	454	881	1411
33	454	881	1411
34	454	881	1411
35	498	953	1466
36	498	953	1466
37	498	953	1466
38	498	953	1466
39	498	953	1466
40	553	1050	1495
41	553	1050	1495
42	553	1050	1495
43	553	1050	1495
44	553	1050	1495
45	592	1184	1589
46	592	1184	1589
47	592	1184	1589
48	592	1184	1589
49	592	1184	1589
50	710	1433	1795
51	710	1433	1795
52	710	1433	1795
53	710	1433	1795
54	710	1433	1795
55	828	1650	1923
56	828	1650	1923
57	828	1650	1923
58	828	1650	1923
59	828	1650	1923
60	828	1650	1923
61	828	1650	1923
62	828	1650	1923
63	828	1650	1923
64	828	1650	1923
65	1289	2288	2869
66	1289	2288	2869
67	1289	2288	2869
68	1289	2288	2869
69	1289	2288	2869
70	1359	2413	3025
71	1359	2413	3025
72	1359	2413	3025
73	1359	2413	3025
74	1359	2413	3025
>74	1439	2560	3209

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 5

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	279	528	873
1	279	528	873
2	279	528	873
3	279	528	873
4	279	528	873
5	279	528	873
6	279	528	873
7	279	528	873
8	279	528	873
9	279	528	873
10	279	528	873
11	279	528	873
12	279	528	873
13	279	528	873
14	279	528	873
15	379	781	1272
16	379	781	1272
17	379	781	1272
18	379	781	1272
19	379	781	1272
20	379	781	1272
21	379	781	1272
22	379	781	1272
23	379	781	1272
24	379	781	1272
25	379	781	1272
26	379	781	1272
27	379	781	1272
28	379	781	1272
29	379	781	1272
30	467	895	1451
31	467	895	1451
32	467	895	1451
33	467	895	1451
34	467	895	1451
35	514	983	1500
36	514	983	1500
37	514	983	1500
38	514	983	1500
39	514	983	1500
40	564	1086	1549
41	564	1086	1549
42	564	1086	1549
43	564	1086	1549
44	564	1086	1549
45	608	1187	1632
46	608	1187	1632
47	608	1187	1632
48	608	1187	1632
49	608	1187	1632
50	733	1401	1827
51	733	1401	1827
52	733	1401	1827
53	733	1401	1827
54	733	1401	1827
55	854	1611	1947
56	854	1611	1947
57	854	1611	1947
58	854	1611	1947
59	854	1611	1947
60	854	1611	1947
61	854	1611	1947
62	854	1611	1947
63	854	1611	1947
64	854	1611	1947
65	1331	2303	2929
66	1331	2303	2929
67	1331	2303	2929
68	1331	2303	2929
69	1331	2303	2929
70	1402	2428	3088
71	1402	2428	3088
72	1402	2428	3088
73	1402	2428	3088
74	1402	2428	3088
75+	1486	2577	3277

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	279	528	873
1	279	528	873
2	279	528	873
3	279	528	873
4	279	528	873
5	279	528	873
6	279	528	873
7	279	528	873
8	279	528	873
9	279	528	873
10	279	528	873
11	279	528	873
12	279	528	873
13	279	528	873
14	279	528	873
15	379	781	1272
16	379	781	1272
17	379	781	1272
18	379	781	1272
19	379	781	1272
20	379	781	1272
21	379	781	1272
22	379	781	1272
23	379	781	1272
24	379	781	1272
25	379	781	1272
26	379	781	1272
27	379	781	1272
28	379	781	1272
29	379	781	1272
30	467	895	1451
31	467	895	1451
32	467	895	1451
33	467	895	1451
34	467	895	1451
35	514	983	1500
36	514	983	1500
37	514	983	1500
38	514	983	1500
39	514	983	1500
40	564	1086	1549
41	564	1086	1549
42	564	1086	1549
43	564	1086	1549
44	564	1086	1549
45	608	1187	1632
46	608	1187	1632
47	608	1187	1632
48	608	1187	1632
49	608	1187	1632
50	733	1401	1827
51	733	1401	1827
52	733	1401	1827
53	733	1401	1827
54	733	1401	1827
55	854	1611	1947
56	854	1611	1947
57	854	1611	1947
58	854	1611	1947
59	854	1611	1947
60	854	1611	1947
61	854	1611	1947
62	854	1611	1947
63	854	1611	1947
64	854	1611	1947
65	1331	2303	2929
66	1331	2303	2929
67	1331	2303	2929
68	1331	2303	2929
69	1331	2303	2929
70	1402	2428	3088
71	1402	2428	3088
72	1402	2428	3088
73	1402	2428	3088
74	1402	2428	3088
>74	1486	2577	3277

Connecticut General Life Insurance Company
Rate Filing – California Individual Health Plans
Policy Form Series CAIND2009
Effective: 01/01/2011
HIPAA OAP Rates - Area 6

Open Access Plus
$2000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	267	514	825
1	267	514	825
2	267	514	825
3	267	514	825
4	267	514	825
5	267	514	825
6	267	514	825
7	267	514	825
8	267	514	825
9	267	514	825
10	267	514	825
11	267	514	825
12	267	514	825
13	267	514	825
14	267	514	825
15	367	744	1226
16	367	744	1226
17	367	744	1226
18	367	744	1226
19	367	744	1226
20	367	744	1226
21	367	744	1226
22	367	744	1226
23	367	744	1226
24	367	744	1226
25	367	744	1226
26	367	744	1226
27	367	744	1226
28	367	744	1226
29	367	744	1226
30	445	857	1402
31	445	857	1402
32	445	857	1402
33	445	857	1402
34	445	857	1402
35	489	941	1440
36	489	941	1440
37	489	941	1440
38	489	941	1440
39	489	941	1440
40	541	1039	1485
41	541	1039	1485
42	541	1039	1485
43	541	1039	1485
44	541	1039	1485
45	581	1125	1568
46	581	1125	1568
47	581	1125	1568
48	581	1125	1568
49	581	1125	1568
50	697	1334	1741
51	697	1334	1741
52	697	1334	1741
53	697	1334	1741
54	697	1334	1741
55	812	1516	1863
56	812	1516	1863
57	812	1516	1863
58	812	1516	1863
59	812	1516	1863
60	812	1516	1863
61	812	1516	1863
62	812	1516	1863
63	812	1516	1863
64	812	1516	1863
65	1283	2227	2844
66	1283	2227	2844
67	1283	2227	2844
68	1283	2227	2844
69	1283	2227	2844
70	1352	2348	2999
71	1352	2348	2999
72	1352	2348	2999
73	1352	2348	2999
74	1352	2348	2999
75+	1433	2492	3183

Open Access Plus
$3000 Deductible Plan

Age	Subscriber only	Subscriber & 1 Dependent	Subscriber & 2 or more Dependents
0	267	514	825
1	267	514	825
2	267	514	825
3	267	514	825
4	267	514	825
5	267	514	825
6	267	514	825
7	267	514	825
8	267	514	825
9	267	514	825
10	267	514	825
11	267	514	825
12	267	514	825
13	267	514	825
14	267	514	825
15	367	744	1226
16	367	744	1226
17	367	744	1226
18	367	744	1226
19	367	744	1226
20	367	744	1226
21	367	744	1226
22	367	744	1226
23	367	744	1226
24	367	744	1226
25	367	744	1226
26	367	744	1226
27	367	744	1226
28	367	744	1226
29	367	744	1226
30	445	857	1402
31	445	857	1402
32	445	857	1402
33	445	857	1402
34	445	857	1402
35	489	941	1440
36	489	941	1440
37	489	941	1440
38	489	941	1440
39	489	941	1440
40	541	1039	1485
41	541	1039	1485
42	541	1039	1485
43	541	1039	1485
44	541	1039	1485
45	581	1125	1568
46	581	1125	1568
47	581	1125	1568
48	581	1125	1568
49	581	1125	1568
50	697	1334	1741
51	697	1334	1741
52	697	1334	1741
53	697	1334	1741
54	697	1334	1741
55	812	1516	1863
56	812	1516	1863
57	812	1516	1863
58	812	1516	1863
59	812	1516	1863
60	812	1516	1863
61	812	1516	1863
62	812	1516	1863
63	812	1516	1863
64	812	1516	1863
65	1283	2227	2844
66	1283	2227	2844
67	1283	2227	2844
68	1283	2227	2844
69	1283	2227	2844
70	1352	2348	2999
71	1352	2348	2999
72	1352	2348	2999
73	1352	2348	2999
74	1352	2348	2999
>74	1433	2492	3183

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET
for
FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): Connecticut General Life Insurance Company
	Submitter and Complete Mailing Address: Maria Mahmood, 900 Cottage Grove Road Hartford, CT 06152
	Submission Date: 11/18/10

1. IDENTIFYING FORM NUMBER(S): CAIND2009
[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b)]

Generic Description and Definition Citation	Check Below	Generic Description and Definition Citation	Check Below
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity.§2202(a)(1)]	✔	Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [(§ɔ2202(a)(2)]		Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [ɔ2202(a)(3)]		Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§ɔ2202(a)(4)]		Fraternals [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]		Unclassified [§2202(a)(11)]	

* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:		Individual Only:	✔	Group and Individual:	

4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:		Over 50 Employees:		All Employers:	

5.REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents.§2205(d)]

previous filing PF-2010-00144

#vCopy of CVRSHEET-W.doc

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

Document(s)	Document(s)

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

Document Form Number	Document Class (from Item 2, above)

8. Master Policy Form Number and Approval Date: CAIND2009

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER'S SIGNATURE AND TITLE: Maria Mahmood

Digitally signed by Maria Mahmood
DN: cn=Maria Mahmood, c=US, o=CIGNA Healthcare, ou=CHC-Pricing, email=maria.mahmood@cigna.com
Date: 2010.09.09 13:55:01 -04'00'

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
NAIC 62308-901
Actuarial Memorandum
Individual Major Medical
Policy Form Series CAIND2009
Effective Date: 01/01/2011

1. Purpose

This rate filing contains updated premium rates for Connecticut General Life Insurance Company (CGLIC)'s HIPAA plans introduced in 2009, under form number CAIND2009. The proposed premium rates are to be effective January 1, 2011 and replace the current rates in rate filing PF-2010-00144. The proposed rates have been attached to this filing.

2. Justification

The HIPAA premium rates are being updated to reflect the Managed Risk Medical Insurance Program's HIPAA PPO Premium Rate Limits for 2011.

As of the date of submission of this filing, the California Department of Managed Health Care has not published the actual HIPAA PPO Premium Rate Limits for 2011. However, after contacting the Department and the Managed Risk Medical Insurance Board and requesting the 2011 rate limits, CGLIC was provided on November 16th, under a Public Records Act request, with the HIPAA PPO premium rates filed by Anthem Blue Cross of California with an effective date of 1/1/2011. CGLIC is therefore assuming that Anthem's 2011 filed HIPAA PPO rates should be treated as the HIPAA PPO Premium Rate Limits for 2011.

3. Offered Plans

CIGNA will continue to offer OAP2000 and OAP3000 as its HIPAA plans. CIGNA has offered these plans since inception in 2009.

4. Expected Lifetime Loss Ratio

The expected lifetime loss ratio is 267%.

5. Impact on current membership

As of September 30th, 2010 we had 150 HIPAA subscribers representing 186 members. We expect a rate impact on our current membership of 10% (14% with aging) due to this rate increase.

6. Actuarial Certification

I certify, on a qualified basis, that, to the best of my knowledge and judgement, the entire rate filing is in compliance with the applicable laws of the State of California and with the rules of the Department of Insurance, and the proposed premiums are not excessive, inadequate or unfairly discriminatory and are reasonable in relation to the benefits provided.

The reason for providing a qualified certification is my reliance on the California Department of Managed Health Care providing Anthem's 2011 HIPAA PPO filed rates to be used as the Managed Risk Medical Insurance Program's HIPAA PPO Premium Rate Limits for 2011.

Carlos Fajardo ASA, MAAA
Actuarial Manager
CIGNA HealthCare Pricing

CALIFORNIA DOCUMENT SUBMISSION FORMSET

Reset Form

California Insurer Number: (NOT NAIC Number) 0409-3

FOR DEPARTMENT USE ONLY

Official Insurer Name:

Connecticut General Life Insurance Company

Our File #

Fee Code:

Reviewer:

Submitter and Complete Mailing Address:

Maria Mahmood
900 Cottage Grove Road
Hartford, CT 06152

Submission Date: 11/18/2010

Dept Action Date:

	Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
1	CAIND2009	Rate filing			$0.00
2					
3					
4					
5					
6					
7					
8					
9	previous filing PF-2010-00144				
10					
11					
12					
13					
14					
15		CAIND2009			
16					

INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission.

THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.

Total $

Cont'd on __ pages

DSF 1.35

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