

Colorado Option March 1 Carrier Network Adequacy Attestation Form

Carrier Name	Cigna
Market Segment	Individual
HIOS ID	49375
Date	2/25/2025

All networks to which this form applies	Network ID Number
Colorado Connect EPO Network	CON001

Please note: This attestation form DOES NOT replace the Medical Carrier Network Adequacy Form that must be filed with the Division during "normal" network adequacy filings. This form is used to determine whether the Commissioner will hold a public hearing pursuant to Section 10-16-1306, C.R.S. regarding a carrier's inability to meet network adequacy standards on Colorado Option plans.

Does the carrier **EXPECT** to file with the Division that it has met the Network Adequacy Standards set forth in Colorado Insurance Regulation 4-2-53 for the upcoming plan year for Colorado Option Plan Networks?

Yes

If No, does the carrier **EXPECT** to prepare and file the appropriate attachments within the Medical Network Adequacy Attestation Form with the specific reasons for not meeting the standard(s) for Colorado Option Plan Networks?

Does the carrier **EXPECT** to file with the Division that it has met the Network Access Plan and Continuity of Care requirements set forth in Colorado Insurance Regulation 4-2-54 and 4-2-56 for Colorado Option Plan Networks?

Yes

If No, does the carrier **EXPECT** to prepare and file the appropriate attachment within the Medical Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado Option Plan Networks?

Does the carrier **EXPECT** that the networks for all of the carrier's Colorado Option Standardized Plan are no more narrow than the most restrictive network the carrier is offering for non-Standardized plans in the individual or small group market for the metal tier for that Rating Area?

Yes

If No, does the carrier **EXPECT** to prepare and file the appropriate attachment within the Medical Network Adequacy Attestation Form with the specific reasons for a negative answer for Colorado Option Plan Networks?

Network Deficiency Explanation

If applicable, please describe any deficiencies or issues you are currently having or are anticipating between now and the network adequacy filing deadline. You may submit your explanation as a separate PDF.

Certification

I, THE UNDERSIGNED OFFICER OF Cigna Health and Life Insurance Company AM KNOWLEDGEABLE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THIS ATTESTATION WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE; AND CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THIS ATTESTATION IS ACCURATE AND CORRECT BASED ON CURRENT KNOWLEDGE AND THE BEST AVAILABLE DATA AS OF THIS DATE.

Jennifer Rapp

Original Signature of Officer*

February 27, 2025
Date

Jennifer Rapp

Printed Name of Officer*

President, Individual and Family Plans

Title/Position of Officer*

*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.