
State: North Carolina **Filing Company:** Cigna HealthCare of North Carolina, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NC Individual HMO Rate PY2026
Project Name/Number: On and Off Exchange/

Table of Contents

User Usage Agreement

Attachments

Usage Agreement

[Usage Agreement.pdf](#)

State: North Carolina **Filing Company:** Cigna HealthCare of North Carolina, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NC Individual HMO Rate PY2026
Project Name/Number: On and Off Exchange/

Filing at a Glance

Company: Cigna HealthCare of North Carolina, Inc.
Product Name: NC Individual HMO Rate PY2026
State: North Carolina
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: 2026 Plan Year ACA Single-Risk Pool Rate Filing
Date Submitted: 05/27/2025
SERFF Tr Num: CCGH-134547328
SERFF Status: Closed-(RAP)Rate Approval
State Tr Num: CCGH-134547328
State Status: (RAP)Rate Approval
Co Tr Num: NC IFP PY2026 RATES

Effective: 01/01/2026
Date Requested:
Author(s): Matthew Salner, Cherrie Herrmann, Andrew Park, Latasha McClellon
Reviewer(s): Mary Jo Wegenast (primary), Becky Thornton, Pat Lee, Mike Wells, William Ju, Heir Cooper
Disposition Date: 08/13/2025
Disposition Status: (RAP)Rate Approval
Effective Date:

State: North Carolina **Filing Company:** Cigna HealthCare of North Carolina, Inc.
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: NC Individual HMO Rate PY2026
Project Name/Number: On and Off Exchange/

General Information

Project Name: On and Off Exchange Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 08/13/2025
 State Status Changed: 08/13/2025
 Deemer Date: Created By: Latasha McClellon
 Submitted By: Latasha McClellon Corresponding Filing Tracking Number: CCGH-134521344
 PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This rate filing contains requested premium rate changes for Cigna HealthCare of North Carolina's (CHC of NC) ACA compliant Individual health plans. The proposed rates are intended to take effect on January 1, 2026. This filing affects the rates approved under SERFF tracking number CCGH-134092309.

The Corresponding Form Filing for NC PY2026 is under SERFF Tracking Number CCGH-134521344.

Enclosed within this filing are the Unified Rate Review Submission, Part 2 Rate Increase Justification, Part 3 Actuarial Memorandum, Rate Review Data Template, State Actuarial Memorandum, Rate Tables, Business Rules, Unique Plan Design Certification, and AVC Inputs files.

CHC of NC's participation in North Carolina's individual health insurance market in 2025 is contingent upon market conditions. CHC of NC reserves the right to withdraw plans at any time prior to the commencement of open enrollment and in accordance with applicable federal and state laws and regulations.

CHC of NC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

Please contact Lindsey Black or at lindsey.black@CignaHealthcare.com with any questions or concerns.

Thank you for your attention.

Company and Contact

Filing Contact Information

LaTasha McClellon, LaTasha.McClellon@Cignahealthcare.com
 900 Cottage Grove Road 807-904-4614 [Phone]
 Bloomfield, CT 06002

State:North Carolina

Filing Company:Cigna HealthCare of North Carolina, Inc.

TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:NC Individual HMO Rate PY2026

Project Name/Number:On and Off Exchange/

Filing Company Information

Cigna HealthCare of North Carolina, Inc.
900 Cottage Grove Rd.
Hartford, CT 06152
(860) 226-5722 ext. [Phone]

CoCode: 95132
Group Code: 901
Group Name:
FEIN Number: 56-1479515

State of Domicile: North Carolina
Company Type: HMO
State ID Number:

State: North Carolina **Filing Company:** Cigna HealthCare of North Carolina, Inc.
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: NC Individual HMO Rate PY2026
Project Name/Number: On and Off Exchange/

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please Review General Filing Instructions For North Carolina Before Transmittal or Component Headers Are Completed:
Confirmed

State:	North Carolina	Filing Company:	Cigna HealthCare of North Carolina, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	NC Individual HMO Rate PY2026		
Project Name/Number:	On and Off Exchange/		

URRT

State Determination

Review Status:	Complete
Determination:	Not Unreasonable
Comments:	<p>The North Carolina Department of Insurance NCDOI has determined that the approved rate increases are not unreasonable, satisfy all requirements of North Carolina and other Federal law, and that the approved rates are adequate, not excessive, and not unfairly discriminatory. The overall average threshold rate revision is equal to plus 27.49%. At the plan level, the rate revisions vary from plus 20.2% up to plus 30.5%. All 8 renewing plans have rate increases which exceed the plus 15% threshold. NCDOIs decision was based upon the following The base period historical data used by the company underlying the proposed rate increase is the North Carolina individual experience for January 1, 2024 through December 31, 2024. The filing complies with North Carolina laws and regulations, other Federal laws, and applicable Actuarial Standards of Practice. The benefits provided are reasonable in relation to the approved premiums charged. The insurers assumptions used in projecting costs are reasonable, including annual trend assumptions. The approved rate increase is not unreasonable based upon the expected claim payments, administrative expenses, and margin. The N.C. individual medical loss ratio is expected to exceed an 80% Federal MLR. NCDOIs determination included consideration of the following factors, as applicable Past claims experience Increased morbidity resulting from regulatory changes Previously approved historical rate increases Medical unit cost trend changes Changes in utilization of services (i.e., hospital care, pharmaceuticals, doctors office visits) Trend leveraging Changes in statewide market risk profile Changes in enrollee risk profile Changes to benefit plan design Changes to induced utilization factors Rev. 6-21-12 Changes to provider network factors and delivery system changes Changes to geographic area factors Risk Adjustment Impact of over- or under-estimate of medical trend in previous years on the current rate Reserve needs Administrative costs related to programs that improve health care quality Other administrative costs Applicable taxes, licensing or regulatory fees including Exchange user fees Medical loss ratio The insurers capital and surplus Other factors</p>
Review Submission Date:	08/13/2025