

No. **2026-9821**

**Official Order
of the
Texas Commissioner of Insurance**

Date: 03/03/2026

Subjects Considered:

Cigna Health and Life Insurance Company
900 Cottage Grove Road, RTG B6LPA
Bloomfield, CT 06002

Cigna Healthcare of Texas, Inc.
1640 Dallas Pkwy
Plano, TX 75093

Consent Order
TDI Enforcement File Nos. 37458 and 37608

General remarks and official action taken:

This is a consent order with Cigna Health and Life Insurance Company and Cigna Healthcare of Texas, Inc. (collectively, Cigna) for their failure to comply with Texas network adequacy laws. Cigna has agreed to pay a \$100,000 administrative penalty.

Waiver

Cigna acknowledges that the Texas Insurance Code and other applicable laws provide certain rights. Cigna waives all of these rights, and any other applicable procedural rights, in consideration of the entry of this consent order.

Findings of Fact

1. Cigna holds a certificate of authority to act as a life, accident, and health insurer.

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2. Cigna Healthcare of Texas, Inc. holds a certificate of authority to act as a health maintenance organization (HMO).
3. Cigna offers health insurance to Texas residents. Cigna's health insurance policies use provider networks to deliver benefits to Texans.
4. HMOs and insurance companies offering Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) plans must monitor provider networks and ensure they meet Texas legal standards.
5. Insurers must notify TDI within 30 days if a network has a material deviation from the network adequacy standards. Insurers must take corrective action to ensure network compliance within 90 days of a material deviation from network adequacy standards.
6. An insurer has an additional 60 days to resolve a new gap or file a network modification waiver request.
7. HMOs must also notify TDI of any material change in a provider network configuration and receive TDI approval before putting those modifications into effect.
8. On August 20th, 2024, Cigna notified TDI via email of the potential termination with a large provider group in Texas but stated that negotiations were still ongoing. TDI did not receive additional follow-up or further information as it related to this provider group from Cigna.
9. On November 15, 2024, TDI learned from the large provider group that the group's contract with Cigna had officially terminated on September 30, 2024. The group alleged that the contract termination created a significant material deviation and change from network adequacy standards for Cigna.
10. Cigna had not formally notified TDI about this official network change nor had it submitted a timely network configuration filing to TDI.
11. In correspondence with TDI on November 26, 2024, Cigna confirmed that this large provider group's contract termination was a material deviation from network

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adequacy standards for a single acute care hospital. Cigna acknowledged that its initial review of the impact of the termination showed no new gaps due to incorrectly applied standards. On November 26, 2024, Cigna emailed a single revised Network Compliance and Waiver Requests for the impacted networks and reported only one facility was impacted by the contract terminations. In response, TDI requested that Cigna submit a Network Configuration-Modification filing through SERFF for each affected network.

12. In response to TDI's follow-up, Cigna advised TDI on December 19, 2024, that additional deficiencies were identified through its continued review and requested an additional 10 business days to submit the Network Configuration-Modification filings, and TDI granted an extension until January 8, 2025.
13. Cigna requested a network waiver, and a hearing was held on January 30, 2025. TDI raised additional objections regarding Cigna's network submission and additional information, including supporting evidence, was requested based on witnesses' written and verbal testimony on February 10, 2025. Cigna responded to TDI on February 25, 2025.
14. TDI determined that Cigna provided network adequacy information with inaccurate numbers of contracted providers and that Cigna had failed to identify and request all necessary waivers.
15. TDI and Cigna continued to correspond regarding this matter, but Cigna failed to provide evidence of compliance with the network adequacy standards for the gaps caused by the termination. TDI ultimately issued waiver extension approvals for Cigna's networks in June of 2025.

Conclusions of Law

1. The commissioner has jurisdiction over this matter pursuant to TEX. INS. CODE chs. 82, 84, and 1301; 28 TEX. ADMIN. CODE § 3.3707; and TEX. GOV'T CODE §§ 2001.051–2001.178.
2. The commissioner has authority to dispose of this matter informally as set forth in TEX. GOV'T CODE § 2001.056 and TEX. INS. CODE §§ 36.104 and 82.055.

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3. Cigna has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intention to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, rehearing by the commissioner, and judicial review.
4. Cigna Health and Life Insurance Company violated TEX. INS. CODE § 1301.0055(a)(1)(A) by failing to timely notify TDI of a material deviation from network adequacy standards.
5. Cigna Health and Life Insurance Company violated TEX. INS. CODE § 1301.0055(a)(1)(B) by failing to timely take corrective action required to ensure network adequacy compliance.
6. Cigna Health and Life Insurance Company violated 28 TEX. ADMIN. CODE § 3.3707(i) by failing to timely apply for a network adequacy waiver.
7. Cigna Health and Life Insurance Company violated 28 TEX. ADMIN. CODE § 3.3712 by failing to submit correct, required network configuration filings.
8. Cigna Healthcare of Texas, Inc. violated 28 TEX. ADMIN. CODE § 11.301(4) by failing to notify TDI of a material change in a provider network configuration and receive TDI approval before putting those modifications into effect

Order

It is ordered that Cigna Health and Life Insurance Company and Cigna Healthcare of Texas, Inc., jointly and severally, pay an administrative penalty of \$100,000 within 30 days from the date of this order. The administrative penalty must be paid as instructed in the invoice, which the department will send after entry of this order.

Signed by:

Amanda Crawford

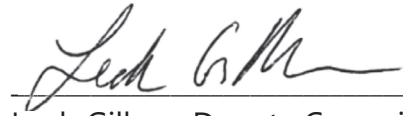
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Amanda Crawford
Commissioner of Insurance

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Recommended and reviewed by:



Leah Gillum, Deputy Commissioner
Fraud and Enforcement Division

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Affidavit

STATE OF Texas §
§
COUNTY OF Harris §

Before me, the undersigned authority, personally appeared Dalton Humphries, who being by me duly sworn, deposed as follows:

"My name is Dalton Humphries. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

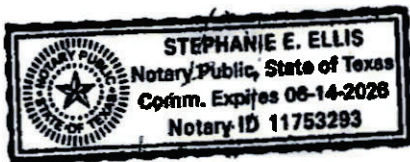
I hold the office of General Manager and am the authorized representative of Cigna Health and Life Insurance Company. I am duly authorized by said organization to execute this statement.

Cigna Health and Life Insurance Company has knowingly and voluntarily entered into the foregoing consent order and agrees with and consents to the issuance and service of the same by the commissioner of insurance of the state of Texas."

Dalton Humphries
Affiant

SWORN TO AND SUBSCRIBED before me on 9/26, 2025.

(NOTARY SEAL)



Stephanie Ellis
Signature of Notary Public

Stephanie Ellis
Printed Name of Notary Public

