

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

CIGNA HEALTH AND LIFE	:	
INSURANCE COMPANY, et al.,	:	Case No. 20-546 C
	:	
Plaintiffs,	:	
	:	Judge Holte
v.	:	
	:	
UNITED STATES OF AMERICA,	:	
	:	
Defendant.	:	

STIPULATION FOR ENTRY OF PARTIAL JUDGMENT

To resolve the claims of Plaintiffs, Cigna Health and Life Insurance Company, Cigna Healthcare of Arizona, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of North Carolina, Inc., and Cigna Healthcare of Texas, Inc., and to permit the entry of final judgment on those claims, it is stipulated between the Parties:

1. The Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010), 124 Stat. 119, and the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152 (2010), 124 Stat. 1029 (collectively, the “ACA”) created several interrelated programs to expand access to affordable health insurance coverage.

2. Section 1342 (42 U.S.C. § 18062) created the risk corridors program. Section 1402 (42 U.S.C. § 18071) authorizes cost-sharing reductions (“CSRs”), and Section 1412 (42 U.S.C. § 18082) authorizes advance payment of CSRs.

3. On April 27, 2020, the United States Supreme Court held that section 1342 of the ACA “created an obligation neither contingent on nor limited by the availability of appropriations or other funds,” that the obligation was not affected by subsequently enacted legislation, and that the “petitioners may seek to collect payment through a damages action in the Court of Federal Claims.” *Maine Community Health Options v. United States*, 140 S. Ct. 1308, 1323, 1331 (2020).

4. On May 4, 2020, Plaintiffs filed the Complaint seeking damages under various sections of the ACA. The Complaint asserts four counts, each seeking risk corridors damages under section 1342 of the ACA or CSRs damages under sections 1402 and 1412 of the ACA.

5. On July 1, 2020, the Court entered an order staying Counts III and IV, which seek CSRs damages.

6. The Parties agree that *Maine Community Health Options* entitles Plaintiffs to payment under section 1342 in the amount of \$113,608,584.37 for Cigna Health and Life Insurance Company, in the amount of \$1,709,445.01 for Cigna Healthcare of Arizona, Inc., and in the amount of \$4,891,396.84 for Cigna Healthcare of Texas, Inc., and that these payments resolve entirely the Complaint for all counts seeking damages under section 1342.

7. Accordingly, the Parties request that the Court enter judgment for Plaintiffs in the amount of \$120,209,426.22 on Count I of the Complaint (the “Stipulated Damages Amount”).

8. The Parties further request that the Court dismiss Count II with prejudice.

9. Upon entry of judgment and receipt of full payment of the Stipulated Damages Amount, Plaintiffs, Cigna Health and Life Insurance Company (HIOS Nos. 86830, 49375, 48121, 50491, 32812, 74483, 99248, 55409), Cigna Healthcare of Arizona, Inc. (HIOS No. 97667), and Cigna Healthcare of Texas, Inc. (HIOS No. 76589), and any and all of Plaintiffs’ affiliated entities, release the United States, its agencies, instrumentalities, officers, agents, employees, and servants, from all claims (including attorney fees, costs, and expenses of every kind and however denominated) that Plaintiffs, and any and all of Plaintiffs’ affiliated entities, have asserted, could have asserted, or may assert in the future against the United States, its agencies, instrumentalities, officers, agents, employees, and servants, arising under section 1342 of the ACA.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I certify that on August 12, 2020, I caused a copy of this document to be filed through the Court's CM/ECF system, which will effect service on all registered counsel.

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