

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

MURPHY MEDICAL ASSOCIATES, LLC;
DIAGNOSTIC AND MEDICAL SPECIALISTS
OF GREENWICH, LLC; NORTH STAMFORD
MEDICAL ASSOCIATES, LLC; COASTAL
CONNECTICUT MEDICAL GROUP, LLC; and
STEVEN A.R. MURPHY, M.D.,

Plaintiffs,

vs.

CIGNA HEALTH AND LIFE INSURANCE
COMPANY and CONNECTICUT GENERAL
LIFE INSURANCE COMPANY,

Defendants.

Docket No. 20 Civ. 1675 (JBA)

AMENDED COMPLAINT

JURY TRIAL DEMANDED

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Plaintiffs, Murphy Medical Associates LLC; Diagnostic and Medical Specialists of
Greenwich, LLC; North Stamford Medical Associates, LLC; (collectively, “Murphy
Practice”); and Steven A.R. Murphy, M.D. (“Dr. Murphy”), by their attorneys, Garfunkel
Wild, P.C., for their Amended Complaint against the Defendants, CIGNA Health and Life
Insurance Company and Connecticut General Life Insurance Company (collectively,
Cigna), allege as follows:

INTRODUCTION

1. This case is brought because CIGNA, a Fortune 500 health insurance
company, is blatantly defying federal law by unjustifiably refusing to provide healthcare
coverage for public health measures – COVID-19 testing and related services - that
federal law requires CIGNA to cover. Since the onset of the COVID-19 pandemic Plaintiff
the Murphy Practice has provided CIGNA members and beneficiaries with thousands of

COVID-19 diagnostic tests, as well as related medically necessary testing and services. Congress has twice specifically passed statutes requiring all insurers, including CIGNA, to cover such tests and services, regardless of whether they are provided by in-network or out-of-network providers. Such coverage must be complete: copayments, deductibles, coinsurance and limits on coverage are not permitted.

2. Nevertheless, CIGNA has only reimbursed the Murphy Practice a fraction of the cost of the services provided to CIGNA beneficiaries. Instead, CIGNA has issued improper requests for medical records in every case, and, even after records have been provided, CIGNA has continued to refuse to pay for the services. At last count, CIGNA owed the Murphy Practice over \$6 million.

3. By this Action, the Murphy Practice seeks to hold CIGNA accountable for its illegal practices.

JURISDICTION AND VENUE

4. This Court has jurisdiction over this dispute under 28 U.S.C. § 1331 because the Murphy Practice and Dr. Murphy assert federal claims against Cigna under the Families First Coronavirus Response Act, the CARES Act, and ERISA.

5. This Court also has supplemental jurisdiction over the Murphy Practice's and Dr. Murphy's state law claims against Cigna because these claims are so related to the Murphy Practice's and Dr. Murphy's federal claims that the state law claims form a part of the same case or controversy. This Court accordingly has supplemental jurisdiction over these claims pursuant to 28 U.S.C. § 1367(a).

6. This Court has personal jurisdiction over Cigna because Cigna carries on one or more businesses or business ventures in this judicial district; there is the requisite

nexus between the businesses and this action; and Cigna engages in substantial, and not isolated, activity within this judicial district.

7. Venue is proper in this District under 28 U.S.C. § 1391(b)(2), because a substantial portion of the events giving rise to this action arose in this District.

PARTIES

8. At all times relevant to this matter, Plaintiff Murphy Medical Associates LLC is a limited liability company organized under Connecticut law. Its principal place of business is located at One East Putnam Avenue, Greenwich, Connecticut 06830.

9. At all times relevant to this matter, Plaintiff Diagnostic and Medical Specialists of Greenwich, LLC is a limited liability company organized under Connecticut law. Its principal place of business is located at One East Putnam Avenue, Greenwich, Connecticut 06830.

10. At all times relevant to this matter, Plaintiff North Stamford Medical Associates, LLC is a limited liability company organized under Connecticut law. Its principal place of business is located at 30 Buxton Farms Road, Suite 220, Stamford, Connecticut 06605.

11. At all times relevant to this matter, Plaintiff Steven A.R. Murphy, M.D. is a physician licensed to practice medicine in Connecticut and New York. His principal place of practice is located at One East Putnam Avenue, Greenwich, Connecticut 06830

12. Upon information and belief, at all times relevant to this matter, Defendant Cigna Health and Life Insurance Company is a corporation organized under Connecticut law. Its principal place of business is located at 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

13. Upon information and belief, at all times relevant to this matter, Defendant Connecticut General Life Insurance Company is a corporation organized under Connecticut Law. Its principal place of business is located at 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

RELEVANT FACTS

14. At the start of the COVID-19 pandemic, the Murphy Practice – a cutting edge internal and preventative medical practice based in southwestern Connecticut – was one of the first (if not the first) to answer the call of towns and institutions throughout Fairfield and New Haven Counties, Connecticut, and Westchester County, New York about the desperate need for timely COVID-19 testing.

15. Formed by Dr. Murphy over a decade ago, the mission of the Murphy Practice is to provide high-quality preventive and general health services, as well as acute primary care, to men, women, and adolescents. Dr. Murphy, a board-certified internist, is the principal of the Murphy Practice.

16. The Murphy Practice accomplishes its mission by offering an array of preventive medical services, including diagnostic laboratory testing and imaging such as ultrasounds and echocardiograms.

17. Patients of the Murphy Practice can also receive care and consultations concerning a myriad of other services, including allergy testing, testosterone therapy, chronic disease management, gynecology, immigration physicals, medical marijuana, vitamin therapy, vein evaluation, urgent care and weight loss.

18. Dr. Murphy completed his internship in medical genetics and pediatrics at Mount Sinai Hospital in New York. He subsequently served as the chief resident in internal

medicine at Greenwich Hospital-Yale New Haven Health in Greenwich, Connecticut. Prior to entering private practice, Dr. Murphy also served as a clinical fellow in medical genetics at Yale Medical School in New Haven, Connecticut.

19. As a physician, Dr. Murphy specializes in general medical care, personalized medicine and genetics, weight loss medicine, adolescent care, and hereditary cancers. In addition, Dr. Murphy is an FAA Senior Aviation Medical Examiner, a United States Civil Surgeon, and an obesity medicine specialist.

20. Dr. Murphy serves as an assistant professor of medicine, cell biology, and anatomy at New York Medical College in Valhalla, New York.

21. Among its other services, the Murphy Practice operates a state-licensed physician office laboratory located at 30 Buxton Farms Road in Stamford, Connecticut. Dr. Murphy is the certified laboratory director for this laboratory under the federal Clinical Laboratory Improvement Amendments (“CLIA”) and Connecticut law.

The Murphy Practice’s COVID-19 Response

22. The Murphy Practice invested hundreds of thousands of dollars to transform its traditional medical practice to set up COVID-19 testing sites throughout southwestern Connecticut and the Hudson Valley. These sites – which were erected virtually overnight – were designed to provide efficient drive and/or walk-through COVID-19 testing to patients with symptoms or suspected exposure. These testing sites were unquestionably the first line of defense against the pandemic.

23. Ultimately, the Murphy Practice operated drive and/or walk-through COVID-19 testing sites in Greenwich, Stamford, New Canaan, Darien, Fairfield, Bridgeport, New Haven, West Haven, Stratford, and Ridgefield, Connecticut, and Bedford, Brooklyn, and Pound Ridge, New York.

24. In addition to creating the physical infrastructure for the sites, the Murphy Practice had to assemble the clinical and administrative staff needed to operate the sites and to perform the testing, including physicians, medical students, physician assistants, nurse practitioners, registered nurses, medical assistants, registrars, coordinators, and IT staff. It had to develop extensive protocols and procedures to ensure the sites were effectively and efficiently operating, and all safety, infection control, OSHA, and CDC guidance were observed.

25. The Murphy Practice also invested significant hours and resources researching peer-reviewed and other expert literature to determine the most effective and informative way to fulfill its COVID-19 testing mission.

26. Through this research, and based on personal experience, the Murphy Practice concluded that performing a COVID-19 test in a vacuum, without performing any other diagnostic testing, would fail to adhere to the requisite standard of care. Thus, patients who present with symptoms of COVID-19, or patients who have or potentially have exposure to COVID-19, need to be tested for COVID-19 as well as other respiratory viruses and infections that could possibly cause the same or similar symptoms as COVID-19, or could possibly co-exist with COVID-19. Information about other potential respiratory viruses or infections is vitally important to ensure that patients who present with symptoms or were possibly exposed to COVID-19 receive the most appropriate and effective treatment for a life-threatening condition.¹

¹ See, e.g., Bangshun He et al., *Tumor Biomarkers Predict Clinical Outcome of COVID-19 Patients*, 81 J. OF INFECTION 452 (2020).

27. Medical Studies have also concluded that a statically significant percentage of patients (20% in one study) who tested positive for COVID-19 also tested positive for one or more respiratory pathogens.²

28. In particular, FAQs regarding the federal COVID-19 testing law that have been prepared jointly by the Departments of Labor, Health and Human Services (HHS), and the Treasury (collectively, “FAQs”), state that “the CDC strongly encourages clinicians to test for other causes of respiratory illnesses.”³

29. As a result, when testing for COVID-19 among symptomatic patients the Murphy Practice also tested for other respiratory pathogens.

30. Initially, this was accomplished by splitting the samples taken from patients and sending one sample to a lab with the capability to test for COVID-19, and one sample to the Murphy Practice lab, which was able to test for non-COVID respiratory viruses, but did not yet have the capacity to test for COVID-19. The Murphy Practice utilized a BioFire Film Array Panel test for its COVID-related respiratory virus testing.

31. These Panels are front-line tests to help clinicians quickly and accurately diagnose numerous respiratory infections, which present with nearly indistinguishable

² Of the 116 specimens positive for SARS-CoV-2, 24 (20.7%) were positive for 1 or more additional pathogens, compared with 294 of the 1101 specimens (26.7%) negative for SARS-CoV-2 (Table 1) (difference, 6.0% [95% CI, -2.3% to 14.3%]). “Rates of Co-infection Between SARS-CoV-2 and Other Respiratory Pathogens,” JAMA. 2020;323(20):2085-2086. doi:10.1001/jama.2020.6266, Available at <https://jamanetwork.com/journals/jama/fullarticle/2764787>

³ “FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 42,” dated April 11, 2020, available at <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf> at Q.5.

symptoms and contribute to a significant healthcare burden. These multiplex PCR respiratory panels utilize a syndromic approach to target a broad grouping of probable respiratory pathogens.

32. After months of working unsuccessfully to obtain the equipment necessary to directly provide COVID-19 testing, in May of 2020 an advanced BioFire Film Array System, with COVID-19 testing capability, was approved by the FDA for COVID-19 testing.⁴ The Murphy Practice was able to purchase the new BioFire machine.

33. According to the makers of BioFire, “[t]he inclusion of SARS-CoV-2 in the BIOFIRE® RP2.1 panel allows healthcare providers to quickly identify patients with common respiratory pathogens, as well as those with COVID-19, using one simple test. The BIOFIRE® RP2.1 panel takes approximately 45 minutes and tests nasopharyngeal swab samples in transport media.”⁵

34. The new BioFire machines are not capable of running a test limited to the detection of COVID-19. They are only capable of running an enhanced 21 channel PCR BioFire test that detects COVID-19, as well as other common respiratory virus and bacterial infections.

35. The BioFire machine was an extraordinary advance, and it enabled the Murphy Practice to test far more efficiently. BioFire is capable of producing COVID-19 test results on the same day a sample was taken, as opposed to commercial labs in

⁴ <https://docs.biofiredx.com/wp-content/uploads/PRESS-RELEASE-BIOFIRE%C2%AE-Respiratory-Panel-2.1-RP2.1-with-SARS-CoV-2.pdf>

⁵ Id.

Connecticut, where results could take a week to 10 days. For symptomatic patients, the time difference was potentially life-saving.

36. Once the Murphy Practice had COVID-19 testing capacity through the BioFire machines, patients who were symptomatic or otherwise had a need for expedited results had their samples run through BioFire, which often provided them with results in one day or less. For others, the samples were sent to an outside lab that did the COVID-19 testing.

37. The Murphy Practice also provided COVID-19 antibody blood testing in its lab for patients who knew or had reason to believe that they had recovered from COVID-19.

38. And, for patients who tested positive for COVID-19 – or who had COVID-19 antibodies in their system – additional blood testing was necessary to determine the potentially life-threatening damage that the virus was doing or had done to the body's organs and systems. As a result, in addition to the antibody testing specifically covered by the FFCRA and the CARES Act, these patients also received medically necessary comprehensive blood testing performed to determine the potentially life-threatening damage that the virus was doing or had done to the body's organs and systems. This blood testing includes checking for certain protein levels, vitamin levels, hormone levels, and other indicia that will provide key insights into the operation of various vital organs and systems.⁶

⁶ See, e.g., Thirumalaisamy P. Velavan & Christian G. Meyer, *Mild Versus Severe COVID-19: Laboratory Markers*, 90 INT'L J. OF INFECTIOUS DISEASE 304 (2020); Jean M. Connors & Jerrold H. Levy, *COVID-19 and Its Implications for Thrombosis and Anticoagulation*, 135 BLOOD 2033 (2020); David O. Meltzer et al., *Association of Vitamin D Status and other Clinical Characteristics with COVID-19 Test Results*, 3 JAMA

39. Along with the testing services described above, the Murphy Practice's clinical personnel provided telemedicine preventative medicine counseling and education to the patients, including how to observe universal precautions and proper nutrition during the pandemic, and other important issues, as specifically recommended by the Centers for Disease Control.⁷

40. Also, during the time period between the day the sample was taken and the results were available, the Murphy Practice's clinical personnel conducted telemedicine visits with the patients to check on their conditions and determine whether further medical intervention was needed. The frequency and duration of these visits was dependent on each patient's unique condition, with an emphasis and priority on following up with symptomatic patients suspected of being infected with the virus.

41. Finally, when the results of the tests were available, the results were posted on the patient's individual registration portal. For positive tests a telemedicine visit was scheduled with the patient to review the results and next steps with a clinician. The patient was advised to schedule an appointment to receive a comprehensive blood panel test. The purpose of this blood test, as discussed above, is to determine the potentially life-

NETWORK OPEN E2019722 (2020); Brody H. Foy, Jonathan C.T. Carlson & Erik Reinersten, *Association of Red Blood Cell Distribution Width with Mortality Risk in Hospitalized Adults with SARS-CoV-2 Infection*, 3 JAMA NETWORK OPEN E2022058 (2020).

⁷ "All persons being tested, regardless of results, should receive counseling on the continuation of risk reduction behaviors that help prevent the transmission of SARS-CoV-2 (e.g., wearing masks, physical distancing, avoiding crowds and poorly ventilated spaces)." Overview of Testing for SARS-CoV-2 (COVID-19), available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

threatening damage that the virus was doing or had done to the body's organs and systems.

42. The Murphy Practice unquestionably fulfilled its mission to provide ready access to COVID testing and related services to residents of southeastern Connecticut. From March 1, 2020 through December 31, 2020, the Murphy Practice engaged in over 75,000 encounters with patients, and collectively tested and provided medical treatment and care to over 35,000 of those patients. To date, the Murphy Practice has provided COVID-19 testing to approximately 3,000 uninsured patients, without cost to the patients.

43. The Murphy Practice has received accolades for its public health efforts from federal and state elected representatives, local government officials, and the media. Indeed, the Murphy Practice's efforts in creating the first walk up and/or drive through testing sites in Connecticut played a significant part in the relative success that Connecticut enjoyed in combating the COVID-19 crisis.

The Requirement That Health Plans Cover COVID-19 Testing and Related Services

44. In March of 2020 Congress, in recognition of the public health emergency and the desperate need to address it by making COVID-19 testing readily available to anyone who needed it, enacted two statutes that addressed the issue of payment for testing: the Families First Coronavirus Response Act ("FFCRA") and the CARES Act.

45. Specifically, through the FFCRA Congress mandated that health plans and managed care companies, such as Cigna, must cover and reimburse providers for conducting COVID-19 testing, COVID antibody testing, and related testing and services.

46. Moreover, in recognition of the emergency conditions, Congress went much further than merely requiring insurers to cover testing. To make sure that no patient would

be deterred from getting a COVID-19 test due to a concern for the cost, Congress required coverage for COVID-19 testing and related services to be provided without cost sharing, deductibles, copayments or coinsurance, or other medical management requirements.

47. In essence, Congress sought to ensure that any patient with health insurance could get a COVID-19 test without any out-of-pocket costs, and without having to get permission from their insurer.

48. Further, Congress addressed the possibility that a patient would have access to a COVID-19 test that was provided by practice that was not in the patient's insurance network.

49. All healthcare providers are either "in-network" or "out-of-network" with respect to a particular insurance carrier. "In-network" or "participating" providers describes those who contract with a health insurer to accept discounted negotiated rates as payment in full for covered services. The members typically can obtain services from an "in-network" provider at little or no cost to the member.

50. "Out-of-network" or "non-participating" providers are those that do not have contracts with an insurance carrier to accept discounted rates and instead set their own fees for services.

51. Guidance from the Departments of Labor, Health and Human Services and the Treasury has clarified that the FFCRA and the CARES Act apply to COVID-19 testing, antibody testing, and related services rendered by both "in-network" and "out-of-network providers."⁸

⁸ FAQs dated April 11, 2020, at Q.7 and Q.4, available at <https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf>

52. However, insurers typically seek to dissuade their members from using “out of network” providers, as a cost saving measure. Some healthcare plans provide no “out of network” benefits at all, meaning that any services obtained from an “out of network provider” must be paid for by the patient. Alternatively, many plans will pay only a percentage of “out of network” charges, leaving the patient responsible for the remainder.

53. The FFCRA and the CARES Act addressed how insurers were required to reimburse both “in network” and out of “network providers.” In a section titled “ACCESS TO HEALTH CARE FOR COVID-19 PATIENTS,” the CARES Act added a requirement that health plans covered by the FFCRA “**shall reimburse the provider of the diagnostic testing as follows . . .**” for covered tests and services. The Act then set forth alternative methods to calculate the actual payment amounts health plans were required to pay providers for testing and related services. Importantly, the Act addressed payment for services provided by “out of network” providers as well as “in network” providers.

54. If the patient’s plan already had a negotiated rate with the provider, *i.e.*, the provider was “in-network,” the plan had to pay that negotiated rate.

55. Congress also addressed the potential problem of a patient who obtains a COVID test from an “out-of-network” provider. Such a patient would ordinarily face the prospect of having to pay the full price to the provider, seek reimbursement from their insurer, and risk receiving no reimbursement, or at best partial reimbursement.

56. However, the Act also addressed the payment requirements for providers who did not have a negotiated rate, *i.e.*, “out-of-network providers.” Insurers are required to pay “out of network” providers their full cash price for the test, unless the insurer is able to negotiate a lower rate with the provider.

57. Guidance has also confirmed that, in addition to reimbursing providers for the COVID tests, insurers must reimburse providers for other related items and services furnished during a visit that results in an order for a COVID-19 or COVID-19 antibody test.

58. More recently, the CDC has specifically expressed its approval of tests that, like the BioFire Array, screen patients for influenza variants, along with COVID-19.⁹

CIGNA'S FAILURE TO FOLLOW THE LAW

59. Sadly, however, Cigna has not honored its obligation to reimburse the Murphy Practice for this vitally needed public health service. This is tragic, because, while it is virtually impossible in this polarized political environment for our federal elected officials to agree on *anything*, they did agree on payment for COVID-19 testing and related services.

60. Cigna has instead engaged the Murphy Practice in a paperwork war of attrition. Specifically, Cigna has made and continues to make voluminous frivolous and bad faith medical records and audit requests in response to every claim submitted by the Murphy Practice, in a clear effort to overwhelm the practice and to delay or avoid its payment obligations indefinitely.

61. Indeed, Cigna's requests would require the Murphy Practice to provide hundreds of thousands of pages of documents, and cause the entire practice, and the COVID-19 testing operation that is so vital to the ongoing public health emergency, to grind to a halt.

⁹ "Why the CDC Flu SC2 Multiplex Assay Is Important: Serves as a single test to diagnose infection caused by one of three viruses: SARS-CoV-2, influenza A, and influenza B," available at <https://www.cdc.gov/coronavirus/2019-ncov/lab/multiplex.html>.

62. More importantly, Cigna’s practices are specifically prohibited. According to FAQs released on February 26, 2021, “The FFCRA prohibits plans and issuers from imposing medical management, including specific medical screening criteria, on coverage of COVID-19 diagnostic testing.”¹⁰

63. Rather,

“When an individual seeks and receives a COVID-19 diagnostic test from a licensed or authorized health care provider, or when a licensed or authorized health care provider refers an individual for a COVID-19 diagnostic test, plans and issuers generally must assume that the receipt of the test reflects an ‘individualized clinical assessment’ and the test should be covered without cost sharing, prior authorization, or other medical management requirements.”¹¹

64. Cigna has simply ignored this direction. Although a few payments have been made, as of now, the amount owed to the Murphy Practice for this testing totals more than \$6 million dollars.¹² Cigna has denied reimbursement for COVID-19 testing and testing-related services for over 4,000 Cigna members or beneficiaries.

65. Notably, the Murphy Practice often initially submitted a claim for reimbursement only for the BioFire Covid-19 test array, even if many of the medically necessary ancillary services described above were also provided. Those tests and services were billed separately.

66. In these situations, despite the CARES Act guidance discussed above advising that “plans and issuers generally must assume that the receipt of the test reflects

¹⁰ <https://www.cms.gov/files/document/faqs-part-44.pdf> at page 2.

¹¹ *Id.*

¹² Cigna recently issued a “retrospective review letter,” demanding repayment of the amounts previously paid.

an ‘individualized clinical assessment’ and the test should be covered without cost sharing, prior authorization, or other medical management requirements,” CIGNA either requested medical records or denied the claim.

67. Despite the impropriety of the record requests, the Murphy Practice responded, providing Cigna with the test order form, signed by a physician, and the test results. These documents demonstrated conclusively that “an individual [sought] and receive[d] a COVID-19 diagnostic test from a licensed or authorized health care provider.” As the above guidance makes clear, Cigna “generally must assume that the receipt of the test reflects an ‘individualized clinical assessment’ and the test should be covered without cost sharing, prior authorization, or other medical management requirements.”

68. But even after receiving the records Cigna did not reimburse the practice. Rather, Cigna simply sent another request for medical records of denied the claim. Cigna has even engaged in the practice of denying testing claims *before* the Murphy Practice has responded with requested records or reasonably could respond to those claim appeals.

69. Cigna has also routinely, and without justification, refused to pay for the other, related testing and services the FFCRA and the CARES act require them to cover, including, for example, the patient’s visit to a Murphy Practice location, the consultation regarding testing, the taking of samples, the related testing ordered during that visit, and the telemedicine follow-ups.

ERISA

70. Moreover, even if the Families First Coronavirus Response Act and CARES Act did not, on their own, obligate Cigna to reimburse the Murphy Practice for the

medically necessary COVID-19-related testing that it performed – which they most certainly do – Cigna would still be obligated to reimburse the Murphy Practice for the COVID-19-related testing. This is because the FFCRA and CARES Acts are to be treated, for enforcement purposes, as if they were included in ERISA.

71. Even were this not the case, the FFCRA and the CARES Act broadly apply to all health care plans, including ERISA plans, meaning that ERISA plans are required to cover COVID-19 testing and related services as provided in the FFCRA and the CARES Act.

72. On information and belief, a significant number of claims the Murphy Practice has submitted to CIGNA relate to patients enrolled in ERISA plans. ERISA and the FFCRA and the CARES Act require all CIGNA ERISA plans to cover COVID 19-related testing and services regardless of the terms of their plan.

73. The Murphy Practice is “out-of-network” or non-participating with Cigna.

74. On information and belief, many of the ERISA plans that Cigna administers provide benefits for medically necessary healthcare services plan beneficiaries obtain from “out of network” providers.

75. On information and belief, Cigna’s blanket denials of the Murphy Practice’s claims for COVID-19 testing, and unjustifiable records requests, violate the provisions of these ERISA plans and wrongfully deny benefits due under ERISA.

76. To the extent that any of CIGNA’s ERISA plans have not followed the requirements of the FFCRA and CARES Act, and do not provide full coverage of COVID-19 testing services, they are in violation of the FFCRA, the CARES Act and ERISA.

77. To the extent that any of CIGNA's ERISA plans do provide COVID-19 testing benefits as required by the FFCRA and the CARES Act, CIGNA has wrongfully failed to pay the Murphy Practice as required by the plans, in violation of ERISA.

78. Many of the Cigna members who received testing services at the Murphy Practice locations executed assignments of benefits forms. The assignment documents stated that each patient "assign to DMSOG/NSMA¹³, for application onto your bill for services, all of your rights and claims for the medical benefits to which you or your dependents are entitled, under any federal or state healthcare plan (including, but not limited to, Medicare or Medicaid), insurance policy, any managed care arrangement or other similar third-party payor arrangement . . ."

79. Other patients registered electronically, and in the electronic forms that they completed they were advised and agreed that federal law requires their insurer to cover the entire cost of testing and related services, that the Murphy Practice would bill their insurer, and that the Murphy Practice would not, under any circumstances, seek payment from the patient.

80. Moreover, the FFCRA and the CARES Act, by directing all plans, including ERISA plans, not just to cover COVID-19 testing and related services, but to pay providers certain amounts for COVID-19 testing and related services provided to covered persons, have obviated the need for a provider to obtain a specific assignment of ERISA benefits from an ERISA beneficiary to be entitled to seek reimbursement from the plan for such

¹³ Diagnostic and Medical Specialists of Greenwich, LLC; North Stamford Medical Associates.

testing and related services, or to be entitled to bring an action under ERISA for reimbursement or injunctive relief.

81. In effect, the FFCRA and the CARES Act have given providers of COVID-19 testing and related services standing to sue ERISA plans for violations of ERISA, including violations of the FFCRA and the CARES Act, regardless of whether there has been an assignment of benefits. Indeed, the “benefit” the Murphy Practice is suing for is the provider reimbursement required by the FFCRA and the CARES Act. The FFCRA and the CARES Act do not directly require healthcare plans to “cover” COVID-19 testing, they require the plans to pay amounts directly to providers, because the Congressional intent was to prevent patients from facing any possible out of pocket liability.

82. To the extent that claims submitted to Cigna by the Murphy Practice relate to non-ERISA governed health care plans, on information and belief those plans provide coverage for out of network services. Even if the plans do not provide such coverage, they are obligated by the FFCRA and the CARES Act to cover COVID-19 testing and related procedures, and to pay providers for such services, even if furnished by an “out-of-network” provider.

83. If the non-ERISA plans provide for such coverage, Cigna has failed to follow those plans.

84. All totaled, from the start of the pandemic through December 31, 2020, the Murphy Practice provided these COVID-19-related testing services to over 35,000 patients, over 5,000 of whom were members or beneficiaries of Cigna health plans.

85. Based on the provisions of the FFCRA and the CARES Act, discussed above, the Murphy Practice had every expectation that Cigna would honor its obligations and reimburse the practice for these COVID-19-related testing services provided to its members or beneficiaries. Indeed, other carriers similarly situated to Cigna honored their obligations to the Murphy Practice.

86. It is hard to imagine a clearer violation of the FFCRA and the CARES Act, than an insurer who has been provided with proof that one of their beneficiaries was determined by a physician to be in medical need of a COVID-19 test, and provided with proof that the test was performed, yet refuses to pay anything.

CIGNA'S ERISA PROCEDURAL VIOLATIONS

87. Cigna has repeatedly and persistently failed to comply with ERISA requirements in processing the claims submitted by the Murphy practice.

88. ERISA requires that a determination of, and payment of, benefits be made within 30 days of the submission of the claim or bill. Cigna has rarely, if ever complied with this rule, often issuing benefit determinations well over 30 days past submission of the claim, sometimes several months later.

89. ERISA provides for an extension of up to 15 days, if the Plan requires additional information, and if the Plan notifies the claimant before the expiration of the initial 30 day period. These prerequisites for obtaining an extension were rarely, if ever complied with by Cigna.

90. For denied claims pursuant to 29 U.S.C. § 1133, an ERISA plan must (a) provide adequate notice in writing to any participant or beneficiary whose claim for benefits under the plan has been denied, setting forth the specific reasons for such denial,

written in a manner calculated to be understood by the participant; and (b) afford a reasonable opportunity to any participant whose claim for benefits has been denied for a full and fair review by the appropriate named fiduciary of the decision denying the claim. 29 U.S.C. § 1133(1) and (2).¹⁴

91. A recent set of denials from Cigna read: “The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).”

92. One recent denial of a claim where Cigna had never requested records gave as the reasons for denial “Missing patient medical record for this service,” and “the supporting documentation does not match the information sent on the claim.”

93. Cigna has also violated 28 U.S.C 1133 and its related regulations by (a) refusing to describe any additional material or information necessary to perfect a claim, such as the appropriate diagnosis/treatment codes; (b) refusing to notify the relevant parties that they are entitled to have, free of charge, all documents, records and other information relevant to the claims for benefits; (c) refusing to provide a statement describing any voluntary appeals procedure available, or a description of all required information to be given in connection with that procedure; (e) refusing to provide the Murphy Practice with the documents and information relevant to Cigna’s denial of the claims; and (f) refusing to timely issue required notifications that the claims have been denied or underpaid.

¹⁴ 29 C.F.R. § 2650.503–1(g)(1).

94. Cigna's widespread non-compliance with ERISA regulations, and use of incomprehensible gibberish in its benefit denials has made participation in a fair administrative review process impossible.

95. Finally, adding insult to injury, Cigna has – in a cynical attempt to divert attention away from its wrongful conduct – made defamatory and malicious statements about the Murphy Practice and Dr. Murphy to its patients and others. Cigna's conduct violates Connecticut law and has damaged the Murphy Practice and Dr. Murphy.

96. Further, the Murphy Practice has learned from patients, testing site sponsors, and others that, when patients and others ask Cigna about the status of reimbursement to the Murphy Practice, Cigna falsely informed them that the Murphy Practice is a fraudulent enterprise and it, together with Dr. Murphy are committing fraud in connection with its COVID-19-related testing services.

97. Even more damaging, Cigna is also telling patients – again falsely – that they are personally responsible for paying the Murphy Practice for the charges CIGNA has so far refused to pay. Cigna made these statements in notices of denial and/or explanations of benefits that were sent to its members. This is part of a pattern and practice by Cigna of sending patients false and misleading explanation of benefits.

98. All these statements were designed to create a false and negative impression about Dr. Murphy and the Murphy Practice among their patients and the community in general, to cause testing site sponsors to break their agreements or end their relationships with the Murphy Practice.

99. Unfortunately, Cigna's efforts have already borne fruit as several cities, towns, and facilities have ended their relationships with the Murphy Practice and Dr. Murphy as a direct result of Cigna's malicious efforts.

100. Despite not receiving appropriate reimbursement from Cigna, the Murphy Practice has not and will not bill a Cigna member or beneficiary (or any patient for that matter) for any of these services.

101. Despite not receiving anywhere near the required reimbursement from Cigna, the Murphy Practice will continue running all of its existing testing sites and will establish new testing sites to care for all patients, including Cigna members and beneficiaries, during this public health crisis.

102. For all these reasons, the Murphy Practice and Dr. Murphy are entitled to compensatory damages and the declaratory and other relief requested herein.

103.

AS AND FOR A FIRST CAUSE OF ACTION

104. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above as if more fully set forth herein.

105. Cigna offers group health plans and is a health insurance issuer offering group or individual health insurance coverage, as those terms are defined under section 6001 of the FFCRA.

106. The COVID-19-related testing services that the Murphy Practice provided to Cigna's health plan members and beneficiaries include (a) *In vitro* diagnostic products for the detection of COVID-19 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized under Federal Food, Drug, and Cosmetic Act, and the administration of such *in vitro* diagnostic products; or (b) medically necessary items

and services furnished to individuals during health care provider office visits (including in-person visits and telemedicine visits) that result in an order for or administration of an *in vitro* diagnostic product for the detection of COVID-19, as provided by section 6001 of the FFCRA.

107. The Murphy Practice did not have a negotiated rate with Cigna for the provision of these services.

108. Under section 3202(a) of the CARES Act, if a health plan such as Cigna's does not have a negotiated rate with a provider such as the Murphy Practice for providing COVID-19 testing related services, the health plan is obligated to pay the provider its cash price for providing those services.

109. Cigna, despite numerous and persistent demands and requests, has failed and refused to provide anything remotely close to the Murphy Practice's cash price for providing the COVID-19 testing related services.

110. In fact, for the most part CIGNA has paid the Murphy Practice nothing for products and services the Murphy Practice has provided to CIGNA beneficiaries, despite the fact that most, if not all of the services provided are specifically covered by the FFCRA and the CARES Act.

111. By reason of the foregoing, the Murphy Practice and Dr. Murphy have been injured.

112. Based on the above, the Murphy Practice and Dr. Murphy are entitled to judgment against Cigna in an amount to be determined at the trial of this matter, which amount is no less than \$6,000,000 plus interest thereon, together with the costs and disbursements of this action, including reasonable attorneys' fees.

AS AND FOR A SECOND CAUSE OF ACTION

113. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

114. Many of the Cigna plans at issue are benefit plans established pursuant to the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. §§ 1001, et seq.

115. ERISA, the FFCRA and the CARES Act require the plans and Cigna to reimburse providers for COVID-19 related testing and services.

116. On information and belief some of the plans at issue do not provide the coverage of COVID-19 related testing and services required by the FFCRA and the CARES Act.

117. The Murphy Practice has received assignments of ERISA rights from Cigna's Members who received COVID-19 related testing and services from the Murphy Practice, either explicitly, by implication or by operation of law pursuant to the FFCRA and the CARES Act.

118. In addition, the FFCRA and the CARES Act, by specifically directing insurers to pay providers particular amount for particular services, has given providers, including the Murphy Practice, standing to sue ERISA plans for violations of the acts.

119. Because Cigna has reflexively denied thousands of claims for the exact same clearly reimbursable services, without providing any legitimate justification, appeal of these decisions would be futile.

120. The Murphy Practice has exhausted available administrative remedies, or exhaustion of administrative remedies would be futile given the above, and, alternatively,

Cigna's utter disregard for ERISA deadlines and procedures described above excuses any failure to exhaust administrative remedies.

121. The Court may equitably reform the ERISA plans that do not comply with ERISA, the FFCRA, and the CARES Act, to render them compliant.

122. Fairness and justice require such equitable reformation, because the Murphy Practice provided an invaluable service to the community, in reliance on federal law regarding reimbursement, and Cigna is violating that law, to its own benefit and the detriment of the Murphy Practice.

123. The Court should equitably reform any of Cigna's ERISA plans that do not comply with the FFCRA and the CARES Act at issue to require that they mirror the language of the FFCRA and the CARES Act.

AS AND FOR A THIRD CAUSE OF ACTION

124. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

125. Many of the Cigna plans at issue are benefit plans established pursuant to the Employee Retirement Income Security Act of 1974 ("ERISA"), 29 U.S.C. §§ 1001, et seq.

126. The plans require Cigna to pay the cost of medically necessary covered healthcare services provided to Cigna's Members and Beneficiaries.

127. Some of the ERISA plans provide coverage for COVID-19 related testing and services.

128. The FFCRA and the CARES Act require the plans and Cigna to reimburse providers for COVID-19 related testing and services.

129. The Murphy Practice provided medically necessary covered healthcare services, COVID-19 related testing and services, to Cigna's Members and Beneficiaries.

130. The Murphy Practice properly billed the Cigna for covered COVID-19 related testing and related healthcare services provided to Cigna's Members.

131. The Murphy Practice was entitled to be reimbursed in full for providing COVID-19 related testing and related covered healthcare services to Cigna's Members.

132. Cigna improperly and without justification failed to pay the Murphy Practice, or failed to pay the Murphy Practice in full, for the COVID-19 related testing and related covered healthcare services rendered to Cigna's Members.

133. 29 U.S.C. § 1132 provides that a beneficiary of an ERISA Plan may bring a civil action to recover benefits due under the plan, to enforce rights under the plan and to clarify rights and future benefits under the plan.

134. Cigna's Members have assigned their right to receive benefits under the Plan to the Murphy Practice, either explicitly, by implication or by operation of law pursuant to the FFCRA and the CARES Act.

135. The Murphy Practice has standing to bring this action regardless of the assignments, because the FFCRA and the CARES Act, by specifically directing insurers to pay providers particular amount for particular services, has given providers, including the Murphy Practice, standing to sue ERISA plans for violations of the acts.

136. The Defendants' failure to pay the Murphy Practice in full for the covered healthcare services rendered to the Members constitutes a breach of the Plans, either as written or as equitably reformed pursuant to the Second Cause of Action, and Cigna's

failure was erroneous, arbitrary and capricious and was without reason, was unsupported by substantial evidence and was erroneous as a matter of law.

137. Because Cigna has reflexively denied thousands of claims for the exact same clearly reimbursable services, without providing any legitimate justification, appeal of these decisions would be futile.

138. The Murphy Practice has exhausted available administrative remedies, or exhaustion of administrative remedies would be futile given the above, and, alternatively, Cigna's utter disregard for ERISA deadlines and procedures excuses any failure to exhaust administrative remedies.

139. The Murphy Practice is entitled to payment, pursuant to the FFCRA and the CARES Act for the medically necessary COVID-19 related testing and services provided to Cigna members and beneficiaries.

140. The Murphy Practice is also entitled to reasonable attorneys' fees, pursuant to 29 U.S.C. § 1132 (g)(1).

AS AND FOR A FOURTH CAUSE OF ACTION

141. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

142. As assignees and authorized representatives of its patients' claims, the Murphy Practice and Dr. Murphy are entitled to receive protection under ERISA, including (a) a "full and fair review" of all claims denied by Cigna; and (b) compliance by Cigna with applicable claims procedure requirements.

143. Based on all of the foregoing, Cigna's actions and inactions relating to the claims at issue in this lawsuit are tantamount functionally to a denial of these claims.

144. For denied claims pursuant to 29 U.S.C. § 1133, an ERISA plan must (a) provide adequate notice in writing to any participant or beneficiary whose claim for benefits under the plan has been denied, setting forth the specific reasons for such denial, written in a manner calculated to be understood by the participant; and (b) afford a reasonable opportunity to any participant whose claim for benefits has been denied for a full and fair review by the appropriate named fiduciary of the decision denying the claim. 29 U.S.C. § 1133(1) and (2).

145. ERISA regulations make clear that, in the case of post-service claims submitted pursuant to group health plans, the required notification that the claim has been denied must be issued within a reasonable period of time, but not later than 30 days after receipt of the claim, unless the member or beneficiary is notified that, due to circumstances beyond the plan's control, the plan requires an additional 15 days to issue a required denial notification. 29 C.F.R. § 2560-503.1(f)(2)(iii)(B).

146. Although Cigna is obligated to provide a "full and fair review" of denied and underpaid claims pursuant to 29 U.S.C. § 1133, Cigna has failed to do so by, among other things: (a) refusing to provide the specific reason or reasons for the denial or underpayment of claims; (b) refusing to provide the specific plan provisions relied upon to support its denials or underpayments; (c) refusing to provide the specific rule, guideline or protocol relied upon in making the decisions to deny or underpay claims; (d) refusing to describe any additional material or information necessary to perfect a claim, such as the appropriate diagnosis/treatment codes; (e) refusing to notify the relevant parties that they are entitled to have, free of charge, all documents, records and other information relevant to the claims for benefits; (f) refusing to provide a statement describing any

voluntary appeals procedure available, or a description of all required information to be given in connection with that procedure; (g) refusing to provide the Murphy Practice with the documents and information relevant to Cigna's denial of the claims; and (h) refusing to timely issue required notifications that the claims have been denied or underpaid.

147. By failing to comply with the ERISA claims procedure regulations, Cigna failed to provide a reasonable claims procedure.

148. Because Cigna has failed to comply with the substantive and procedure requirements of ERISA, any administrative remedies are deemed exhausted pursuant to 29 C.F.R. § 2560.503-1(l) and 29 C.F.R. § 590.715-2719(b)(2)(ii)(F)(1).

149. Exhaustion is also excused because it would be futile to pursue any administrative remedies, because Cigna does not acknowledge any legitimate basis for its denials and thus offers no meaningful administrative process for challenging its denials.

150. The Murphy Practice and Dr. Murphy have been harmed by Cigna's failure to provide a full and fair review of appeals submitted and failure to comply with applicable claims procedure regulations under ERISA. 29 U.S.C. § 1133.

151. The Murphy Practice and Dr. Murphy are entitled to relief under 29 U.S.C. § 1132(a)(3), including declaratory and injunctive relief, to remedy Cigna's failures to provide a full and fair review, to disclose information relevant to appeals, and to comply with applicable claim procedure regulations.

AS AND FOR A FIFTH CAUSE OF ACTION

152. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

153. Cigna is a health insurer authorized to do business in Connecticut.

154. As discussed above, the Murphy Practice and Dr. Murphy have submitted numerous claims for medically necessary COVID-19-related testing services to Cigna's members and beneficiaries.

155. As also addressed above, Cigna was obligated to promptly reimburse the Murphy Practice and Dr. Murphy for those services in accordance with law and the terms of its plans, and in accordance with federal and state law.

156. Cigna, however, has failed and refused to do so.

157. Cigna's actions constitute unfair claims settlement practices in violation of the Connecticut Unfair Insurance Practices Act, Conn. Gen. Stat. § 38a-816.

158. Cigna's actions violate Conn. Gen. Stat. 38a-816(6)(D): "Refusing to pay claims without conducting a reasonable investigation based upon all available information"

159. Cigna's actions violate Conn. Gen. Stat. 38a-816(6)(F): "Not attempting in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear."

160. Cigna's actions violate Conn. Gen. Stat. 38a-816(6)(H): "Attempting to settle claim for less than the amount to which a reasonable man would have believed he was entitled by reference to written or printed advertising material accompanying or made part of an application."

161. Cigna's actions violate Conn. Gen. Stat. 38a-816(6)(L): "Delaying the investigation or payment of claims by requiring an insured, claimant, or physician of either to submit a preliminary claim report and then requiring the subsequent submission of

formal proof of loss forms, both of which submissions contain substantially the same information.”

162. Cigna’s actions violate Conn. Gen. Stat. 38a-816(6)(N): “Failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement.”

163. Cigna’s actions violate the FFCRA, and the CARES Act, and related regulations and guidance.

164. Cigna’s actions violate Conn. Gen. Stat. 38a-816(15). Under this law, “failure by an insurer, or any other entity responsible for providing payment to a health care provider pursuant to an insurance policy, to pay...health claims, including, but not limited to, claim for payment or reimbursement to health care providers, within the time periods set forth....shall pay the claimant or health care provider the amount of such claim plus interest at the rate of fifteen per cent per annum, in addition to any other penalties which may be imposed.”

165. Cigna’s acts and omissions offend public policy as it has been established by statutes, the common law, or otherwise and is within the penumbra of common law, statutory, and other established concepts of unfairness.

166. Cigna’s acts are immoral, unethical, oppressive, and unscrupulous, with respect to their affects upon patients and providers.

167. Cigna’s acts are causing substantial injury to patients and providers.

168. Cigna’s acts are causing substantial injury to Dr. Murphy and the Murphy Practice.

169. Cigna's acts have caused Dr. Murphy and the Murphy Practice to suffer an ascertainable loss of money and/or property.

170. Dr. Murphy and the Murphy Practice are entitled to compensation for the ascertainable loss they suffered as a result of Cigna's acts.

171. Cigna's acts have been taken over a period of many months and are continuing.

172. Cigna's acts have been performed with extraordinary frequency: Cigna has wrongfully responded in the same or similar ways to thousands of claims submitted by the Murphy Practice.

173. Cigna's acts represent a uniform practice of Cigna.

174. Cigna's acts constitute an unfair trade practice.

175. Cigna has engaged in the aforementioned unfair trade practices with such frequency as to indicate a general business practice.

176. Cigna's acts are a violation of the Connecticut Unfair Trade Practices Act, Conn. Gen. Stat. § 42-110b.

177. Cigna's acts are wanton and reckless given the harm they have caused and will continue to cause Dr. Murphy and the Murphy Practice, and Cigna knew or should have known of the wrongfulness of its acts and that such severe harm would have resulted from such acts.

178. Cigna acted with reckless indifference to the rights of others, including Dr. Murphy and the Murphy Practice.

179. By reason of the foregoing, Dr. Murphy and the Murphy Practice are entitled to compensatory damages, interest, punitive damages, and attorney's fees

against Cigna pursuant to the Connecticut Unfair Trade Practices Act, Conn. Gen. Stat. § 42-110g.

AS AND FOR A SIXTH CAUSE OF ACTION

180. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

181. The Murphy Practice provided medically necessary COVID-19 testing and related services to Cigna's members and beneficiaries.

182. Cigna was obligated to pay for these services.

183. Cigna wrongfully and unjustifiably failed to pay for these services.

184. Cigna received funds to pay for these services by the collection of payment from members, their employers, and/or sponsors of Cigna's health plans.

185. Cigna was therefore enriched by the amount of payment they wrongfully withheld from the Murphy Practice for these services.

186. This enrichment was at the Murphy Practice's expense.

187. Given all the facts and circumstances principles of equity and applicable law require that Cigna return this unjust benefit to the Murphy Practice.

188. By reason of the foregoing the Murphy Practice is entitled to an amount to be determined at trial no less than \$6 million plus interest.

AS AND FOR A SEVENTH CAUSE OF ACTION

189. The Murphy Practice and Dr. Murphy repeat, reiterate, and re-allege each and every allegation contained above, as if more fully set forth at length herein.

190. Cigna received a benefit when the Murphy Practice provided medically necessary COVID-19 testing and related services to its members.

191. Federal law requires Cigna to pay the Murphy Practice for this benefit.

192. The Murphy Practice relied on the requirements of federal law in providing these services.

193. Cigna has failed to pay the Murphy Practice

194. The Murphy Practice is entitled recover the reasonable value of the services it provided to Cigna's members and beneficiaries.

EIGHTH CAUSE OF ACTION

195. A beneficial or contractual relationship exists between Dr. Murphy and the Murphy Practice and their patients who are Cigna members or subscribers.

196. A beneficial or contractual relationship exists between Dr. Murphy and the Murphy Practice and the sponsors of their COVID-19 testing sites.

197. At all times relevant to this action, Cigna has been well aware of these relationships.

198. Cigna intended to, and did, interfere with these relationships by, among other things, making defamatory and malicious statements about Dr. Murphy and the Murphy Practice to their patients and others.

199. These statements were tortious in that they were specifically designed to create a false and negative impression about Dr. Murphy and the Murphy Practice among their patients and the community in general and to cause testing site sponsors to break their agreements or end their relationships with Dr. Murphy and the Murphy Practice.

200. As a direct result of Cigna's efforts, some municipalities and facilities have ended their relationship with the Murphy Practice and Dr. Murphy.

201. By reason of the foregoing, the losses suffered by Dr. Murphy and the Murphy Practice were caused by Cigna's tortious conduct.

202. By reason of the foregoing, Dr. Murphy and the Murphy Practice are entitled to compensatory and punitive damages in an amount to be determined at trial.

WHEREFORE, the Plaintiffs, Murphy Medical Associates LLC; Diagnostic and Medical Specialists of Greenwich, LLC; North Stamford Medical Associates, LLC; Coastal Connecticut Medical Group, LLC; and Steven A.R. Murphy, M.D. (collectively, the “Murphy Practice”) demand judgment against the Defendants, CIGNA Health and Life Insurance Company and Connecticut General Life Insurance Company, as follows:

(i) on the First Cause of Action, awarding the Murphy Practice and Dr. Murphy an amount of damages to be determined at the trial of this matter, which amount is no less than \$6,000,000 plus interest thereon, and the costs and disbursements of this action, including reasonable attorneys’ fees;

(ii) on the Second Cause of Action, awarding the Murphy Practice and Dr. Murphy injunctive and equitable relief, including but not limited to reformation of any Cigna health plan that does not comply with the FFCRA and CARES Act, and the costs and disbursements of this action, including reasonable attorneys’ fees;

(iii) on the Third Cause of Action, awarding the Murphy Practice and Dr. Murphy a recovery of unpaid/underpaid benefits from Cigna, either as written or as reformed pursuant to the Second Cause of Action, as well as interest and reasonable attorney’s fees;

(iv) on the Fourth Cause of Action, awarding the Murphy Practice and Dr. Murphy relief under 29 U.S.C. § 1132(a)(3), including declaratory and injunctive relief, to remedy Cigna’s failures to provide a full and fair review, to disclose

information relevant to appeals, and to comply with applicable claim procedure regulations;

(v) on the Fifth Cause of Action, awarding the Murphy Practice and Dr. Murphy compensatory damages, punitive damages, and attorney's fees against Cigna pursuant to the Connecticut Unfair Trade Practices Act, Conn. Gen. Stat. § 42-110g;

(vi) on the Sixth Cause of Action, awarding the Murphy Practice and Dr. Murphy compensatory and punitive damages in an amount to be determined at trial; and interest and attorney's fees;

(vii) on the Seventh and Eighth Causes of action, damages in an amount to be determined at trial; and

(viii) such other and further relief as this Court may deem just and proper.

Dated: Stamford, Connecticut
March 24, 2021

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