Welcome to CIGNA Investor Day
FORWARD LOOKING STATEMENTS

• **CAUTIONARY STATEMENT FOR PURPOSES OF THE “SAFE HARBOR” PROVISIONS OF THE PRIVATE SECURITIES LITIGATION REFORM ACT OF 1995**
  
  CIGNA and its representatives may from time to time make written and oral forward-looking statements, including statements contained in press releases, in CIGNA’s filings with the Securities and Exchange Commission, in its reports to shareholders and in meetings with analysts and investors. Forward-looking statements may contain information about financial prospects, economic conditions, trends and other uncertainties. These forward-looking statements are based on management’s beliefs and assumptions and on information available to management at the time the statements are or were made. Forward-looking statements include but are not limited to the information concerning possible or assumed future business strategies, financing plans, competitive position, potential growth opportunities, potential operating performance improvements, trends, and in particular, CIGNA’s cost reduction programs and activities, litigation and other legal matters, operational improvement in the health care operations, and the outlook for CIGNA’s full year 2006 and 2007 results and beyond. Forward-looking statements include all statements that are not historical facts and can be identified by the use of forward-looking terminology such as the words “believe”, “expect”, “plan”, “intend”, “anticipate”, “estimate”, “predict”, “potential”, “may”, “should”, or similar expressions.

• You should not place undue reliance on these forward-looking statements. CIGNA cautions that actual results could differ materially from those that management expects, depending on the outcome of certain factors. Some factors that could cause actual results to differ materially from the forward-looking statements include:
  
  1) increased medical costs that are higher than anticipated in establishing premium rates in CIGNA’s health care operations, including increased use and costs of medical services;
  
  2) increased medical, administrative, technology or other costs resulting from new legislative and regulatory requirements imposed on CIGNA’s employee benefits businesses;
  
  3) challenges and risks associated with implementing the improvement initiatives in the health care operations, the organizational realignment and the reduction of overall CIGNA and health care cost structure, including that operational efficiencies and medical cost benefits do not emerge as expected and that medical membership does not grow as expected;
  
  4) risks associated with the amount and timing of gain recognition on the sale of CIGNA’s retirement benefits business;
  
  5) risks associated with pending and potential state and federal class action lawsuits, purported securities class action lawsuits, disputes regarding reinsurance arrangements, other litigation and regulatory actions challenging CIGNA’s businesses and the outcome of pending government proceedings and federal tax audits;
  
  6) heightened competition, particularly price competition, which could reduce product margins and constrain growth in CIGNA’s businesses, primarily the health care business;
  
  7) significant changes in interest rates;
  
  8) downgrades in the financial strength ratings of CIGNA’s insurance subsidiaries, which could, among other things, adversely affect new sales and retention of current business;
  
  9) limitations on the ability of CIGNA’s insurance subsidiaries to dividend capital to the parent company as a result of downgrades in the subsidiaries’ financial strength ratings, changes in statutory reserve or capital requirements or other financial constraints;
  
  10) inability of the program adopted by CIGNA to substantially reduce equity market risks for reinsurance contracts that guarantee minimum death benefits under certain variable annuities (including possible market difficulties in entering into appropriate futures contracts and in matching such contracts to the underlying equity risk);
  
  11) adjustments to the reserve assumptions (including lapse, partial surrender, mortality, interest rates and volatility) used in estimating CIGNA’s liabilities for reinsurance contracts that guarantee minimum death benefits under certain variable annuities;
  
  12) adjustments to the assumptions (including annuity election rates and reinsurance recoverables) used in estimating CIGNA’s assets and liabilities for reinsurance contracts that guarantee minimum income benefits under certain variable annuities;
  
  13) significant stock market declines, which could, among other things, result in increased pension expenses in CIGNA’s pension plan in future periods and the recognition of additional pension obligations;
  
  14) unfavorable claims experience related to workers’ compensation and personal accident exposures of the run-off reinsurance business, including losses attributable to the inability to recover claims from retrocessionaires;
  
  15) significant deterioration in economic conditions, which could have an adverse effect on CIGNA’s operations and investments;
  
  16) changes in federal laws, such as amendments to income tax laws, which could affect the taxation of employer provided benefits, and pension legislation, which could increase pension cost;
  
  17) potential public health epidemics and bio-terrorist activity, which could, among other things, cause our covered medical and disability expenses, pharmacy costs and mortality experience to rise significantly, and cause operational disruption, depending on the severity of the event and number of individuals affected;
  
  18) risks associated with security or interruption of information systems, which could among other things cause operational disruption;
  
  19) challenges and risks associated with the successful management of CIGNA’s outsourcing projects or key vendors, including the agreement with IBM for provision of technology infrastructure and related services; and
  
  20) risk factors detailed in CIGNA’s Form 10-Q for the quarter ended September 30, 2006, and Form 10-K for the year ended December 31, 2005, including the Cautionary Statement in Management’s Discussion and Analysis.

• This list of important factors is not intended to be exhaustive. Other sections of the annual report on Form 10-K and our quarterly reports on Form 10-Q, including the “Risk Factors” section and other documents filed with the Securities and Exchange Commission include both expanded discussion of these factors and additional risk factors and uncertainties that could preclude CIGNA from realizing the forward-looking statements. CIGNA does not assume any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.
Welcome

Ted Detrick
Vice President
Investor Relations
Strategic Overview of CIGNA

H. Edward Hanway
Chairman & CEO
CIGNA Corporation
CIGNA Investor Day
Market-Business Overview

David Cordani
President
CIGNA HealthCare
• Health Benefits Marketplace
• Winning Strategy
• Engaging the Consumer
Key drivers of the medical cost trend include:

- New medical advances including diagnostic, surgical, rehabilitative and pharmaceuticals.
- An aging U.S. population utilizing more medical services for a longer period of time.

Source: Kaiser Family Foundation, U.S. Bureau of Economic Advisors, OECD
Health Care Costs

US: $1,435
Foreign: $475
Average Monthly Worker Premium Contributions Paid by Covered Workers for Family Coverage, 1999-2006

Quality Concerns

• Only 55 percent of patients receive recommended care
• 66.5 million avoidable sick days\textsuperscript{1}
• 100,000 hospital patient deaths - medical errors each year\textsuperscript{2}

\textsuperscript{1} 2004 Health Care Quality Report
\textsuperscript{2} Institute of Medicine
Medical expense is expected to increase dramatically as a percent of the Gross Domestic Product (GDP) through 2014.

- Percent of GDP spending will increase from 14% in 2002 to nearly 20% in 2015.
- The Percent of GDP increase for health care is faster than for all other industries.
- By 2014, it is expected that the public and private share of medical expense will both equal approximately 50% of all medical services.

Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Group Statistics; Health Affair and Robert Wood Foundation
Conscientious Consumers
Results – CIGNA Choice Fund Study

✓ Lower costs for CDHP members -- 16 percent lower than for those enrolled in traditional plans
✓ More frequent use of preventive care
✓ Increased use of medications to treat chronic conditions like diabetes
✓ Greater awareness of health care cost and quality
✓ Higher degree of engagement
CIGNA’s Approach

Consumerism

Health Advocacy

Actionable Information
CIGNA Consumerism - A Year Later

Michael Showalter
HealthCare Strategy & Marketing
CIGNA HealthCare
Industry growth of CDHP is on track and projected to grow to approximately 12 million members in 2007.

Source: Forrester Research June 2003
CIGNA growth rates are exceeding our competitors’ and the industry

CIGNA’s Choice Fund Growth

- Total Membership
- Full Replacement
- Clients

Membership vs. Clients

Jan-04 | Jan-05 | Jan-06 | Jan-07 (est)
Consumerism Defined

According to Webster:

con·sum·er·ism (n): the promotion of the consumer’s interests

- Fundamentally different model of health care than ever before
  - Indemnity model: Provider-centric reimbursement
  - Managed care model: Employer-centric cost management
- Requires a deep understanding of the individual’s health, motivations, and opportunities to change behavior
Consumerism – The Result

*When consumers have the motivation and ability to make better decisions, they . . .*

- Avoid unnecessary, unsafe or overpriced medical treatment
- Remove cost from the system (not just redistribute it)
- Increase their satisfaction with their health benefits
## Basic Consumer Tenets

- **I want to decide**
  - We hold a deep respect for, and seek to enable, individual *choice* and *control*
  - The individual has the right to unencumbered decisions about their health care
  - A person may abdicate their decision-making rights to their doctors or others as they see fit or as their willingness to decide varies

- **I want to know**
  - Complete *information* on the cost and quality of service
  - What their insurers and providers know about them and each other
Foundational Components

- Financial Ownership
- Engagement & Advocacy
- Active, Value-Conscious Health Care Consumer
- Marketplace Evolution
- Choice & Convenience
Financial Ownership Product Continuum

- Cost Sharing
- Lifestage Benefits
- Custom Benefits (i.e. Mass Modularity)
- Specialist Care Networks
- Incentives
- Account Based Programs
- Future Designs

(i.e. Mass Modularity)
HealthePass Capabilities & Benefits

HealthePass will deliver the following capabilities to address patient liability and dramatically improve the payment process:

- **Estimator/Calculator** for real time estimates of patient out-of-pocket costs
- **Integrated health care and financial services card** with “multi-purse” access to financing & payment options
- **“Hold-and-Settle”** payment processes to reserve funds at the point of care &…after care, automatically pay the provider & settle patient funds

**Benefits to…**

**Members/Patients**
- Eliminates confusion around payment obligation for a specific care encounter
- Reduces time and hassle associated with an outdated payment process
- Offers convenient access to multiple funds offered by industry-leading financial services firms via a single, integrated card

**Providers**
- Assurance of member payment
- Shortened patient revenue cycle
- Reduced administrative costs
HealthePass Differentiators

1. **Automatic Claims Integration**
   - Hold-and-settle features eliminate the time-consuming reconciliations associated with other forms of point-of-care payment
   - First solution for *both* the member & the provider

2. **Communication**
   - Estimator “does the math for you” - making information actionable for the users & available real-time
   - Estimator is seamlessly connected with cost & quality transparency tools – once you’re done shopping, you can estimate your costs

3. **Ability to evolve capabilities as the market moves**
   - Capabilities are built on a configurable “multi-payer” platform
   - Enables plug-and-play with multiple funding sources
Under the old model, choice is cumbersome because consumers are presented with each complete option available to them.

For example, if an employer wants to offer 3 choices on each of 4 features (e.g. PCP Co-Pay, Coinsurance, Deductible and Out-of-Pocket Maximum), it will result in 81 different plans for employees to choose from:

So employers offer limited choices:

- PPO 1
- PPO 2
- HSA
### Custom Benefit Builder Enables Choice

**Medical Benefits Summary**

#### Plan Selection

- **Custom Choice Fund 500, Employee + Family**

#### Benefit Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Your Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,750 / $2,750 / $3,500 / $5,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10% / 30%</td>
</tr>
<tr>
<td>OOP Maximum</td>
<td>$5,000 / $7,000 / $10,000 / $14,000</td>
</tr>
</tbody>
</table>

**Medical Total**

$1,750

**How it adds up**: Monthly

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Plan Cost</td>
<td>$630.93</td>
</tr>
<tr>
<td>Employer Contribution</td>
<td>$500.00</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td>$130.93</td>
</tr>
</tbody>
</table>

---

Please review your plan selection below. To change your plan, click on the link listed under *Plan Selection*. To finalize your plan selection, click *Next* below.

---

**Open Enrollment Event**

- **Medical**
  - Choose Your Plan
  - **Medical Summary**
  - Dental
  - Flexible Spending
  - Disability
  - Life
  - Benefits Summary

---

**Your Events**

- Select Benefits

**Glossary**

**Contacts**

**Information and Tools**

**Exit Event**
The Cost of Medical Services Varies Widely…

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>Hospital D</th>
<th>Hospital E</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpel Tunnel</td>
<td>$1,010</td>
<td>$1,680</td>
<td>$2,230</td>
<td>$2,740</td>
<td>$4,600</td>
<td>$1,010 – $4,600</td>
</tr>
<tr>
<td>Endoscopy – Colonoscopy</td>
<td>$620</td>
<td>$1,195</td>
<td>$1,455</td>
<td>$1,945</td>
<td>$2,840</td>
<td>$620 – $2,840</td>
</tr>
<tr>
<td>MRI</td>
<td>$560</td>
<td>$1,105</td>
<td>$1,355</td>
<td>$1,570</td>
<td>$2,570</td>
<td>$560 – $2,570</td>
</tr>
<tr>
<td>CT-Scan</td>
<td>$340</td>
<td>$720</td>
<td>$880</td>
<td>$1,145</td>
<td>$1,760</td>
<td>$340 – $1,760</td>
</tr>
</tbody>
</table>

... and consumers do not know the prices in the marketplace
### Cost Comparison - Advanced Radiology - MRI

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Estimated Average Cost Range for Procedure(1)</th>
<th>Estimated Average OOP Cost Range(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concord Hospital</td>
<td>$930 - $1,410</td>
<td>$930 - $1,041</td>
</tr>
<tr>
<td>Portland Medical Center</td>
<td>$1,250 - $1,880</td>
<td>$1,025 - $1,889</td>
</tr>
<tr>
<td>Exeter Hospital</td>
<td>$1,160 - $1,780</td>
<td>$1,018 - $1,780</td>
</tr>
<tr>
<td>Catholic Medical Center</td>
<td>$960 - $1,600</td>
<td>$930 - $1,050</td>
</tr>
<tr>
<td>Elliot Hospital</td>
<td>$880 - $1,320</td>
<td>$880 - $1,032</td>
</tr>
</tbody>
</table>

**Notes:**
- (1) This is an estimate of the average cost range for the procedure based upon the rate applicable to one of our benefit plan types or historical claims experience. It assumes that 100% of the individual deductible and out-of-pocket maximum is remaining. Actual costs will depend on a number of factors, including the actual services you receive, the complexity of your case, your plan type and whether rates changed since the data of our estimate, and may fall outside the estimated cost range provided.
- (2) This is an estimate of the average cost range for the procedure based upon the rate applicable to one of our benefit plan types or historical claims experience. It assumes that 100% of the individual deductible and out-of-pocket maximum is remaining. Your actual out-of-pocket costs will depend on a number of factors, including the actual services you receive, the complexity of your case, your plan type and whether rates changed since the data of our estimate, and may fall outside the estimated out-of-pocket cost range provided.
Consumer Engagement Principle

Engagement
Moving the individual from a passive role to an informed and active participant

Consumer Engagement

Drives Behavior Change

Quality of life

Lower costs and higher quality
Health Advocacy

Dr. Jeffrey Kang
Chief Medical Officer
CIGNA HealthCare
Health Advocacy

– Our Approach to Health Advocacy
  • How consumers engage on health issues
  • The opportunity for health improvement
  • The challenges consumers face
  • CIGNA services that meet those challenges

– The results
  • Positive Return on Investment
  • Clinical superiority
## How Consumers Engage on Health Issues

<table>
<thead>
<tr>
<th>Segment</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Assured Planners (34%)** | - Overall healthy and get regular checkups, take vitamins/supplements to stay healthy  
- However, some health issues in the health history (allergies, high cholesterol, high blood pressure, arthritis) |
| **Cavaliers (22%)**      | - Low engagement in activities to improve health  
- Poor in self-reported health and most likely to smoke  
- Rarely plan ahead for health  
- Less likely to get regular checkups |
| **Enlightened Shoppers (16%)** | - Most healthy segment – more engaged in many activities to maintain good health (sports, diet)  
- Actively manage their weight  
- Very interested in alternative medicine, contemporary insurance features, and programs that reward good behavior |
| **Steady Contenters (28%)** | - Least engaged in insurance plan choices and trade-offs between plan features  
- Least healthy segment – most likely to be overweight and have asthma and heart disease (also high on blood pressure, depression, and smoking) |
Proactive vs. Reactive Approach Can Change Medical Cost Trend

“A system that waits for disease and illness to occur can never be optimally effective. The logical strategy is to maintain people at the lowest or most appropriate level of health care use possible.”

Dee Edington, Ph.D., Director, Health Management Resource Center, University of Michigan, as quoted in the Detroit News, April 2004.

15-20% of employees drive 65-70% of costs, but that segment of employees is different every year.
## Consumer Needs and CIGNA Services

### Health Advocacy Services

<table>
<thead>
<tr>
<th>Challenge of Illness</th>
<th>Administrative Coaching</th>
<th>Health Coaching</th>
<th>Clinical Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The physical, emotional, and social challenges associated with an individual’s health</td>
<td>Assisting individuals with access and navigation of health care services</td>
<td>Assisting individuals with improving their health through improving knowledge, skills and goal setting</td>
<td>Engagement of a provider or third party on behalf of a consumer</td>
</tr>
<tr>
<td><strong>Challenge of Access</strong></td>
<td>• Helping individuals select the program and service they need</td>
<td>• Problem identification/predictive model</td>
<td>• Gaps in care</td>
</tr>
<tr>
<td>Selecting and accessing appropriate care and services</td>
<td>• Provider selection – Cost – Quality</td>
<td>• Health and wellness</td>
<td>• Specialty case management (i.e. oncology, rehab, etc.)</td>
</tr>
<tr>
<td><strong>Challenge of Financing</strong></td>
<td>• Member services</td>
<td>• Condition-specific provider referral</td>
<td>• Inpatient case management</td>
</tr>
<tr>
<td>Economic constraints imposed by paying for the cost of care</td>
<td>• Coordination of benefits</td>
<td>• Medical decision support/preference sensitive care coaching</td>
<td>• Provider referral analysis</td>
</tr>
<tr>
<td></td>
<td>• Claim resolution</td>
<td>• Health and wellness incentives</td>
<td>• Medical necessity review</td>
</tr>
</tbody>
</table>

**Administrative Coaching**
- Assisting individuals with access and navigation of health care services

**Health Coaching**
- Assisting individuals with improving their health through improving knowledge, skills and goal setting

**Clinical Advocacy**
- Engagement of a provider or third party on behalf of a consumer

**Challenge of Financing**
- Economic constraints imposed by paying for the cost of care

**Challenge of Access**
- Selecting and accessing appropriate care and services

**Challenge of Illness**
- The physical, emotional, and social challenges associated with an individual’s health
Predictive Modeling identifies 46-year-old male, smoker, overweight, high cholesterol and family history of heart disease.

Member data fed to Care Management Information System

Care Management Information System sends notification to Health Advisor

Health Advisor calls member, helps enroll him in weight loss and tobacco cessation programs

Internal CIGNA referral
Customer Service
Utilization Management
Prior Authorization
Inpatient Management

Connecting People with the Right Programs

Predictive Modeling
Medical, Rx and Lab data and Health Risk Assessment (HRA) data
- Procedure
- Diagnosis
- Prescription

Member Self Referral
Health Risk Assessment
myCIGNA.com
Employer Communications
24 HIL

Provider Referral
Reminder Mailings
Disease Management
Lifestyle Management

Health Advocacy Programs

Internal CIGNA referral
Customer Service
Utilization Management
Prior Authorization
Inpatient Management

Connecting People with the Right Programs

Internal CIGNA referral
Customer Service
Utilization Management
Prior Authorization
Inpatient Management

Connecting People with the Right Programs

Internal CIGNA referral
Customer Service
Utilization Management
Prior Authorization
Inpatient Management

Connecting People with the Right Programs
Healthy Return on Investment

<table>
<thead>
<tr>
<th>Program</th>
<th>Applicable Population*</th>
<th>Consumer Value</th>
<th>Employer Value (ROI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>2.5%</td>
<td>• Optimize quality outcomes &lt;br&gt;• Avoid complications &lt;br&gt;• Return to healthy status</td>
<td>2.5 – 3.0 : 1</td>
</tr>
<tr>
<td>Disease/Condition Support</td>
<td>23%</td>
<td>• Learn and adopt self-care skills &lt;br&gt;• Reduce disease complications &lt;br&gt;• Avoid moving to acute status</td>
<td>2.0 – 3.0 : 1</td>
</tr>
<tr>
<td>Pharmacy Management</td>
<td>5%</td>
<td>• Optimize medication adherence &lt;br&gt;• Avoidance of “gaps-in-care” &lt;br&gt;• Achieve strongest outcomes with most cost effective medications</td>
<td>2.5 : 1</td>
</tr>
<tr>
<td>Health &amp; Wellness Coaching</td>
<td>100%**</td>
<td>• Learn and adopt healthy behaviors &lt;br&gt;• Find/access health resources &lt;br&gt;• Maintain/improve health status</td>
<td>1.0 – 1.5 : 1</td>
</tr>
</tbody>
</table>

Delivering Clinically Superior Outcomes

For the fifth consecutive year, CIGNA has outperformed national competitors across key industry measures of quality and effectiveness of care.

2006 NCQA/HEDIS® Effectiveness of Care Averages*

*CIGNA HealthCare Versus Averages of Key Competitors

* NCQA —Quality Compass, 2006. Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA)
Recognized and Respected

Recipient of the 2005 Health Plan/Managed Care Organization Disease Management Leadership Award

CIGNA selected by the Centers for Medicare & Medicaid Services (CMS) to take part in phase one of their Chronic Care Improvement Program, providing disease management services to help Medicare beneficiaries in Georgia manage their complex diabetes or congestive heart failure.

Magazine named the CIGNA Behavioral Health Employee Assistance Program (EAP) “the Best Overall EAP in the country” in the publication's first annual "readers' choice" award in 2005 and 2006. CIGNA’s Care Allies named the nation's leading case management services provider based on gross revenues generated by case management services in 2006 – the seventh consecutive year.

CIGNA plans recognized by U.S. News & World Report and the National Committee for Quality Assurance as among "America’s Best Health Plans 2005."

CIGNA named in 2006 as one of the Best Employers for Healthy Lifestyles for commitment and dedication to preventing obesity and promoting a healthy lifestyle for employees.

Lowe’s Companies Inc. named a C. Everett Koop National Health Award winner, receiving an honorable mention for its disease management program administered by CIGNA HealthCare.
Value of Integration

David Cordani
President
CIGNA HealthCare
• CIGNA Specialties
• Nature of Health Challenges
• *Whole Person* Solutions
CIGNA Behavioral Health

- 16 million consumers
- 60,000 independent psychiatrists, psychologists and clinical social workers
- 4,000 facilities and clinics

Business Insurance
Best EAP 2005; 2006
100% NCQA Score
CIGNA Pharmacy Management

- Approximately 6.5 million members
- 57,000 pharmacies
- CIGNA mail order / home delivery
CIGNA Dental & Vision

- 10.5 million members
- 70,000 dental offices
- Vision discount programs
CareAllies: A Total Population Solution

Integrated, flexible health advocacy and medical management solution

- Breakthrough approach to health care - consistent, fully integrated, holistic approach to health and wellness, regardless of medical plan, provider network or health status.
- Improved health and productivity - proprietary programs provide proactive member support, motivation/coaching, medical information, assistance in managing clinical services.
- Accredited health experts - URAC accreditation for workers’ comp and health care case management
- Drawing from 30 years’ experience - helping 20,000 employers and 32 million employees
Disease Management

• CIGNA – pioneer and innovator
• Equipped with breadth and depth of capabilities
Chronic / High-Cost Condition Support

- Programs focused on supporting populations with chronic and/or high-cost health conditions to avoid migration to higher risk/higher cost status
- Supports patient compliance with physician’s treatment plan
- One-on-one telephonic nurse coaching and education to continuously track and motivate patient engagement and self care

**Focused on Conditions with Highest Prevalence and Cost**
- Asthma
- Cancer
- Diabetes
- Depression
- Heart Disease
- High-Risk Maternity
- High-Risk Obesity
- Low Back Pain
- Pulmonary Disease (COPD)
- Acid Related Disorders
- Atrial Fibrillation
- Fibromyalgia
- Hepatitis C
- Inflammatory Bowel Disease
- Irritable Bowel Syndrome
- Osteoarthritis
- Osteoporosis (Symptomatic)
- Pressure Ulcers
- Urinary Incontinence

**CIGNA Differentiators**
- CIGNA leads both the Quality Compass®* national average and the average of our main competitors for the fifth straight year for the majority of chronic care measures
- Uses integrated clinical data intelligence to identify more accurately and earlier
- Timely, targeted and effective interventions based on risk stratification
- Customer-specific analytics enable us to understand and address client’s unique needs

**What’s the Value?**
- Mitigates risk through early identification
- Improves health through targeted, personalized outreach and education
- Consistently delivers value:**
  - Up to 12% admission rate reduction
  - Up to 11% medical cost savings
  - Greater than 2:1 ROI
  - Over 90% patient satisfaction across all programs

* Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA). ** Excludes programs too new to rate
- Health Care
- Behavioral
- Pharmacy
- Dental
- Vision Care

- Disability
- Life
- Accident
- Expatriate Benefits
CIGNA Dental
Integration that Matters

Healthier Smiles.  
Healthier Lives.  
Healthier Bottom Line.

Oral health → Overall health

Effective oral care reduces risk of:
- complications for heart disease,
- stroke,
- diabetes,
- pre-term birth,
- and other health issues.

CIGNA Dental Oral Health Integration Program℠

Medical expense impact
- CIGNA Dental Oral Health Maternity Program℠
- Oral Health Diabetes Program
- Oral Health Cardiovascular Program

Integrated Benefits Are Good Business

$1 on preventive dental care = Save $8-$50 in restorative and emergency care

Medical/Dental Savings
Average medical costs for CIGNA members with heart disease and diabetes.

- Treated for gum disease 15%
- Not treated for gum disease

Medical Claims Integration Credit
- New clients who package CIGNA medical and dental plans with Well Aware for Better Health® will receive a medical claims integration credit of up to 1%.
- New medical/dental cases without Well Aware qualify for up to a 0.5% credit.
- Similar credits will be applied to existing accounts that add either medical or dental coverage.
### Pharmacy Outcome Improvement Programs

**Intervention**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intervention</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Increase high risk asthmatics’ use of controller therapy</td>
<td>• 50% more use of controller</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 50% reduction in asthma related medical costs</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Increase treatment to cholesterol goals</td>
<td>• 75% of enrolled have decreased LDL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 41% reach goal</td>
</tr>
<tr>
<td>Depression</td>
<td>Encourage treatment adherence-profile physicians</td>
<td>• 30% more full treatment completions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 18% reduced medical and behavioral cost</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Reduce errors and gaps in therapy</td>
<td>• 62% reduce A1c by 1.4%</td>
</tr>
<tr>
<td></td>
<td>Improve A1c</td>
<td>• When improve A1c, 13% reduction in ER, 18% reduction in hospitalizations.</td>
</tr>
<tr>
<td></td>
<td>Address co-morbid conditions</td>
<td>• When A1c increases, 60% increase in total medical cost</td>
</tr>
</tbody>
</table>

### New for 2007

- **Narcotic Management**
- **Psychiatric Management**
Actionable Information

Information

Health Risk Assessment 100% (mandatory) completion … *but how reliable is it as a predictor?*

Likelihood of Disability Based on Risk Profile

<table>
<thead>
<tr>
<th>Risk Profile</th>
<th>% of Cohort with disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal, never used, serious exerciser</td>
<td>2%</td>
</tr>
<tr>
<td>Overweight, never use, serious exerciser</td>
<td>3%</td>
</tr>
<tr>
<td>Normal, currently use, serious exerciser</td>
<td>3%</td>
</tr>
<tr>
<td>Obese, currently use, serious exerciser</td>
<td>10%</td>
</tr>
<tr>
<td>Overweight, currently use, non exerciser</td>
<td>11%</td>
</tr>
<tr>
<td>Obese, currently use, non exerciser</td>
<td>12%</td>
</tr>
<tr>
<td>Normal, never used, non exerciser</td>
<td>13%</td>
</tr>
<tr>
<td>Obese, never use, non exerciser</td>
<td>14%</td>
</tr>
<tr>
<td>Normal, currently use, non exerciser</td>
<td>17%</td>
</tr>
<tr>
<td>Obese, currently use, non exerciser</td>
<td>18%</td>
</tr>
<tr>
<td>Normal, currently use, non exerciser</td>
<td>20%</td>
</tr>
<tr>
<td>Obese, currently use, non exerciser</td>
<td>22%</td>
</tr>
<tr>
<td>Overweight, currently use, non exerciser</td>
<td>42%</td>
</tr>
</tbody>
</table>

Insight

Health Risk scores valuable indicator of future medical and disability claims.
Improve Health & Well Being of Members

- Engage consumers
- Drive behavior changes
- Improve quality of life
- Lower costs

More effective health care delivery system
CIGNA Investor Day