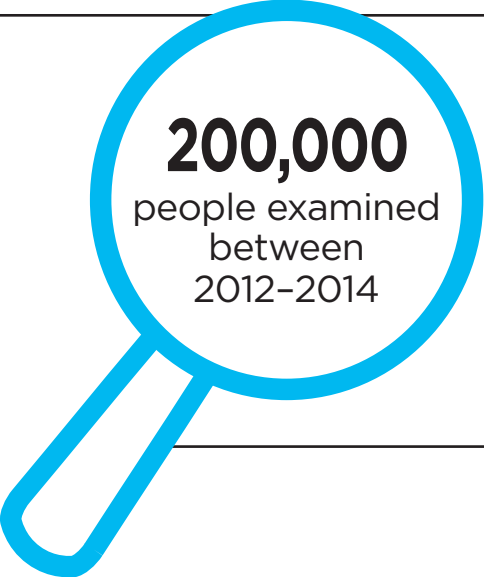


# Incentives drive health and affordability

2014 CIGNA STUDY SHOWS HOW INCENTIVES IMPROVE HEALTH AND MAKE HEALTH CARE MORE AFFORDABLE



**200,000**  
people examined  
between  
2012–2014

## What we looked at

Studied **impact of incentives** on health **engagement**, health **outcomes** and medical **cost**

## What we learned

People with unhealthy body mass index and cholesterol have higher costs

	Out-of-pocket health care costs (yearly)	Total health care costs (yearly)
BMI greater than 30	\$3,320	\$8,604
BMI less than 30	\$2,828	\$6,144
<b>Difference</b>	<b>\$492</b>	<b>\$2,460</b>
Cholesterol more than 240	\$3,102	\$7,392
Cholesterol less than 240	\$2,749	\$5,748
<b>Difference</b>	<b>\$353</b>	<b>\$1,644</b>

## What to know

**The bad news:** Unhealthy weight, blood pressure, cholesterol and diabetes cause strokes, blindness, heart attacks, painful joints and cancer – along with multiple emergency room and hospital visits. In fact, 50% of medical expenses are a result of these conditions.

**The good news:** The health problems – and related costs – can be avoided by meeting the following goals:

**Body mass index: Less than 30**

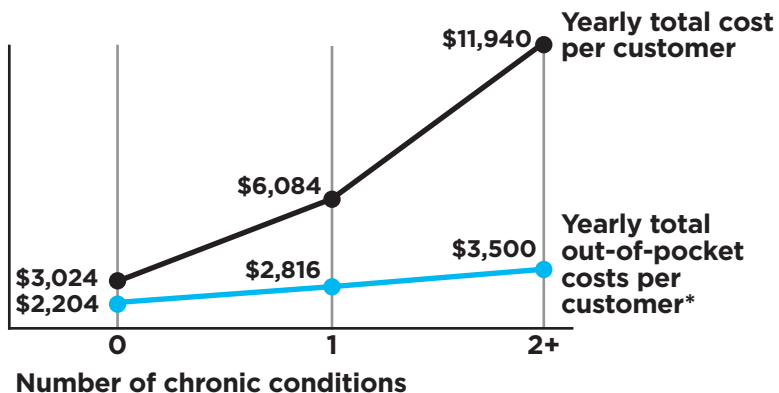
**Cholesterol: Less than 240**

**Blood pressure: Less than 140/90**

**Fasting blood sugar: Less than 100**

# What we learned

People with more chronic conditions – indicated by unhealthy BMI, blood pressure, cholesterol and blood sugar – have higher health care expenses



\*"Cigna Comprehensive Evaluation of Outcomes Based Incentives," February 1, 2015. Cigna customers enrolled in employer-sponsored plans with more than 500 employees. Assumes \$2,000 deductible, 20% coinsurance and a \$3,500 out-of-pocket max. Chronic conditions include: Coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, depression, diabetes, low back pain, osteoarthritis, peripheral artery disease, weight complications, asthma.

## Many don't know they have health risks that cost money

Despite the high costs and dangers of poor health, many don't realize they have health problems:

**25%** of adults with diabetes don't know it<sup>1</sup>

**20%** of those with high blood pressure don't know it<sup>2</sup>

**Less than half** of adults with high LDL cholesterol get treatment<sup>2</sup>

**66%** of adults are overweight or obese, but only 18% realize it and are trying to lose weight<sup>3</sup>



## Incentives can lead to better health engagement, clinical outcomes and cost<sup>4</sup>

- Offering an outcome-based incentive more than doubles biometric screening rates, for example from 20% to 55% for 2014 data
- The probability of engagement in health coaching programs increased by 24%
- Engagement improvement was as high as 30% for the populations with chronic conditions
- Incentive customers saw an increased probability of setting (18%) and meeting (43%) goals with a coach
- Incentives increase the probability of meeting biometric targets
  - BMI less than 30 – improvement of 35.8%
  - Total cholesterol less than 240 – improvement of 10.9%
  - Blood pressure less than 140/90 – improvement of 47.2%
- Incentives reduce total medical cost by approximately 10% for those 50+ years of age or with chronic conditions

1. Centers for Disease Control & Prevention, National Diabetes statistics report, 2014. 2. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart Disease and Stroke Statistics – 2015 Update: A report from the American Heart Association. Circulation. 3. Wilke, Joy. In U.S., Majority "Not Overweight," Not Trying to Lose Weight, June 10, 2014. Gallup, [www.gallup.com/poll/171287/majority-not-overweight-not-trying-lose-weight.aspx](http://www.gallup.com/poll/171287/majority-not-overweight-not-trying-lose-weight.aspx). Accessed May 2015. 4. Cigna Comprehensive Evaluation of Outcome-based incentives, February 1, 2015. Includes Cigna internal data for 2012–2014, for Cigna customers enrolled in employer-sponsored plans with more than 500 employees.

# Four ways Cigna helps keep health risks and costs low

## 1 Health screenings

Make an appointment with an in-network primary care physician to get a yearly physical. Cigna can also help employers offer health screenings at work.

And adding a Cigna incentive program **can more than double** health screening rates.<sup>1</sup>



1. Comprehensive Evaluation of Outcome-based incentives, February 1, 2015. Includes Cigna internal data for 2012–2014, for Cigna customers enrolled in employer-sponsored plans with more than 500 employees.

## 2 Health technology

Health apps can help manage weight, cholesterol, blood sugar and blood pressure. App activity can also be shared with a Cigna health coach.

In fact, customers sharing their data with Cigna coaches are **three times more likely** to work with a coach to improve.<sup>2</sup>

And Cigna's online Health Dashboard helps track the latest BMI, blood pressure and cholesterol test results available.

2. Cigna Bodymedia pilot, March 2014. Includes customers participating in the Cigna Health Device pilot.

## 3 Health coaches

Cigna has experts to call who can help improve health – with proven results.<sup>3</sup>

**Body mass index:** Lowered by 1 point

**Cholesterol:** Lowered by 34 points

**Systolic BP:** Lowered by 12 points

**Diastolic BP:** Reduced by 10 points

**Diabetes:** 81% medication compliance rate

3. Cigna Proof Points, July 2014. Includes Cigna customers enrolled in Cigna medical coverage

## 4 Quality doctors and hospitals

We can help customers facing a hospital visit discuss their options and recover more quickly.

Calling Cigna or using **myCigna.com** can help customers choose cost-effective doctors and hospitals, saving **11%** per procedure, and reducing readmissions by **14%**.<sup>4</sup>



4. Cigna Proof Points, July 2014. Includes Cigna customers enrolled in Cigna medical coverage. Actual costs/results will vary.

**The bottom line: Get a health screening and address health risks**