

# DISCLOSURES

## Sustainability Accountability Standards Board (SASB) Standards

Cigna is reporting to the Sustainability Accountability Standards Board (SASB) Standards. For further information on SASB, please visit [sasb.org](https://sasb.org).

Performance data for Cigna's SASB disclosure below covers calendar year 2020, unless otherwise noted.

### ACCOUNTING METRICS

Topic	Metric	Code	Cigna Disclosure
Customer Privacy & Technology Standards	Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	HC-MC-230a.1	<p>Cigna's privacy policies and information security program require that every member's personal information be safeguarded and kept confidential in accordance with all applicable law, including the Health Insurance Portability &amp; Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health Act (HITECH).</p> <p>This policy applies to every Cigna employee, agent and director.</p> <p>Highlights of the corporate privacy policy include:</p> <ul style="list-style-type: none"><li>• PHI and PII are collected only as necessary and through ethical means.</li><li>• PHI and PII are used and disclosed only as permitted or required by, and in accordance with, the requirements of applicable law, including laws requiring prior notice to or consent of the member.</li><li>• The minimum amount of PHI and PII will be used or disclosed as necessary to accomplish the purpose of the permissible use or disclosure.</li><li>• Every Cigna employee and business associate is responsible for protecting the personal information of individuals and complying with the privacy policy.</li><li>• Cigna will not sell, rent or license PHI and PII unless authorized by the subject of the personal information or permitted by law to do so.</li><li>• Internal sharing of PHI and PII is permitted only if allowed by law and a legitimate business need exists. If the purpose of sharing the information is not clearly consistent with the purpose for which the PHI and PII were collected, approval of the Privacy Council is required prior to sharing the PHI and PII.</li><li>• Cigna maintains a detailed and extensive information security program including industry best practices and technology to protect the security and integrity of personal information.</li></ul> <p>Cigna complies with all federal and state privacy laws, including all aspects of the HIPAA. Like any large healthcare organization, Cigna receives complaints and inquiries from clients, members, patients or regulatory agencies alleging potentially improper or unauthorized use or disclosure of PHI or PII. Cigna will promptly investigate and remediate any reported cases of improper or unauthorized use or disclosure of PHI and PII including those reported as a breach under HIPAA/HITECH or pursuant to applicable state law. While these individual cases may require disclosure to regulatory agencies, clients or individuals, in the past 12 months Cigna has not experienced any material data breach or compromise of its information systems. In the past 12 months, Cigna has not experienced any material data breaches requiring disclosure in its Securities and Exchange Commission filings.</p> <p>Refer to <a href="#">Cigna Privacy Information</a> for more information.</p> <p>Additional information can be found in the <a href="#">Global Privacy and Information Protection</a> section of Cigna's 2020 Corporate Responsibility Report.</p>

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Topic	Metric	Code	Cigna Disclosure
Customer Privacy & Technology Standards	Number of data breaches  % involving personally identifiable information (PII) only and protected health information (PHI)  Number of customers affected in each category (PII only and PHI)	HC-MC-230a.2	Cigna reports required data breaches to the U.S. Department of Health and Human Services, Office for Civil Rights. Refer to link below:  <a href="#">U.S. Department of Health &amp; Human Services – Office for Civil Rights</a>
Access to Coverage	Medical Loss Ratio (MLR)	HC-MC-240a.1	Cigna's MLR for the 12 months ending December 31, 2020, was 86.74%.
	Total amount of rebates accrued and paid due to non-compliance with the Patient Protection and Affordable Care Act for Medical Loss Ratio (MLR)	HC-MC-240a.2	Cigna had \$89.6M accrued MLR rebates as of December 31, 2020, and paid \$69.8M MLR rebates during the twelve months ended December 31, 2020.
Plan Performance	Average Medicare Advantage plan rating for each of the following plan types: (1) HMO, (2) local PPO, (3) regional PPO, (4) Private fee-for-service (PFFS), and (5) Special needs plans (SNP)	HC-MC-250a.1	Cigna's average 2021 Star Ratings released in 2020 for Medicare Advantage plans were as follows: <ul style="list-style-type: none"> <li>• HMOs (4.5 out of 5)</li> <li>• Local PPOs<sup>1</sup> (3.5 out of 5)</li> <li>• SNP<sup>2</sup> (4.5 out of 5)</li> <li>• Regional PPOs (N/A)<sup>3</sup></li> <li>• PFFS (N/A)<sup>3</sup></li> </ul>
Improved Outcomes	% of enrollees in wellness programs by type: (1) diet and nutrition, (2) exercise, (3) stress management, (4) mental health, (5) smoking or alcohol cessation, or (6) other	HC-MC-260a.1	Cigna offers a number of programs to help improve health outcomes for enrollees.  Approximately 63% of Cigna's U.S. Commercial risk-based enrollees are eligible to participate in Cigna's Health Advisor <sup>4</sup> and Lifestyle Management Programs <sup>5</sup> .
	Total coverage for preventive health services with no cost sharing for the enrollees  Total coverage for preventive health services requiring cost-sharing by the enrollee	HC-MC-260a.2	Background Information: Every group medical plan falls under a Health Care Reform (ACA) status: <ul style="list-style-type: none"> <li>• Non-Grandfather: ACA applies. Preventive health services covered at 100% in-network; no dollar maximum.</li> <li>• Grandfather: Only some ACA rules apply. Preventive health services covered at cost share or 100% in-network; no dollar maximum.</li> <li>• Exempt: ACA does not apply. Client choice to exclude preventive health services or cover at cost share or 100% in-network. An annual dollar maximum may be applied.</li> </ul>

Topic	Metric	Code	Cigna Disclosure
Improved Outcomes	<p>Total coverage for preventive health services with no cost sharing for the enrollees</p> <p>Total coverage for preventive health services requiring cost-sharing by the enrollee</p>	HC-MC-260a.2	<p>Some clients with Grandfather and Exempt plans embrace preventive care and choose voluntarily to cover at 100% in-network. Therefore, the percentage of plans that apply cost share or do not cover preventive care is lower than the percentage in these statuses.</p> <p>Based on the above considerations, we estimate:</p> <ul style="list-style-type: none"> <li>• Approximately 95% of our plans cover preventive care at 100%.</li> <li>• Approximately 5% of our plans cover preventive care at cost share. A small subset percentage of these plans may impose an annual dollar max, limit the services covered or exclude preventive altogether.</li> </ul> <p>In 2020, approximately \$3.2 billion in preventive care services were provided with no cost sharing for plan enrollees, and \$185 million in preventive care services required some form of cost sharing for plan enrollees.</p> <p>Additional information on coverage and services can be found in our overview of <a href="#">Preventive Care</a>.</p>
	<p>% of enrollees receiving Initial Preventive Physical Examinations (IPEE) or Annual Wellness Visits (AWV)</p>		<p>In 2020, approximately 42% of enrollees received IPEE or AWV. This data point does not include annual gynecological examinations.</p>
	<p>Number of customers receiving care from Accountable Care Organizations or enrolled in Patient-Centered Medical Home programs</p>	HC-MC-260a.3	<p>The Cigna Collaborative Care<sup>®</sup> program includes accountable care organizations (ACOs) and is Cigna's approach to achieving population health goals.</p> <p>Cigna launched its value-based care delivery more than ten years ago. Through coordinated, value-based care, ACOs provide better results, improve affordability and efficiency, and deliver a better experience for patients.</p> <p>Value-based care programs encompass over 700 accountable care programs including more than 230 ACOs. Through our arrangements, we contract with over 99,000 primary care providers and over 78,000 specialist programs. As a result of our focus, in 2020 the 2.9 million customers in value-based care arrangements received quality care in a timely manner.</p> <p>In 2020, due to the COVID-19 pandemic, we pivoted from growing our collaborative care arrangements to focusing on working with our existing collaborative partners to help ensure that our customers received comprehensive care. COVID-19 resulted in deferred and delayed preventive and chronic illness care as well as increased levels of depression, both of which exacerbated health care disparities. To combat these trends, we focused our value-based partnerships on addressing these interconnected issues.</p> <p>Refer to the <a href="#">Quality and Access</a> section of Cigna's 2020 Corporate Responsibility Report for additional information.</p>
Climate Change Impacts on Human Health	<p>Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographic incidence, morbidity, and mortality of illnesses and diseases are incorporated into risk models</p>	HC-MC-450a.1	<p>Refer to the <a href="#">Strategic Sustainability Performance Plan</a> section of Cigna's 2020 Corporate Responsibility Report for a discussion of our environmental targets and progress against our goals. See also the <a href="#">Independent Third Party Assurance Statement</a> related to our reported Green House Gas (GHG) emissions performance data.</p>

## ACTIVITY METRIC

Metric	Code	Cigna Disclosure
Number of enrollees by plan type	HC-MC-000.A	As of December 31, 2020, Cigna had approximately 16.7 million medical customers. Reported medical customers includes individuals in our U.S. Medical and International Markets segments.  Reported data is segmented by funding types (including Medicaid, Medicare Advantage and Medicare Supplement) and market segments.  Refer to the following for additional information: <a href="#">2020 Fourth Quarter Financial Supplement</a> , page 7 (“Total Medical Customers”) <a href="#">2020 10-K Filing</a> , page 55 (“Business”)
Percentage of gender and racial/ethnic group representation for (1) executive management and (2) all other employees	SV-PS-330A.1	Cigna discloses the percentage of gender and racial/ethnic group representation for executive management and all other employees in the <a href="#">Diversity, Equity, and Inclusion</a> section (2020 Diversity by the Numbers table) of Cigna’s 2020 Corporate Responsibility Report.
(1) Voluntary and (2) involuntary turnover rate for employees	SV-PS-330A.2	Cigna discloses voluntary turnover rate for exempt employees in the United States in our <a href="#">2020 10-K Filing, page 21</a> .
Employee engagement as a percentage	SV-PS-330A.3	Cigna discloses employee engagement in the <a href="#">Our Culture</a> section of Cigna’s 2020 Corporate Responsibility Report.
Description of approach to ensuring professional integrity	SV-PS-510A.1	Cigna discloses our approach to ensuring professional integrity in the <a href="#">Ethics, Integrity, and Human Rights</a> section of Cigna’s 2020 Corporate Responsibility Report.



1. PPO: Score does not include Cigna’s H7849 PPO contract, which earned a rating of “Plan too new to be measured” for the 2021 plan year and will earn revenue in 2022 based on Cigna’s Parent Star rating of 4.5 Stars.
2. SNP: Score is based on an enrollment weighted average of the SNP population within applicable contracts that earned a Star rating for the 2021 plan year.
3. N/A: Cigna is not currently contracted with CMS to administer Regional PPO or PFFS plans.
4. Cigna Health Advisor® program identifies both at-risk and seemingly healthy individuals who exhibit unhealthy behaviors. Through 1-on-1 coaching, we guide customers to make lifestyle changes, close gaps in care and help them choose cost-effective treatments.
5. Lifestyle Management Programs provide support and coaching with a focus on setting goals, overcoming barriers, and providing the resources and motivation to be successful. Programs include telephonic and online coaching for weight, tobacco cessation and stress management.

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