ADVANTAGES AND MYTHS OF INTEGRATED BENEFITS

What smaller to mid-size businesses need to know.

The most effective way to control health care costs and improve overall health is to understand and manage the entire health experience. Getting medical, behavioral, pharmacy and stop-loss benefits from one carrier is key to providing a more integrated view and managing a successful program.

Disconnected care can cost 200%–300% more.¹

Integrating it all makes good sense.

› Offers a simplified experience for you and your employees
› Helps you save time, effort and costs by working with a single carrier
› Keeps data in-house to reduce online sharing.
› Makes it easier for employees to take control of their health through whole-person health engagement, coaching and support

¹ Source: Cigna.
## WHAT OFFERS BETTER VALUE?

**MYTH:** Integrating costs more.  
**FACT:** Integrating can help you save money and improve health.

When medical, behavioral, pharmacy and stop-loss are offered through a single carrier, it can help save your company money.

Cigna customers are more active in their health with coaching and complex case management when benefits are integrated.

<table>
<thead>
<tr>
<th>Customer Segment</th>
<th>Savings (PMPY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customers with a known health improvement opportunity²</td>
<td>$645</td>
</tr>
<tr>
<td>Customers using specialty medications⁴</td>
<td>15% FEWER INPATIENT ADMISSIONS²</td>
</tr>
<tr>
<td>Customers with diabetes</td>
<td>6% MORE PREVENTIVE CARE¹</td>
</tr>
</tbody>
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## WHAT’S EASIER TO MANAGE?

**MYTH:** Shopping around for benefits is better.  
**FACT:** Integrating coverage simplifies the process.

### Easier for employees.
- Simplified customer service with one company to call 24/7
- One coach/pharmacist team to counsel on conditions and cost
- One website and app for all benefit needs
- One ID card
- Streamlined enrollment
- Easier network management

### Easier for you.
- **Cash outlay protection** – An integrated solution means no large cash out to pay for huge claims while waiting for reimbursement from separate stop-loss policy.
- **Faster processing** – Transactions are paid, categorized and reported quickly because it’s all one connected system.
- **Consistent policies** – One review of medical necessity applies to medical and stop-loss, which is not the case when there are separate carriers. If a claim needs to be adjusted, corrections can be resolved in a more streamlined process.
- **One-view reporting** – An integrated solution allows for easier reporting across benefits, from ER visits to specialty drug costs.

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Stop-loss insurance protects your company’s health plan from large and unexpected medical claims. Stop-loss policies provided by your medical claim administrator protects you from common risks when they are separate companies, which may include:

- Expensive specialty drug payments due to policy exclusions or off-label drug use limitations.
- Long lag times on reimbursements, creating a potentially large cash drain
- Limitations on maximum reimbursement for claim types, such as transplants
- Limitations due to separate annual and lifetime maximums.
- Medical review policies that differ

Does the stop-loss carrier make a difference?

**Myth:** Policies are all the same.

**Fact:** Including stop-loss with the same carrier can provide more protection.

Example: An employer placed their stop-loss coverage with a third-party carrier and received a claim denial for a $700,000 heart transplant due to an experimental treatment exclusion. Under the medical plan, the procedure was not defined as experimental. However, because the stop-loss carrier included a definition of experimental treatment within the policy that differed from the medical plan, stop-loss coverage for the claim was denied.

Example for illustrative purposes only. Not an actual claim experience.

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**What’s more effective?**

**Myth:** Stand-alone vendors are better at engagement.

**Fact:** A whole-person health approach offers more opportunity to engage and improve health.

**Whole-person health data helps physicians.**
When physicians can access integrated data, they have more tools to help address the whole health of their patients.

**More opportunity.**
When customers who have health conditions call for a routine pharmacy inquiry, we use the opportunity to engage and immediately connect them to a health coach.

86% of pharmacy inquiries have medical savings opportunities

70% of customers agreed to speak directly with a health coach

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WHAT ABOUT RISK TO EMPLOYEE DATA?

**MYTH:** It doesn't matter how many vendors you use.

**FACT:** Keeping data in-house reduces online data sharing.

Keeping data in house, as well as having clinical, pharmacy reimbursement, and provider contract experts, can reduce online data sharing and help mitigate some of the risks inherent with multi-carrier data transmissions.

Cigna is dedicated to the health of your employees, and your business. Connecting the body and mind across the entire health system allows us to see more opportunities for improving health and saving money.

To learn more about the value of integrating medical, behavioral and pharmacy benefits contact your Cigna sales representative.