

PATIENT ASSURANCE PROGRAM

Dedicated to making essential medications more affordable



You work hard to provide an affordable and accessible health care benefit, especially for those living with chronic conditions. Yet essential medication – such as insulin to regulate blood sugar for people living with diabetes – can be challenging to afford.

Cigna's **Patient Assurance Program** provides customers taking essential medications greater affordability and cost predictability – with the goal of improved adherence and better health.

Improving peace of mind

Today 38% of Cigna commercial customers have a chronic condition, accounting for 73% of cost.¹ Medication costs add up for these customers and can be a barrier to proper adherence. Here's an example: The average annual cost for insulin is \$5,705 – **1 in 4** people ration their insulin increasing health risk, ER visits and hospitalizations.² **The Patient Assurance Program reduces out-of-pocket costs on qualifying drugs by an average of 40%, or more,³ helping remove cost as a barrier for people taking essential medications typically for a chronic condition.**

Creating a more sustainable health care system

Cigna, in combination with Express Scripts, is constantly working to simplify health care and reduce costs for a better system for all.

This groundbreaking program will continue to expand to other therapeutic areas where customers may be exposed to higher out-of-pocket medication costs – because customers should focus on what matters most: their wellbeing.

How we do it

Cigna will not charge an additional fee for this program. Instead, we are working with drug discounts for qualifying medications. These discounts go directly to the customer, at the pharmacy, making their out-of-pocket cost no more than \$25 for a 30-day (or one-month) prescription.



For eligible clients

Beginning in early 2020, the Patient Assurance Program will be offered to many of our commercial clients upon renewal or plan start. The Program will be cost neutral to most clients – specifically those with a benefit design that includes a preferred brand cost-share of no more than \$75 per 30-day (one month) supply. Clients with cost shares at \$25 per 30-day supply or lower will stay at their current levels. Those with higher cost share or high deductibles, may have to absorb some of the cost in order to get the customer copay to \$25.⁵ Government funded plans (Medicare, Medicaid and retiree drug subsidy plans) are not eligible.

Together, all the way.®





1. Cigna national book of business claims as of 12/2016.
2. Reuters, U.S. insulin costs per patient nearly doubled, Robin Respaut, Chad Terhune, January 22, 2019; AJMC, Gathering Evidence on Insulin Rationing, Mary Caffrey, September 26, 2019.”
3. Express Scripts internal analysis of claims, 2019.
4. Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If a plan provides coverage for certain prescription drugs with no cost-share, the customer may be required to use an in-network pharmacy to fill the prescription. Out-of-network coverage may be excluded or limited by plan terms. Clients must agree to provide “first dollar coverage” (prior to satisfaction of any applicable plan deductible).
5. Plans with higher copays may have to absorb additional cost to get the customer to \$25, after discounts from the drug makers.

Product availability may vary depending on location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact your Cigna representative. Subject to applicable law, Cigna reserves the right to make changes to our formulary (drug list) or this program at any time.

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