



# A Pledge to **Better**



**The health care system isn't delivering for everyone. Countless statistics, articles, and stories validate this — but the most important fact is an individual's personal experience.**

Many people have an expectation about what health care is meant to deliver, only to be disappointed when their reality falls short. There are multiple reasons for this disconnect between expectations and reality — and multiple players in the health care industry have a role to play.





**At The Cigna Group**, we do not want to justify why things are the way they are or seek to place blame. We take accountability and responsibility for our role in the health care system and commit to helping make it better for all our customers and patients. Our goal is to chart a path forward to gain back the trust that we have lost with some and strengthen the trust we have with others.

We recognize this will take time and definitive action, not just promises or talk, but we believe it is well worth the journey. The health care of our customers and patients is too important to be met by anything less.

# Our Commitments to **Better**



To guide us on our multi-year journey, we have established five commitments that we promise to address and improve upon under the leadership of Chief Health Officer Dr. David Brailer.

## COMMITMENT 1

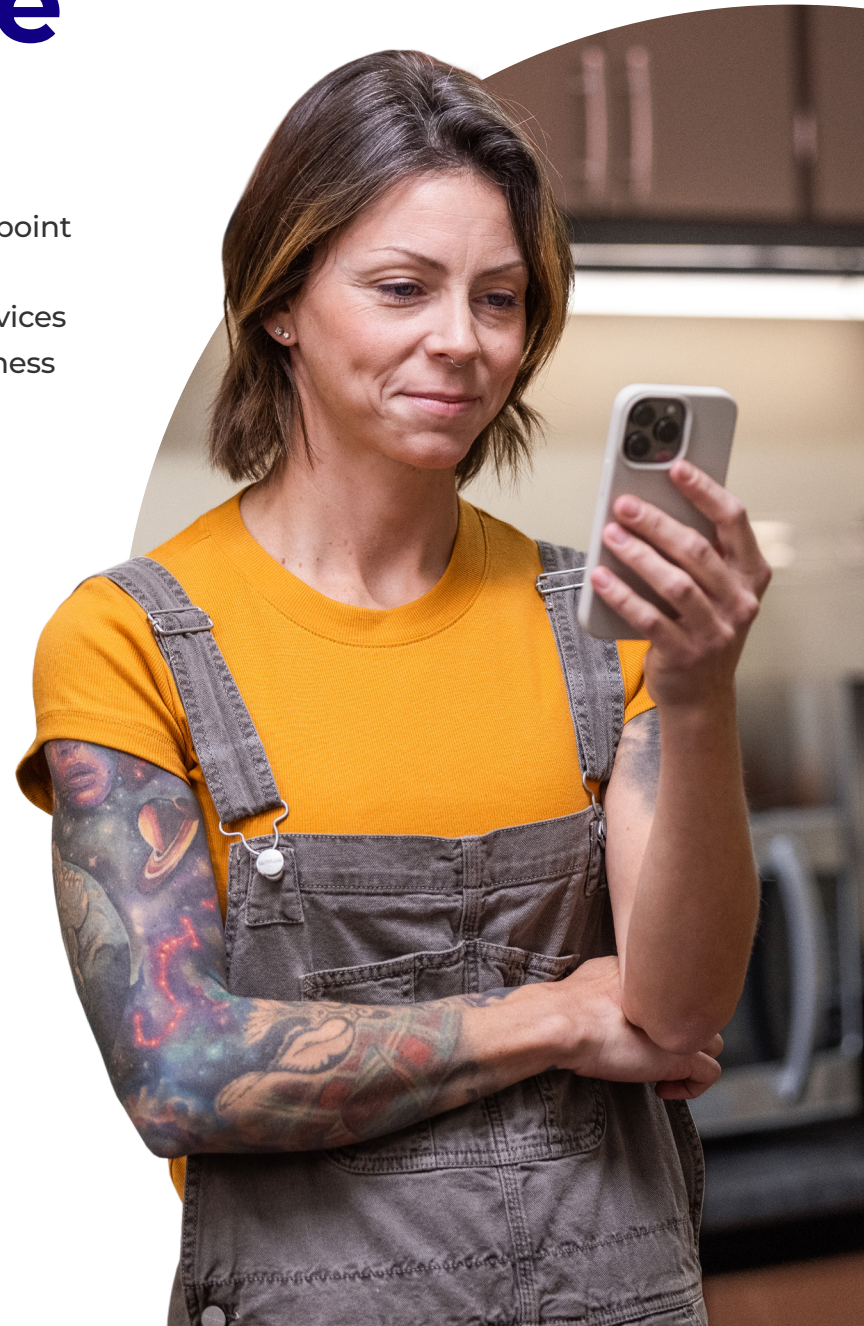
# Easier Access to Care

We commit to address the challenges customers and patients face by making our processes simpler, easier, and faster.

### OUR INITIAL ACTIONS

Prior authorization is an important checkpoint to verify health coverage for certain procedures, treatments, and complex services before care is received. To increase timeliness for our Cigna Healthcare customers and patients, we are:

- **Investing resources** to help more of our customers and patients quickly resolve administrative issues with prior authorization and post-care claims.
- Introducing an **enhanced digital status tracker** to improve and accelerate prior authorization updates for patients.
- Encouraging **physicians to communicate with us electronically** through our digital portal to expedite approvals and reduce errors.



**“ We want to reduce the burden on our physician partners by making it easier to submit a complete authorization request quickly and correctly the first time,**

expediting the path to getting needed services approved and giving providers their time back so they can invest it in what matters most: patient care. ”



**Dr. Amy Flaster**

CHIEF MEDICAL OFFICER  
CIGNA HEALTHCARE



## COMMITMENT 2

# Better Support

**We commit to providing our customers and patients with enhanced support and resources to navigate the health care system with greater ease and peace of mind.**

## OUR INITIAL ACTION

We will expand our team of care advocates to help Cigna Healthcare customers and patients facing the most challenging or complex conditions, such as cancer.

These highly trained advocates will care for more of our patients and help them navigate every stage of their treatment journey.

## COMMITMENT 3

# Better Value

**We will provide better value for our customers and patients.**

### OUR INITIAL ACTIONS

The price of medications has skyrocketed and Express Scripts, part of Evernorth Health Services, **works to lower those prices**. Through our negotiations with drug manufacturers, approximately 80% of our pharmacy benefit customers spend less than \$100/year out of pocket for their prescriptions.

- To help lower costs for more of our Express Scripts customers, we will ensure that the savings we generate on prescription drugs translate into an even **lower price at the pharmacy**.
- We will also provide a personalized year-end pharmacy benefit statement to our Express Scripts customers detailing their **annual benefit savings**.



**“ We want to do our part to  
lead change so patients can  
afford their medications  
and understand how their  
pharmacy benefits are  
working for them. ”**



**Adam Kautzner**

PHARM.D., PRESIDENT OF  
EVERNORTH CARE MANAGEMENT  
AND EXPRESS SCRIPTS



#### COMMITMENT 4

# Accountability

**We will stand behind  
our commitments to our  
customers and patients.**

#### OUR INITIAL ACTION

To ensure our priorities are unmistakably aligned, we are tying our leader compensation to improving the satisfaction of our customers and patients.

“ **We will be bold** and align our incentives with the goal of continuously improving our **clinical and technical capabilities** to deliver more **personalized solutions** and meet patients exactly where they are. ”



**Heather Dlugolenski**

SENIOR VICE PRESIDENT  
U.S. EMPLOYER  
STRATEGY OFFICER  
CIGNA HEALTHCARE

## COMMITMENT 5

# Transparency

**We commit to provide public information on how we are continuously improving to serve our customers better.**

### OUR INITIAL ACTION

We will publish an annual Customer Transparency Report that will detail the progress we are making against our commitments. It will include important information relating to how we facilitate customer care, including details about our services, data, and resolution statistics. The first report communicating our 2025 impact and results will be published in early 2026.



**We are making these  
commitments today,  
out loud and in public.**

We do not consider them to be the final destination – but rather, an important new chapter to accelerate our ongoing evolution.

**We play an important  
role in a health care  
system that needs  
changing for the better.**

We are determined to lead that change, for  
the health and vitality of those we serve.

**“ We owe it to our customers to make the health care system **work better** and to **resolve challenges faster** when they arise.**

These actions are first step in our journey to transform the health care experience for the people we serve. **”**



**Bryan Holgerson**

PRESIDENT, U.S. EMPLOYER  
CIGNA HEALTHCARE

**Let's Make  
It Better<sup>SM</sup>**

