DIABETES PREVENTION MADE EASIER

The Cigna Diabetes Prevention Program in collaboration with Omada.

Today, more than 1 in 3 American adults have prediabetes¹ and, without meaningful intervention, 30% of those individuals will develop type 2 diabetes.² We have a solution to help: The Cigna Diabetes Prevention Program in collaboration with Omada – a CDC-recognized digital lifestyle and behavior change program focused on reducing the risk of diabetes through healthy weight loss.

AN EASY, PERSONALIZED EXPERIENCE FOR EMPLOYEES.

Easy enrollment

Online enrollment and tech support.



Personalized virtual support

Digital enabled scale.



Omada professional

Social support groups.



Interactive online training lessons on healthy eating, physical activity, sleep and stress.

Added value and integration

Discount fitness membership access with the Active&Fit Direct™ program.³



- Optional integrated incentives through Cigna MotivateMe® Program.
- Seamless referrals from Cigna coaches.
- > Systematic clinical eligibility identification.
- > Claims decrement⁴

A CONVENIENT, CONNECTED EXPERIENCE - AND VALUABLE INVESTMENT - FOR YOU.

Easy administration & implementation

- Automated eligibility feeds.
- > No additional contracting required.
- Multi-brand enrollment materials promoted directly to employees.⁵

Ongoing support

> Dedicated account service team.

Seamless billing & reporting

- > Claims-based billing.
- ▶ Detailed, monthly progress report embedded in Cigna's Analytical Reporting Package.

PROVEN HEALTH OUTCOMES.



4./%

average year-1 weight loss.⁶



4.2%

average year-2 weight loss.⁶



30%

reduced 5-year risk for diabetes.⁷

SAVINGS.



\$424°-\$972°

per-member savings over and above the claims cost of the program.

Together, all the way.



OUTCOMES-BASED CLAIMS BILLING

The Cigna Diabetes Prevention Program in collaboration with Omada takes an outcomes-based approach to billing that's triggered by claims. This means, after the one-time program enrollment fee, any additional costs are incurred only if the participant loses and maintains their weight loss.

ANNUAL PRICING MODEL¹⁰

	YEAR 1	YEAR 2
One-time enrollment fee	\$235	
Claim submitted if weight loss occurs ¹¹	\$13 per percentage weight loss, per month	\$8 per percentage weight loss, per month

EXAMPLE

Bill enrolls in the program on January 1: Claim is submitted for \$235 enrollment fee.

At the end of January, Bill's weigh-in shows a 2% weight loss compared to his baseline weight. Based on this result, a claim is submitted for $$26 (2 \times $13)$.

At the end of February Bill gains 2% back, versus his baseline weight. Since Bill shows a 0% weight loss in February compared with his baseline weight, no claim will be filed or cost incurred.

At the end of March, Bill shows a 2.8% weight loss versus his baseline weight. Based on this result, a claim is submitted for $$26 (2 \times $13)$. Weight percentage is always rounded down to determine cost.

After Bill completes the first year of the program, he's happy with his progress and wants to keep going. Since the enrollment fee is a one-time cost paid in year 1, additional cost is only incurred as continued weight loss progresses relative to his baseline weight.

At the end of year two the program ends, and Bill utilizes the skills he learned to continue his weight loss journey.





- 1. Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2017. Atlanta, GA: U.S. Department of Health and Human Services; 2017.
- 2. American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017; Diabetes Care 2018 Mar; dci180007.
- 3. This is a discount program and is NOT insurance. Programs may not be available in all states and may be discontinued at any time. Customers are required to pay the entire discounted charge including any applicable taxes. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH), an independent company. Active&Fit Direct is a trademark of ASH and used with permission herein.
- 4. 0.25% claim decrement applied to total medical and pharmacy claims for both ASO and fully insured funding types.
- 5. Print available for added fee if low or no customer emails available.
- 6. Sepah SC, Jiang L, Peters AL. Long-Term Outcomes of a Web-Based Diabetes Prevention Program: 2-Year Results of a Single-Arm Longitudinal Study. J Med Internet Res. 2015;17(4). Weight loss results are from study participants only. Actual results may vary based on age, gender and other individual and demographic factors.
- 7. Sepah SC, Jiang L, Ellis RJ, et al. Engagement and outcomes in a digital Diabetes Prevention Program: 3-year update. BMJ Open Diab Res Care. 2017;5:e000422. doi:10.1136bmjdrc-2017-000422.
- 8. Initial test results Cigna claims study June 2017 with four clients. Results are not statistically significant. Limited capability with restricted marketing and no Cigna value points. Individual client results may vary.
- 9. Omada results based on one client June 2016, BCBSLA. Results not statistically significant. Clients are more likely to garner higher results like these with marketing and incentive strategy process and deployed. Individual client results may vary.
- 10. Costs are subject to change. Digital programming sales tax may apply in some states (including WA and TX). For most health plans, claims are insured/administered as a 100% covered preventive care benefit. Participants must meet certain risk criteria to be eligible for this benefit. Age and clinical limitations may apply. Not all preventive care services are covered. See plan documents for coverage details.
- 11. No claim if no weight is lost in that month compared with the baseline weight.

Program is offered through Omada Health, Inc., an independent company/entity. Product availability may vary by 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 a Cigna representative.

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