



## **Anthem Launches IngenioRx, New Pharmacy Benefits Manager**

**INDIANAPOLIS**—Oct. 18, 2017—Anthem, Inc. (NYSE: ANTM), one of the nation’s largest health benefits companies, announced today it is establishing a new pharmacy benefits manager to be named IngenioRx. IngenioRx will begin offering a full suite of PBM solutions starting in 2020, which coincides with the conclusion of the company’s current PBM contract.

“As a company, we continuously seek bold, innovative solutions that achieve consumer access to high quality, affordable healthcare,” said Joseph R. Swedish, Chairman, President and Chief Executive Officer, Anthem. “During the past two years, we have been very clear that we can strengthen the value offered to the marketplace with an improved and aligned PBM model. Through the process of evaluating many PBM options in preparation for the expiration of our current contract, we determined that our scale and experience best position us to deliver an innovative solution, and the launch of IngenioRx will allow us to break through what is now a complex and fragmented landscape. It also positions Anthem to take advantage of a unique opportunity to grow and diversify our business within our existing footprint as well as nationally.”

IngenioRx will serve customers of Anthem affiliated health plans, as well as non-Anthem customers, with a seamless, integrated experience by taking Anthem’s new model to the national marketplace. The IngenioRx pharmacy leadership team combined has more than 100 years of experience in the PBM industry, which will be invaluable in helping to ensure a seamless transition for members.

Anthem has signed a five-year agreement with CVS Health, for services beginning Jan. 1, 2020. IngenioRx will combine its member and provider engagement initiatives and market leading pricing with CVS’ expertise in point-of-sale engagement, such as member messaging and Minute Clinic. CVS will also provide prescription fulfillment and claims processing services.

“This combination, paired with the clinical expertise, deep provider relationships and focus on customer centricity of Anthem’s affiliated health plans, will create a holistic, integrated approach to managing health and driving better outcomes,” said Brian T. Griffin, Executive Vice

President, Commercial and Specialty Division, who oversees Anthem’s pharmacy business and will continue to be the executive champion through the transition. “In partnership with CVS, transitioning members seamlessly to our new solution will remain Anthem’s top priority.”

Transition planning will focus on ensuring continuity of member coverage as Anthem migrates health plan members. Until the transition, members will continue to use their benefits the same as they do today.

To learn more about IngenioRx, visit [www.ingenio-rx.com](http://www.ingenio-rx.com).

### **Conference Call and Webcast**

Anthem management will host a conference call and webcast today at 8:30 a.m. Eastern Daylight Time to discuss the PBM strategy. The conference call should be accessed at least 15 minutes prior to the start of the call with the following numbers. An investor presentation is available for download [www.antheminc.com](http://www.antheminc.com) under the “Investors” link.

800-230-1092 (Domestic)

800-475-6701 (Domestic Replay)

612-332-0107 (International)

320-365-3844 (International Replay)

An access code is not required for today’s conference call. The access code for the replay is 431382. The replay will be available from 11 a.m. ET today, until the end of the day on Nov. 1, 2017. The call will also be available through a live webcast at [www.antheminc.com](http://www.antheminc.com) under the “Investors” link.

### **About Anthem, Inc.**

Anthem is working to transform health care with trusted and caring solutions. Our health plan companies deliver quality products and services that give their members access to the care they need. With over 74 million people served by its affiliated companies, including more than 40 million within its family of health plans, Anthem is one of the nation’s leading health benefits companies. For more information about Anthem’s family of companies, please visit [www.antheminc.com/companies](http://www.antheminc.com/companies).

### **Forward-Looking Statements**

*This document contains certain forward-looking information about us that is intended to be covered by the safe harbor for “forward-looking statements” provided by the Private Securities*

*Litigation Reform Act of 1995. Forward-looking statements are generally not historical facts. Words such as “expect,” “feel,” “believe,” “will,” “may,” “should,” “anticipate,” “intend,” “estimate,” “project,” “forecast,” “plan” and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to: financial projections and estimates and their underlying assumptions; statements regarding plans, objectives and expectations with respect to future operations, products and services; and statements regarding future performance. Such statements are subject to certain risks and uncertainties, many of which are difficult to predict and generally beyond our control, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking statements. These risks and uncertainties include: those discussed and identified in our public filings with the U.S. Securities and Exchange Commission, or SEC; increased government participation in, or regulation or taxation of health benefits and managed care operations, including, but not limited to, the impact of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, or Health Care Reform, and the impact of any future modification, repeal or replacement of Health Care Reform; trends in health care costs and utilization rates; our ability to secure sufficient premium rates including regulatory approval for and implementation of such rates; our participation in federal and state health insurance exchanges under Health Care Reform, which have experienced and continue to experience challenges due to implementation of initial and phased-in provisions of Health Care Reform, and which entail uncertainties associated with the mix and volume of business, particularly in our Individual and Small Group markets, that could negatively impact the adequacy of our premium rates and which may not be sufficiently offset by the risk apportionment provisions of Health Care Reform; the ultimate outcome of litigation between Cigna Corporation (“Cigna”) and us related to the merger agreement between the parties, including our claim for damages against Cigna, Cigna’s claim for payment of a termination fee and other damages against us, and the potential for such litigation to cause us to incur substantial costs, materially distract management and negatively impact our reputation and financial positions; our ability to contract with providers on cost-effective and competitive terms; competitor pricing below market trends of increasing costs; reduced enrollment, as well as a negative change in our health care product mix; risks and uncertainties regarding Medicare and Medicaid programs, including those related to non-compliance with the complex regulations imposed thereon and funding risks with respect to revenue received from participation therein; a downgrade in our financial strength ratings; increases in costs and other liabilities associated with increased litigation, government investigations, audits or reviews; medical malpractice or professional liability claims or other risks related to health care services provided by our subsidiaries; our ability to repurchase shares of our common stock and pay dividends on our common stock due to the adequacy of our cash flow and earnings and other considerations; non-compliance by any party with the Express Scripts, Inc. pharmacy benefit management services agreement, which could result in financial penalties; our inability to meet customer demands, and sanctions imposed by governmental entities, including the Centers for Medicare and Medicaid Services; events that result in negative publicity for us or the health benefits industry; failure to effectively maintain and modernize our information systems; events that may negatively affect our licenses with the Blue Cross and Blue Shield Association; state guaranty fund assessments for insolvent insurers; possible impairment of the value of our*

*intangible assets if future results do not adequately support goodwill and other intangible assets; intense competition to attract and retain employees; unauthorized disclosure of member or employee sensitive or confidential information, including the impact and outcome of investigations, inquiries, claims and litigation related to the cyber attack we reported in February 2015; changes in economic and market conditions, as well as regulations that may negatively affect our investment portfolios and liquidity; possible restrictions in the payment of dividends by our subsidiaries and increases in required minimum levels of capital and the potential negative effect from our substantial amount of outstanding indebtedness; general risks associated with mergers, acquisitions and strategic alliances; various laws and provisions in our governing documents that may prevent or discourage takeovers and business combinations; future public health epidemics and catastrophes; and general economic downturns. Readers are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof. We do not undertake to update or revise any forward-looking statements, except as required by applicable securities laws. Investors are also advised to carefully review and consider the various risks and other disclosures discussed in our SEC reports.*

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