



Creating Value by Transforming the Consumer Health Experience

Larry Merlo
President &
Chief Executive Officer



Cautionary statement regarding forward-looking statements

The Private Securities Litigation Reform Act of 1995 provides a safe harbor for forward-looking statements made by or on behalf of CVS Health Corporation. By their nature, all forward-looking statements involve risks and uncertainties. Actual results may differ materially from those contemplated by the forward-looking statements for a number of reasons as described in our Securities and Exchange Commission filings, including those set forth in the Risk Factors section and under the section entitled “Cautionary Statement Concerning Forward-Looking Statements” in our most recently filed Annual Report on Form 10-K and Quarterly Report on Form 10-Q.

The presentations at our 2019 Investor Day include non-GAAP financial measures that we use to describe our company’s performance. In accordance with SEC regulations, you can find the definitions of these non-GAAP measures, as well as reconciliations to most comparable GAAP measures, on the Investor Relations portion of our website.

[Link to our non-GAAP reconciliations.](#)



Today's Objectives

Strength of our businesses and how they provide a foundation for transformation

How we intend to dramatically improve the way health care is delivered in the U.S.

Our expectations for 2020 / 2021 and our positioning for long-term growth

How current investments will translate into increased shareholder value

Agenda

Key trends in health care

Well positioned to drive change

Enterprise priorities to accelerate growth



As health care
challenges
mount, the call
for change
grows louder

Modern Healthcare

Healthcare spending will hit **19.4% of GDP** in
the next decade, CMS projects

**CBS
NEWS**

Shortage of primary care physicians
could threaten patient care

SCIENTIFIC
AMERICAN®

One Third of Diabetes in the U.S.
Is Undiagnosed

**INSURANCE
JOURNAL**

Workers' health insurance premiums are rising much faster
than wages but not lowering out-of-pocket costs

Trends driving change in the health care landscape



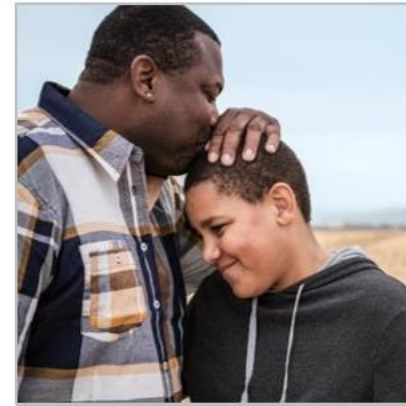
Empowered
health care
consumer



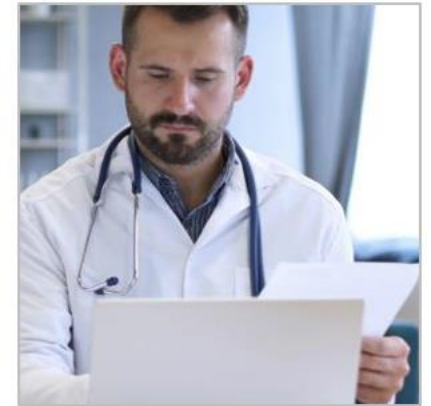
Migration
from sick care
to self care



Changing
perspectives
on aging



Evolution of
personalized
care



Evolving
payment
models

Agenda

Key trends in health care

Well positioned to drive change

Enterprise priorities to accelerate growth



Creating the most consumer-centric health company



Powerful health care decision-making engine
informed by data and analytics



Owner economics
enable broader ability to deliver value across enterprise



Recognized and trusted brand,
supported by large workforce of clinicians and support professionals



Deep local footprint of consumer-facing assets including retail stores and MinuteClinic®

Unmatched ability to engage with consumers – CVS Health interacts with one in three Americans annually



In the community

~70% of U.S. population lives
within three miles of a
CVS Pharmacy



In the home

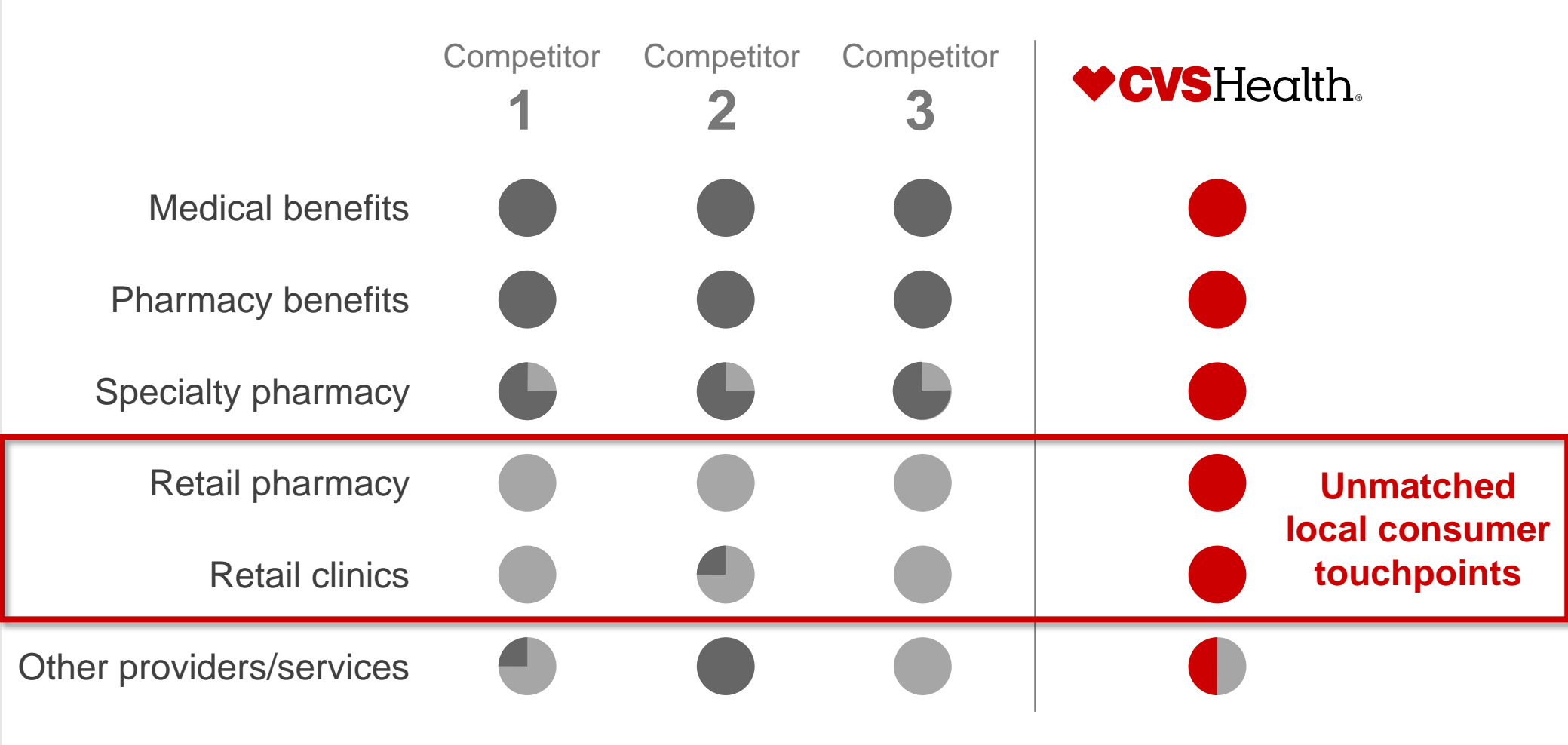
700K visits¹
annually



In the palm of their hand

72M patients enrolled in
text messaging
program

We are uniquely positioned among managed care peers



Agenda

Key trends in health care

Well positioned to drive change

Enterprise priorities to accelerate growth



Enterprise priorities to accelerate growth

Consumer obsessed –
be local, make it simple, improve health



1.

Grow and
differentiate our
businesses



2.

Deliver
transformational
products and services



3.

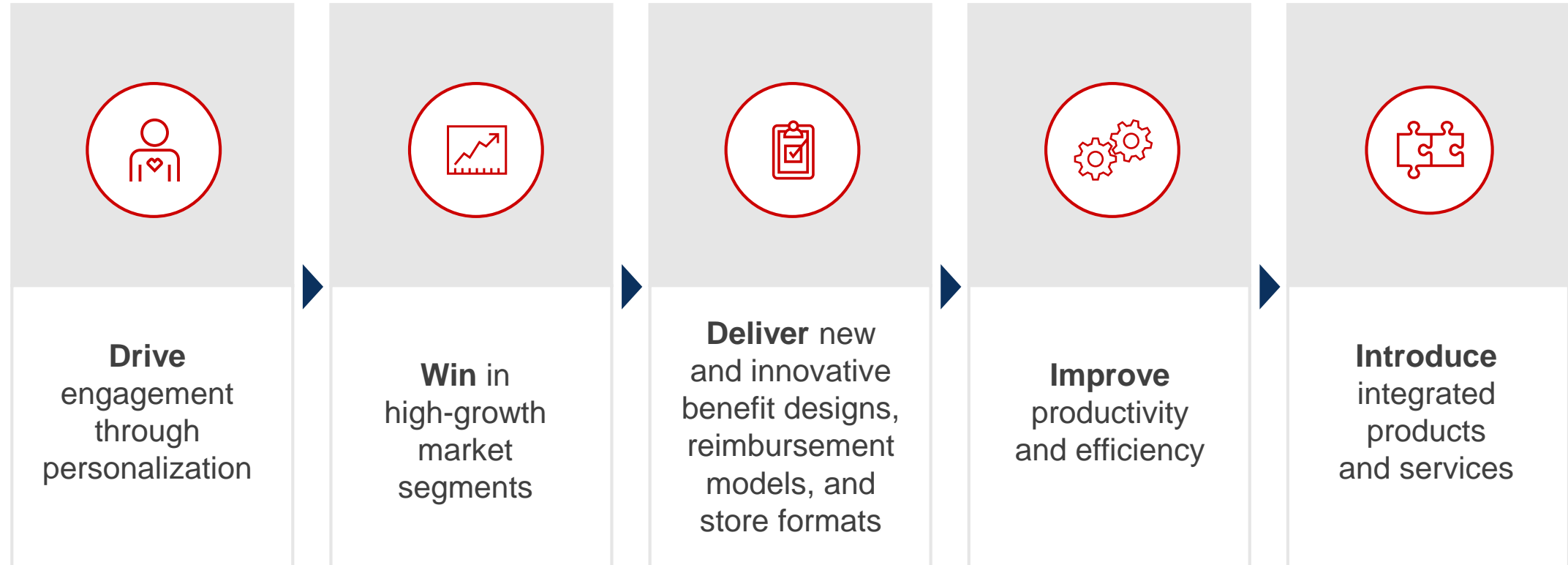
Create a consumer-
centric technology
infrastructure



4.

Modernize enterprise
functions and
capabilities

Grow and differentiate our businesses



HealthHUBs®: Positive Results Fuel Broader Expansion

By the end
of 2019

Expanding to
4 markets

By the end
of 2021

Expecting to open
1,500 locations



Transformation provides multiple growth opportunities

Products & Services

Comprehensive chronic care and disease management

New consumer facing products

Optimize government programs

Risk carve-outs

Home hemodialysis

Analytics products

Value Creation



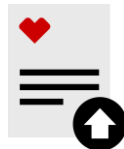
Medical cost savings



Membership growth



Expanded use of CVS assets



Increased customer satisfaction and retention



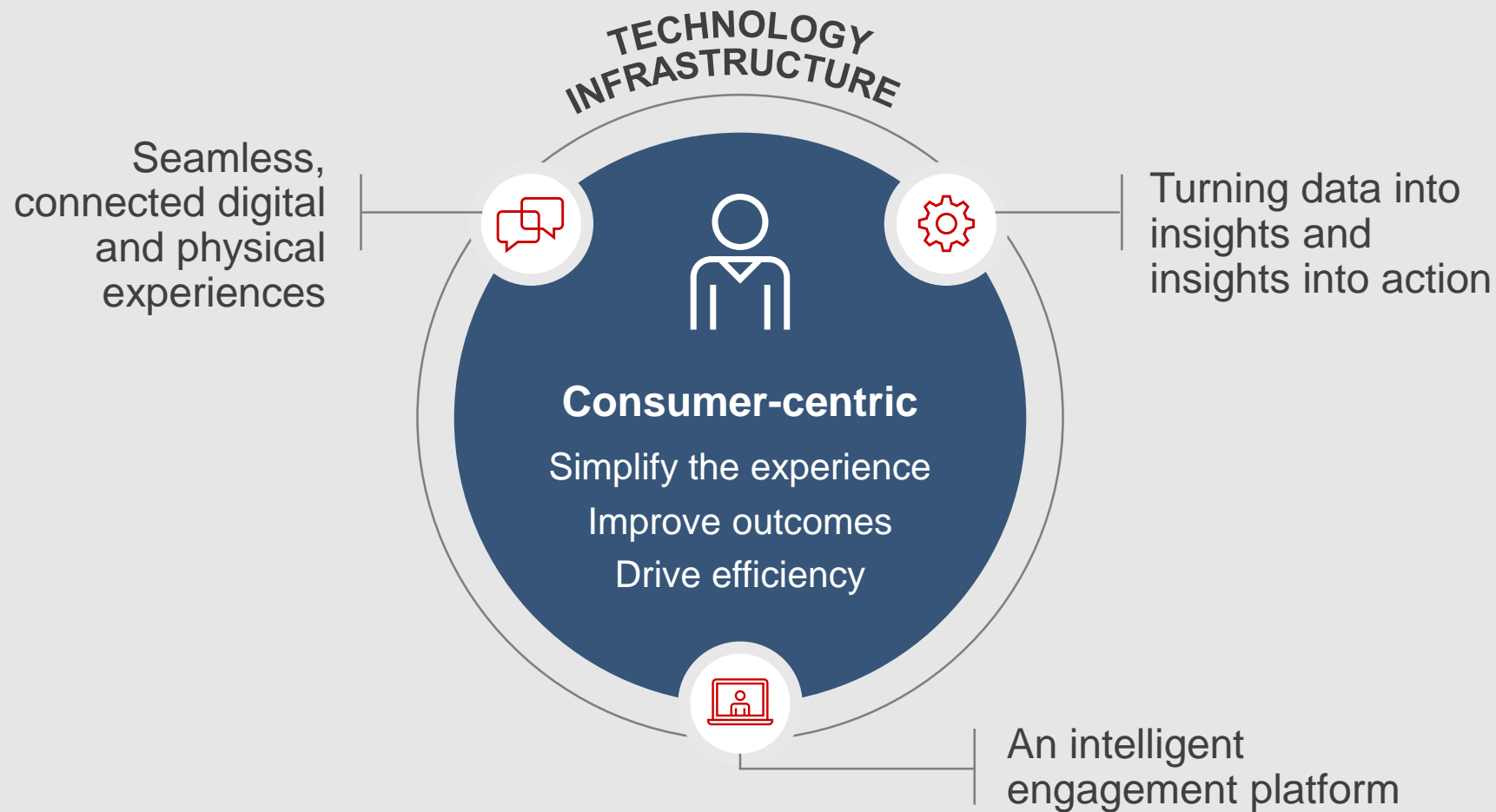
Open platform and new businesses

Operating Income Expectations²

~ \$850 million
in 2022

~ \$2.5 billion
long term

Creating a consumer-centric technology infrastructure



Integration and modernization expected to deliver significant savings



Integration synergies

- Business integration
- General and administrative functions
- Medical cost savings

On track to deliver savings of

~ \$900M²

in 2021 and beyond



Enterprise modernization

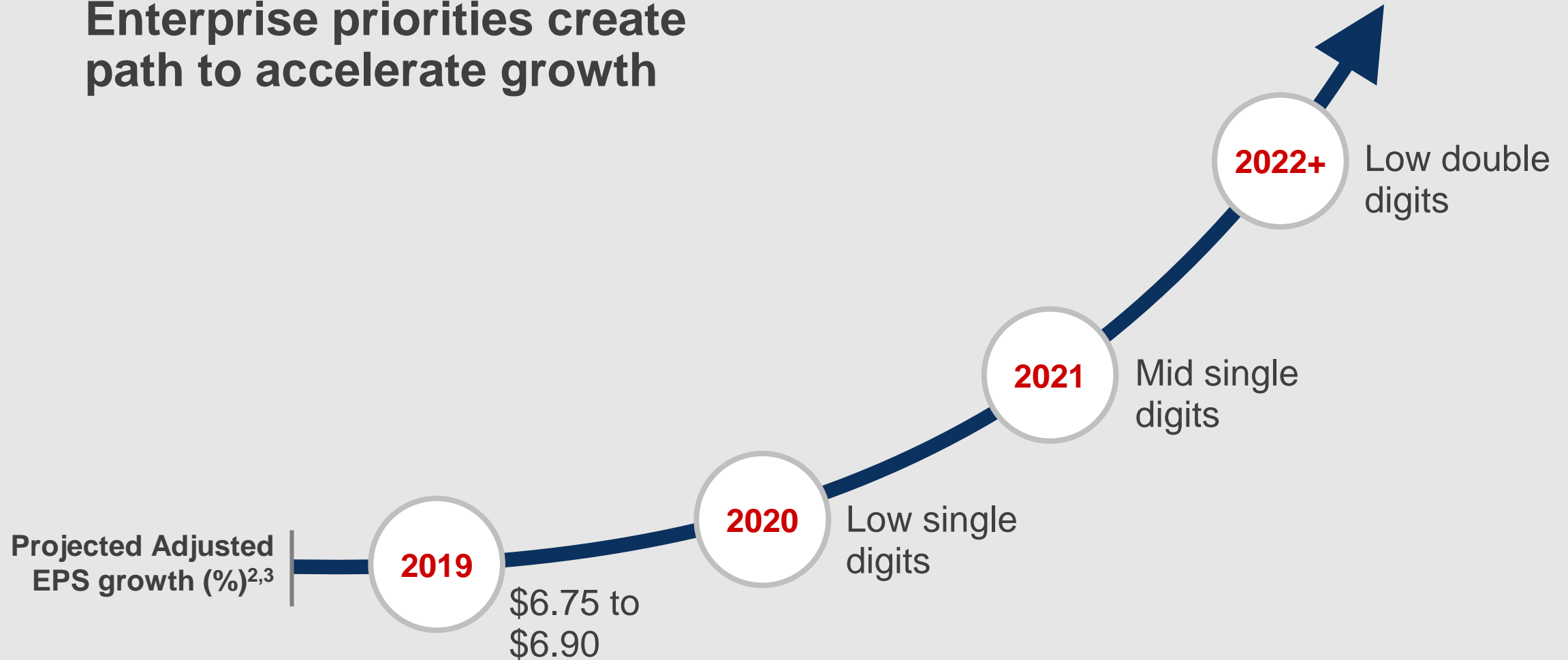
- Technology enhancements
- Productivity improvements

Targeting savings of

\$1.5B-2.0B²

in 2022 and beyond

Enterprise priorities create path to accelerate growth





Our commitment to shareholders

Consistent vision and strategy

Relentless focus on execution across the enterprise

Disciplined investment decisions and thoughtful portfolio evaluation

Delivering superior returns



Today's agenda

Advancing the Enterprise to Unlock Value

Eva Boratto

Building the Most Consumer- Centric Health Company

Alan Lotvin, MD

Establishing the Foundation for Transformation

Jon Roberts

Driving Profitable Growth as a Consumer Health Company

Karen Lynch

Evolving Strategy for a Changing Marketplace

Derica Rice

Consumer Innovation Driving Profitable Growth

Kevin Hourican

Endnotes

1. Number of in-home visits includes visits by Coram, Aetna, and vendor nurses or other care team members to homes or other community settings.
2. Currently enacted laws and regulations were used in all the Company's projections.
3. This financial measure is a non-GAAP financial measure. For an explanation of this financial measure and a reconciliation to the most directly comparable GAAP measure, refer to our Investor Relations website at <https://www.investors.cvshealth.com>.



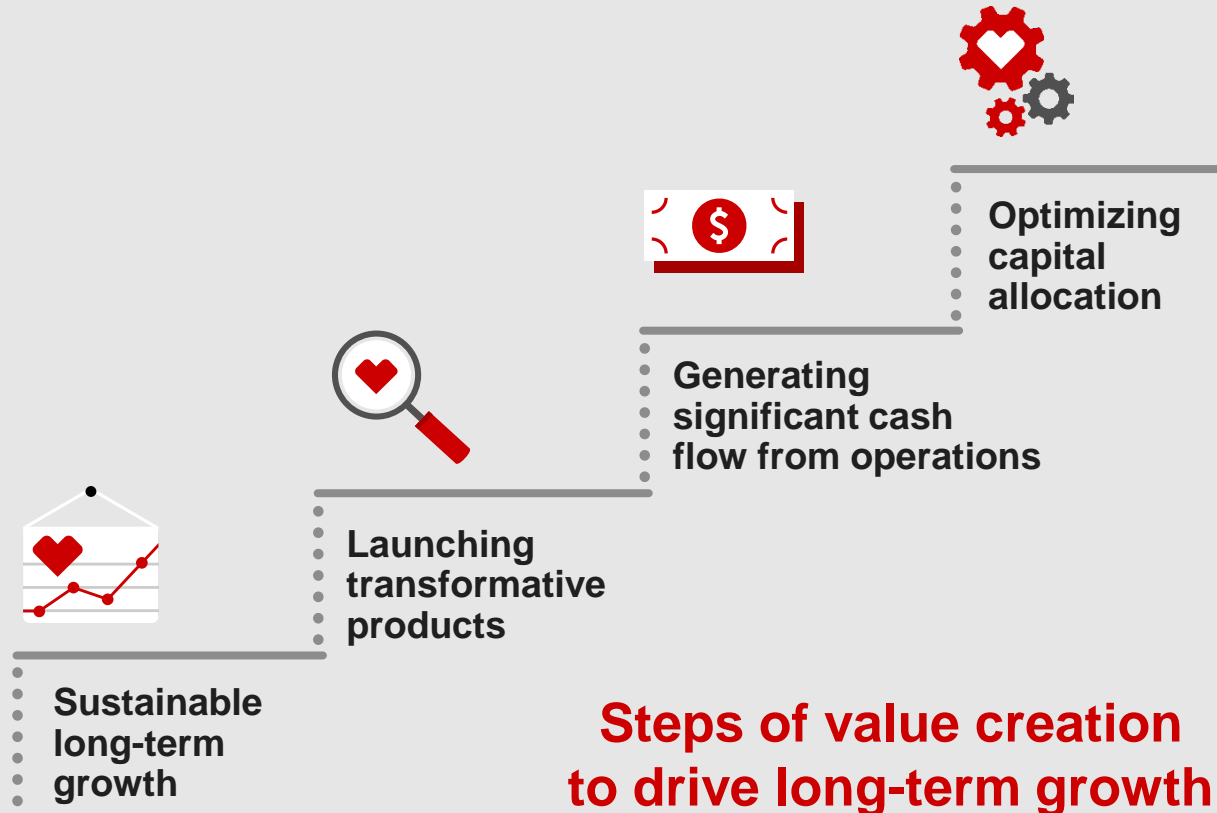
Advancing the Enterprise to Unlock Value

Eva Boratto

Executive Vice President &
Chief Financial Officer



Continued focus on enhancing long-term shareholder value

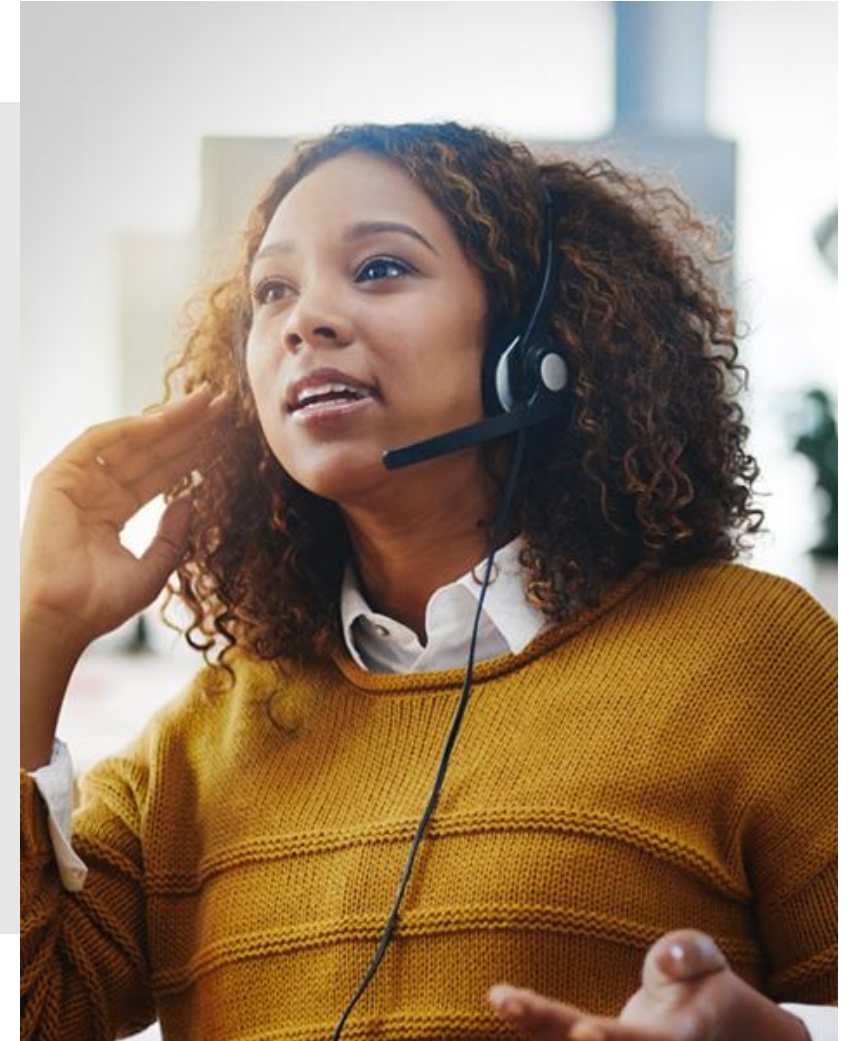


Agenda

2019 guidance review

Value creation through integration synergies,
modernization & transformation

Financial outlook & capital allocation strategy



Enterprise Outlook: 2019 full year¹

Reaffirming all elements of 2019 guidance

(\$ in billions, except per share data)

Consolidated Revenues	\$251.2 to \$254.4
Adjusted Operating Income ³	\$15.0 to \$15.2
GAAP Diluted EPS	\$4.90 to \$5.05
Adjusted EPS ³	\$6.75 to \$6.90
Cash Available to Repay Debt ³	\$4.2 to \$4.6

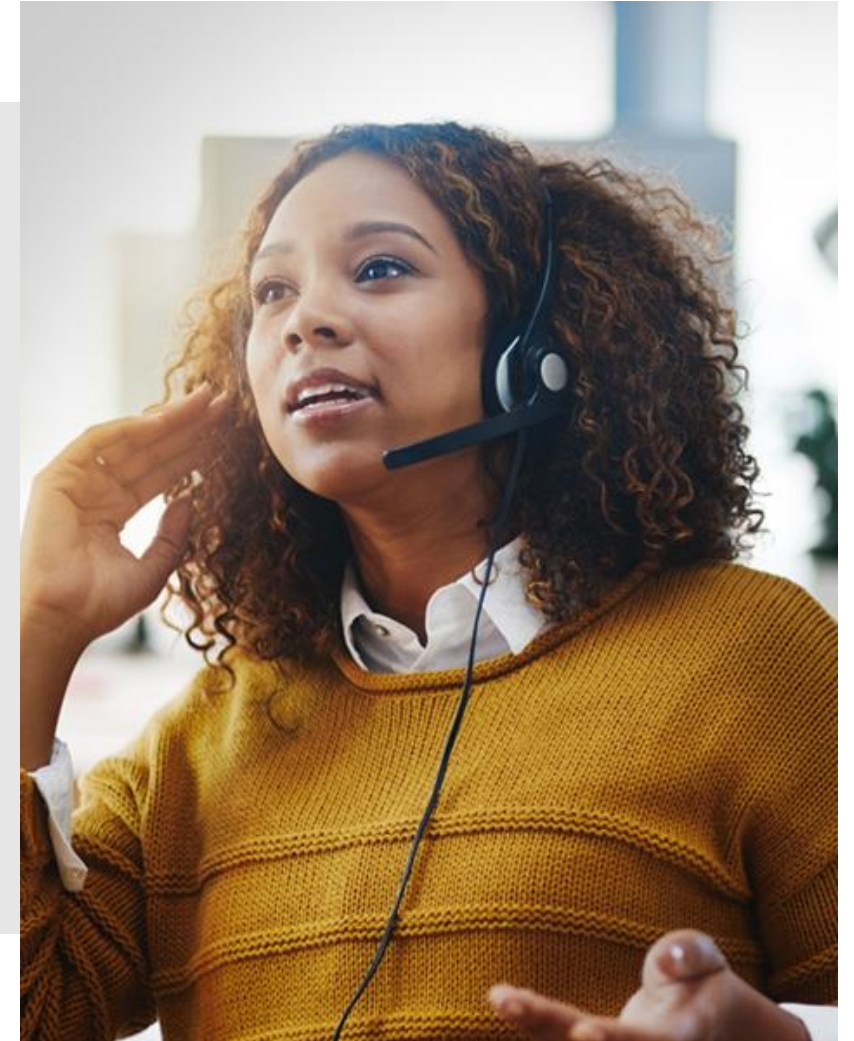


Agenda

2019 guidance review

**Value creation through integration synergies,
modernization & transformation**

Financial outlook & capital allocation strategy



Executing on integration synergies to reach ~\$900M run rate

Business integration

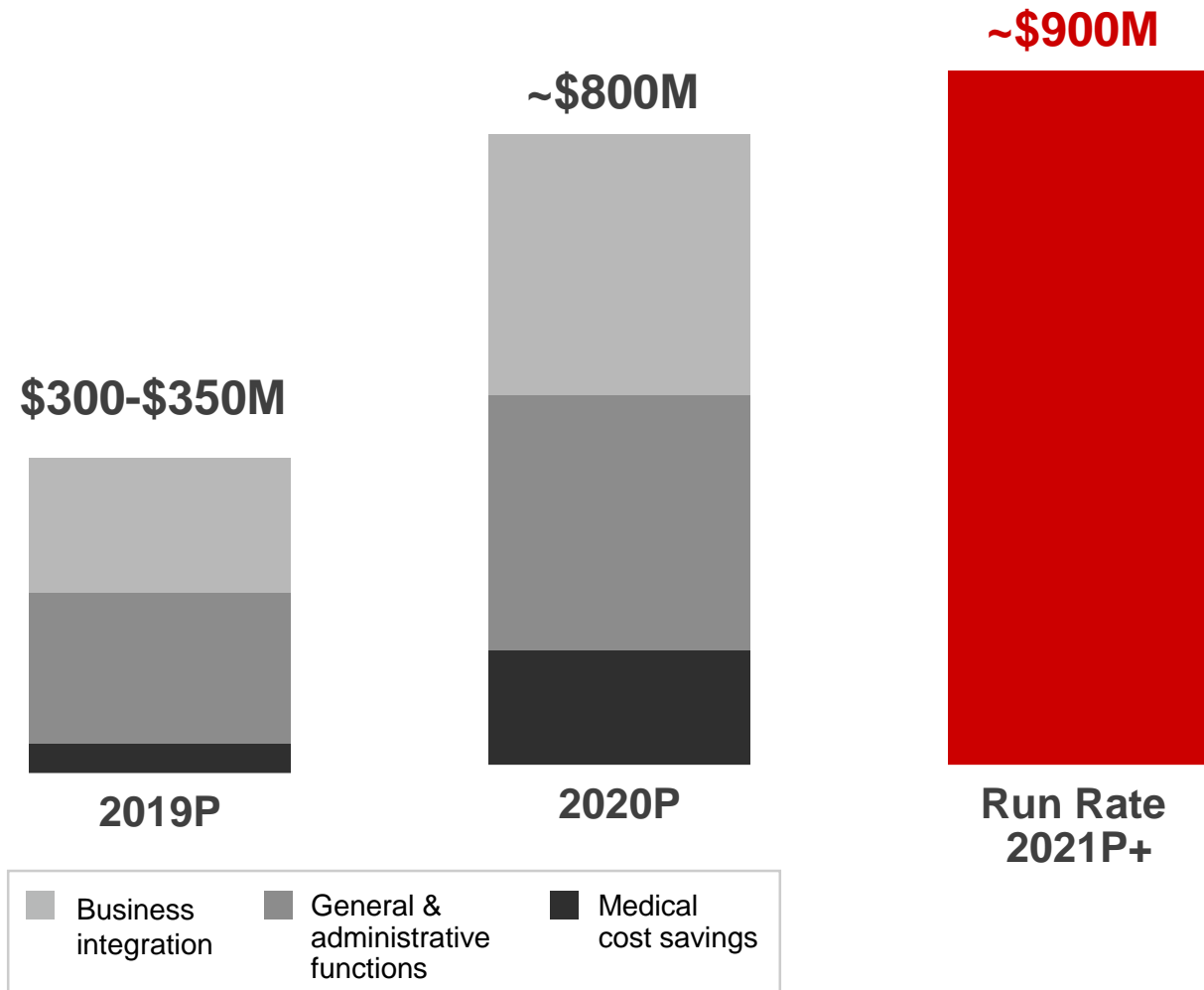
- Plan design
- Specialty / Coram / PBM Operations / Other

General & administrative functions

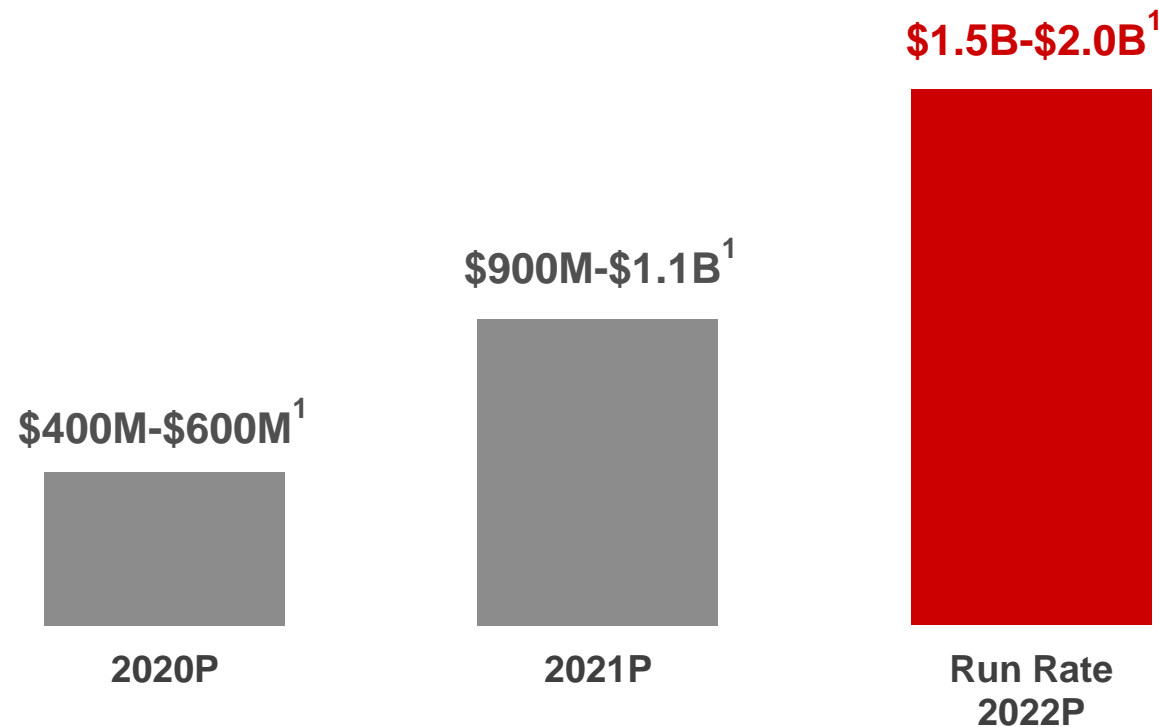
- Vendor contracting
- Streamline corporate functions

Medical cost savings

- Improve adherence and close gaps in care for patients with chronic diseases
- Optimize existing programs in readmission prevention
- Site of care management



Generating net savings with enterprise modernization



Areas of net savings

- Technology modernization
 - Rationalization
 - Centers of excellence
- Productivity improvements
 - Optimize call centers
 - Vendor management
 - Business initiatives

Projected costs to achieve

- Operating expenses
 - \$200M-\$300M¹ annually through 2022

Modernization net savings are incremental to previously disclosed cost reduction programs

Driving long-term value through transformation



Medical cost savings

Commercial insured
Medicare Advantage



Membership growth

Plan sponsors
Medicare Advantage members



Expanded use of CVS assets

Pharmacy
MinuteClinic®
Front of store
Coram
Medicare Advantage quality improvement



Increased customer satisfaction and retention

Improving the consumer experience



Open platform and new businesses

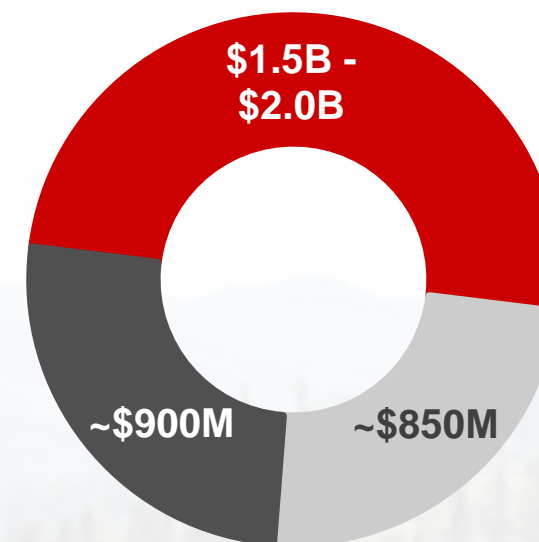
Payor agnostic solutions
Data and analytics products
New businesses

Projected to drive ~\$850M of incremental operating income in 2022, growing to ~\$2.5B long term¹



**Projected to drive a run rate of ~\$3.5B
in operating income in 2022¹**

**Substantial long-term value
creation through strategic
initiatives & consumer-centric
products**



**1. Integration
synergies**

**2. Enterprise
modernization**

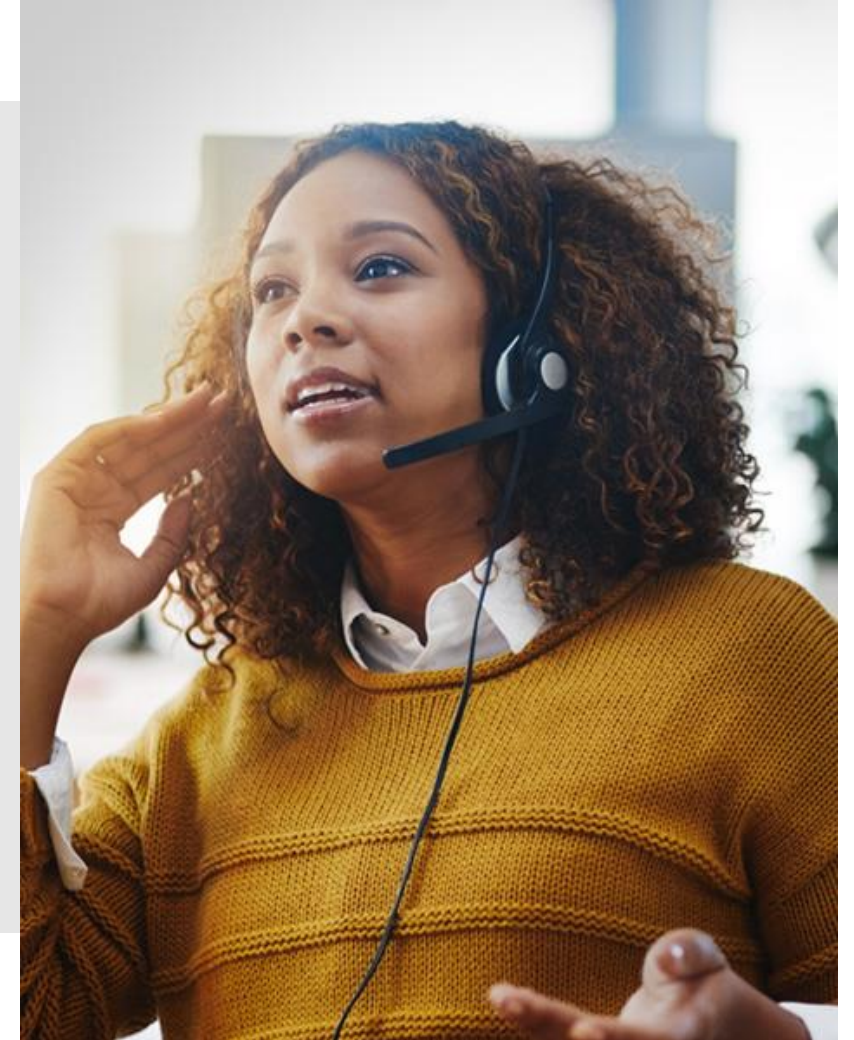
3. Transformation

Agenda

2019 guidance review

Value creation through integration synergies,
modernization & transformation

Financial outlook & capital allocation strategy



Balancing near-term execution with long-term vision



1

Mitigate headwinds

2

Execute streamlining and expense reduction initiatives

3

Focus on integration process and exceed synergy expectations

4

Refine and roll out new front doors to health care

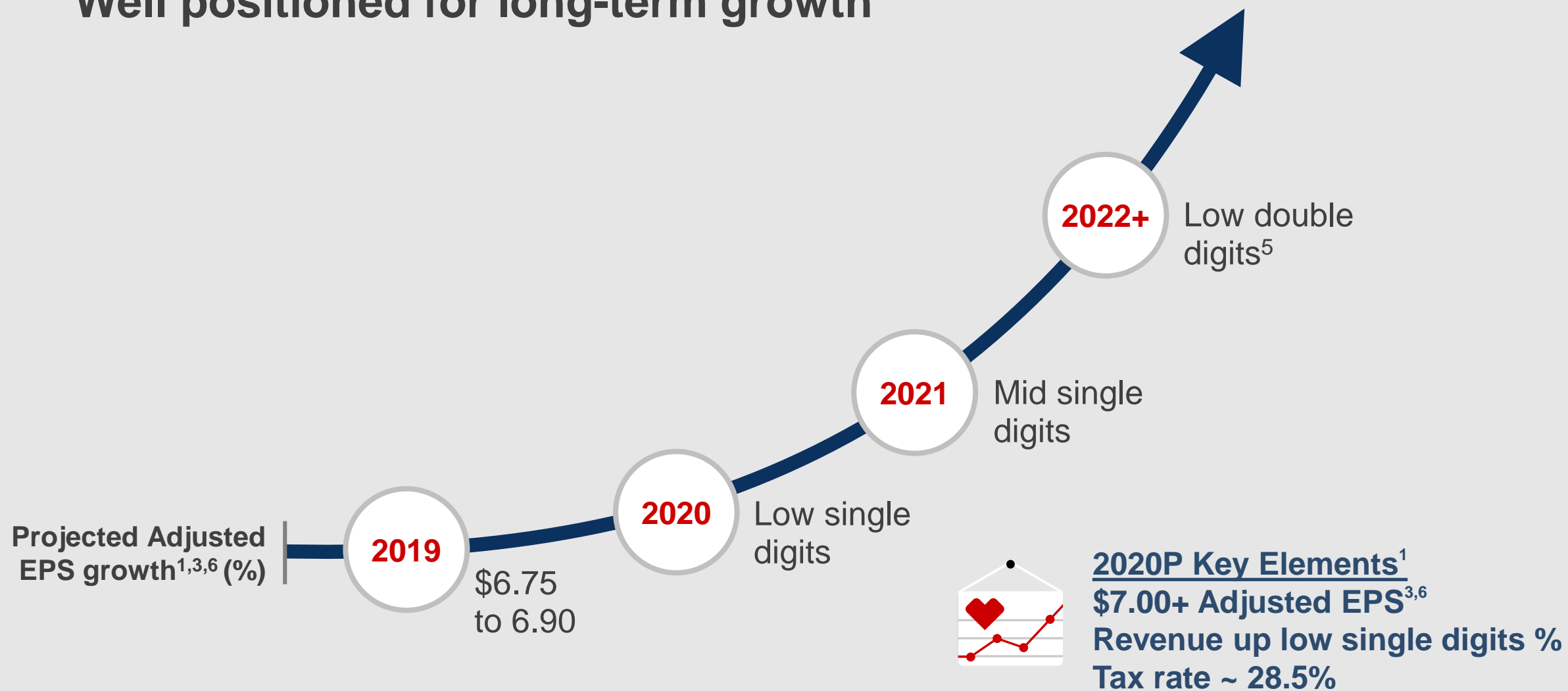
5

Optimize enterprise portfolio and evaluate asset base

6

Enhance shareholder returns through disciplined capital allocation

Well positioned for long-term growth



Health Care Benefits – 2020 year-over-year drivers

Total Revenues ¹		Adjusted Operating Income ^{1,3,4}	
Divestiture of Aetna PDP	▼	Competitive environment	▼
Health insurance fee reinstatement	▲	Divestiture of Aetna PDP and stranded costs	▼
Outpace industry growth in gov't services	▲	Health insurance fee reinstatement ²	▲
		Outpace industry growth in gov't services	▲
		Synergies / enterprise modernization	▲
		Transformation	▲

2020P up mid single digits %

2020P up high single digits %

Retail / LTC – 2020 year-over-year drivers

Total Revenues ¹		Adjusted Operating Income ^{1,3}	
Front store continued shift to digital	▼	Front store margin	▲
Front store formats & personalization	▲	Generics	▲
Omnicare	▲	Omnicare	▲
Outpace industry growth in Rx	▲	Reimbursement pressure	▼
		Rx growth	▲
		Synergies / enterprise modernization	▲

2020P up low-to-mid single digits %

2020P up low single digits %

Pharmacy Services – 2020 year-over-year drivers

Total Revenues ¹		Adjusted Operating Income ^{1,3}	
Anthem	▲	Anthem	▲
Net new business / Centene migration	▼	Net new business / Centene migration	▼
Specialty	▲	Pricing pressure	▼
		Purchasing economics	▲
		Rebate guarantees	▲
		Specialty	▲
		Synergies / enterprise modernization	▲

2020P down low-to-mid single digits %

2020P down mid single digits %

Investing in capabilities to drive sustainable long-term value

\$2.3B to \$2.6B

Annual projected capital expenditures¹

Key areas of capital spending

Historical

Remodels
New stores
Technology
Initiatives



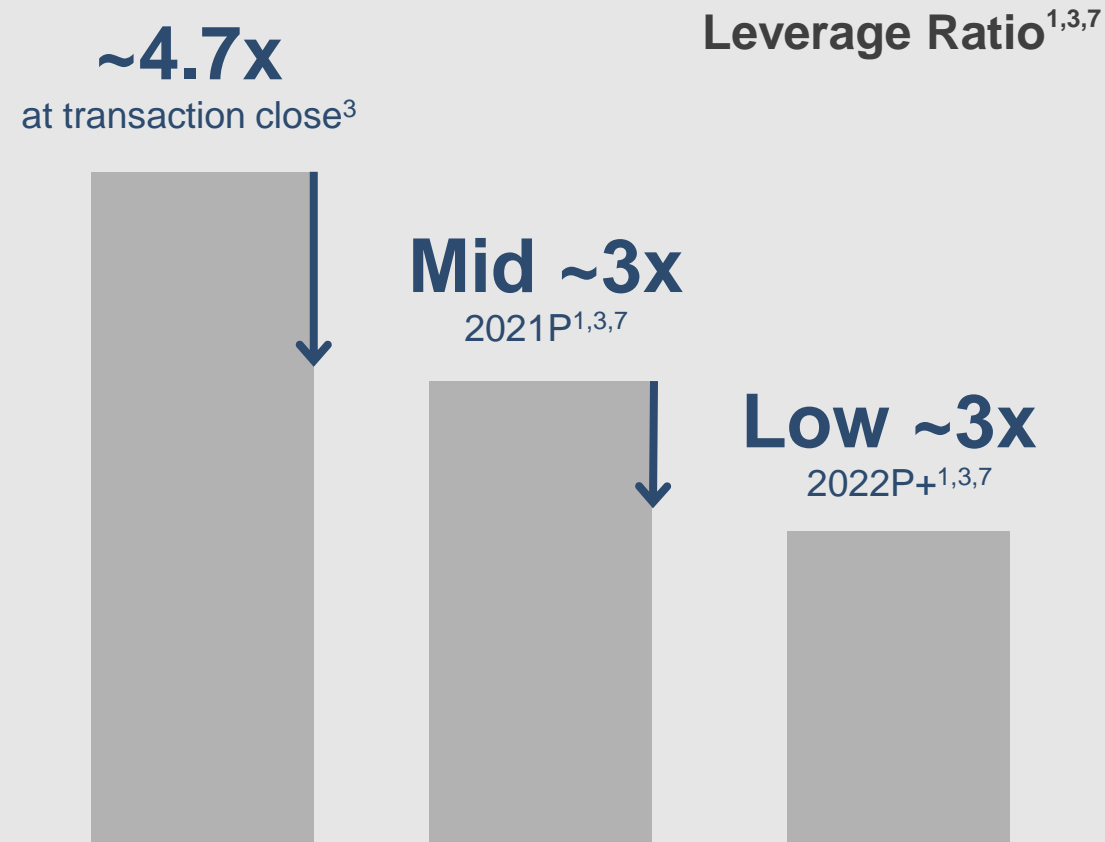
Projected

Innovative HealthHUB®s
Transformative products
and modernization
New stores
Data analytics
Consumer experiences



Strong cash flow generation and effective capital deployment

Plan to reduce debt significantly to reach leverage ratio target of low 3x's



Focused on debt reduction in the near term

- Committed to returning to low 3x's leverage ratio target
- Significant cash flow from operations supports debt repayment

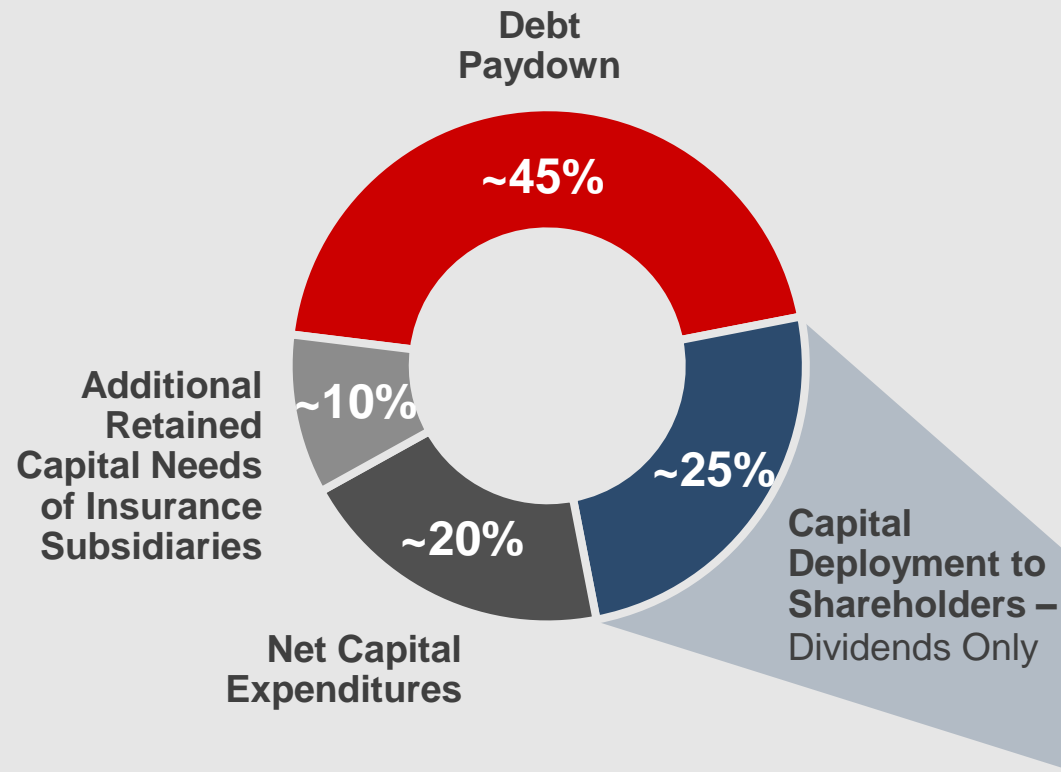
Expect to pay down ~\$7.5B of debt from close of Aetna transaction to the end of 2019

- Aggregate \$5.1B of cumulative debt repaid to date

Increased opportunity to enhance shareholder value once leverage ratio target achieved

Thoughtful capital allocation strategy to drive long-term value creation

Near term (2020P-2021P)¹



Expect \$10B - \$12B^{1,8} cash available annually for enhancing shareholder value in the long term (2022+)

Long-term assumptions – 2022 and beyond¹

Health Care Benefits		Retail / LTC		Pharmacy Services		Other	
Commercial retention	▲	Generics	▼	Claims growth	▲	Capital deployment	▲
Competitive environment	▼	HealthHUB / services growth	▲	Generics	▼	Impact of digital	▼▲
Membership growth	▲	Improvement in LTC	▲	Introduction of biosimilars	▲	Interest expense	▲
		Reimbursement pressure	▼	Pricing pressure	▼	Transformation / open platform	▲
		Rx growth	▲	Specialty growth	▲		

Project adjusted EPS^{1,3} growth in low double digits % on average

Scorecard to evaluate success

	Target ¹	Timing
Adjusted EPS Growth³	\$6.75 - \$6.90	2019
	\$7.00+ (Low single digits%)	2020
	Mid single digits %	2021
	Low double digits %	2022+
Integration synergies	\$300M - \$350M	2019
	~ \$800M	2020
	~ \$900M	2021+
Enterprise modernization	\$1.5B - \$2B	Run Rate 2022
Transformation	~ \$850M	2022
	~ \$2.5B	Long-term
Leverage ratio^{3,7}	Low 3x's	2022
Cash available for enhancing shareholder value⁸	\$10B - \$12B	Annually Long-term
Inventory reduction	~ \$1.5B	2022



KEY TAKEAWAYS

Steps to unlocking significant value well underway

Strong progress executing our plan to grow and differentiate our businesses

Significant upside to synergy targets

Positioned for long-term enterprise growth

Thoughtful allocation and prioritization of capital

Endnotes

1. Currently enacted laws and regulations were used in all the Company's projections.
2. After income taxes, the Health Insurer Fee is projected to be a headwind for the Health Care Benefits segment.
3. This financial measure is a non-GAAP financial measure. For an explanation of this financial measure and a reconciliation to the most directly comparable GAAP measure, refer to our Investor Relations website at <https://www.investors.cvshealth.com>.
4. Health Care Benefits segment projections do not include an estimate of prior years' development.
5. 2022 includes modest share repurchases.
6. Projected Adjusted EPS after 2019 excludes from GAAP diluted EPS the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance, the corresponding tax benefit or expense related to the items excluded from adjusted net income attributable to CVS Health and the corresponding impact to income allocable to participating securities, net of tax, related to the items excluded from net income attributable to CVS Health in determining adjusted net income attributable to CVS Health. The Company is not able to project the amount of any such other items during periods after 2019 at this time and therefore cannot reconcile projected Adjusted EPS after 2019 to projected GAAP diluted EPS. The Company is unable at this time to accurately quantify the significance of any item of unavailable information.

Endnotes

7. The Company defines its leverage ratio as Adjusted Debt divided by adjusted earnings before interest, tax, depreciation and amortization (Adjusted EBITDA). Adjusted Debt is defined as short-term debt and total long-term debt (including the current portion of long-term debt), plus the present value of future operating lease payments at a discount rate of 8.5% assuming lease payments occur at the end of the year. Adjusted EBITDA is defined as (i) net income before income taxes, depreciation and amortization, plus (ii) implied interest expense on future operating lease payments at a discount rate of 8.5% assuming lease payments occur at the end of the year, less (iii) other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance, such as goodwill impairments, interest income on financings associated with proposed acquisitions (for periods prior to the acquisition) and any other items specifically identified herein. The Company is not able to project the Adjusted EBITDA amount during 2021 or 2022 and beyond at this time and therefore cannot reconcile projected adjusted EBITDA to projected GAAP net income. The Company is unable at this time to accurately quantify the significance of any item of unavailable information.
8. Cash available for enhancing shareholder value annually in the long term is inclusive of current shareholder dividends.



Building the Most Consumer-Centric Health Company

Alan Lotvin, MD
Executive Vice President &
Chief Transformation Officer



A team with a diverse experience set

to lead our company through a time of change



Alan Lotvin, MD
Chief Transformation
Officer



Dan Finke
Transformation
Products & Services



Megan Hall
Strategy &
Partnerships



Ali Keshavarz
Analytics &
Behavior Change



Bruce Culleton, MD
Kidney Care



Kari Holloway
Kidney Care



Nicki MacManus
Primary Care
Optimization



Ben Wanamaker
Consumer Products



Quinby Squire
Chief Financial Officer



Dave Edelman
Chief Marketing Officer



Betsy Ferguson
Legal



Eldridge Banks
Human Resources



Tammy Arnold
Communications

Agenda

Strategy for accelerating growth

Our differentiated consumer experience

Product roadmap and value creation





A truly consumer-centric health company



Be local

Community-focused
Within 3 miles of ~70% of
US population



Make it simple

Technology-enabled
Connecting physical and
digital experiences



Improve health

Solving unmet needs to help
achieve best health
More than 30K health care
professionals



Our community assets differentiate us

Consumers invite us into
their **homes**

We are embedded in their
digital lives, in their **hands**

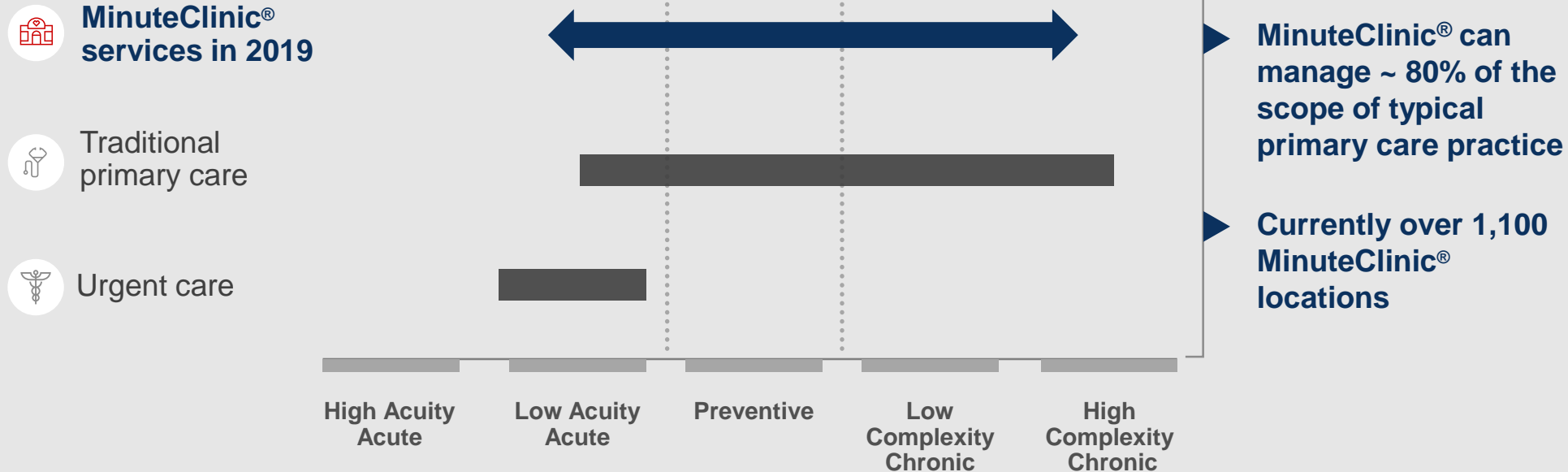
Our stores are in their
community – a local **“hub”**



We meet consumers where they are

We're reinventing local health care delivery with our community assets

ONE EXAMPLE:



New services include:

- Sleep apnea screening
- Retina evaluations
- Phlebotomy

Transformational products and services

Solve customers'
biggest problems

Accelerate in fastest
growing segments

Deliver true
innovation

Differentiate
legacy businesses



Our product and service portfolio targets the biggest challenges in health care



New consumer facing products



Comprehensive chronic care and disease management

- 60% adults have chronic disease¹
- \$3T in spend in U.S.²
- \$50B spent by Aetna clients³



Risk carve-outs



Optimize government programs



Home hemodialysis

- \$114B in Medicare spend on CKD and ESRD patients⁶
- CMS to maximize home therapy¹¹



Analytics products

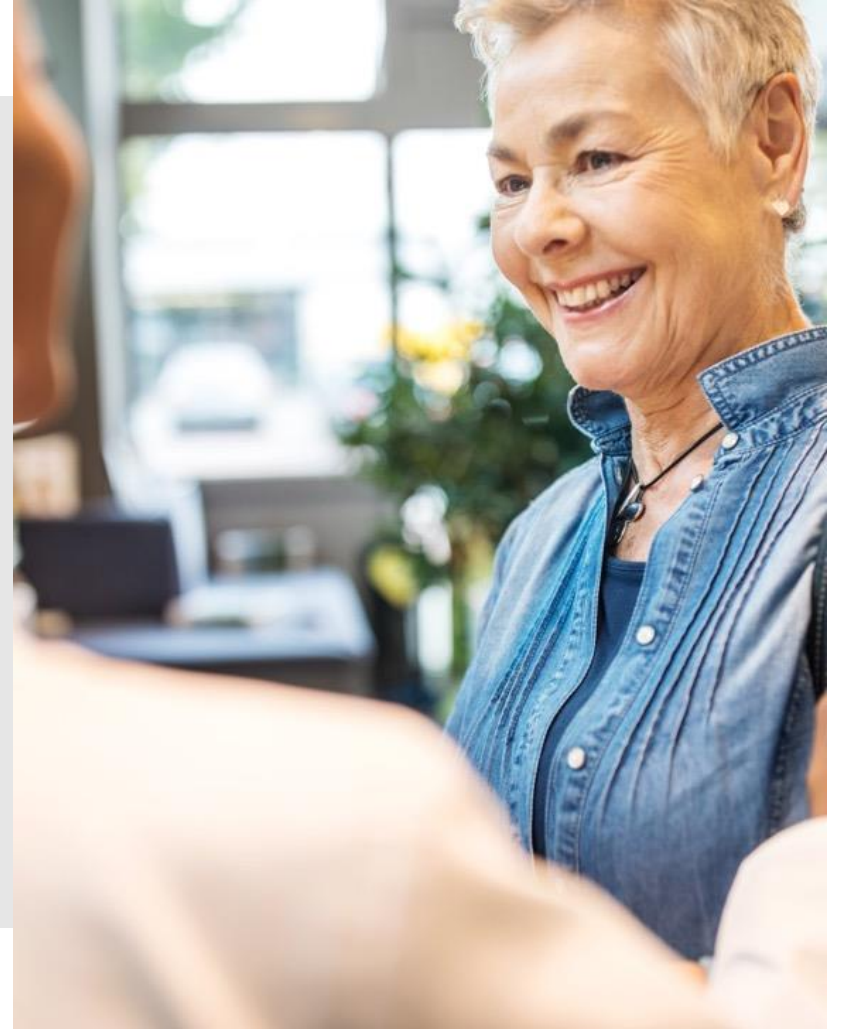
Focusing on large opportunities enables us to create significant financial value

Agenda

Strategy for accelerating growth

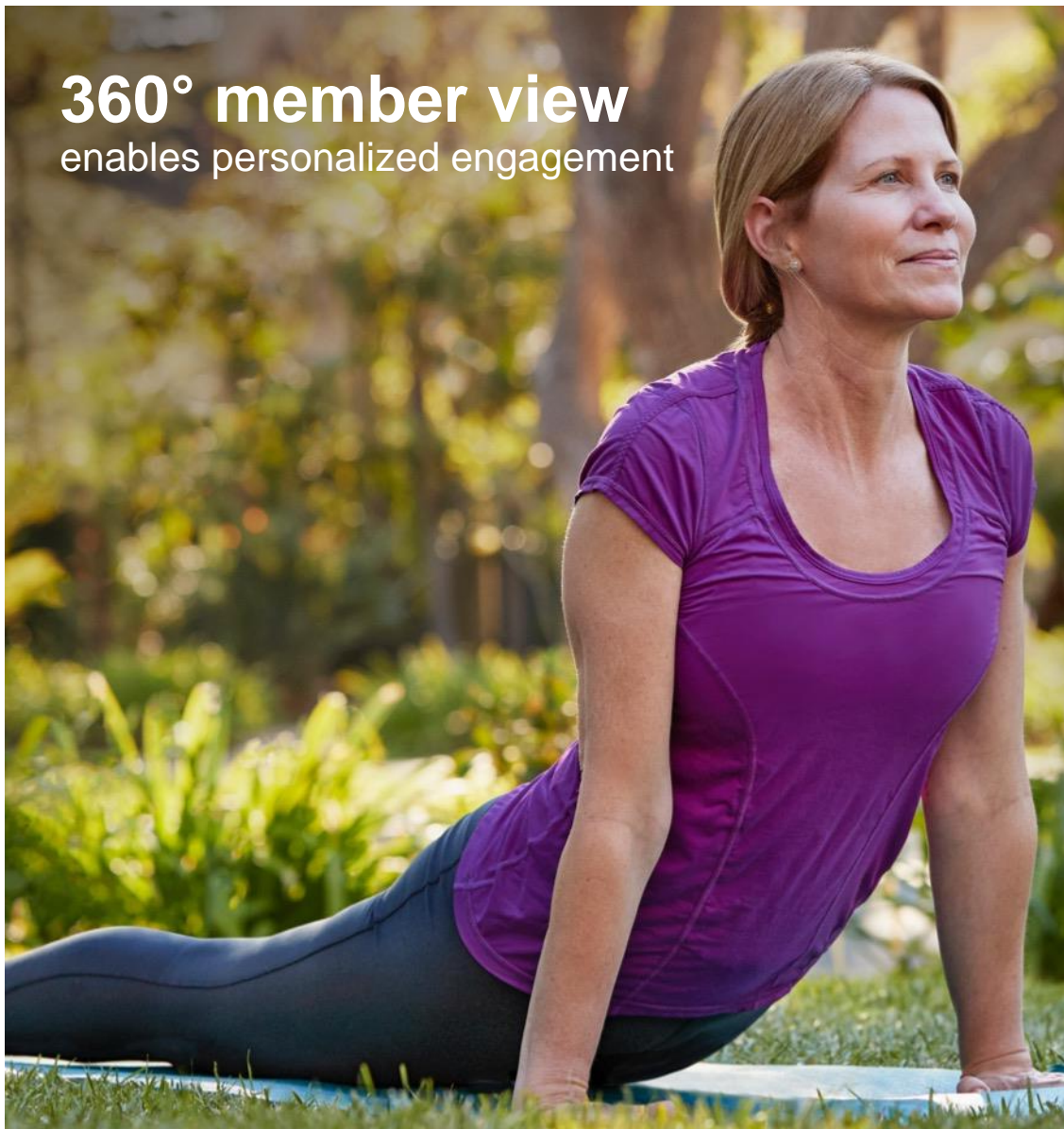
Our differentiated consumer experience

Product roadmap and value creation



360° member view

enables personalized engagement



Identify consumer risk stratification

Complex chronic

Common chronic

Healthy



Personalized engagement



Impactful interventions

- Coordinate care
- Integrate member context
- Influence meaningful moments



Transforming the patient journey

Multiple community touchpoints

Connecting physical and virtual experience

Two-way data flows to defragment care



JOSEPH
48 years old

- Has type-2 diabetes
 - Infrequently sees his primary care doctor
 - On medication
 - Demanding job
-



SUSAN
62 years old

- Has difficult-to-control high blood pressure
- Last visit with PCP was 1 year ago
- Wants to work until age 70

JOSEPH'S JOURNEY



Identified as needing an annual diabetes exam, Joseph is counseled while filling his prescription.

Dietician

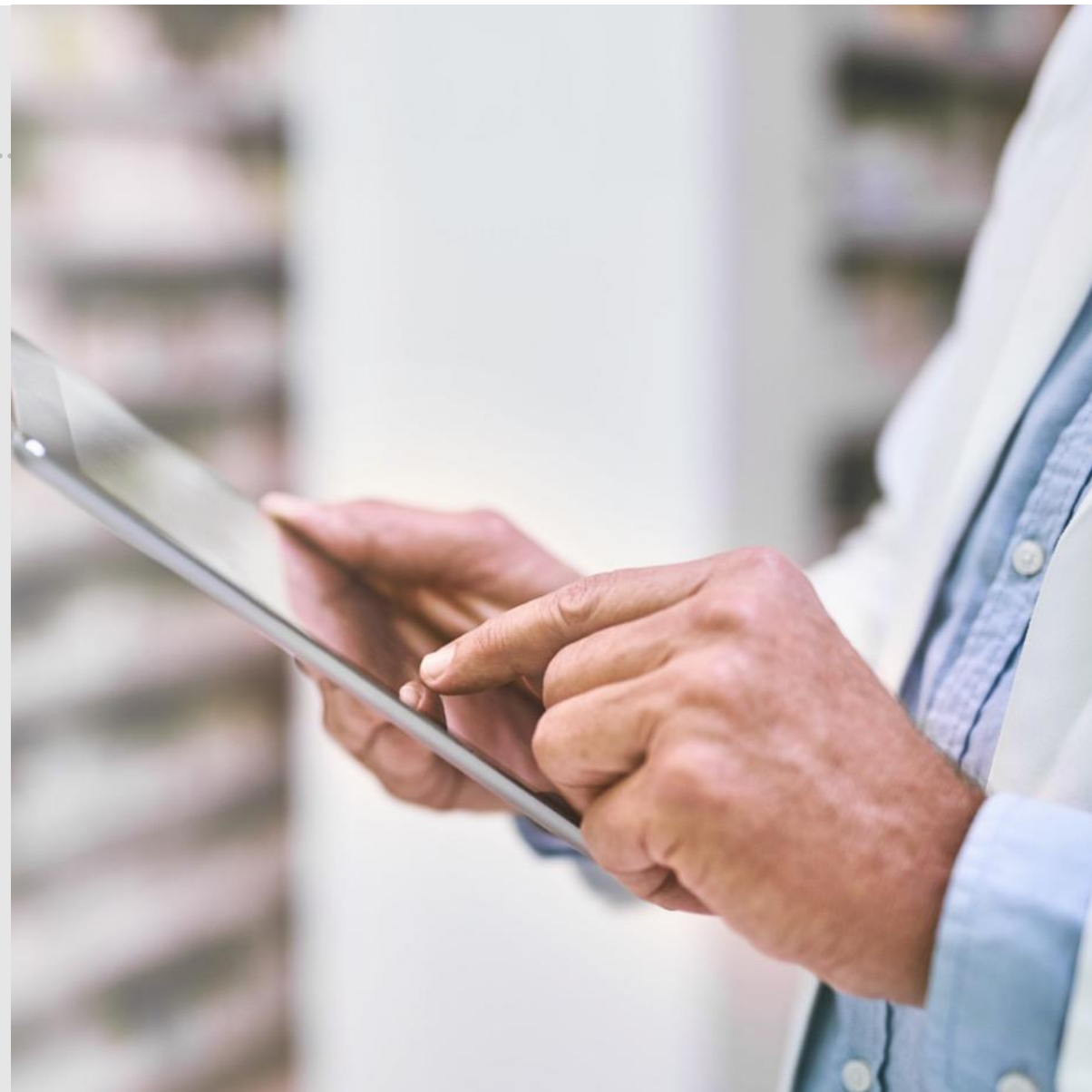
Primary care provider

Pharmacy

Care manager



MinuteClinic®



JOSEPH'S JOURNEY



MinuteClinic®
administers annual
diabetes exam. Need for
additional support
identified.

Dietician

Primary care provider

Pharmacy

Care manager



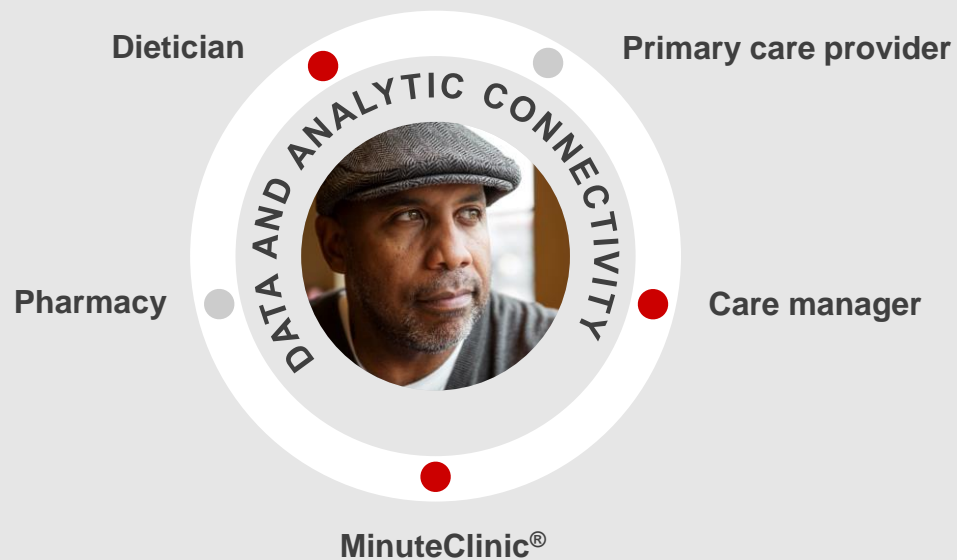
MinuteClinic®



JOSEPH'S JOURNEY

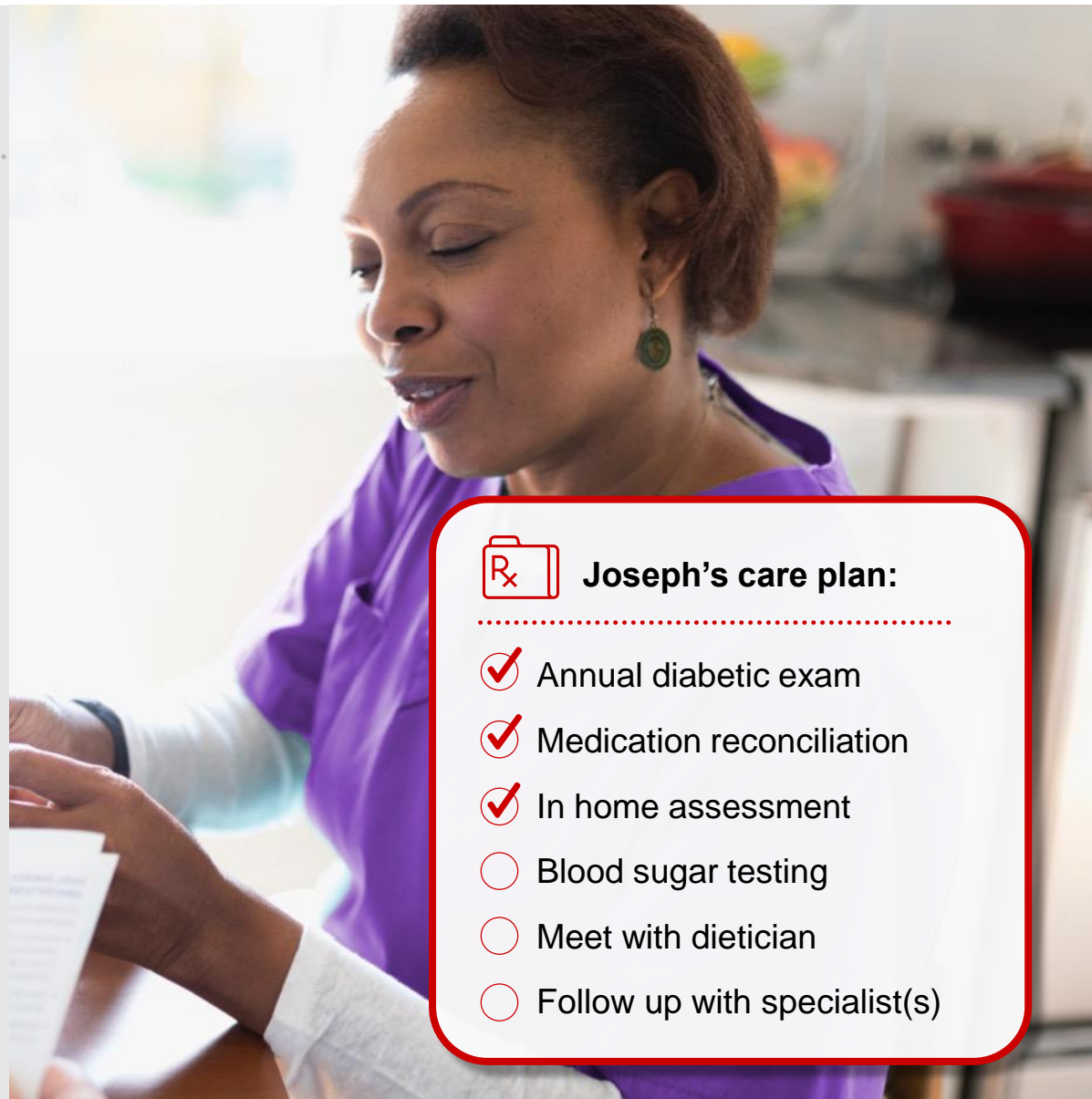


Care manager visits Joseph at home and creates a care plan to keep him on track.



Joseph's care plan:

- ☒ Annual diabetic exam
- ☒ Medication reconciliation
- ☒ In home assessment
- ☐ Blood sugar testing
- ☐ Meet with dietician
- ☐ Follow up with specialist(s)



SUSAN'S JOURNEY



Analytics identify elevated risk.
Care management contacts Susan.



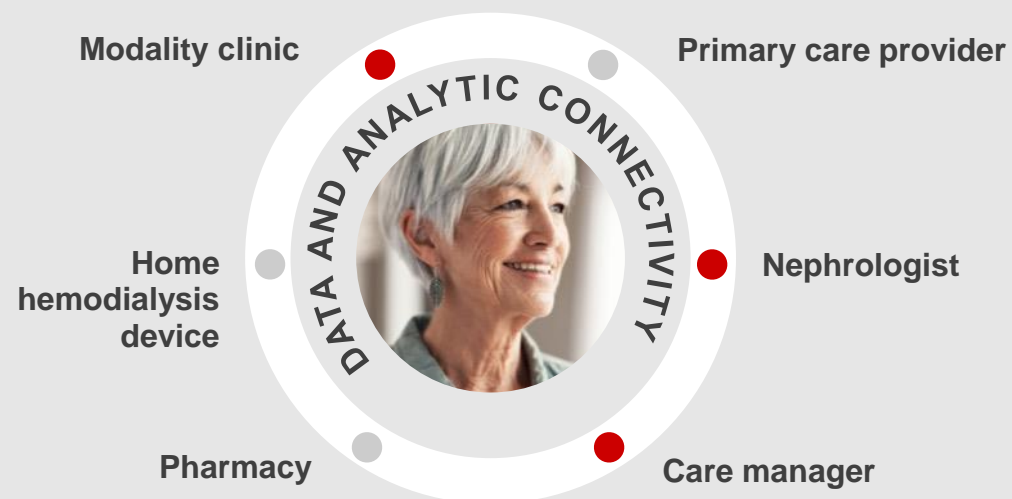
Note: Home hemodialysis device still pending FDA approval



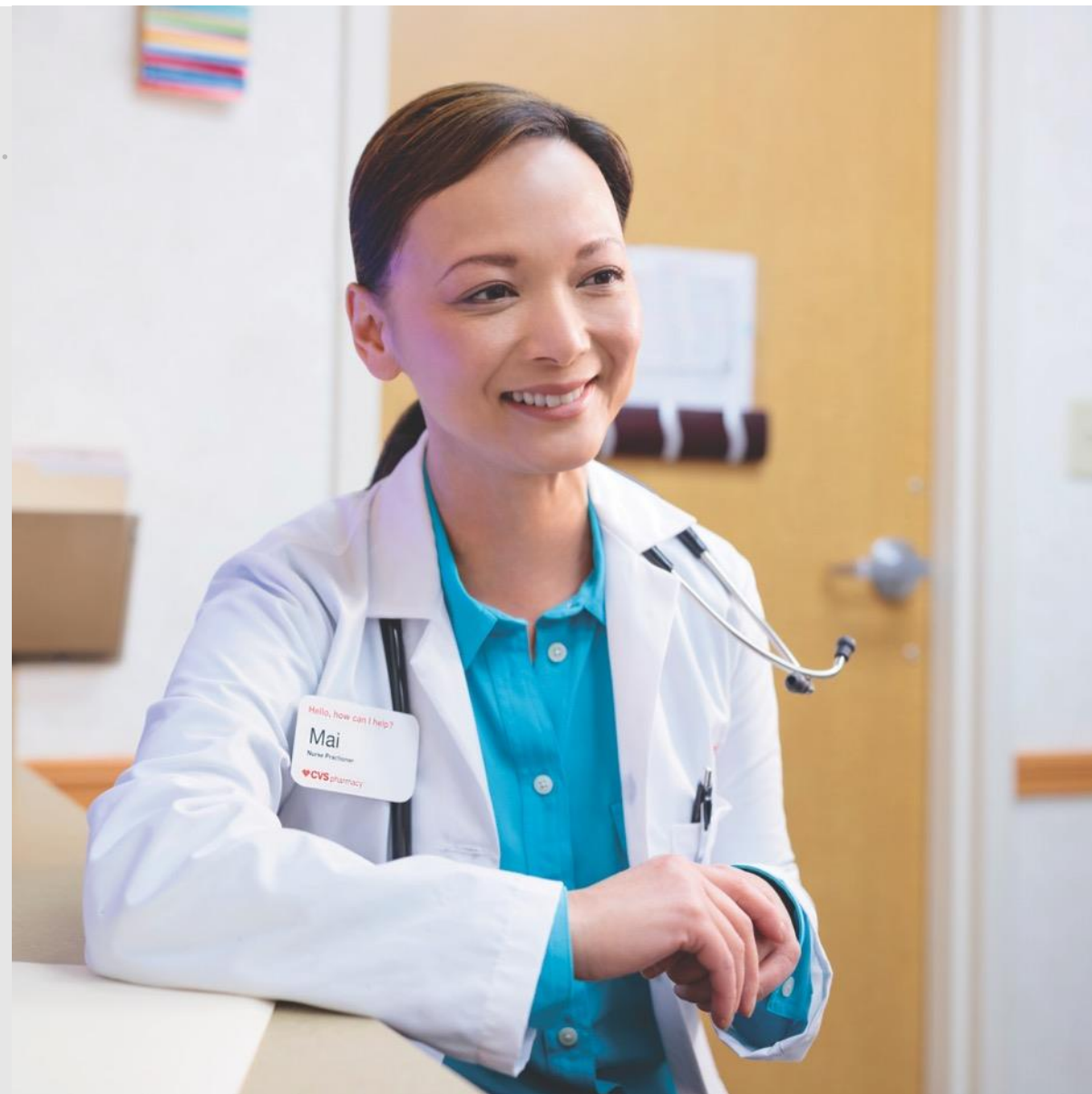
SUSAN'S JOURNEY



Discusses options for future renal replacement therapy and makes a plan for future dialysis.



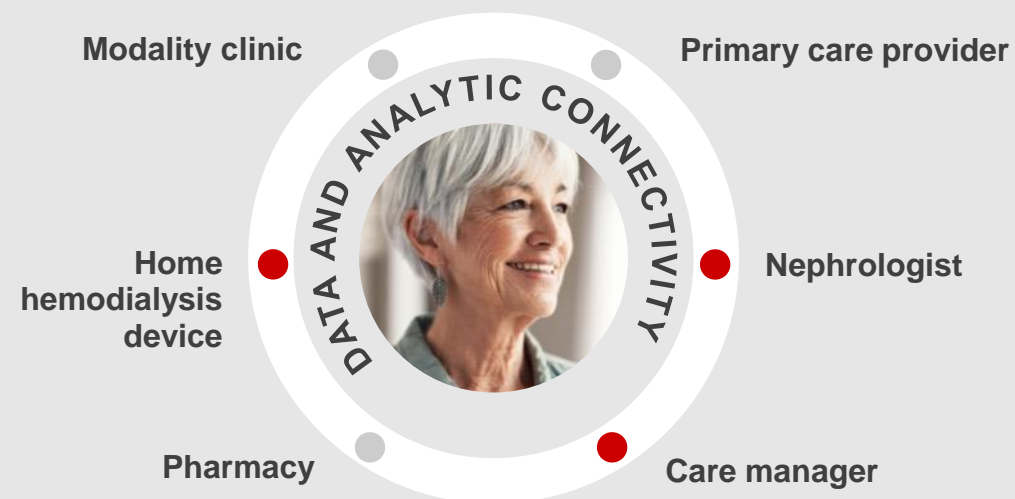
Note: Home hemodialysis device still pending FDA approval



SUSAN'S JOURNEY



Starts home hemodialysis and is able to continue working.



Note: Home hemodialysis device still pending FDA approval

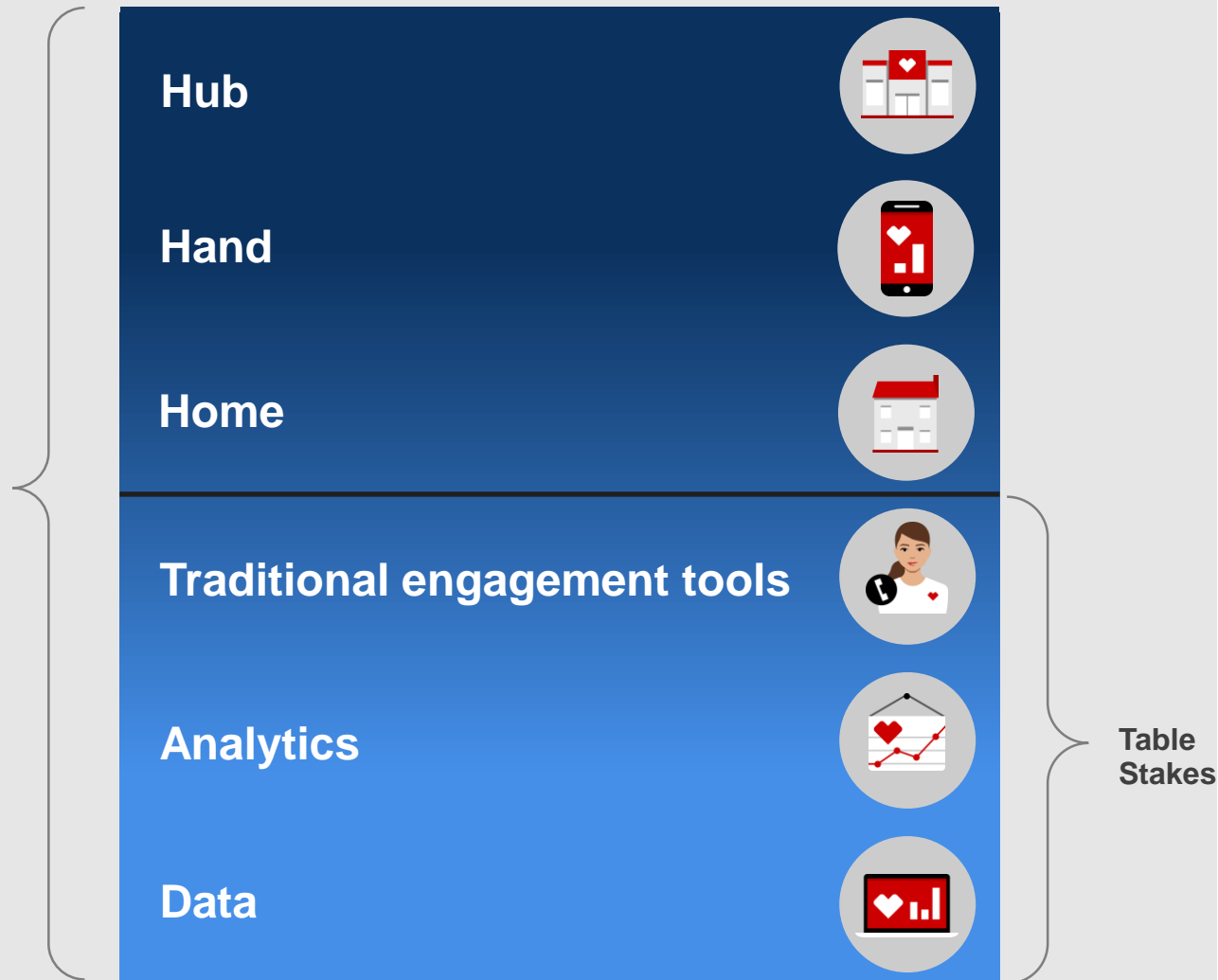


The CVS Health difference



Community touchpoints are our differentiator:

- Changing behavior by being a part of daily life
- Improving outcomes associated with chronic disease

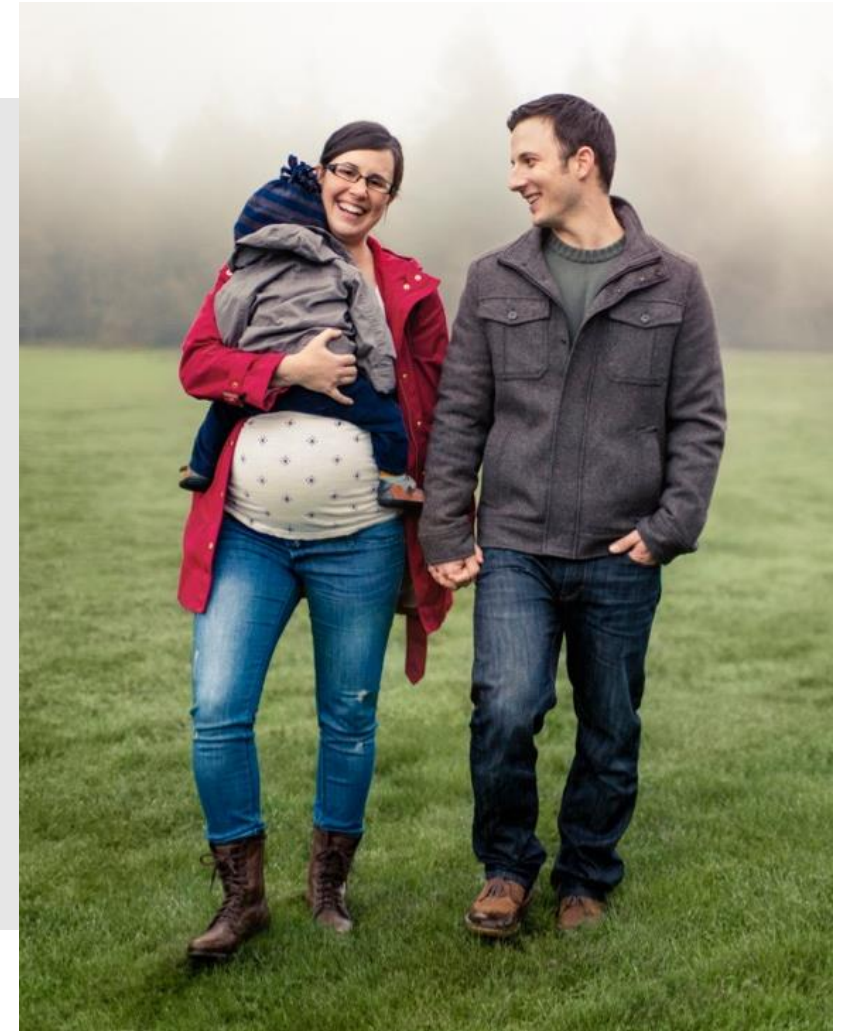


Agenda

Strategy for accelerating growth

Our differentiated consumer experience

Product roadmap and value creation



Our product and service portfolio targets the biggest challenges in health care



New consumer facing products

- Greenfield opportunity
- Substantial focus of health care VCs



Comprehensive chronic care and disease management



Risk carve-outs

- \$180B spend for oncology / kidney disease⁵
- Major client pain point



Optimize government programs

- STARS drives revenue and enrollment
- \$6.3B opportunity for MA plans⁴



Home hemodialysis



Analytics products

- \$19B industry growing at a 28% CAGR^{7,8}
- Highly fragmented industry

Focusing on large opportunities enables us to create significant financial value

How we'll create value across the enterprise



Medical cost savings

Commercial insured
Medicare Advantage



Membership growth

Plan sponsors
Medicare Advantage members



Expanded use of CVS assets

Pharmacy
MinuteClinic®
Front of store
Coram
Medicare Advantage quality improvement



Increased consumer satisfaction and retention

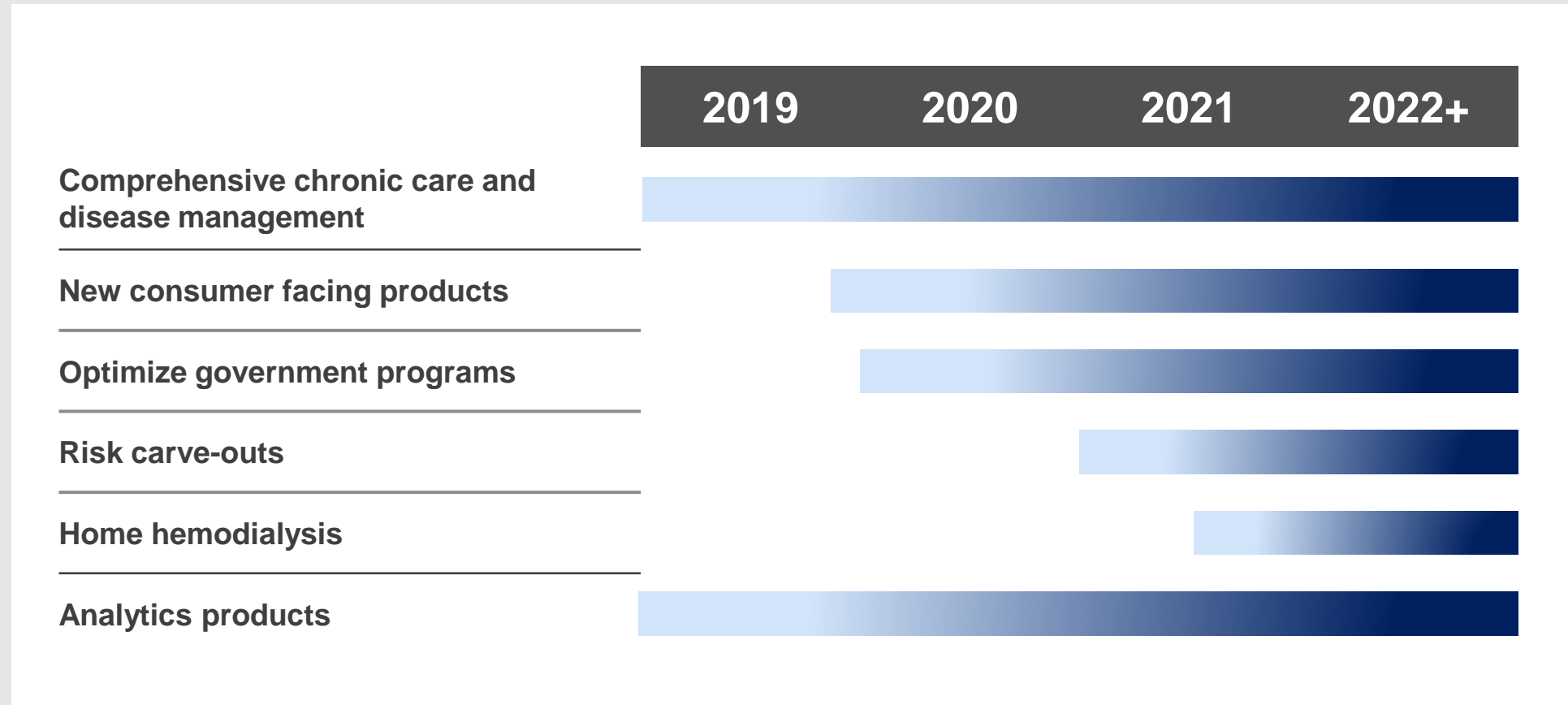
Improving the consumer experience



Open platform and new businesses

Payor agnostic solutions
Data and analytics products
New businesses

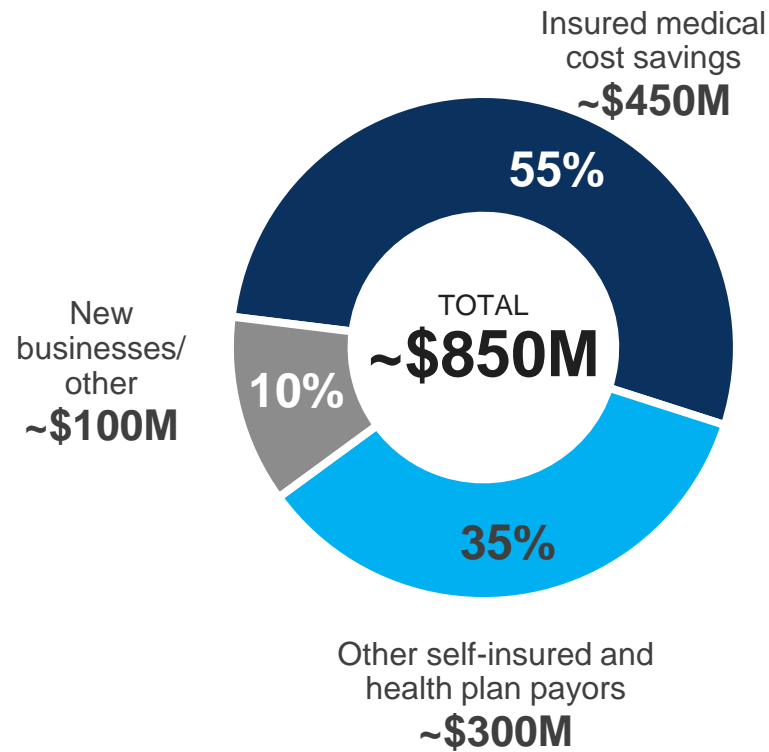
Transformation product timeline



The portfolio is projected to drive significant operating income

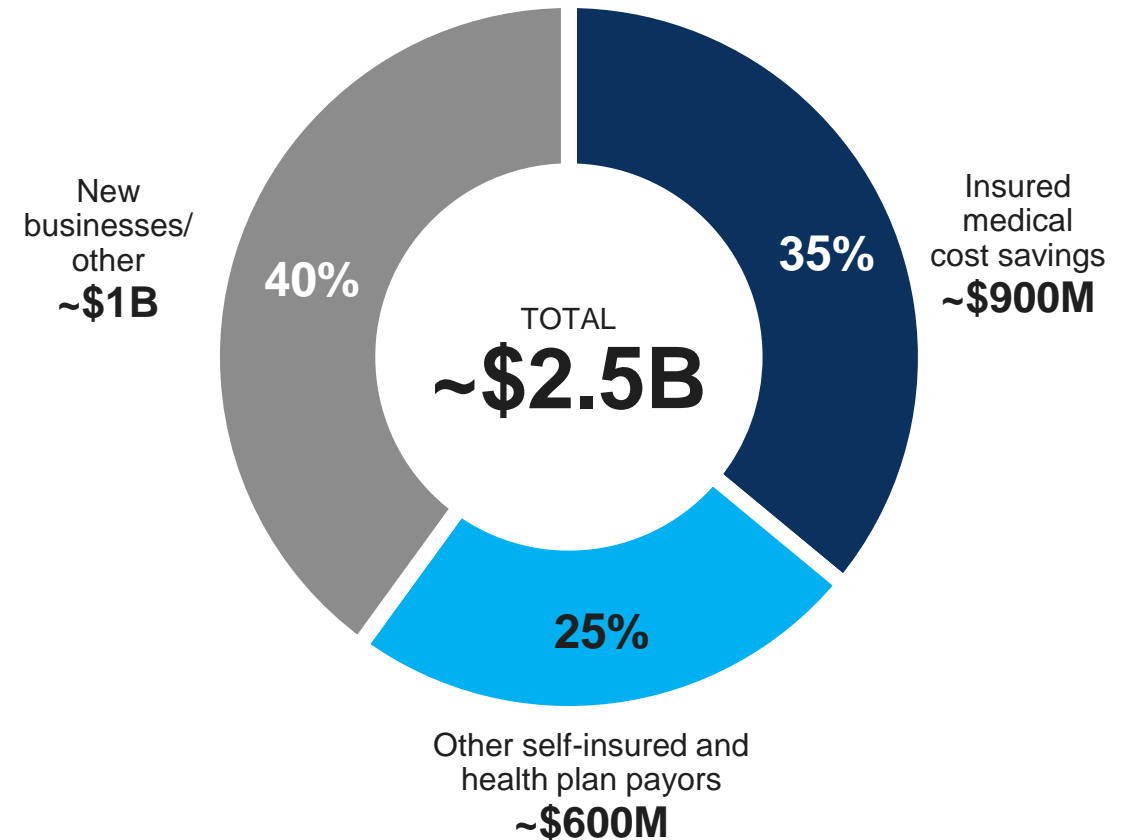
2022

~\$850M in projected operating income for the enterprise¹⁰



Long Term

~\$2.5B in projected operating income for the enterprise¹⁰





KEY TAKEAWAYS

Building the most consumer-centric health company

Becoming the most consumer-centric health company

Differentiating through our community touchpoints

Building a balanced growth portfolio supporting all businesses

Projecting ~\$2.5B of operating income over the long term

Endnotes

1. 6 in 10 adults in the US have a chronic disease; Source: [CDC](#)
2. \$3T in US spend on people with chronic and mental health conditions; Source: [CDC](#)
3. \$50B in chronic care spend within Aetna membership in 2017 (includes insured and ASO); Source: Aetna
4. \$6.3B in bonus payments from CMS for Medicare Advantage plans; Source: [KFF](#)
5. \$180B+ in US spend on cancer and renal disease in 2017; Source: [United States Renal Data System](#), [National Cancer Institute](#)
6. \$114B+ in Medicare spend on CKD and ESRD patients in 2016; Source: [United States Renal Data System](#)
7. Top two analytics industry leaders earned \$19B in revenue in 2018; Source: Annual Reports ([UnitedHealth Group Incorporated](#), [IQVIA Holdings Inc.](#))
8. Healthcare analytics 28% annual growth rate; Source: [ReportsnReports](#)
9. Joseph and Susan are illustrative patient examples.
10. Currently enacted laws and regulations were used in all the Company's projections.
11. <https://www.reuters.com/article/us-usa-healthcare-dialysis/u-s-seeks-to-cut-dialysis-costs-with-more-home-care-versus-clinics-idUSKCN1QL0G6>, accessed March 4, 2019.



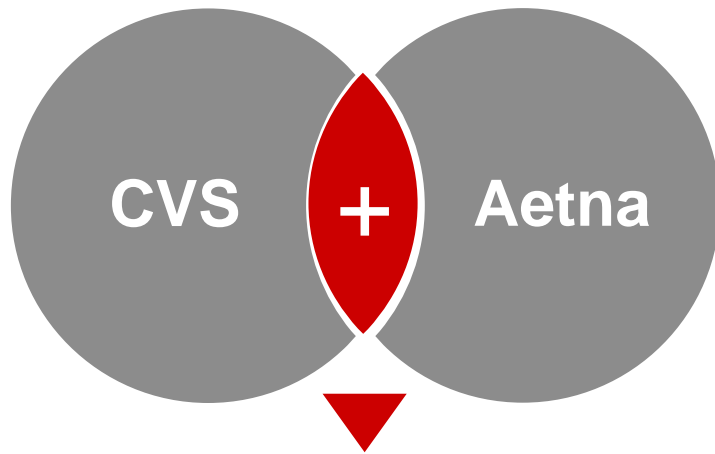
Establishing the Foundation for Transformation

Jon Roberts

Executive Vice President &
Chief Operating Officer



Transforming our operations to enable long-term growth



NEW OPPORTUNITY

Unmatched expertise across multiple areas of health care

Businesses with aligned objectives and complementary assets

Data-driven, robust technology foundation

To capitalize on this opportunity, we will establish a new operational foundation

Enhance our technology infrastructure to deliver connected, personalized experiences

Optimize our pharmacy supply chain to reduce costs

Modernize our enterprise to drive long-term value and fund future growth

Agenda

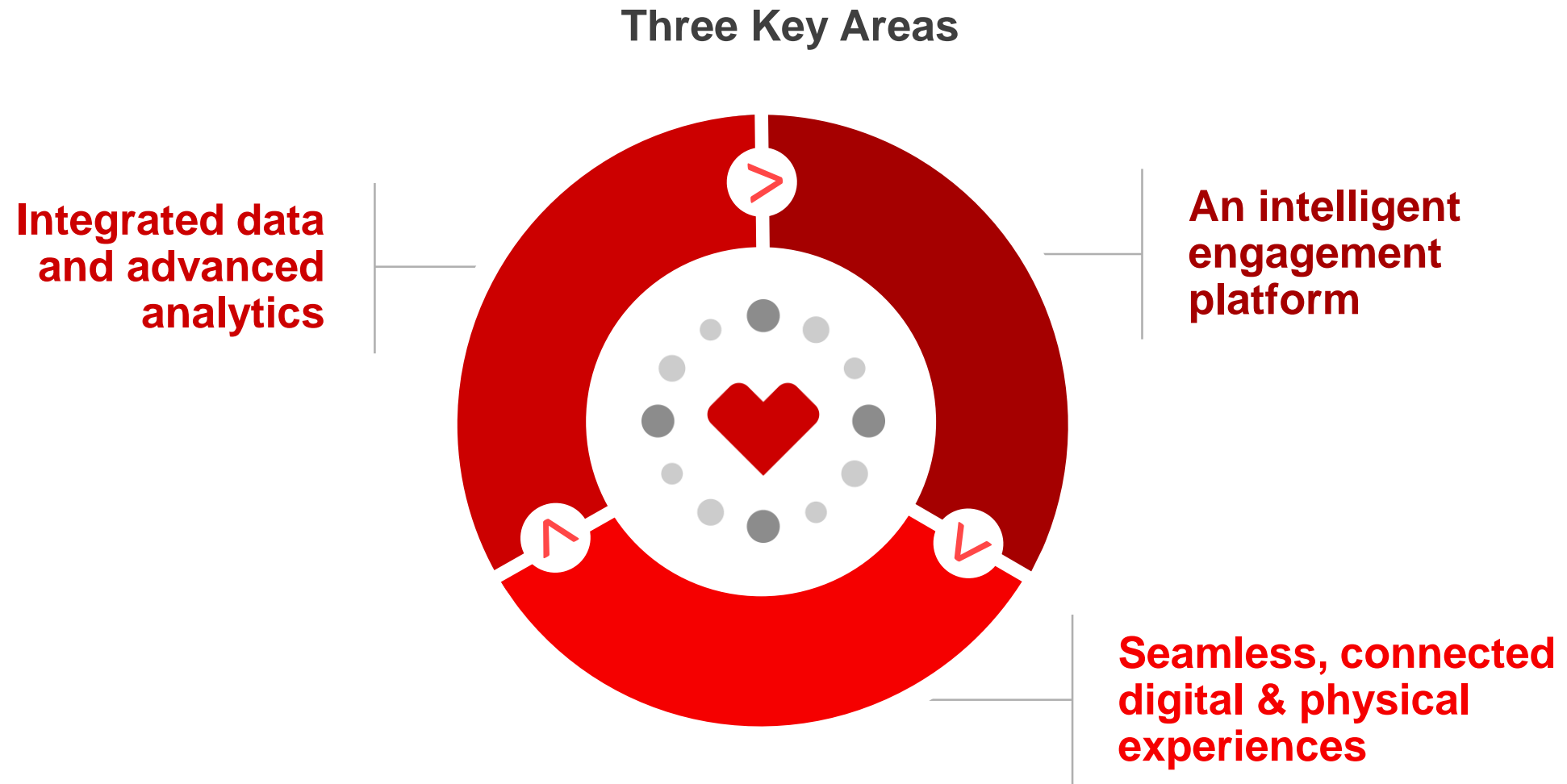
Consumer-centric, data-driven infrastructure

Optimizing the pharmacy supply chain

Enterprise modernization

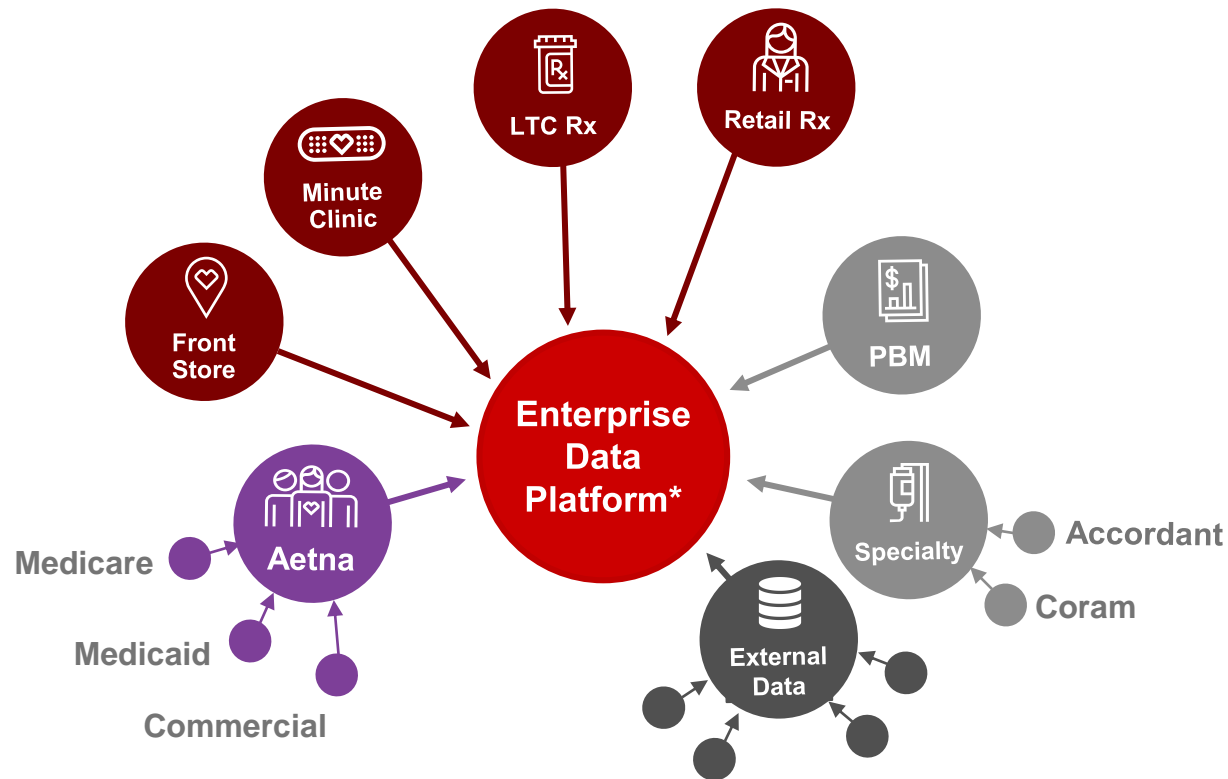


Building a consumer-centric technology infrastructure



Creating an integrated data ecosystem

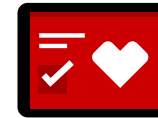
Creating a high-quality, reliable, protected and integrated data platform for the enterprise...



...to **unlock the power of our data;**
delivering value in new ways



Increasing consumer engagement



Enhancing business benefits



Driving new business

*Data will be used only as permitted by applicable laws, client contracts and our internal policies and standards

Applying advanced analytics, including machine learning and artificial intelligence

Supporting our businesses



**Revenue &
membership growth**



**Network &
provider tools**



Cost management



Personalization

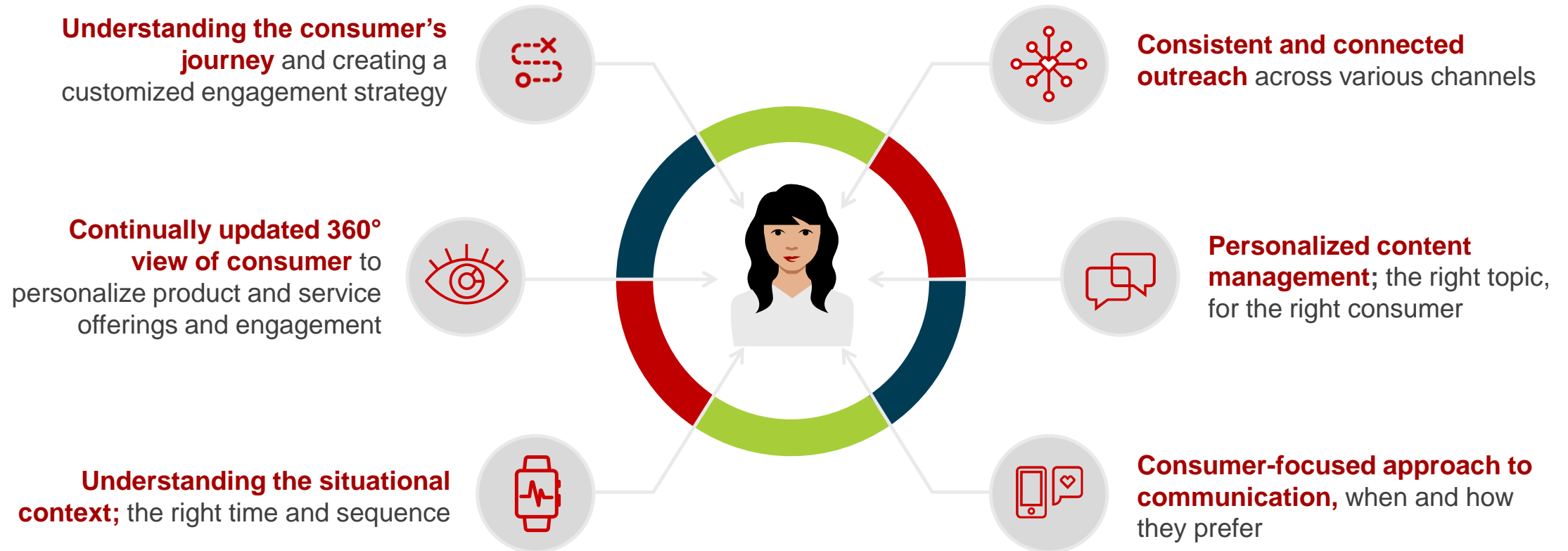
Engaging consumers



**Consumer
Behavior
Change**

**Next best action
analytics that develop
targeted engagement
opportunities to influence
consumer behavior and
improve health outcomes**

Developing an intelligent engagement platform



Turning data into insights and insights into action



AT-RISK JOSEPH

AGE:

INCOME:

JOB: Employed

DEVICES USED: Mobile phone

PREFERENCES: Appreciates proactive outreach as he balances work, family and his health

“ Maintaining my health is my first priority since learning I’m at risk for complications associated with my diabetes. ”

Our technology in action

Data Platform

360° view of Joseph (preferences, health info, etc.)

Analytics

Engagement recommendations based on Joseph’s preferences

Business Platforms

Integrated back-end systems enable seamless, simple, and convenient front-end experiences

Engagement Platform

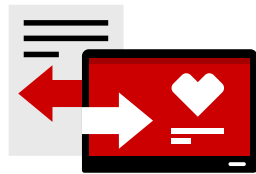
Connected channels know when and how to engage with Joseph

Consumer Touchpoint

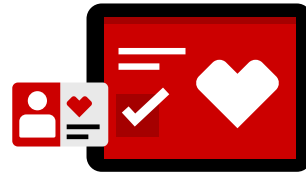
Mobile scheduling and reminders delivered via digital app

Refer to endnote 15.

Building on our existing foundation, we are taking an agile and scalable approach



Build on our existing technology
modernize and rationalize as needed



Take a use case driven approach to build
guided by the needs of our customers, strategy and businesses



Start small, show value, and iterate
with a design that allows us to expand, scale, and remain agile



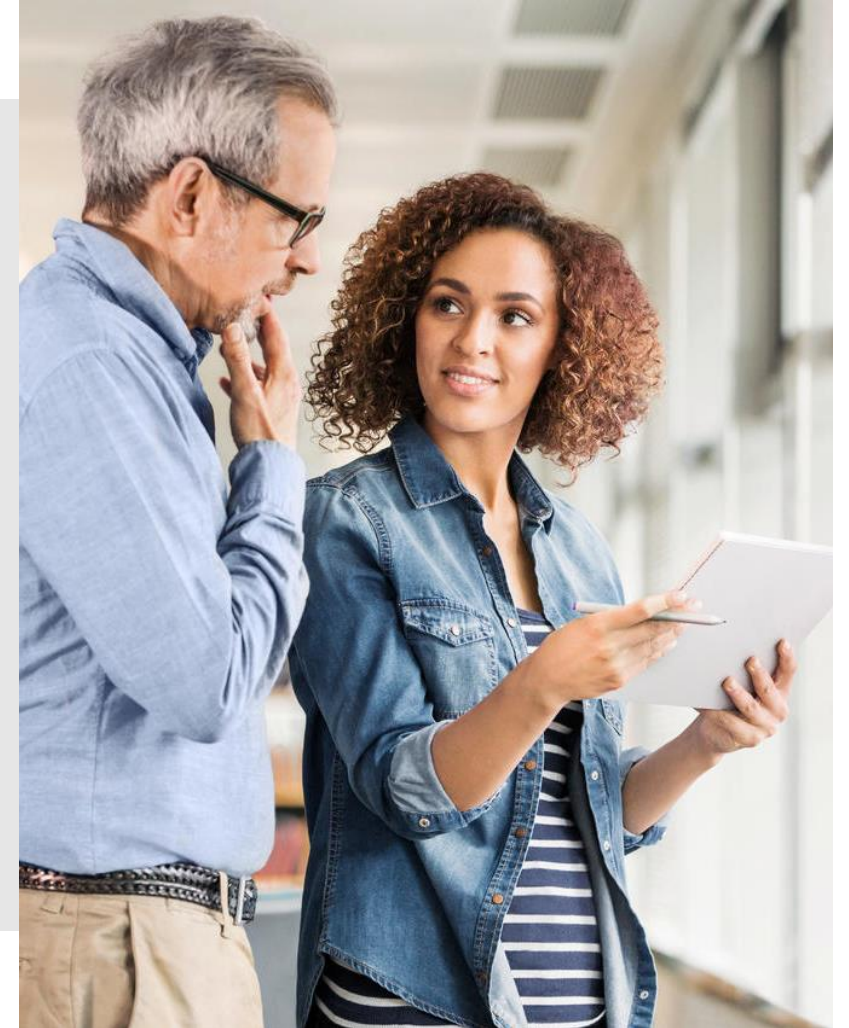
Build for the enterprise
ensuring we maximize the value of our investment

Agenda

Consumer-centric, data-driven technology

Optimizing the pharmacy supply chain

Enterprise modernization





Levers to optimize our pharmacy supply chain

**1. Size, scale,
and expertise**

—

**2. Traditional
generics**

—

**3. Specialty &
biosimilars**

—

**4. Pharmacy &
medical benefit**

—

**5. Innovative
contracting**

—

**Our advantages
make us a
marketplace leader**

**100+
Million³**

Lives under
management
across PBM and
Health Care Benefits

**\$18.5
Billion²**

Savings from
generics and
biosimilars
(2016-2018)

**2.7
Billion¹**

Enterprise
prescriptions
dispensed and
managed per year

**\$67
Billion²**

Rebate value
delivered to clients
and members
(2016-2018)

Our scale and expertise enable us to hold down costs for consumers and customers

Red Oak continues to position us to win in the traditional generics marketplace



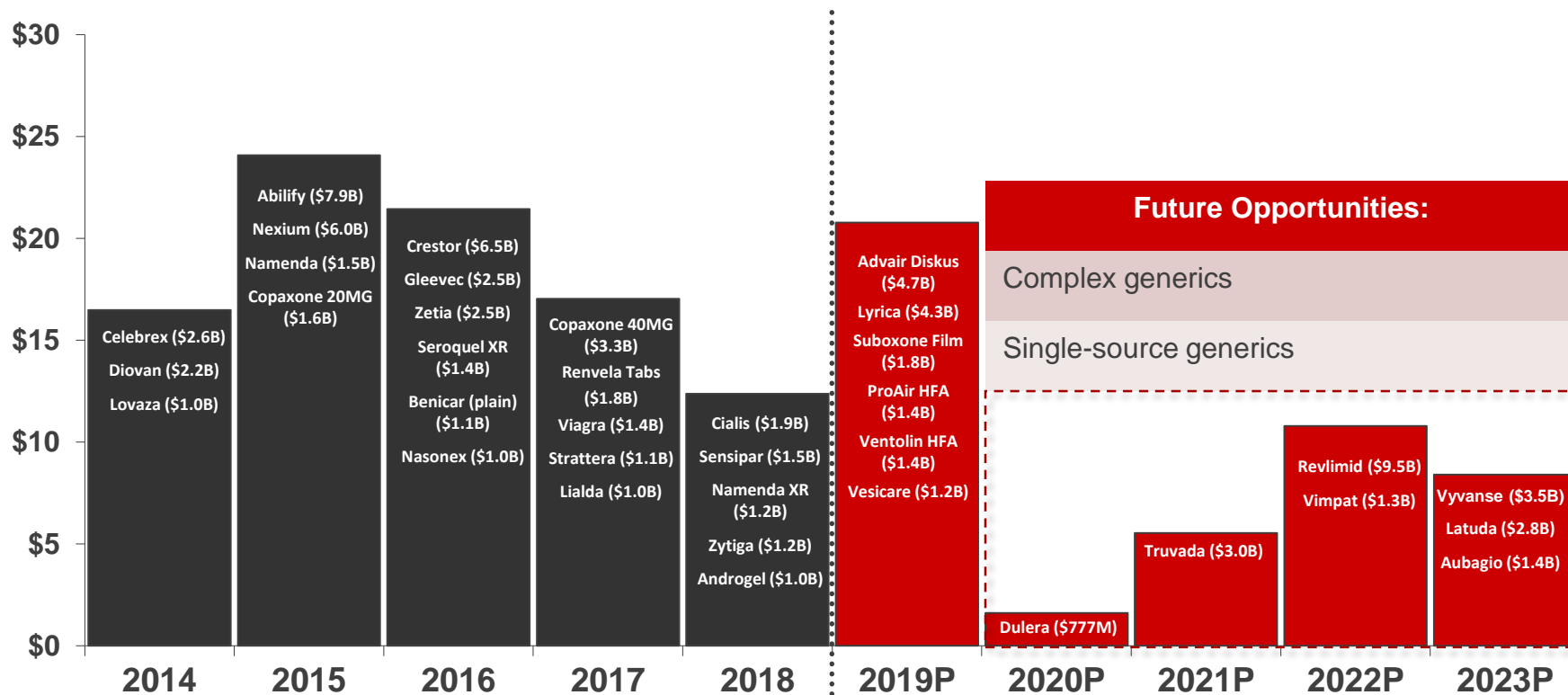
New Capabilities

- Increased data and analytics capabilities
- Expanded ability to identify risks and opportunities across the global supply chain
- Enhanced supplier assessment framework to deliver greater stability and predictability
- Improved monitoring of international regulatory agencies and each element of the supply chain

Historic and potential future generic launches

Sales of branded products with recent and upcoming generic launches (excluding biosimilars)⁴

U.S. Sales (\$ Billions)

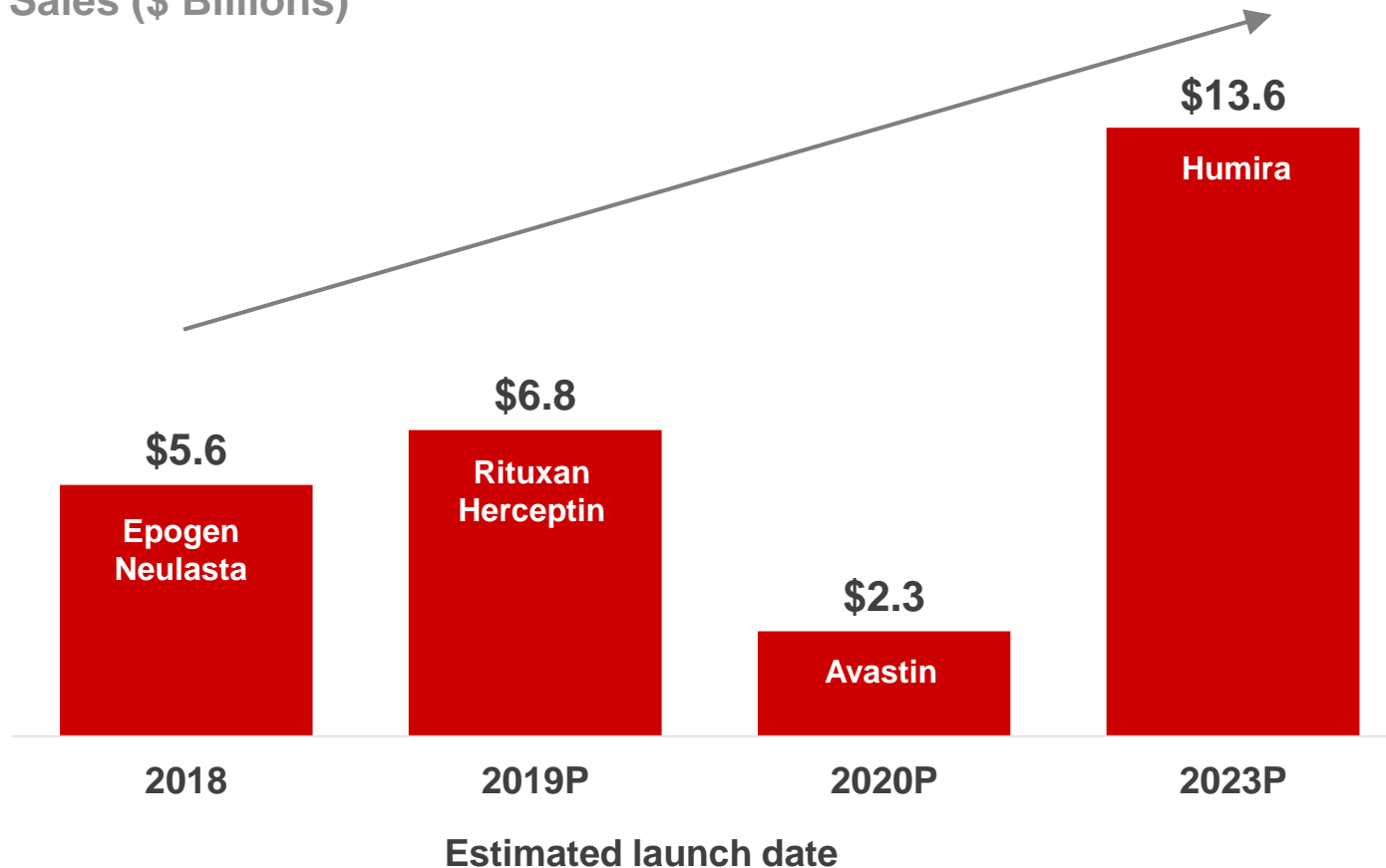


Opportunity remains beyond the traditional generic marketplace to create value with our unique capabilities.

In Specialty, we will increase the use of biosimilars as approvals gain momentum

Sales of branded products with recent and upcoming biosimilar launches⁵

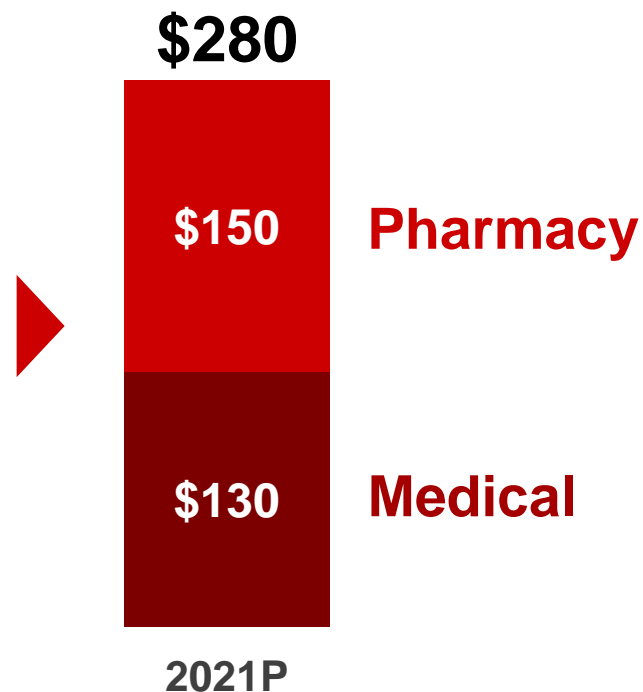
U.S. Sales (\$ Billions)



Cost management opportunity improves when there is increased competition in a class or new therapy options are coming to market

We will take an enterprise approach to reducing specialty drug costs under both the medical and pharmacy benefit

U.S. specialty pharmaceutical market by channel
(In billions)⁶



Our combined capabilities create more opportunities to:

- Align incentives across stakeholders to increase competition in medical benefits
- Explore value-based collaboration with providers to enhance formulary compliance
- Work to ensure drug prices align to the value they deliver

Integrated approach can improve affordability of prescription drugs

High-cost therapies present opportunities for innovative approaches

Gene therapy

Expensive

Single-use agents

“Curative”

Replace lifetime therapy

Examples:

\$850K

Luxturna
inherited
vision loss⁷

\$2M+

Zolgensma
for spinal muscular atrophy
in pediatric patients⁸

\$2-3M

**Valoctocogene
Roxaparvovec**
for hemophilia A⁹

Car T-cell therapy

High-cost

Patient-specific therapy

Drug or procedure

Medical or pharmacy benefit

\$475K

Kymriah
acute lymphoblastic
leukemia¹⁰

\$375K

Lisocabtagene Maraleucel
aggressive non-Hodgkin's
lymphoma¹¹

High-cost therapies present opportunities for innovative approaches

Gene therapy¹²

Expensive

Single-use agents

“Curative”

Replace lifetime therapy

Example (illustrative):

\$850K

Luxturna
inherited
vision loss¹

\$2M+

Zolgensma
for spinal muscular atrophy
in pediatric patients²

\$2-3M

**Valoctocogene
Roxaparvovec**
for hemophilia A

- Therapy should lead to the patient avoiding bleeding events and subsequent medical costs of those events, such as ER visits.
- Therapy should result in a significant decrease or no need for current factor therapy (\$100K+ cost annually).

Optimizing our pharmacy supply chain

- Well positioned to drive value from traditional generics and biosimilars
- CVS + Aetna combination provides additional levers to drive value in specialty pharmacy under the medical benefit
- We will use our enterprise assets to continue to optimize our pharmacy supply chain in rapidly evolving marketplace



Agenda

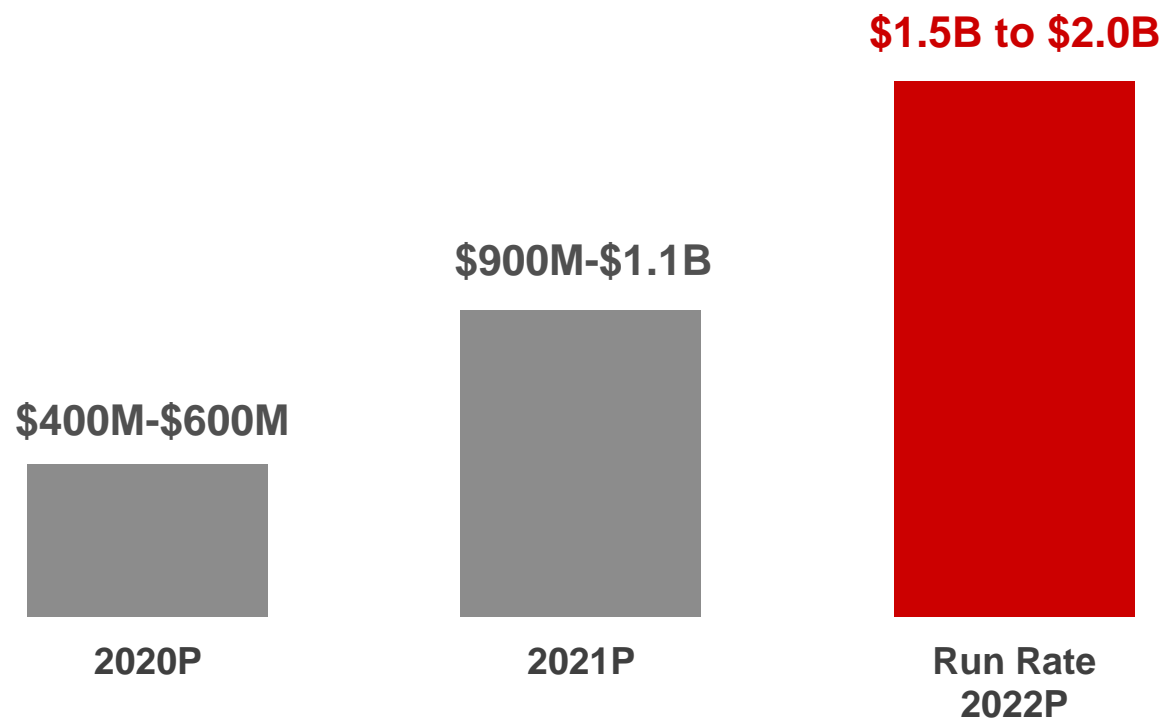
Consumer-centric, data-driven technology

Optimizing the pharmacy supply chain

Enterprise modernization



Generating net savings with enterprise modernization¹³



Modernization net savings are incremental to previously disclosed cost reduction programs

Areas of net savings

- Technology modernization
 - Rationalization
 - Centers of Excellence
- Productivity improvements
 - Optimize call centers
 - Vendor management
 - Business initiatives

Projected costs to achieve

- Operating expenses
 - \$200M-300M annually through 2022

This is a cross-enterprise effort to create capacity and invest in our growth

Major long-term value opportunities will help us reach our strategic and financial aspirations

Enterprise modernization



Work smarter to deliver substantial cost benefits

Deliver unmatched consumer experience

Build an innovative workplace and workforce

Pursue a responsible sustainability agenda

IT modernization

Enterprise service delivery center

Member experience of the future

Demand management

Example: Automating pharmacy benefit plan configuration¹⁴

Delivering faster, more accurate client benefits and better member experience

2,800+ clients
offering 1,000's
of plans, millions
of PBM members



Automated
machine
learning
techniques

Over **98% accuracy** in preliminary results

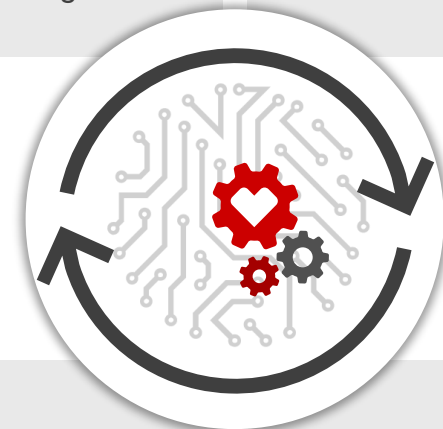
**Client
Interface**

Requirements

Optical Character
Recognition +
Natural Language
Processing

Modeling

Analytics +
Machine
Learning



**Data
Interface**

Testing

Robotic Process
Automation +
Machine Learning

Coding

Robotic Process
Automation +
Machine Learning

Estimated to reduce costs by 80% and improve service

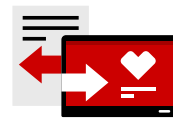
Example: Targeting significant reduction in call center cost while improving member experience¹⁴

 **>100M**

Inbound calls received each year across PBM, Aetna, and Retail businesses

 **>\$1B**

Annual spend from external and internal call center operations



Leverage technology

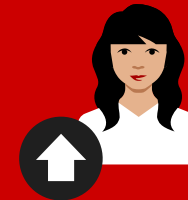


Change behaviors

Goals



Reduce call center cost by >30% ...



...while improving member experience ...



...and moving to higher-value interactions



KEY TAKEAWAYS

Building a powerful operational foundation

At the center – a consumer-centric technology infrastructure with advanced analytics

An optimized pharmacy supply chain – capitalizing on generics and biosimilars, and utilizing innovative contracting

Multi-year Enterprise Modernization Initiative – projected run rate net savings of \$1.5B - \$2.0B in 2022

Endnotes

1. <https://www.cvshealth.com/about/facts-and-company-information>, accessed May 19, 2019.
2. <https://payorsolutions.cvshealth.com/sites/default/files/2018-trend-report.pdf> (page 2), accessed May 19, 2019.
3. <https://d18rn0p25nwr6d.cloudfront.net/CIK-0000064803/9cbbe02f-2553-4357-9633-fc0823f630d4.pdf> (page 2), accessed May 19, 2019.
4. IMS and Evaluate Ltd. Annual USA Sales Summary data, pulled on May 22, 2019. 2014-2018 includes all actual launches; 2019-2023 includes all expected generic launches and are subject to change. IMS total brand market sales estimates represent trailing 12 months of sales. Evaluate sales estimates represent sales for the branded drug in the launch year. This slide contains references to brand-name prescription drugs that are trademarks or registers trademarks of pharmaceutical manufacturers not affiliated with CVS Health.
5. Evaluate Ltd. Annual USA Sales Summary for 2018, pulled on May 21, 2019. Dates included in this slide are reflective of estimated commercial launch date and subject to change. Branded drugs are placed in the year that their biosimilar equivalent is expected to launch. Values shown are annual sales for the branded drug in the launch year. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health.
6. Barclays US Health Care Distribution and Technology Specialty Market Model 2017 Update: A Focus on Biosimilar Opportunities, Jan 30, 2017. Medical: specialty distribution - primarily physician office, clinic and hospital sites of care covered under the medical benefit; Pharmacy: specialty pharmacy - primarily home and alternate care sites covered under the pharmacy benefit.
7. <https://www.nbcnews.com/health/health-news/luxturna-gene-therapy-blindness-cost-850-000-n834261>, accessed April 8, 2019.
8. <https://scrip.pharmaintelligence.informa.com/SC124932/Price-Anchoring-Zolgensma-And-The-Art-Of-Managing-Gene-Therapy-Sticker-Shock>, accessed April 8, 2019.
9. [https://scrip.pharmaintelligence.informa.com/SC124718/BioMarin-CEO-Suggests-Hemophilia-Gene-Therapy-Pricing-In-\\$2m\\$3m-Range](https://scrip.pharmaintelligence.informa.com/SC124718/BioMarin-CEO-Suggests-Hemophilia-Gene-Therapy-Pricing-In-$2m$3m-Range), accessed April 8, 2019.

Endnotes

10. <https://www.consumerreports.org/drug-prices/kymriah-first-gene-therapy-costs-475000-dollars-childhood-cancer>, accessed April 8, 2019.
11. <https://www.pharmaceutical-technology.com/comment/asco-2018-will-jcar017-become-third-car-t-product-lymphoma/>, accessed April 8, 2019.
12. Summary of clinical trial outcome measures for Valoctocogene Roxaparvovec summarized from <https://clinicaltrials.gov/ct2/show/NCT03392974>, accessed April 8, 2019. Cost of factor therapy: <https://hemophilianewstoday.com/2018/05/04/extended-half-life-products/> and https://icer-review.org/wp-content/uploads/2017/08/ICER_Hemophilia_A_Draft_Report_012618.pdf Note: These slides contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health.
13. Currently enacted laws and regulations were used in all the Company's projections.
14. Internal CVS Health analysis.
15. Joseph is an illustrative patient example.



Driving Profitable Growth as a Consumer Health Company

Karen S. Lynch
Executive Vice President &
President, Aetna



Health Care Benefits (HCB) executive team



Karen S. Lynch
President



Scott Walker
Chief Financial Officer



Jonathan Mayhew
*Markets and Distribution
Strategy & Enablement*



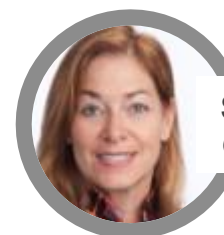
Fran Soistman
Government Services



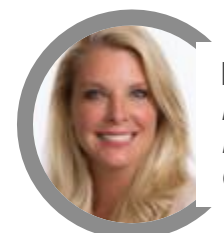
Chris Ciano
Medicare



Randy Hyun
Medicaid



Sheryl Burke
Commercial Business



Erin Hoeflinger
*Business Strategy &
Excellence and
Consumer Experience*



Angie Meoli
*Network Strategy and
Provider Experience*



Doug Porter
Service Operations



Dave Edelman
Marketing



Tanya Taupier
Human Resources



Louis Ursini
*Information
Technology*



Paula Branco
*Operational Planning &
Reporting, Financial
Planning & Analysis*



Sandra Waite
*Communications and
Strategic Advisor to
the President*

Agenda

| Strategy

Business Update

- Medicare
- Medicaid
- Commercial & Supplemental





Health is personal

Together, we will accelerate our journey to transform the health care experience



From
Traditional
insurance company



To
Consumer Health
company

Transformational change

Complementing our core with the development of new products and services



Grow the core

Multi-pronged approach to deliver growth across HCB businesses

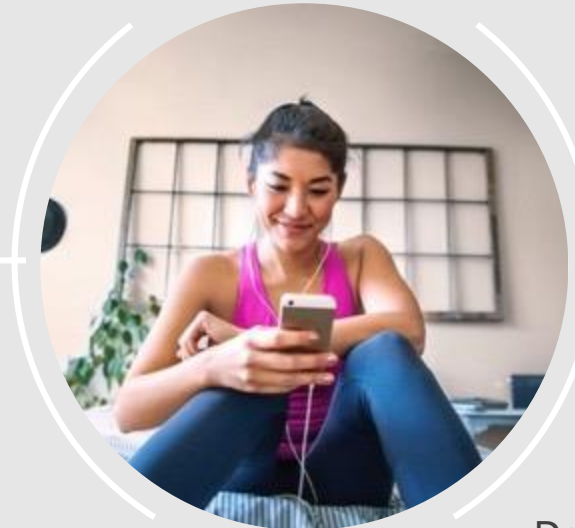
- Expand geographic footprint
- Optimize growth within existing businesses
- Enhance local, omni-channel distribution strategy



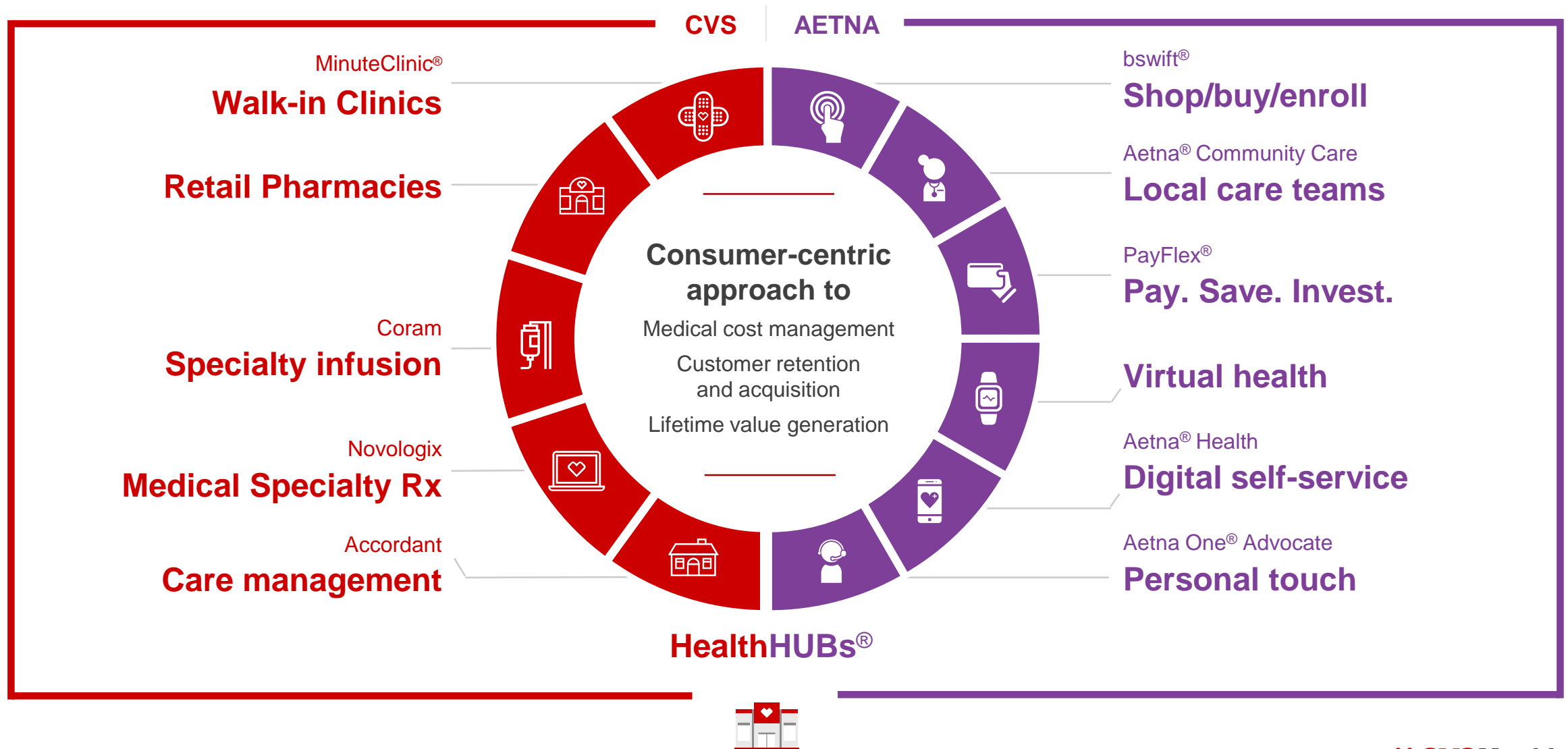
Build the new

Innovative solutions and services to be delivered in the community

- Create integrated experience offerings
- Establish holistic care coordination and delivery
- Develop engaging consumer tools and resources



Integrating capabilities to differentiate the health care experience



The combined advantage

Be local

MinuteClinic optimization

In-store Medicare knowledge centers

Make it simple

Holistic product integration

“Hospital to Home”*

Improve health

Pharmacy panels

Digital triage*

*Future program launch



The future

1. Evolving from health insurer to consumer health company
2. Delivering holistic care to our members
3. Transforming the industry with combined CVS Health / Aetna assets



Agenda

Strategy

Business Update

- Medicare
- Medicaid
- Commercial & Supplemental



Our business today - Medicare

1.3M+ Individual members

21% CAGR (2015 – 1Q 2019)

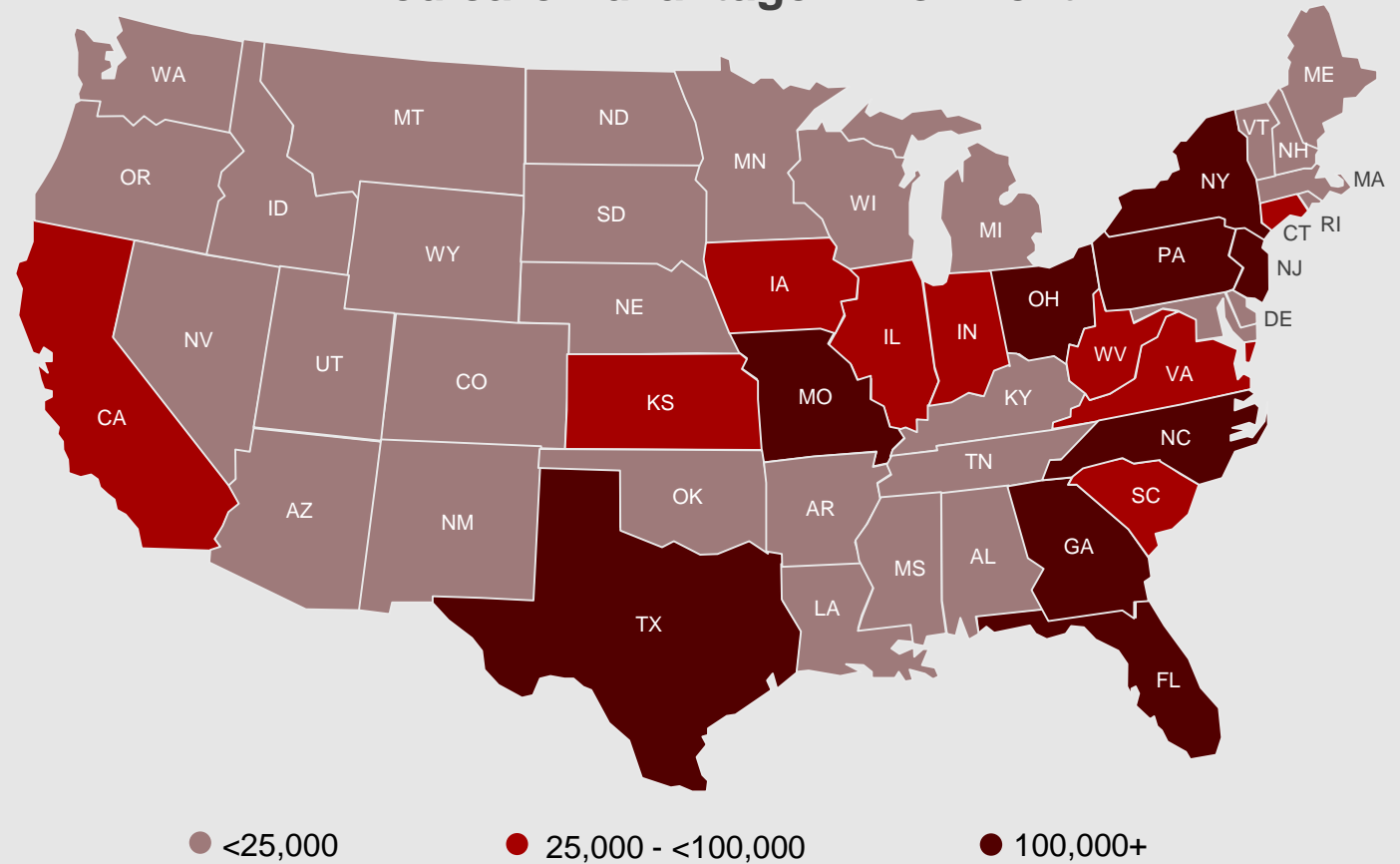
900K+ Group members

15% CAGR (2015 – 1Q 2019)

6.0M+ PDP members*

Largest PDP membership in the nation (1Q 2019)

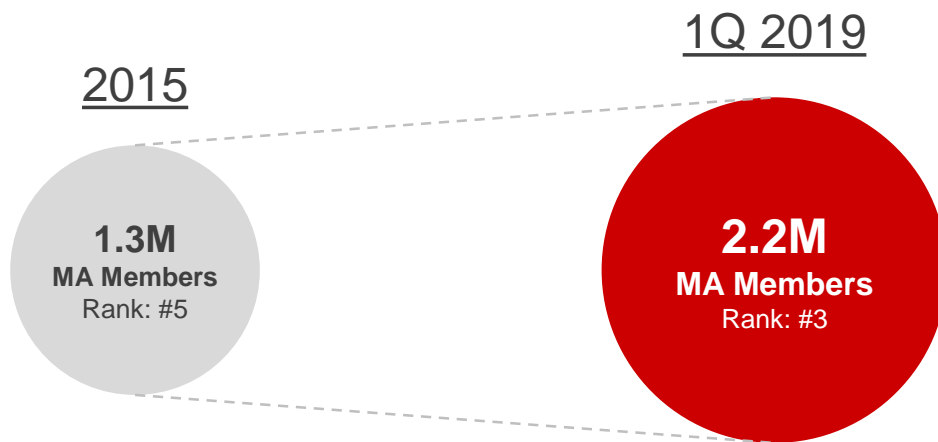
Medicare Advantage Enrollment



*Excludes members divested to WellCare Health Plans, Inc. effective December 31, 2018.

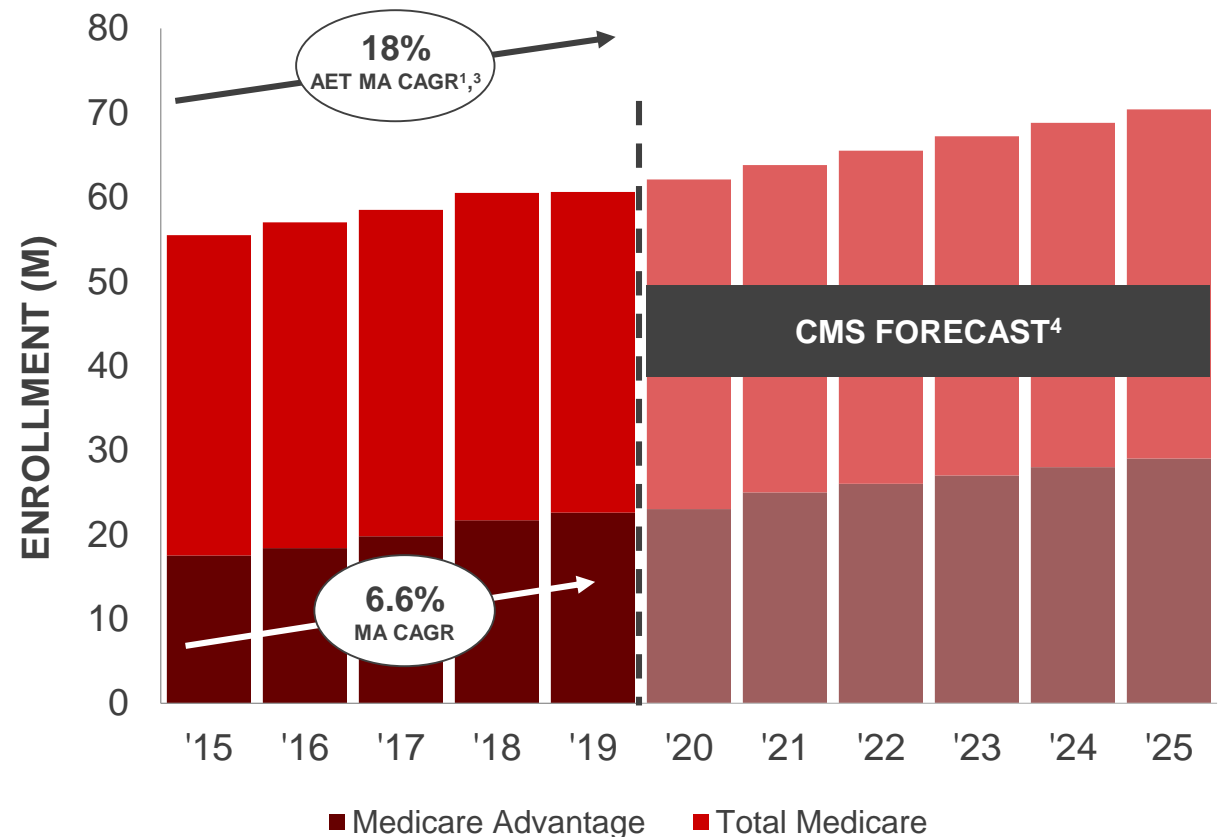
A compelling landscape

We have grown membership faster than competitors and captured share



Aetna has achieved **approximately 2.5 times** the Medicare Advantage industry's growth rate during this time period (industry 6.6%)²

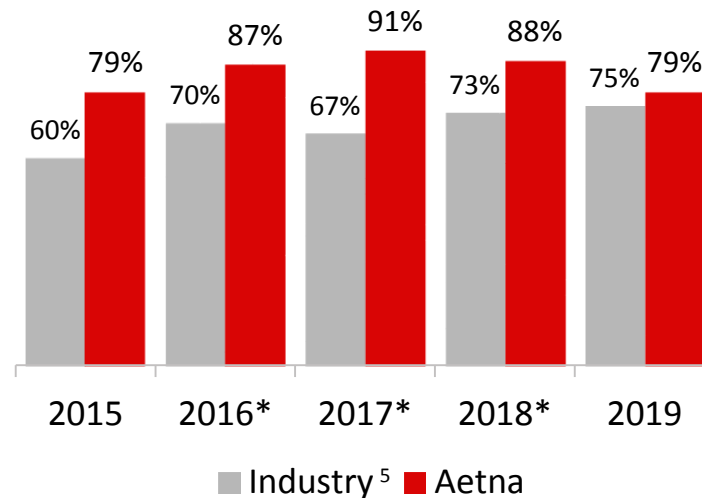
CMS expects a continuation of the positive trends in Medicare Advantage enrollment



Capturing the opportunity

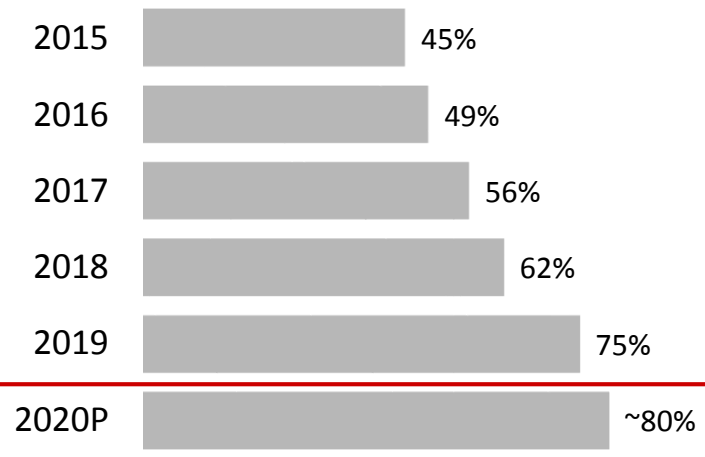
Medicare Advantage Star Ratings

% of members in 4+ star-rated plans



***Ranked #1**
among publicly traded companies
3 of the past 5 years

Percentage of Medicare Advantage beneficiaries with access to Aetna plans¹



More than **82,000** PDP to Medicare Advantage conversions **2015 - 2019**



Critical capabilities



Local Market Presence & Depth

Deep understanding of market dynamics and **local presence** to drive mind share and contracting



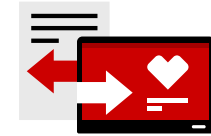
Consumer Experience

Focus on **simplification**, **minimizing consumer hassles**, and differentiation through **local collaborations**



Care Delivery Ecosystem

Value-based contracting with aligned incentives; **clinical risk stratification** and **predictive modeling**



Analytics & Technology

360° view of consumers and providers; **operational efficiency** enabled by robotics, machine learning, and artificial intelligence

The combined advantage

“Hospital to Home”

Making it simpler for our customers to improve their quality of life

Expect to launch pilot in 4Q 2019



The future

- 1. Continued above industry growth**
- 2. Commitment to STARS excellence**
- 3. Personalized care in the community and in the home**



Agenda

Strategy

Business Update

- Medicare
- Medicaid
- Commercial & Supplemental



Our business today - Medicaid

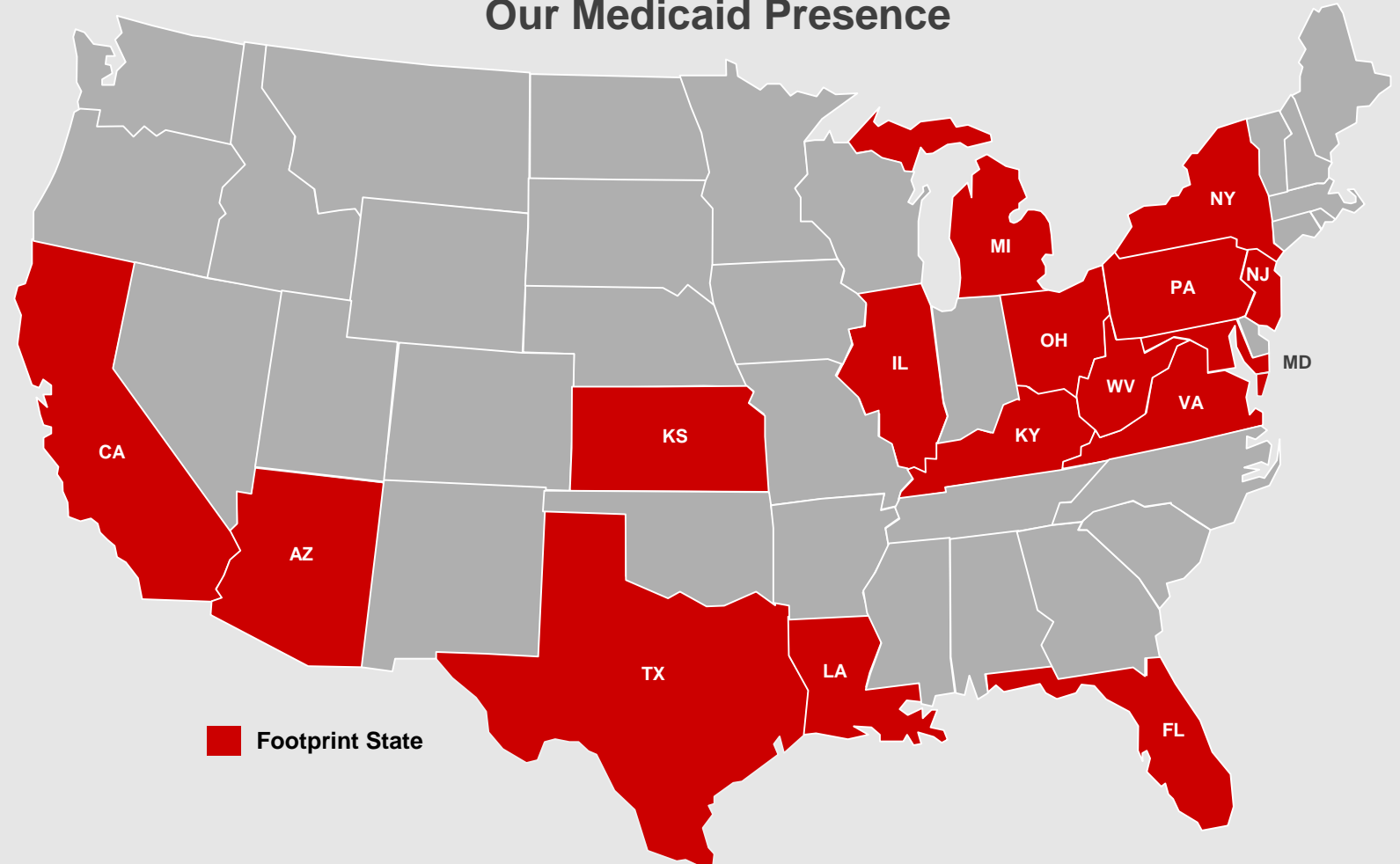
2M members

in risk and non-risk
agreements

**Serving 16 state
partners**

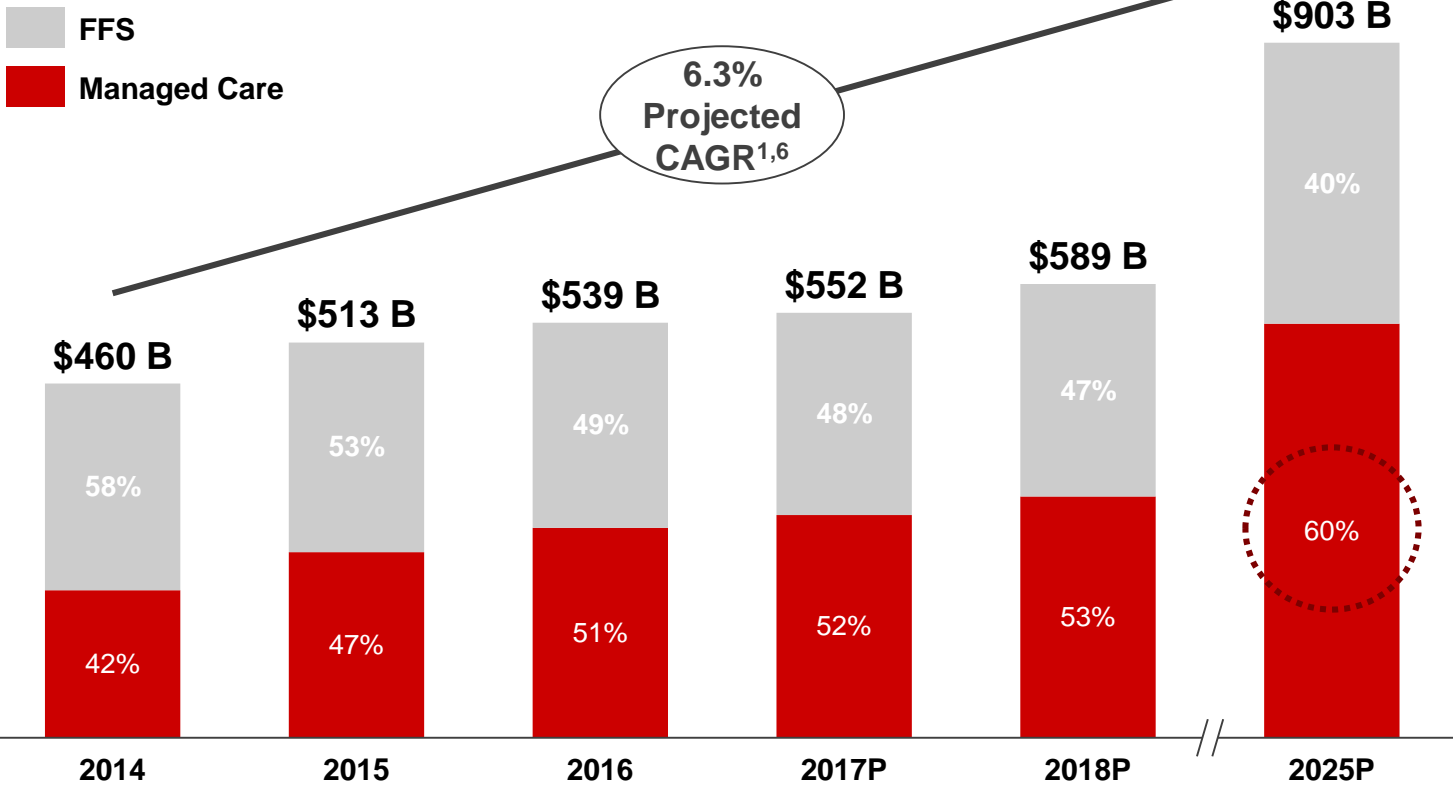
across the nation

Our Medicaid Presence



Medicaid growth opportunity

Medicaid Expenditures



60%
of Medicaid expenditure
is expected to be
serviced by managed
care by 2025⁶

We are delivering

holistic health solutions for the Medicaid population that effectively respond to the **social determinants of health** and solve for health inequalities

The opportunity to care for the more complex and higher acuity populations



Our approach to the marketplace



Be local

Grow Medicaid through **program expansions**, winning **new state contracts**, and **strong plan retention**



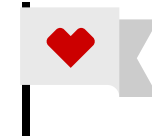
Make it simple

Improve **member and provider experience** to better serve our members and support our vital provider partners



Improve health

Drive higher quality and plan performance by improving **quality metrics** and **health outcomes**



Lead the change

Deliver **innovative solutions** to evolve programs, optimize providers/vendors, and solve gaps impacting care

The combined advantage

Expanded primary care services at MinuteClinic

Improved access to care in the community

Launching in 4Q 2019



The future

- 1.** Continuation of marketplace expansion
- 2.** Capturing growth opportunities
- 3.** Delivering improved access to care



Agenda

Strategy

| Business Update

- Medicare
- Medicaid
- Commercial & Supplemental

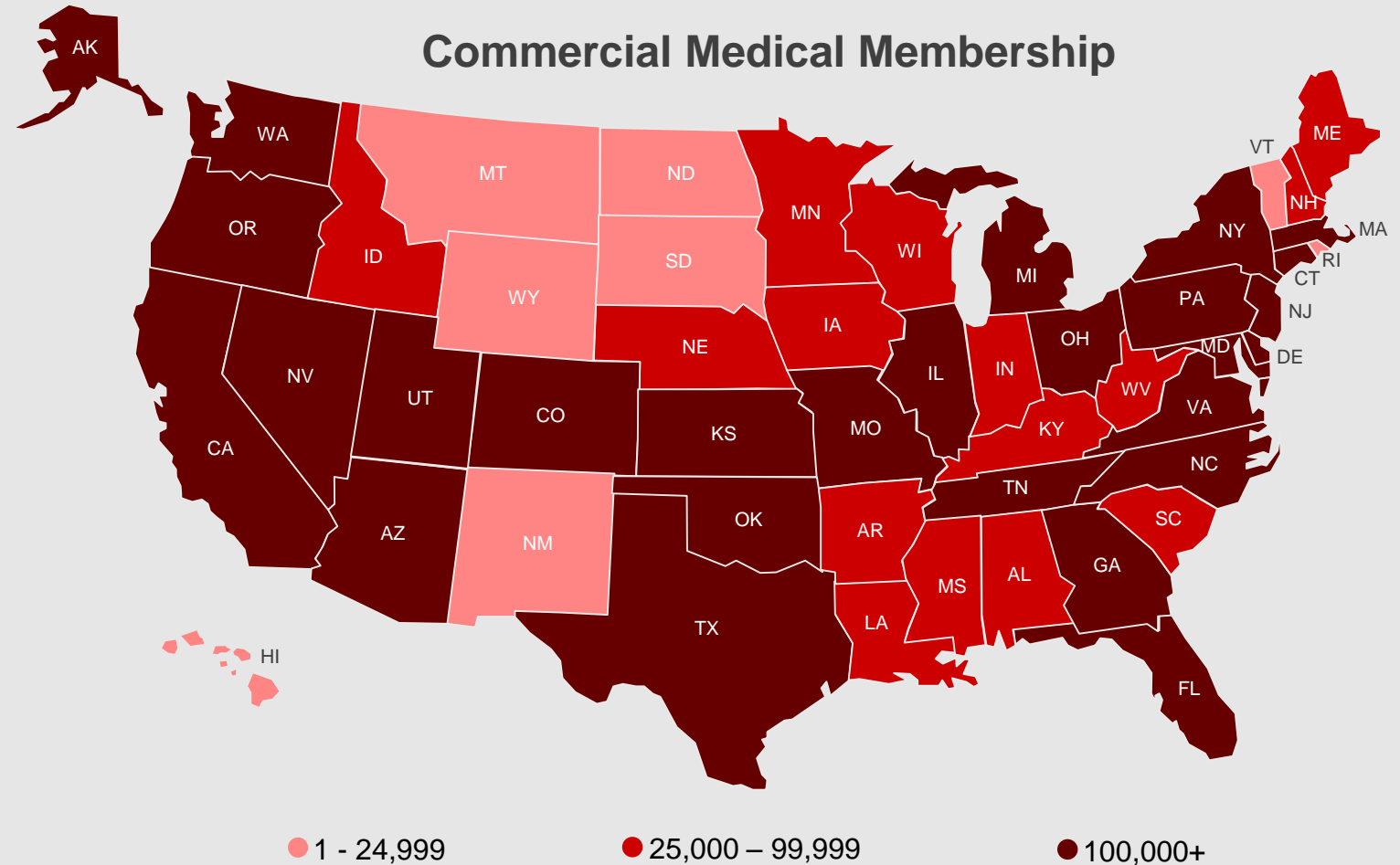


Our business today - Commercial & Supplemental⁷

~18M Commercial medical members

projected for 2019¹

Among the
**largest providers of
Dental and
Behavioral benefits
in the U.S.⁸**



A mature landscape



Number of people **enrolled in employer-sponsored health care**⁹

156M



Percent of the U.S. population **enrolled in commercial health care**¹⁰

49%



Expected commercial industry **revenue growth through 2022**¹¹

Low single digit %

Near-term Commercial medical membership and revenue expected to grow low single digit %¹

Critical capabilities



Optimized value-based care model

VBC related spend

>50%



Service and clinical models

A1A membership

+600K



Growing supplemental opportunities

Projected 2019 revenue¹

~\$2.7B



Digital enhancements

The combined advantage

Pharmacy panels

Highly personalized pharmacist consultations

Launched in 1Q 2019



The future

1. Driving profitable growth
2. Delivering fully integrated offerings
3. Evolving with industry change





KEY TAKEAWAYS

A redefined health care experience is within reach

Ongoing progress on the journey to transform health care

Uniquely positioned to drive growth in all lines of business

Continued commitment to strategy, accelerated through the CVS Health combination

Endnotes

1. Currently enacted laws and regulations were used in all the Company's projections.
2. February 2019 CMS Enrollment File; Kaiser Family Foundation
3. CVS Finance
4. CMS NHE Data, available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>
5. Fact Sheet: Part C and D Star Ratings, available at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>
6. Health & Human Services, 2017 Actuarial Report: Financial Outlook for Medicaid (issued Sept. 2018), Table 15 excluding Disproportionate Share Hospital Payments
7. Supplemental benefits refers to Aetna's Dental, Vision, Behavioral, Third Party Administration and Wholesale, Voluntary and Worker's Compensation businesses
8. LIMRA NADP 4Q18 US Workplace Benefits Dental and Vision in Force Survey Preliminary Report and Company research
9. <https://www.kff.org>, State Health Facts, Health Coverage & Uninsured, Health Insurance Status, Health Insurance Coverage of the Total Population (2017)
10. <https://www.kff.org>, State Health Facts, Health Coverage & Uninsured, Health Insurance Status, Health Insurance Coverage of the Total Population (2017)
11. IBIS World Industry Report 52411b Health & Medical Insurance in the U.S., December 2018



Evolving Strategy for a Changing Marketplace

Derica Rice

Executive Vice President &
President, CVS Caremark



Agenda

Leading PBM platform today and tomorrow

Performance update

Four pillars of strategic growth





Client and member value delivered

2016 – 2018²

>\$141B

Client pharmacy savings

>\$18.3B

Client medical savings from improved adherence

In 2018²

44%

Clients saw their net Rx drug prices decline

~2 out of every 3

Members spent <\$100 on Rx

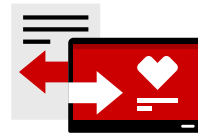
Innovative solutions drive ongoing value and client satisfaction

Caremark continues to pioneer industry-leading approaches to transform healthcare



Drug spend management

- ✓ Formulary innovations
- ✓ Proven purchasing economics



Operational excellence

- ✓ Seamless on-boarding
- ✓ Medicare D capabilities



Specialty outperformance

- ✓ Scale / purchasing
- ✓ Optimal utilization management



Enterprise-wide innovation

- ✓ Maintenance Choice
- ✓ Specialty Connect
- ✓ Pharmacy Advisor

New
economic
models



Enterprise
Modernization



New
best-in-class
specialty solutions



New
open platform
solutions



Agenda

Leading PBM platform today and tomorrow

Performance update

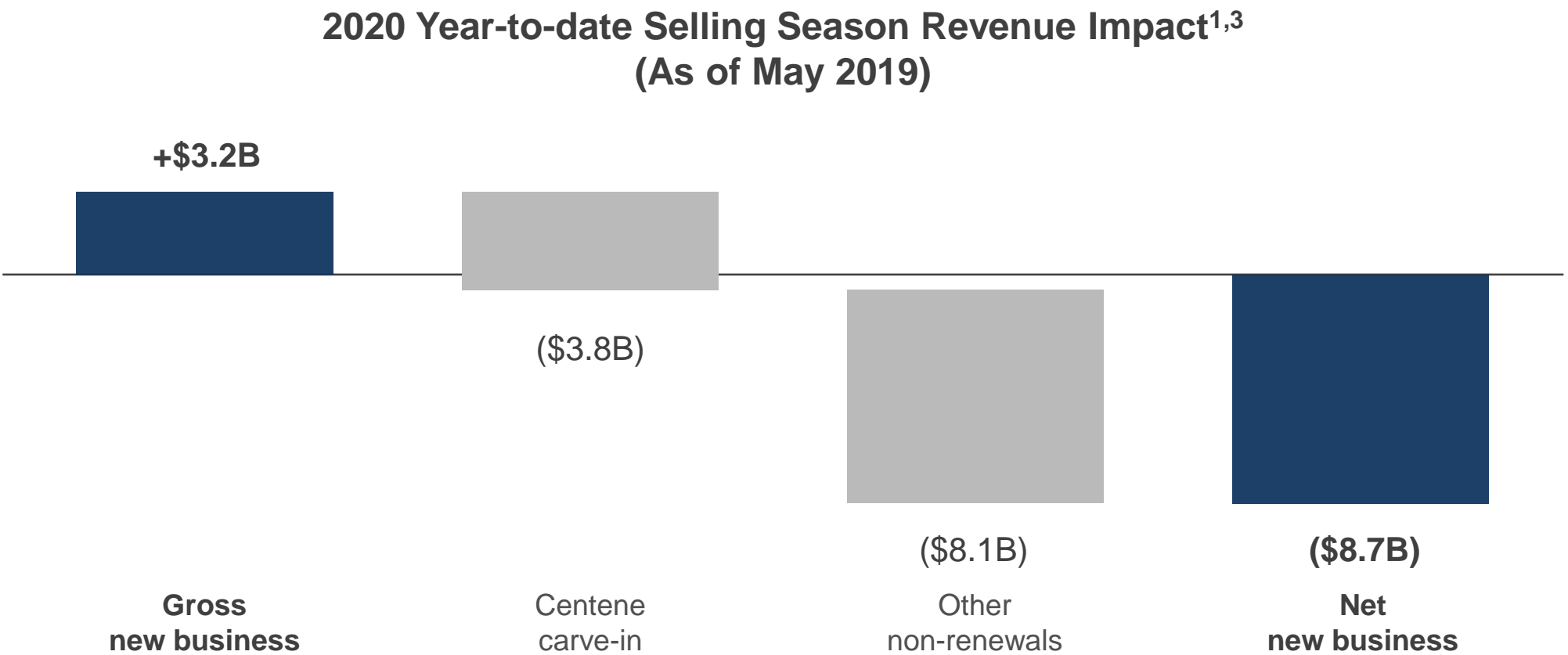
Four pillars of strategic growth



Strong fundamentals, transient challenges

Drivers / Challenges ¹	2018	2019	2020	2021
Net new contracts	▲	▲	▼ ▼	▲
Centene carve-in		▼	▼ ▼	▼
Rebate guarantees	▼	▼ ▼	▼	
Client pricing	▼ ▼	▼ ▼	▼ ▼	▼ ▼
Improvement to COGS	▲ ▲	▲ ▲	▲ ▲	▲ ▲
Specialty	▲ ▲	▲ ▲	▲ ▲	▲ ▲

2020 selling season results year-to-date



Note: Anthem revenue recorded on a net basis vs. gross.

Agenda

Leading PBM platform today and tomorrow

Performance update

Four pillars of strategic growth



CVS Caremark is well positioned for growth

1. New economic models

—
Drug spend
management

2. Enterprise Modernization

—
Operational
Excellence

3. New best-in- class specialty solutions

—
Specialty
outperformance

4. New open platform solutions

—
Enterprise-wide
innovation

**A full range of
pricing model options
for clients**

+

**Industry leading
solutions
for members**

Clients

Cost-Plus

Traditional

Guaranteed
Net Cost

Risk-Based

Transparency, predictability, and low net cost

Real-time prescription
benefit information

Zero-copay
chronic drug list

Point-of-sale
rebates

Members

Aligning for Growth: Enhancing the member experience



**Member
experience
improvements**

**Expected
benefits**

**Proactive
communications
to providers**

Lower member
out-of-pocket
costs

Minimized
patient
disruption

**Real-time
member
information**

Physicians
pick optimal
therapies

**Best-in-class
self-service
tools**

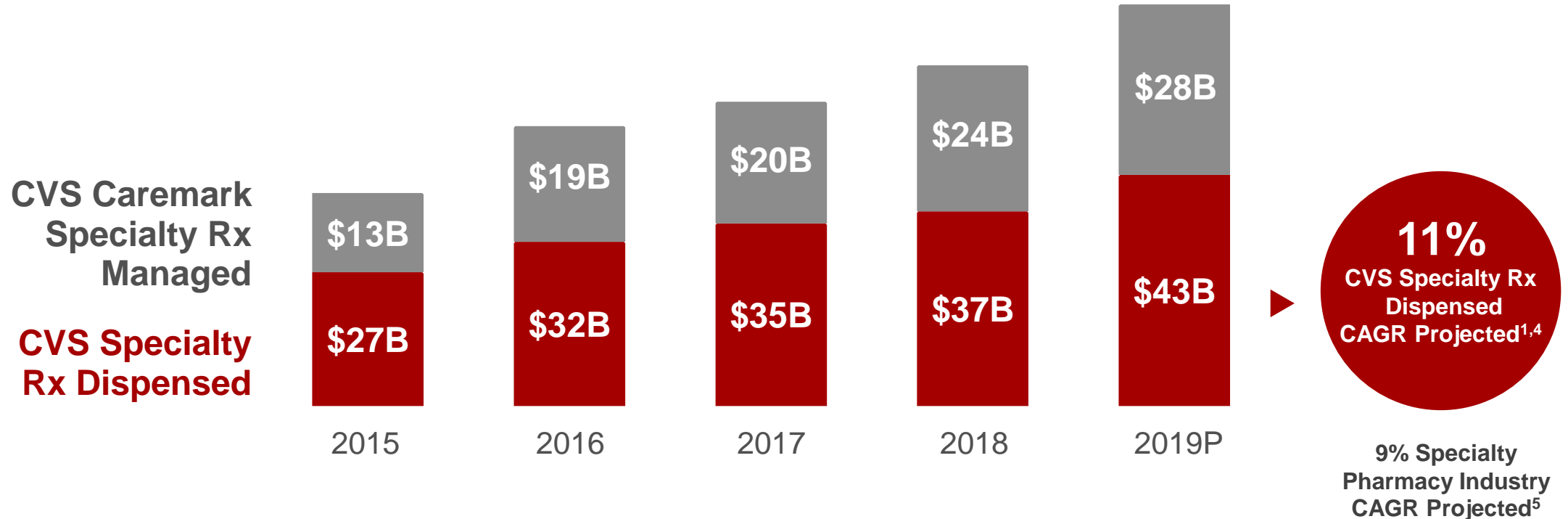
Reduced
administrative
burden

**Clinical secure
messaging**

Enhanced
adherence

Improved
outcomes

CVS Health projected to outpace the industry in Specialty Rx growth



Specialty accounts for 45% of the pharmacy spend and an estimated 60% of total drug spend under both pharmacy and medical benefits⁶

Delivering industry leading specialty results^{1,7}



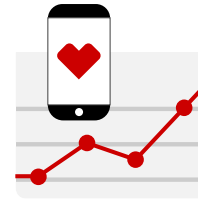
1.7%

Specialty unit
price growth
management



80%

Patients
digitally
engaged



5.3%

More patients
optimally adherent
with Secure Messaging



60M+

Novologix has highest
adoption of any specialty
medical solution

CVS Health continues to develop best-in-class specialty solutions to fuel growth



Innovative specialty solutions focused on:

**Patient care
and provider
connectivity**

**Drive
appropriate
therapy**

**Deliver
low net cost**

- Provider and patient engagement
- EHR connectivity
- Creating competition with formulary
- ▶ • Biosimilars and generics adoption
- Utilization management
- Medical pharmacy cost reduction using Novologix

**CVS Caremark has
successfully delivered
programs and enterprise
innovation to our clients and
health care stakeholders⁸**

75+

Health Plan
clients

1,400+

Employer
clients

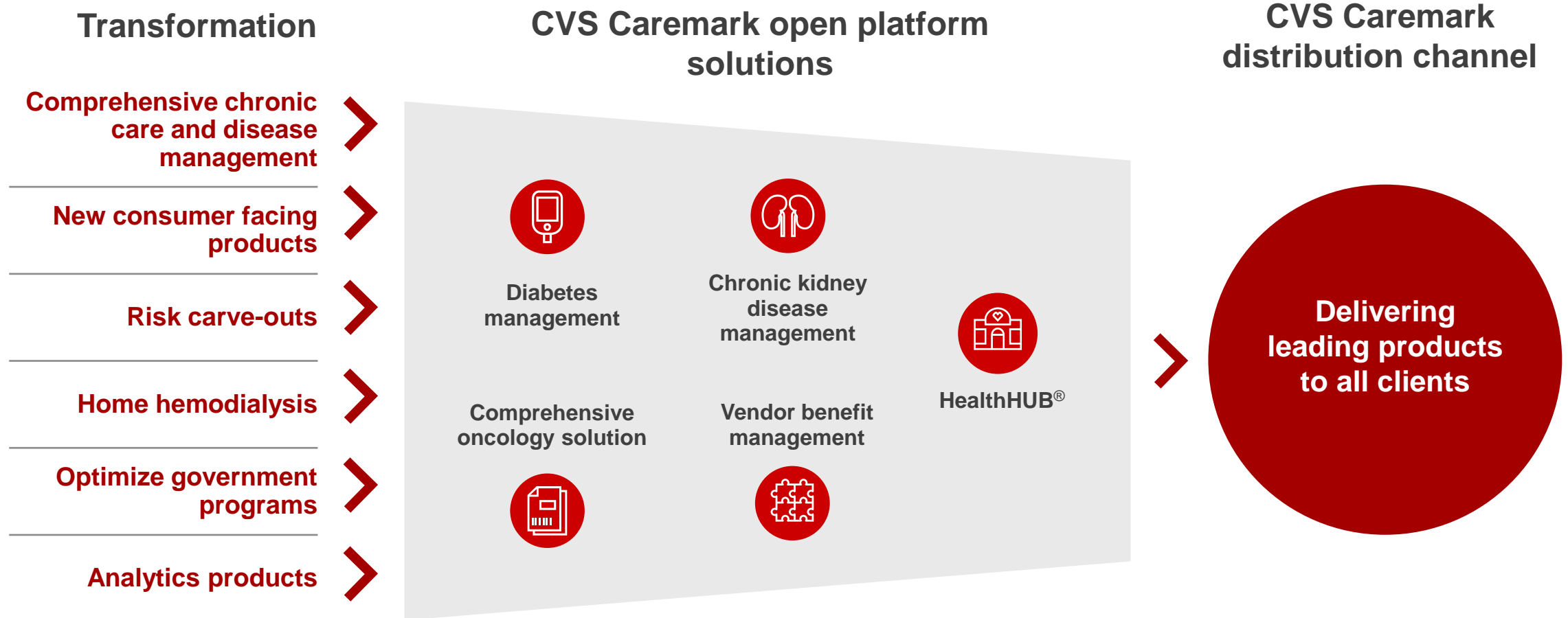
90+

Health Systems
including provider
organizations
and ACOs

94M

Consumers
CVS Caremark
members

Continuing to solve the biggest health care challenges for all of our stakeholders



Note: Diabetes management and comprehensive oncology solution expected to launch Q3 2019

Oncology accounts for:

~25%⁹

of total specialty drug spend (medical and pharmacy benefit)

~10%¹⁰

of total health care spend (for patients undergoing oncology treatment)



Comprehensive oncology solution matches patients with optimal treatment options

Align physician incentives

Value-based payment model

Novologix clinical decision support tools

Enhance patient experience

Holistic patient engagement advocacy

Integrated High-touch Accordant Oncology and Aetna Advocates

Improve care quality

Real-time, regimen-level PA with NCCN guidelines

Compassionate Care Program to address end of life goals of care



Reduces UM administrative cost
through decrease in phone and fax PA



Reduces medical spend
through improved pathway compliance and member management



KEY TAKEAWAYS

Well positioned for growth and innovation

Leading PBM platform today and tomorrow

Evolving strategy for a changing marketplace

Four pillars of strategic growth:
New economic models, enterprise modernization, best-in-class specialty solutions, open platform solutions

Endnotes

1. Currently enacted laws and regulations were used in all the Company's projections.
2. CVS Health Enterprise Analytics; 2019. 2018 CVS Health Trend Report. Members are only utilizing members.
3. CVS Health Finance, Selling Season Report (YTD as of 5/24/2019)
4. Internal Specialty Finance; CAGR time period: 2015-2018
5. Fein, Adam J., The 2019 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Drug Channels Institute, 2019. Includes total prescription dispensing revenues from specialty drugs at retail, mail, long-term care, and specialty pharmacies. Does not include dispensing revenues from hospitals and health systems. Does not include revenue from provider-administered specialty drugs billed under a patient's medical benefit. CAGR time period 2015 – 2018
6. Commercial clients, using year-end cohorts, represent Employer and Health Plan groups, January 2014 to December 2018, Enterprise Analytics, March 2019.
7. CVS Health Enterprise Analytics, May. 2019. CVS Health Finance, 2016-2018. Projections based on CVS Caremark data CVS Specialty Digital data, 2017; analysis of short message service (SMS) and email alert signups. CVS Health 9/2017-10/2018, analysis of patients with Chronic Myelogenous Leukemia (CML); medication on-hand for $\geq 95\%$ of study period.
8. CVS Caremark Finance, 2019. Standalone specialty and Coram clients excluded.
9. CVS Health Enterprise Analytics, commercial client analysis, 2018 data.
10. Aetna Analytics analysis, 2018 data.



Consumer Innovation Driving Profitable Growth

Kevin Hourican
Executive Vice President &
President, CVS Pharmacy



Agenda

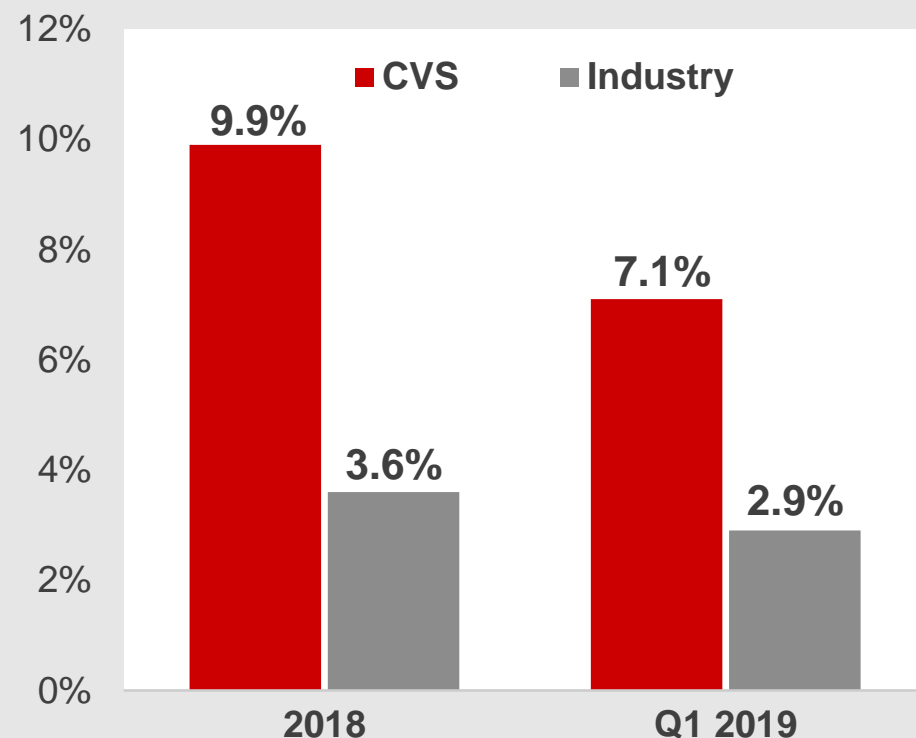
Health of the business

Retail growth strategy

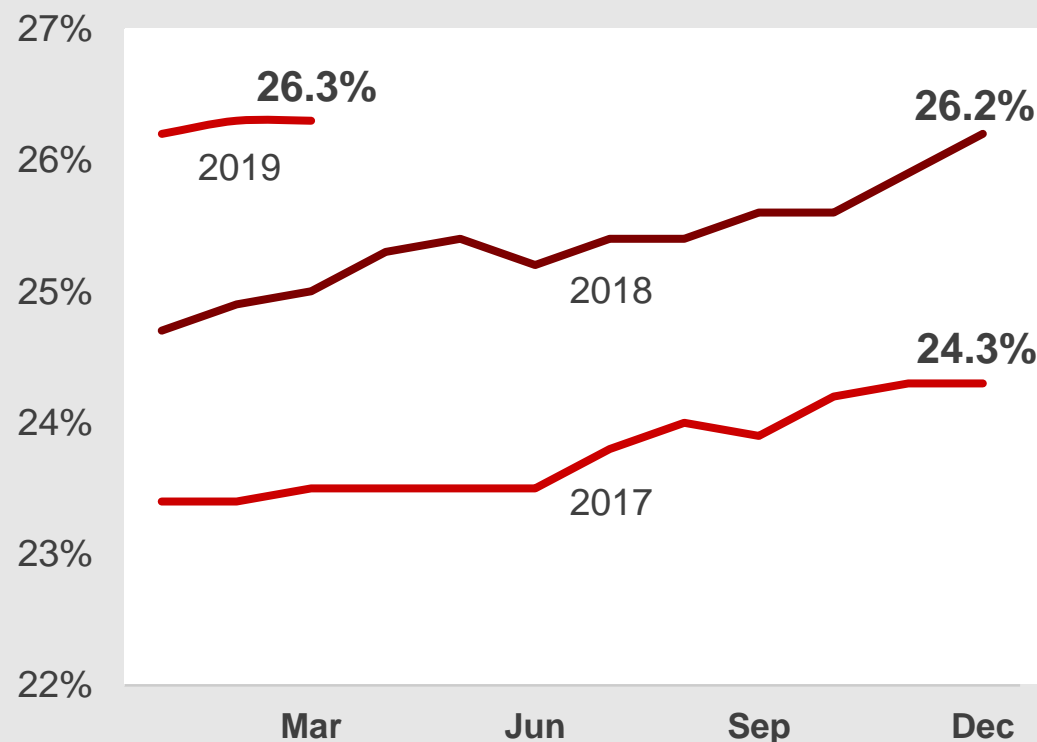


Leadership in retail prescription growth driving increased share

CVS Pharmacy Retail Share^{1,2} Growth*



CVS Pharmacy Retail Share^{1,2*}



*90-day prescriptions counted as 3 30-day prescriptions

Prescription growth is 3x the industry

Clinical Services and Innovative Initiatives

Industry leading adherence programs:
Saving Patients Money, ScriptPath, Multi-Dose Packaging

~55% 

of Q1 2019 script growth

Networks and Real Estate

Strong performance in Medicare Part D plans
Continued strength of real estate program

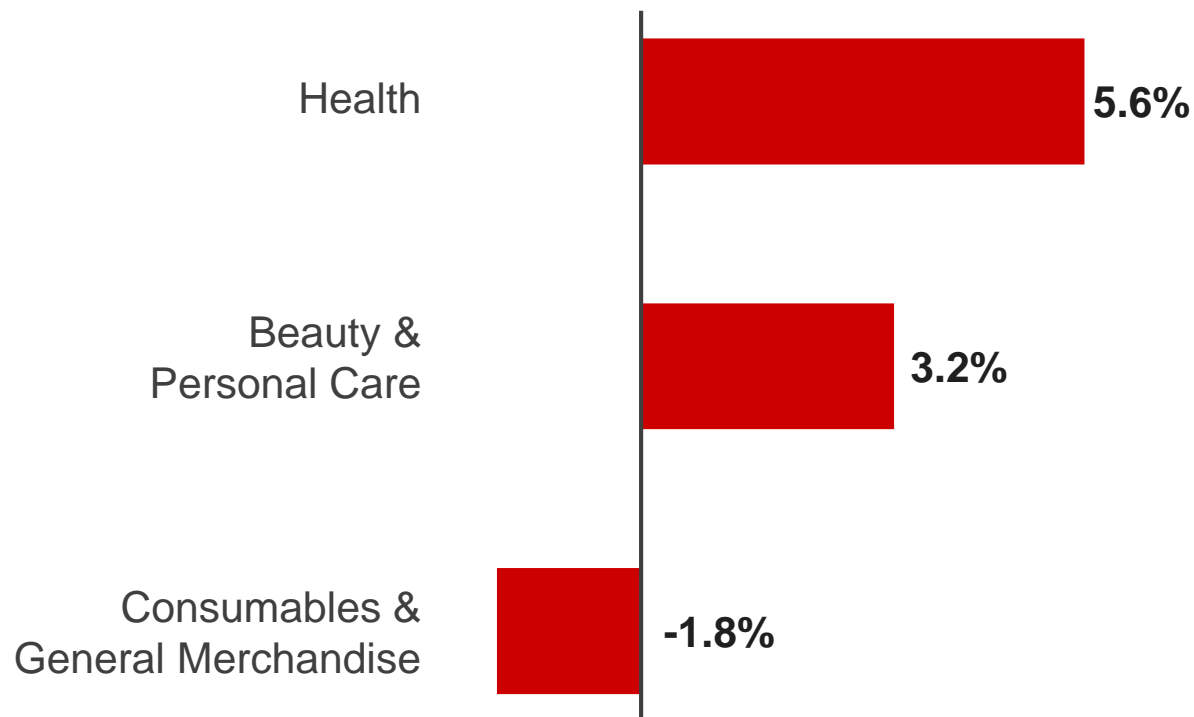
~35% 

of Q1 2019 script growth

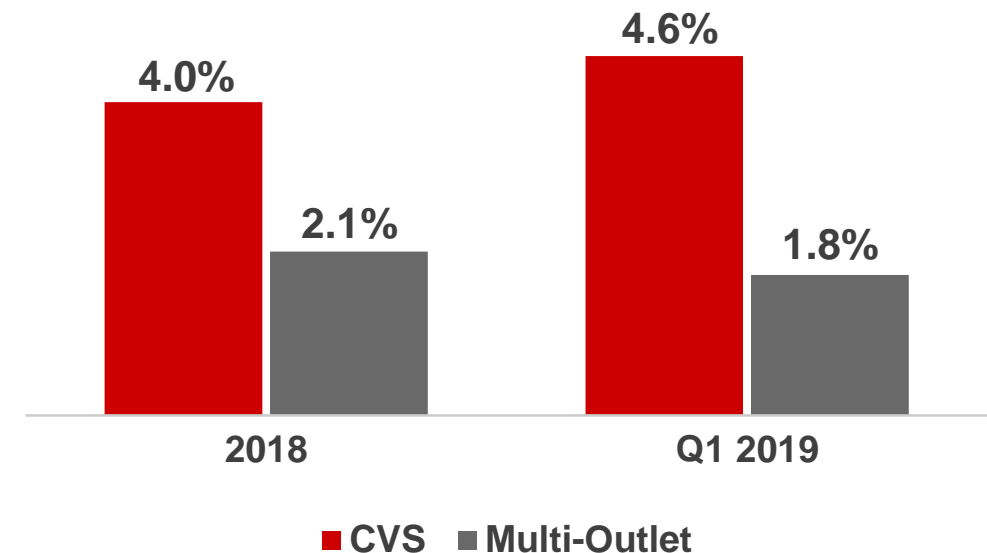
~10% of Q1 2019 script growth from underlying industry growth

Driving profitable growth through health and beauty innovation

Q1 2019 Front Store Revenue Growth by Category



Health, Beauty, and Personal Care Revenue Growth³



Front store total revenue grew 1.5% in 2018 and 1.5% in Q1 2019

Topline strength offset by significant industry headwinds



Pharmacy
reimbursement
pressure



Reduced benefits
from generics



Shift of retail to
digital channels

Agenda

Health of the business

Retail growth strategy



Retail strategy will help transform health care experience



**Compelling place
to shop**



**Investing in
omnichannel**



**Customer-
focused
innovation**

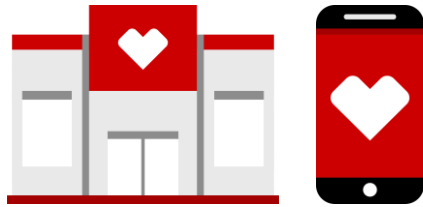


**Differentiated
service
experience**

Productivity improvements enable lower cost basis and increased profitability

CVS Pharmacy is uniquely positioned to win

1



Grow revenue faster than the industry

Innovative clinical programs and front store experiences

2



Improve productivity to fund future growth

Automation and technology driving improvement

3



Change to value-based contracting

Align incentives and take on risk to lower overall medical costs

4



Transform health care experience

Become the new front door to health care

1. REVENUE GROWTH

Innovation driving front store growth

- **Store Formats**
thousands of remodels, tailored assortments
- **Health and Wellness**
sick care and self care, hundreds of new items
- **Beauty**
50 store remodels in 2019, new brands and services
- **Personalized Engagement**
ExtraCare® powered by machine learning



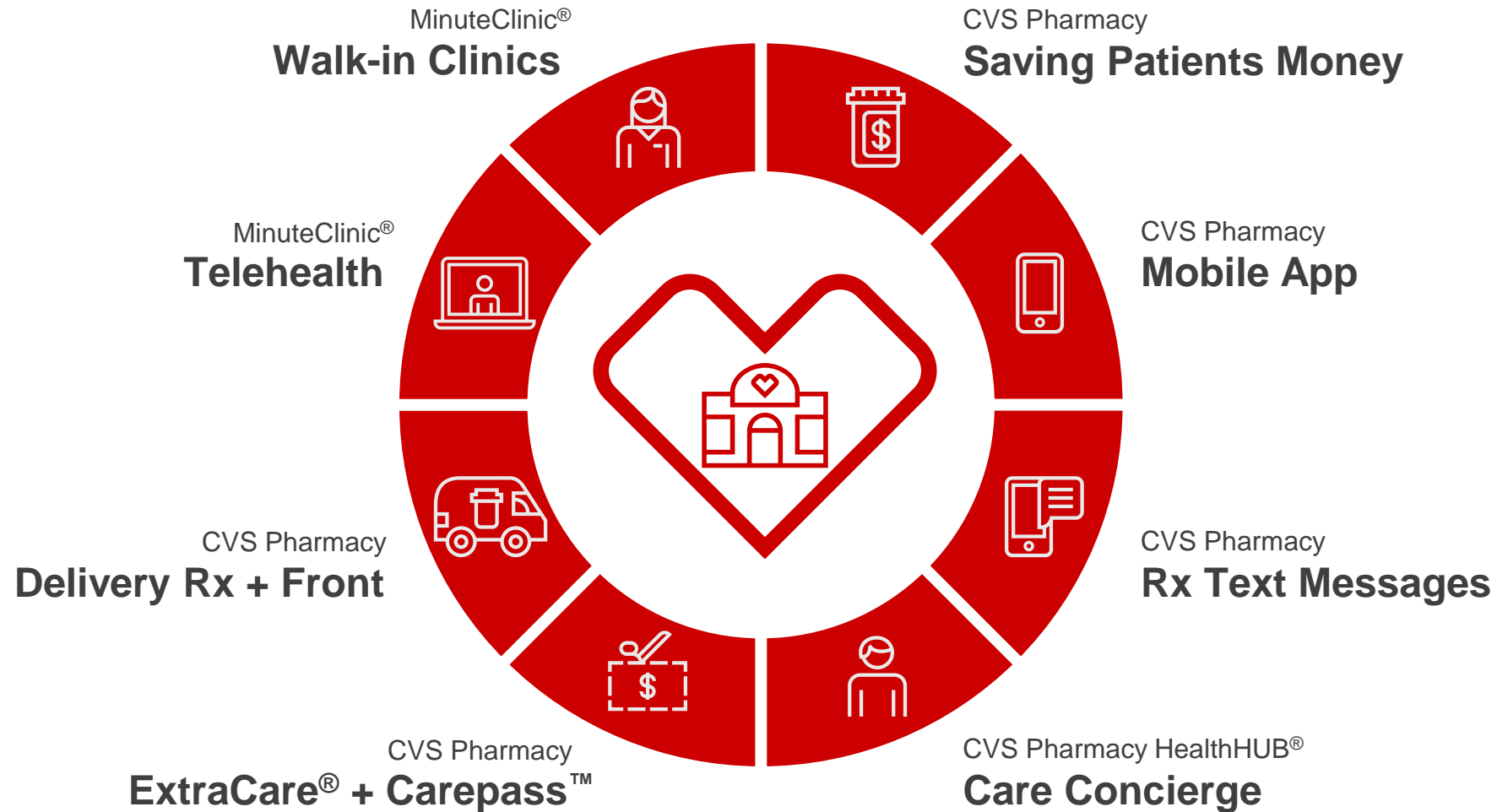
Innovation driving pharmacy growth

- **Clinical Services**
Health data and advanced analytics driving personalized engagement
- **Saving Patients Money**
Proprietary Rx Savings Finder
- **ScriptPath™**
Proprietary prescription label and medication dosing schedule
- **Multi-Dose Packaging**
Free delivery to store or home (nationwide service)

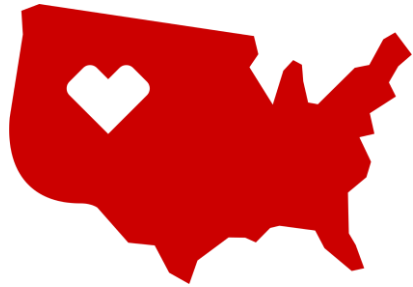


1. REVENUE GROWTH

Advancing convenience via omnichannel touchpoints to enhance the reach of our 9,900+ retail locations



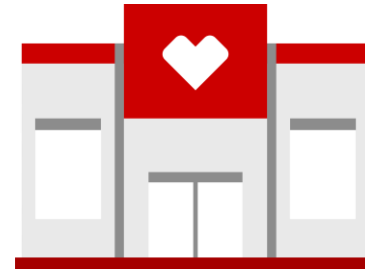
Enterprise modernization will enable profitable growth



**Real Estate
Optimization**



**Pharmacy
Fulfillment**



**Front Store
Operating Model**



**Pharmacy
Inventory
Efficiency**

CVS Pharmacy will lead change in pharmacy contracting to include more value-based collaborations

Our growing, industry leading reach...

26%

Retail Rx Share



...and best-in-class adherence rates...

82%

Adherence Rate⁴

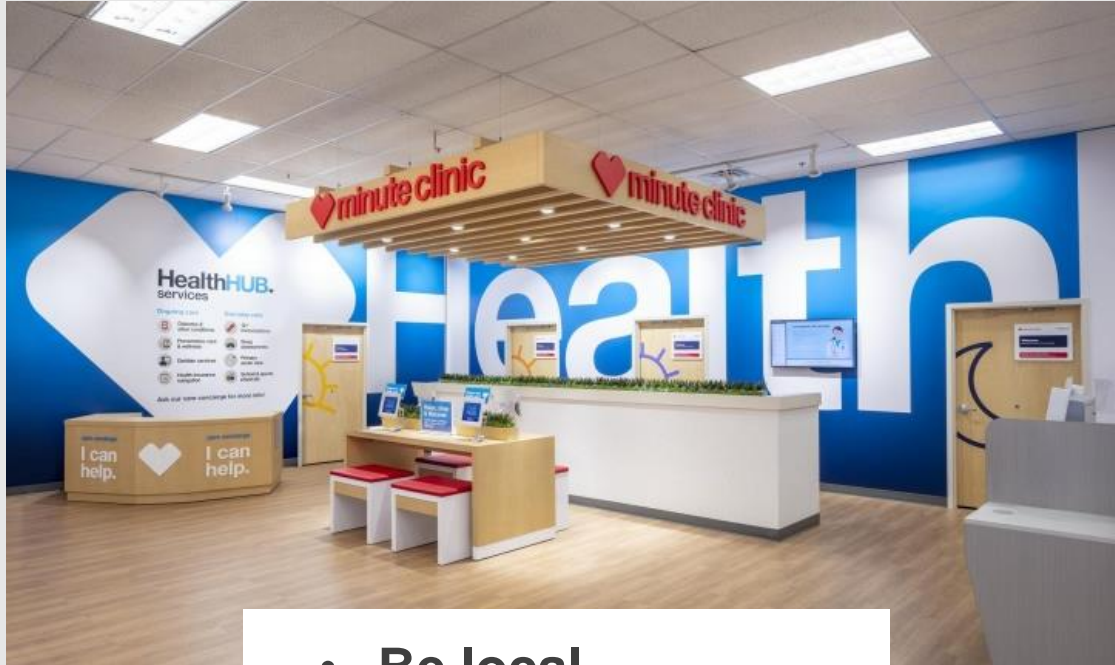


...position us to partner in value-based contracts

- Value tied to outcomes
- Quality guarantees
- Shared savings models



Transforming the consumer health experience starts with HealthHUB®



- **Be local**
- **Make it simple**
- **Improve health**



Risk stratification

Complex chronic



Common chronic



Healthy



Personalized engagement



Impactful interventions

- Coordinate care
- Integrate member context
- Influence meaningful moments

In consumers' daily lives

4. TRANSFORMATION

HealthHUB[®] designed to meet consumer needs – from sick care to self care

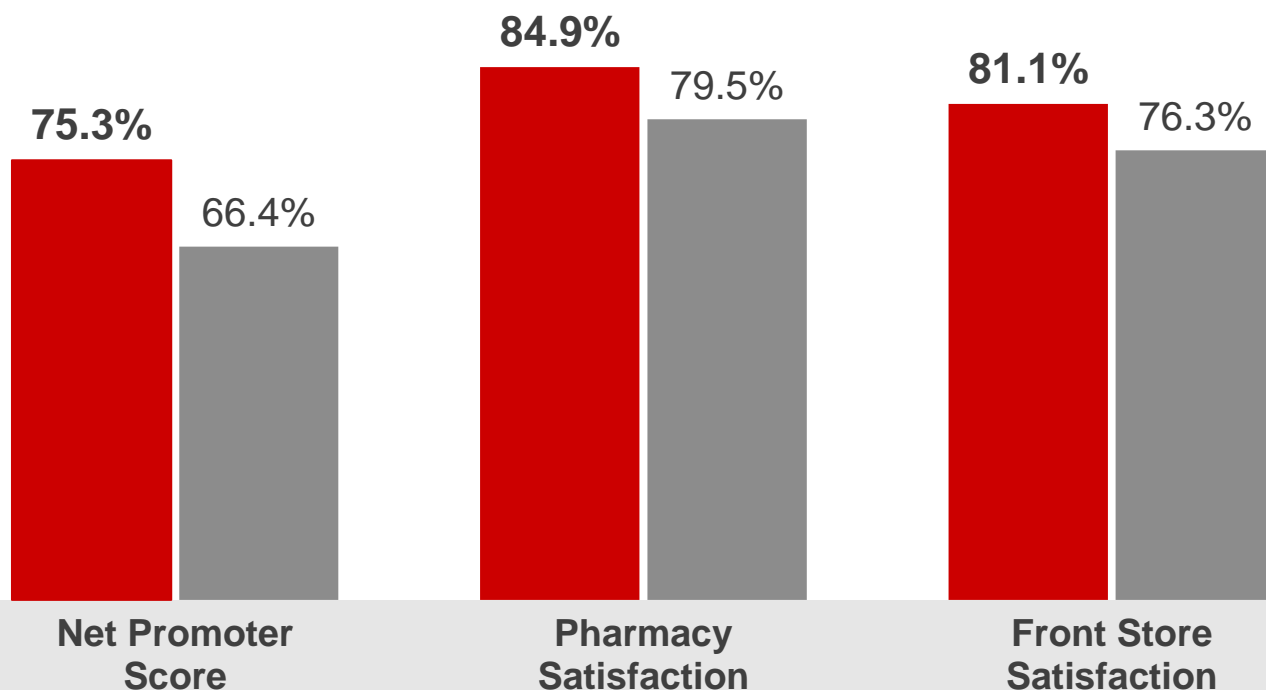
- New Front Store Products
- New Health Services
- Advanced Pharmacy Care



HealthHUBs® are improving the customer experience

HealthHUBs® vs. Chain⁵

■ HUBs ■ Chain



% of customers surveyed rating 9 or 10 on a 0 – 10 scale

Customer Feedback:⁶ Products and Services

“Great new renovations and many new brands of product – especially vitamins.”
– Store #285

“Excited about dietician in-house for consultation!!”
– Store #1339

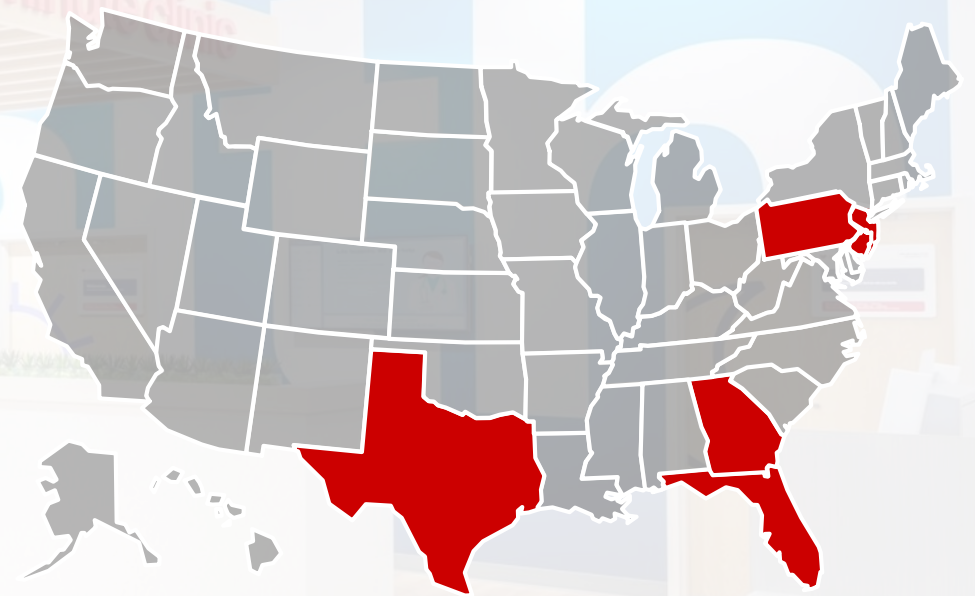
“...I like the expanded MinuteClinic services that are now available.”
– Store #285

HealthHUB[®] expansion plans



Four Metropolitan Areas in 2019

Houston, Philadelphia / Southern New Jersey, Atlanta, Tampa



Nationwide coverage by end of 2021
~1,500 retail locations

Improving health in the community

Nurse practitioner

Diabetes intervention^{6,7}

- Abdominal pain
- A1C > 12%
- Not testing blood sugar
- Multiple gaps in medication therapy
- Severe retinopathy



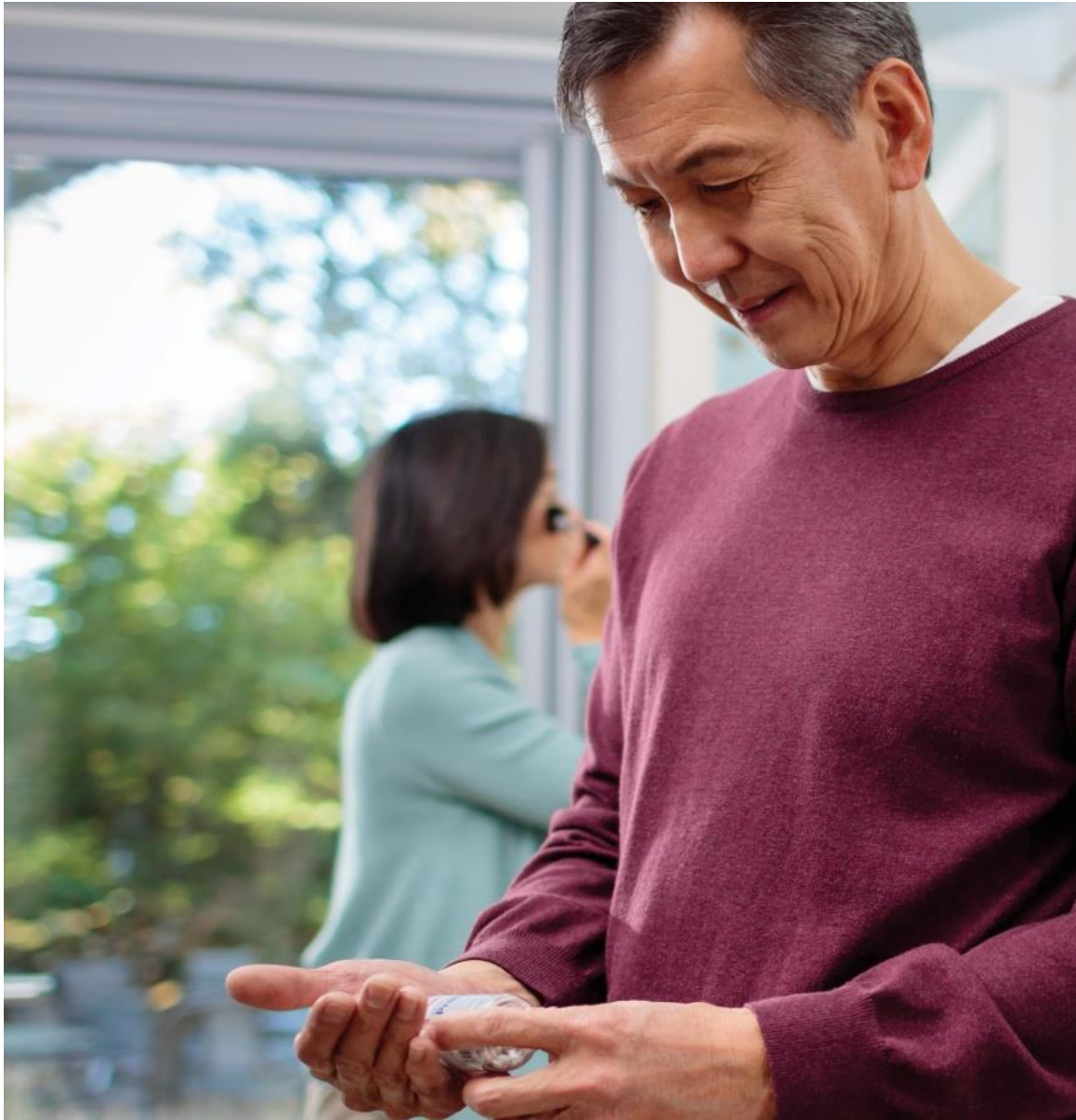


Improving health in the community

Care concierge

Hypertension intervention^{6,7}

- Concierge engages customer in the self care aisle
- Conversation results in a BP reading via onsite machine
- 200/120 BP results in immediate Minute Clinic visit
- Gaps in care closed and prescriptions dispensed
- Linkage back to primary care physician



KEY TAKEAWAYS

Retail strategy to deliver profitable growth

Lead industry in consumer-based innovation that drives outsized revenue growth in pharmacy and front store

Increase automation to streamline work flows and enable differentiated customer service experience

Collaborate with payors to align incentives, improve health outcomes, and lower overall medical costs

Transform health care delivery and experience in local communities through our trusted health care professionals

Endnotes

1. CVS Health Retail Prescription Growth excluding LTC
2. IQVIA (data reflects Jan 2017 IQVIA methodology change)
3. Multi-Outlet growth based on dollar volume from all retail outlets in the Food, Drug, Mass, Dollar, Club, and Military channels that provide POS data to Information Resource Inc. (IRI), as of 30-Dec-2018 and 31-Mar-2019
4. Adherence rate defined as Weighted Average Proportion of Days Covered for the 13 top chronic conditions calculated by patient and condition using last 12 months CVS Retail fill history, CVS Health 2018
5. My Customer Connection. Satisfaction reported is percent of respondents rating their experience 9 or 10 on a 0 – 10 scale; aggregate across all respondents for HealthHUB stores fiscal March 2019 and fiscal April 2019
6. CVS HealthHUB research, in-store surveys, interviews, and colleague observations. Houston, TX
7. Customer names have been changed to protect the privacy of individuals

CVS Health Investor Day 2019

Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

2019 GUIDANCE

The following reconciliations contain forward-looking information. By its nature, all forward-looking information involves risks and uncertainties. Actual results may differ materially from those contemplated by the forward-looking information for a number of reasons as described in our Securities and Exchange Commission filings, including those set forth in the Risk Factors section and under the section entitled “Cautionary Statement Concerning Forward-Looking Statements” in our most recently filed Annual Report on Form 10-K and our most recently filed Quarterly Report on Form 10-Q.

NON-GAAP FINANCIAL MEASURES

CVS Health Corporation (the “Company”) provides non-GAAP financial measures that exclude from the relevant GAAP metrics, as applicable, amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company’s business nor reflect the Company’s underlying business performance. The Company uses non-GAAP measures to analyze underlying business performance and trends. The Company believes that providing these non-GAAP measures enhances the Company’s and investors’ ability to compare the Company’s past financial performance with its current performance. Non-GAAP financial measures should not be considered a substitute for, or superior to, financial measures determined or calculated in accordance with GAAP. The Company’s definitions of non-GAAP financial measures may not be comparable to similarly titled measurements reported by other companies.

ADJUSTED EARNINGS PER SHARE

The Company defines adjusted net income attributable to CVS Health as net income attributable to CVS Health (GAAP measure) excluding the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company’s business nor reflect the Company’s underlying business performance such as acquisition-related transaction and integration costs, store rationalization charges, goodwill and long-lived asset impairments, gains/losses on divestitures, net interest expense on financings associated with proposed acquisitions (for periods prior to the acquisition), the corresponding tax benefit or expense related to the items excluded from adjusted net income attributable to CVS Health, the corresponding impact to income allocable to participating securities, net of tax, related to the items excluded from net income attributable to CVS Health in determining adjusted net income attributable to CVS Health, and any other items specifically identified herein. GAAP diluted EPS and Adjusted EPS, respectively, are calculated by dividing net income attributable to CVS Health and adjusted net income attributable to CVS Health by the Company’s weighted average diluted shares outstanding. The following are reconciliations of projected net income to projected adjusted net income attributable to CVS Health and calculations of projected GAAP diluted EPS and projected Adjusted EPS:

CVS Health Investor Day 2019

Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

FULL-YEAR 2019

	Year Ending December 31,					
	2019P				2018	
	Low		High		Actual	
	Total Company	Per Common Share	Total Company	Per Common Share	Total Company	Per Common Share
<i>In millions, except per share amounts</i>						
Net income (GAAP measure)	\$ 6,420		\$ 6,620		\$ (596)	
Net income attributable to noncontrolling interests (GAAP measure)	(10)		(10)		2	
Income allocable to participating securities (GAAP measure)	(5)		(5)		(3)	
Net income attributable to CVS Health (GAAP measure)	6,405	\$ 4.90	6,605	\$ 5.05	(597)	\$ (0.57)
<i>Non-GAAP adjustments:</i>						
Amortization of intangible assets	2,520	1.93	2,520	1.93	1,006	0.96
Acquisition-related transaction and integration costs ⁽¹⁾	550	0.42	550	0.42	492	0.47
Store rationalization charge ⁽²⁾	135	0.10	135	0.10	-	-
Goodwill impairments ⁽³⁾	-	-	-	-	6,149	5.89
Impairment of long-lived assets ⁽⁴⁾	-	-	-	-	43	0.04
Loss on divestiture of subsidiary ⁽⁵⁾	-	-	-	-	86	0.08
Net interest expense on financing for the acquisition of Aetna ⁽⁶⁾	-	-	-	-	894	0.85
Income tax benefit ⁽⁷⁾	(785)	(0.60)	(785)	(0.60)	(658)	(0.63)
Income allocable to participating securities, net of tax ⁽⁸⁾	-	-	-	-	(9)	(0.01)
Adjusted net income attributable to CVS Health	\$ 8,825	\$ 6.75	\$ 9,025	\$ 6.90	\$ 7,406	\$ 7.08

Weighted average diluted shares outstanding (GAAP)	1,308	1,308	1,044
Weighted average diluted shares outstanding (non-GAAP)	1,308	1,308	1,047

- (1) In 2019, acquisition-related integration costs relate to the acquisition of Aetna. In 2018, acquisition-related transaction and integration costs relate to the acquisitions of Aetna and Omnicare, Inc. ("Omnicare").
- (2) Primarily relates to operating lease right-of-use asset impairment charges in connection with the planned closure of 46 underperforming retail pharmacy stores in the second quarter of 2019.
- (3) The goodwill impairments related to the LTC reporting unit within the Retail/LTC segment.
- (4) The impairment of long-lived assets primarily related to the impairment of property and equipment within the Retail/LTC segment.
- (5) The loss on divestiture of subsidiary represents the pre-tax loss on the sale of the Company's RxCrossroads subsidiary for \$725 million on January 2, 2018.
- (6) Includes interest expense of \$1.4 billion related to (i) bridge financing costs, (ii) interest expense on the \$40 billion of senior notes issued on March 9, 2018 (the "2018 Notes") and (iii) interest expense the \$5 billion term loan facility. The interest expense was reduced by related interest income of \$536 million earned on the proceeds of the 2018 Notes. All amounts are for the periods prior to the close of the acquisition of Aetna, which occurred on November 28, 2018 (the "Aetna Acquisition Date").
- (7) Represents the corresponding tax benefit or expense related to the items excluded from adjusted net income attributable to CVS Health and Adjusted EPS above. The nature of each non-GAAP adjustment is evaluated to determine whether a discrete adjustment should be made to the adjusted income tax provision.
- (8) Represents the corresponding impact to income allocable to participating securities, net of tax, related to the items above excluded from net income attributable to CVS Health in determining adjusted net income attributable to CVS Health and calculating Adjusted EPS above.

CVS Health Investor Day 2019

Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

ADJUSTED OPERATING INCOME

The Company defines adjusted operating income as operating income (GAAP measure) excluding the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance such as acquisition-related transaction and integration costs, store rationalization charges, goodwill and long-lived asset impairments, gains/losses on divestitures, interest income on financings associated with proposed acquisitions (for periods prior to the acquisition), and any other items specifically identified herein. The following are reconciliations of projected operating income to projected adjusted operating income:

FULL-YEAR 2019

<i>In millions</i>	Year Ending December 31,		
	2019P		2018
	Low	High	Actual
Operating income	\$ 11,765	\$ 11,975	\$ 4,021
<i>Non-GAAP adjustments:</i>			
Amortization of intangible assets	2,520	2,520	1,006
Acquisition-related transaction and integration costs ⁽¹⁾	550	550	492
Store rationalization charge ⁽²⁾	135	135	-
Goodwill impairments ⁽³⁾	-	-	6,149
Impairment of long-lived assets ⁽⁴⁾	-	-	43
Loss on divestiture of subsidiary ⁽⁵⁾	-	-	86
Interest income on financing for the acquisition of Aetna ⁽⁶⁾	-	-	(536)
Adjusted operating income	\$ 14,970	\$ 15,180	\$ 11,261

- (1) In 2019, acquisition-related integration costs relate to the acquisition of Aetna. In 2018, acquisition-related transaction and integration costs relate to the acquisitions of Aetna and Omnicare.
- (2) Primarily relates to operating lease right-of-use asset impairment charges in connection with the planned closure of 46 underperforming retail pharmacy stores in the second quarter of 2019.
- (3) The goodwill impairments related to the LTC reporting unit within the Retail/LTC Segment.
- (4) The impairment of long-lived assets primarily related to the impairment of property and equipment within the Retail/LTC segment.
- (5) The loss on divestiture of subsidiary represents the pre-tax loss on the sale of the Company's RxCrossroads subsidiary for \$725 million on January 2, 2018.
- (6) Interest income of \$536 million earned on the proceeds of the 2018 Notes. All amounts are for the periods prior to the close of the acquisition of Aetna, which occurred on the Aetna Acquisition Date.

CVS Health Investor Day 2019

Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

CASH AVAILABLE FOR DEBT REPAYMENT

The Company defines cash available for debt repayment as net cash provided by operating activities (GAAP measure) minus cash allocated to fund: (i) net capital expenditures, (ii) shareholder dividends and (iii) additional retained capital needs of its insurance subsidiaries. The following is a reconciliation of projected net cash provided by operating activities to projected cash available for debt repayment:

<i>In millions</i>	Year Ending December 31,	
	2019P	
	Low	High
Net cash provided by operating activities	\$ 9,800	\$ 10,300
Net capital expenditures (additions to property and equipment less sale-leaseback proceeds)	(2,600)	(2,300)
Shareholder dividends	(2,600)	(2,600)
Additional retained capital needs of insurance subsidiaries ⁽¹⁾	(400)	(800)
Cash available for debt repayment	\$ 4,200	\$ 4,600

(1) Represents a portion of the retained capital required to support the projected insured membership growth in the Health Care Benefits segment.

LEVERAGE RATIO

The Company defines its Leverage Ratio as Adjusted Debt divided by adjusted earnings before interest, tax, depreciation and amortization (Adjusted EBITDA). Adjusted Debt is defined as short-term debt and total long-term debt, including the current portion of long-term debt (GAAP measure), plus the present value of future operating lease payments at a discount rate of 8.5% assuming lease payments occur at the end of the year. Adjusted EBITDA is defined as (i) net income (GAAP measure) before income taxes, depreciation and amortization, plus (ii) implied interest expense on future operating lease payments at a discount rate of 8.5% assuming lease payments occur at the end of the year, less (iii) other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance such as goodwill impairments, interest income on financings associated with proposed acquisitions (for periods prior to the acquisition), and any other items specifically identified herein. The following are reconciliations of total debt to Adjusted Debt and net income to Adjusted EBITDA as well as a calculation of estimated Adjusted Debt to Adjusted EBITDA as of the Aetna Acquisition Date:

Adjusted Debt

<i>in millions</i>	
Total debt (GAAP measure) ⁽¹⁾	\$ 75,972
Net present value of operating leases ⁽²⁾	17,446
Adjusted debt	\$ 93,418

(1) Represents short-term debt and total long-term debt, including the current portion of long-term debt, as of the Aetna Acquisition Date.

(2) See information under "Present Value of Operating Leases" below.

CVS Health Investor Day 2019

Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

Adjusted EBITDA

<i>in millions</i>	
Net income (GAAP measure) ⁽¹⁾	\$ 5,581
Income tax provision ⁽¹⁾	1,624
Interest expense ⁽¹⁾	3,115
Depreciation and amortization ⁽¹⁾	4,205
EBITDA ⁽¹⁾	14,525
Implied interest expense on operating leases ⁽²⁾	1,424
Goodwill impairment ⁽³⁾	3,921
Interest income on financing for the acquisition of Aetna ⁽⁴⁾	(142)
Adjusted EBITDA	\$ 19,728

(1) Reflects estimated pro forma trailing twelve month total as of the Aetna Acquisition Date.

(2) See information under "Implied Interest Expense on Operating Leases" below.

(3) The goodwill impairment related to the LTC reporting unit within the Retail/LTC Segment.

(4) Represents interest income earned on the proceeds of the 2018 Notes. All amounts are for the periods prior to the Aetna Acquisition Date.

Estimated Adjusted Debt to Adjusted EBITDA as of Aetna Acquisition Date

<i>in millions (except leverage ratio)</i>	
Adjusted Debt	\$ 93,418
Adjusted EBITDA	\$ 19,728
Adjusted Debt-to-EBITDA	4.7x

Present Value of Operating Leases

A. Summary of the future minimum lease payments under operating leases as of December 31, 2018:

<i>in millions</i>	Operating Leases	
	Actual ⁽¹⁾⁽²⁾	Present Value ⁽³⁾
2019	\$ 2,690	\$ 2,479
2020	2,544	2,161
2021	2,399	1,878
2022	2,233	1,611
2023	2,110	1,403
Thereafter ⁽⁴⁾	16,004	7,913
Total future lease payments ⁽⁵⁾	\$ 27,980	\$ 17,446

(1) Source: CVS Health Corporation Annual Report on Form 10-K for year ended December 31, 2018, Notes to Consolidated Financial Statements, Note 6: Leases

(2) Future operating lease payments have not been reduced by the minimum sublease rentals of \$164 million due in the future under noncancelable subleases.

(3) Discount rate = 8.5%. Operating lease payments are assumed to occur at year-end.

(4) The Company leases pharmacy and clinic space from Target Corporation ("Target"). Amounts related to such capital and operating leases are reflected above. Amounts due in excess of the remaining estimated economic life of the buildings of approximately \$2.1 billion are not reflected herein since the estimated economic life of the buildings is shorter than the contractual term of the lease arrangement.

(5) To capitalize these leases, divide the Thereafter operating lease payments by the 2023 operating lease payments to give the approximate number of years, at the 2023 level, of remaining lease payments. In this case, 16,004/2,110 = approximately eight years. Then, use eight years worth of operating lease payments of \$2,110 million (the 2023 level) to calculate the associated present value.

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Reconciliation of Non-GAAP Items Required by SEC Rules

A reconciliation of non-GAAP items disclosed for the respective periods to the most directly comparable GAAP measure.

B. Summary of the future minimum lease payments under operating leases as of December 31, 2017:

<i>in millions</i>	Operating Leases	
	Actual ⁽¹⁾⁽²⁾	Present Value ⁽³⁾
2018	\$ 2,493	\$ 2,298
2019	2,361	2,006
2020	2,201	1,723
2021	2,072	1,495
2022	1,934	1,286
Thereafter ⁽⁴⁾	16,090	7,253
Total future lease payments ⁽⁵⁾	\$ 27,151	\$ 16,061

- (1) Source: CVS Health Corporation Annual Report on Form 10-K for year ended December 31, 2017, Notes to Consolidated Financial Statements, Note 7: Leases
- (2) Future operating lease payments have not been reduced by the minimum sublease rentals of \$171 million due in the future under noncancelable subleases.
- (3) Discount rate = 8.5%. Operating lease payments are assumed to occur at year-end.
- (4) The Company leases pharmacy and clinic space from Target. Amounts related to such capital and operating leases are reflected above. Amounts due in excess of the remaining estimated economic life of the buildings of approximately \$1.9 billion are not reflected herein since the estimated economic life of the buildings is shorter than the contractual term of the lease arrangement.
- (5) To capitalize these leases, divide the Thereafter operating lease payments by the 2022 operating lease payments to give the approximate number of years, at the 2022 level, of remaining lease payments. In this case, 16,090/1,934 = approximately eight years. Then, use eight years worth of operating lease payments of \$1,934 million (the 2022 level) to calculate the associated present value.

Implied Interest Expense on Operating Leases

<i>in millions</i>	Year Ended December 31,	
	2017	2018
Present value of operating leases ⁽¹⁾	\$ 16,061	\$ 17,446
Average present value of operating leases		16,754
Implied interest expense on operating leases ⁽²⁾		\$ 1,424

- (1) See information under "Present Value of Operating Leases" above.
- (2) Interest rate = discount rate = 8.5%.