



Cigna Satisfaction Survey
Evaluation Report
Fall 2022

The Office of Strategy Management and Institutional Effectiveness (SMIE)

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Introduction

This survey was developed by the Office of Human Resources and administered by the Office of Strategy Management and Institutional Effectiveness to gauge experiences with Cigna, AUC's international medical healthcare provider. This report provides a results-based presentation of the Cigna respondents' experiences to inform strategic decisions on the medical plan coverage and continuation.

Administrative Summary

Survey invitations were sent to 462 Cigna participants on November 16th, 2022. Three reminder emails were later sent to non-respondents on November 20th, 22nd, and 24th, 2022. A total of 119 responses were received, representing a response rate of 26%.¹

¹ This and all percentages that follow are rounded up to the nearest digit.

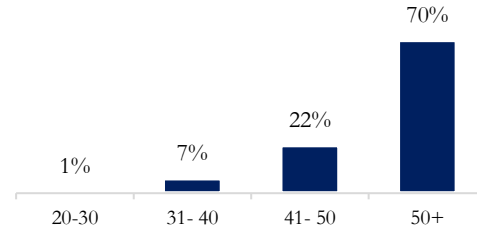
Respondent Demographics

Age Ranges

Q: Please indicate your age range:

Age Range	Responses	
	%	C
20-30 years old	1%	1
31- 40 years old	7%	8
41- 50 years old	22%	26
More than 50 years old	70%	83
Total Responses	100%	118

Age Ranges (%)

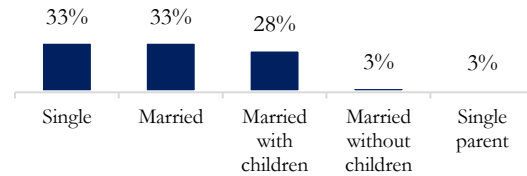


Contract Types

Q: Please indicate your contract type with Cigna.

Frequency of Card Use	Responses	
	%	C
Single	33%	39
Married	33%	39
Married with children	28%	33
Married without children	3%	4
Unmarried with children (single parent)	3%	3
Total Responses	100%	118

Contract Types (%)

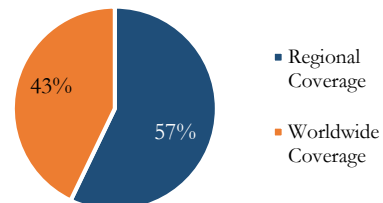


Coverage Types

Q: Please choose your type of coverage.

Mobile App Download	Responses	
	%	C
Regional Coverage	57%	68
Worldwide Coverage	43%	51
Total Responses	100%	119

Coverage Types (%)

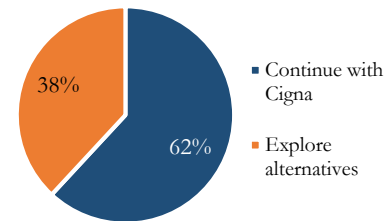


Satisfaction with Cigna

Preference of Continuation

Q: Please indicate your preference:

Cigna Preference	Responses	
	%	C
I prefer to continue with Cigna as my healthcare provider.	62%	65
I prefer to explore alternative international healthcare providers.	38%	40
Total Responses	100%	105



Overall Satisfaction

Q: Please indicate your level of satisfaction with the following:

Overall Satisfaction with Cigna (%)



Overall Satisfaction with Cigna (WA)

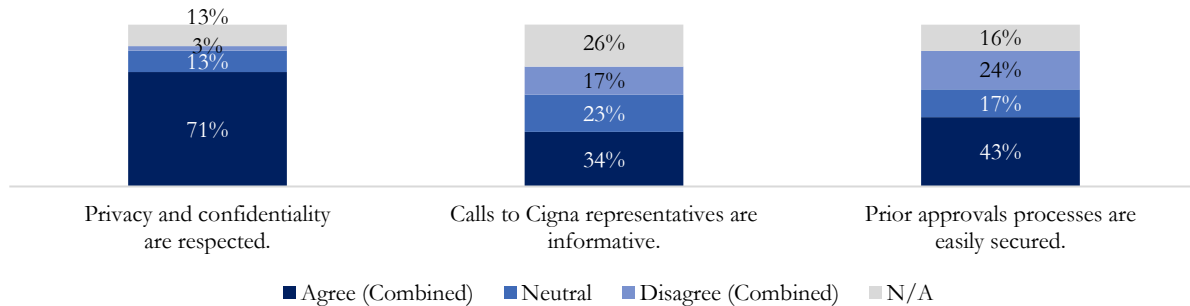


Aspects	Very Satisfied		Satisfied		Neutral		Dissatisfied		Very Dissatisfied		Total	WA
	%	C	%	C	%	C	%	C	%	C		
Cigna healthcare services	18%	18	39%	39	20%	20	15%	15	7%	7	99	3.46
Cigna network providers	17%	18	28%	29	26%	27	17%	17	12%	12	103	3.23

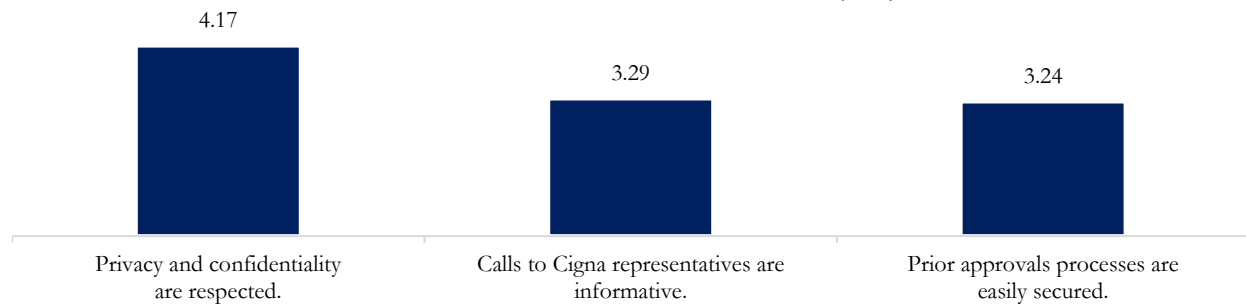
Satisfaction with General Services

Q: Please indicate your level of agreement with the following statements related to general Cigna services:

Satisfaction with General Services (%)



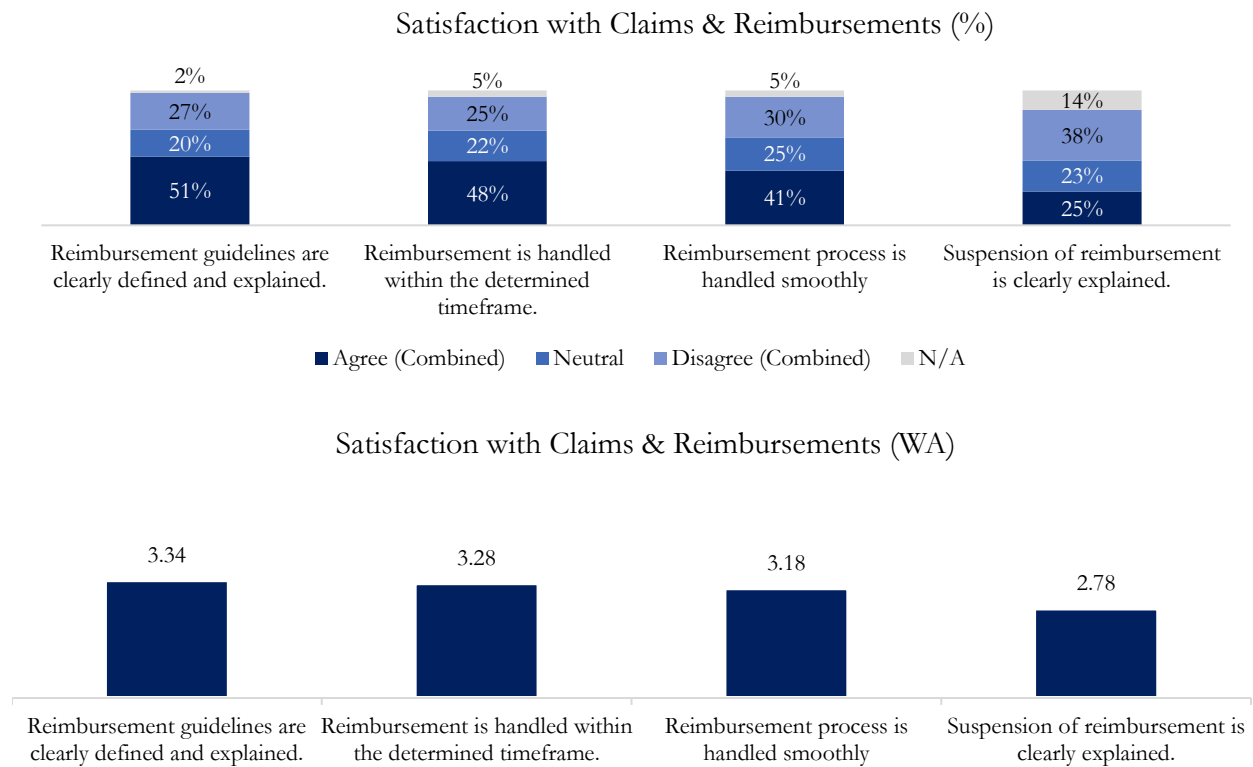
Satisfaction with General Services (WA)



Aspects	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		Total	WA
	%	C	%	C	%	C	%	C	%	C	%	C		
Privacy and confidentiality are respected.	37%	39	34%	36	13%	14	0%	0	3%	3	13%	14	106	4.17
Calls to Cigna representatives are informative.	10%	10	24%	25	23%	24	13%	13	5%	5	26%	27	104	3.29
Prior approvals processes are easily secured.	12%	13	30%	32	17%	18	12%	13	11%	12	16%	17	105	3.24

Satisfaction with Claims & Reimbursements

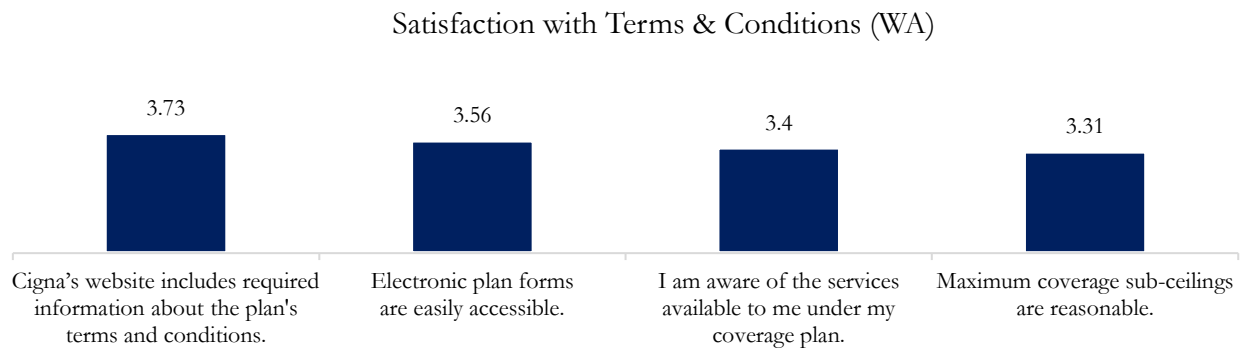
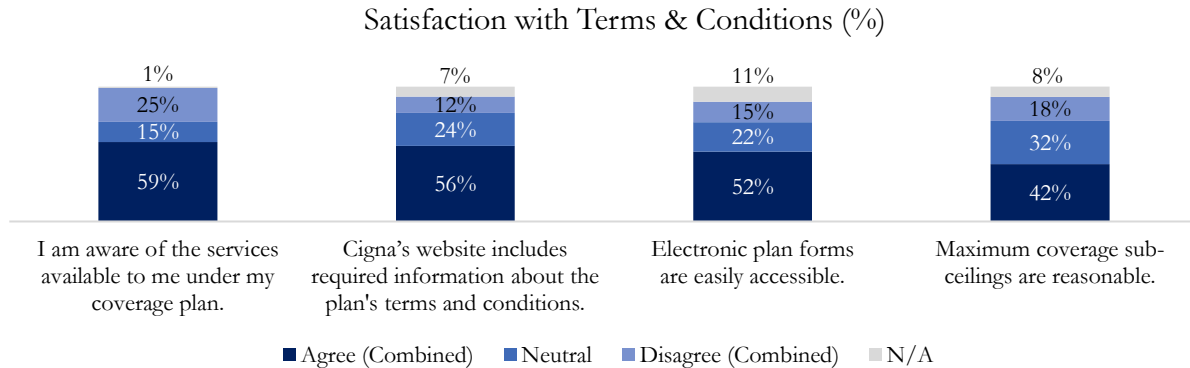
Q: Please indicate your level of agreement with the following statements related to your experience with claims and reimbursement:



Aspects	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		Total	WA
	%	C	%	C	%	C	%	C	%	C	%	C		
Reimbursement guidelines are clearly defined and explained.	21%	22	30%	32	20%	21	16%	17	11%	12	2%	2	106	3.34
Reimbursement is handled within the determined timeframe.	15%	16	33%	35	22%	24	15%	16	10%	11	5%	5	107	3.28
Reimbursement process is handled smoothly	19%	20	22%	23	25%	26	18%	19	12%	13	5%	5	106	3.18
Suspension of reimbursement is clearly explained.	8%	8	17%	18	23%	24	23%	24	14%	15	14%	15	104	2.78

Satisfaction with Plan Terms & Conditions

Q: Please indicate your level of agreement with the following statements regarding plan terms and conditions:



Aspects	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		Total	WA
	%	C	%	C	%	C	%	C	%	C	%	C		
Cigna's website includes required information about the plan's terms and conditions.	24%	26	32%	34	24%	26	11%	12	1%	1	7%	8	107	3.73
Electronic plan forms are easily accessible.	16%	17	36%	38	22%	23	12%	13	3%	3	11%	12	106	3.56
I am aware of the services available to me under my coverage plan.	12%	13	47%	50	15%	16	19%	20	7%	7	1%	1	107	3.4
Maximum coverage sub-ceilings are reasonable.	10%	11	32%	34	32%	34	11%	12	7%	7	8%	8	106	3.31

Suggestions for Improvement

Areas that Need Improvement

Q: Which of the following areas need improvements with regard to your local health care provider? (Check all that apply)

Areas	Responses	
	%	C
Claim and reimbursement system	57%	54
Covered services	41%	39
Network	39%	37
Coverage ceilings and sub-ceilings	35%	33
Approval system	32%	30
Online tools	18%	17
Other	17%	16
Total Responses		94

