

# Maximizing Shareholder Value With an Enterprise Mindset

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Executive Vice President &  
Chief Financial Officer





# Agenda

## **Strong Record of Execution**

**Marketplace Misconceptions**

**2017 Guidance Review**

**Solid Long-Term Outlook**



# Continuing Focus on Maximizing Shareholder Value

**Productive  
Long-Term Growth**

**Generating  
Significant  
Free Cash Flow**

**Optimizing Capital  
Allocation**



**Enhanced  
Shareholder Value**



# Key Financial Accomplishments of 2016

## Adjusted Earnings Per Share

- Delivering strong Adjusted EPS growth of **~12%**

## Prescription and Claim Growth

- Enterprise script and claim growth of **~19%**, including the additions of Omnicare and Target pharmacies

## Refinanced Debt

- Successfully refinanced debt to take advantage of favorable interest rates

## Free Cash Flow

- Generating significant free cash flow of **nearly \$7 billion**

## Shareholder Value

- Returning **~\$6 billion** to shareholders through dividends and share repurchases

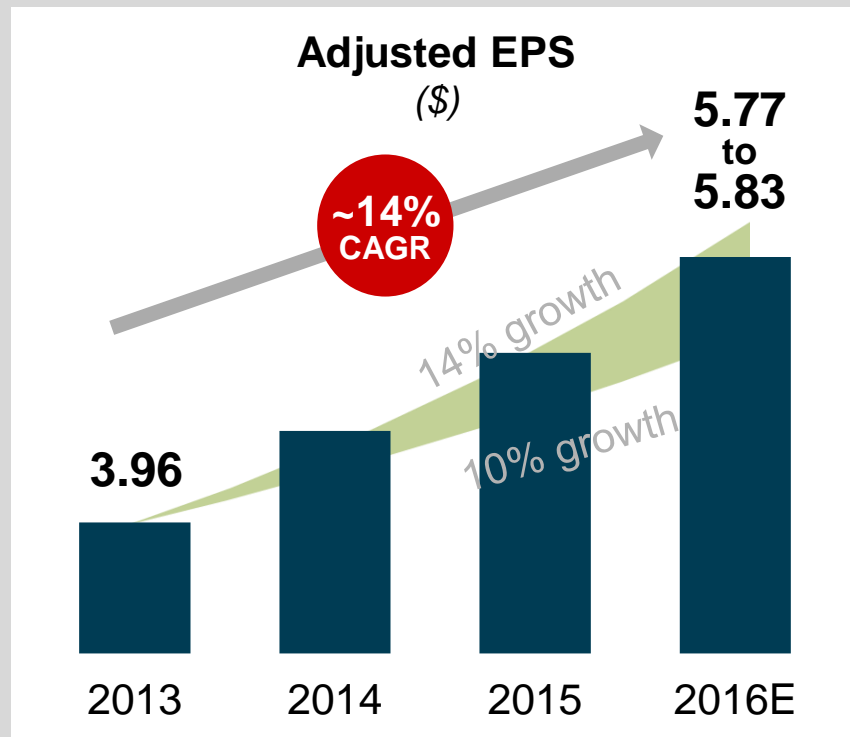
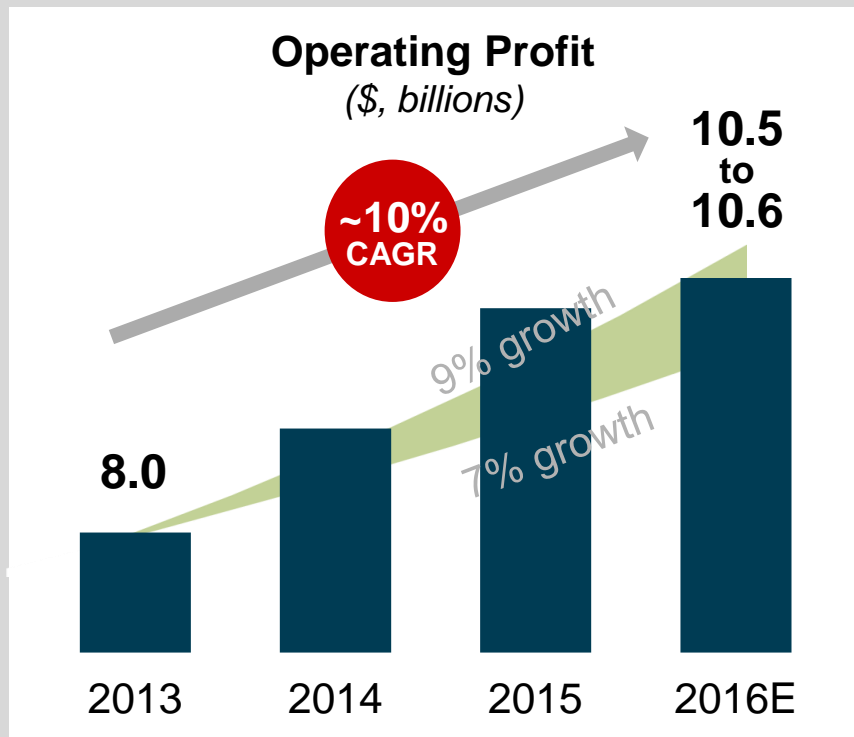


# Solid Performance Expected in 2016

	Full-Year 2016
<b>Net Revenue Growth</b>	<b>16.0% to 16.5%</b>
<b>Adjusted EPS</b> <i>Year-Over-Year Growth</i>	<b>\$5.77 to \$5.83</b> <b>11.75% to 13.0%</b>
<b>Free Cash Flow</b> <i>Year-Over-Year Growth</i>	<b>\$6.8 to \$7.0 billion</b> <b>Up 5% to 8%</b>
<b>GAAP Diluted EPS</b>	<b>\$4.82 to \$4.88</b>



# Meeting Enterprise Growth Targets Through 2016 ...

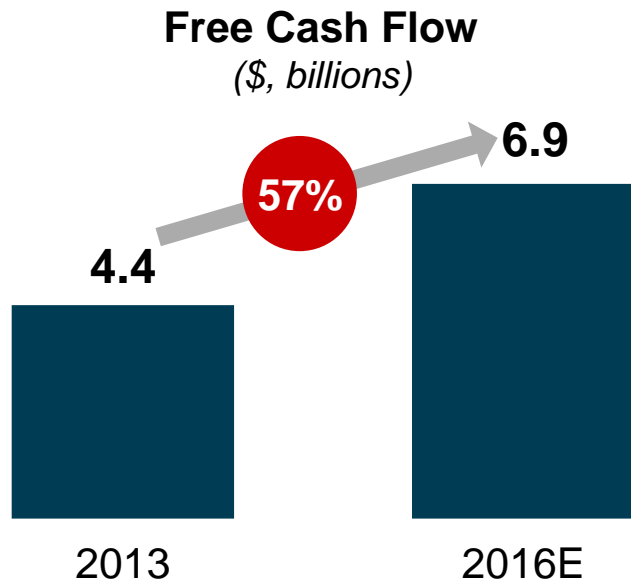




## ... And Generating Significant Free Cash Flow

### Key drivers:

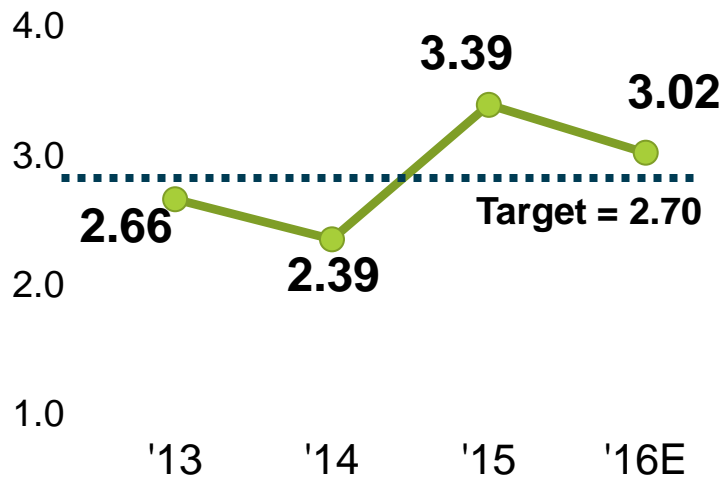
- Enterprise prescription dispensing share gains
- Specialty pharmacy
- Improved purchasing
- Working capital management



**Free cash flow has increased by \$2.5 billion over the last three years**

# Committed to Maintaining a Healthy Balance Sheet

## Adjusted Debt-To-EBITDA

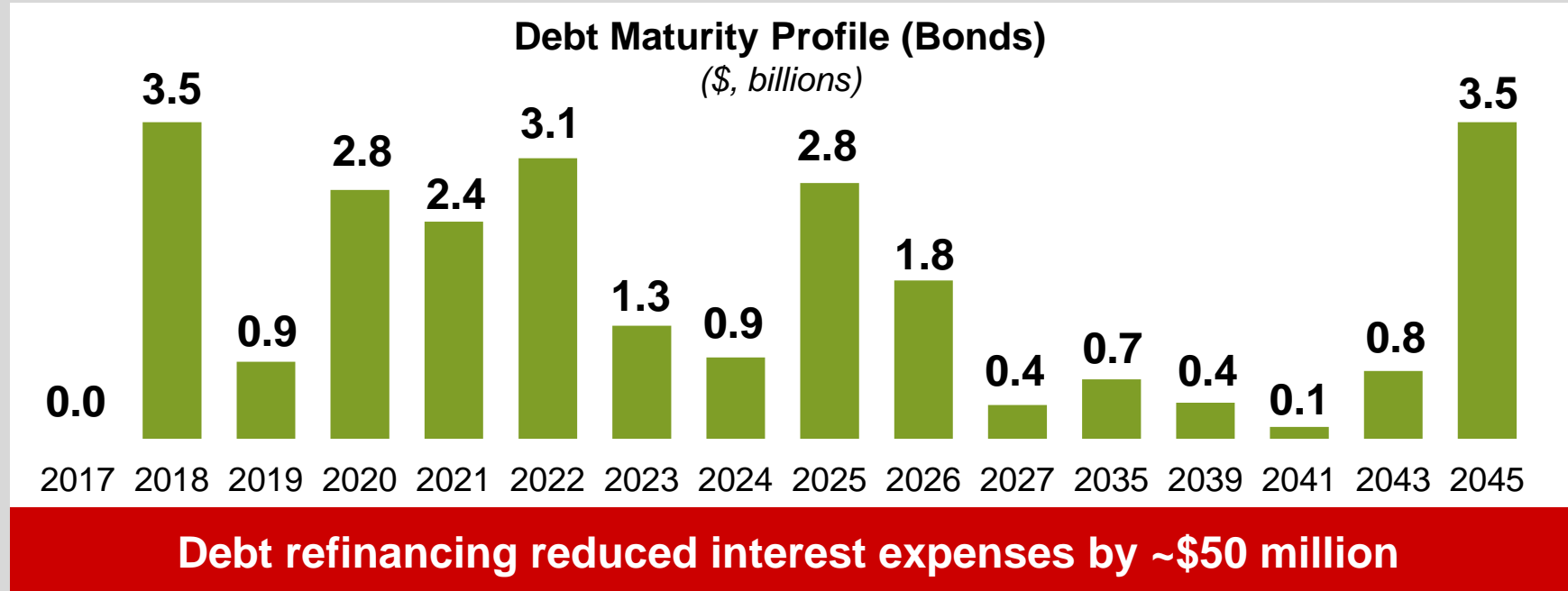


- Committed to returning to 2.7x targeted leverage ratio
  - Driven mostly by EBITDA growth and debt repayments
  - Modified long-term debt structure in 2014 and 2016 to take advantage of favorable interest rates

**Focused on maintaining BBB+ credit rating**

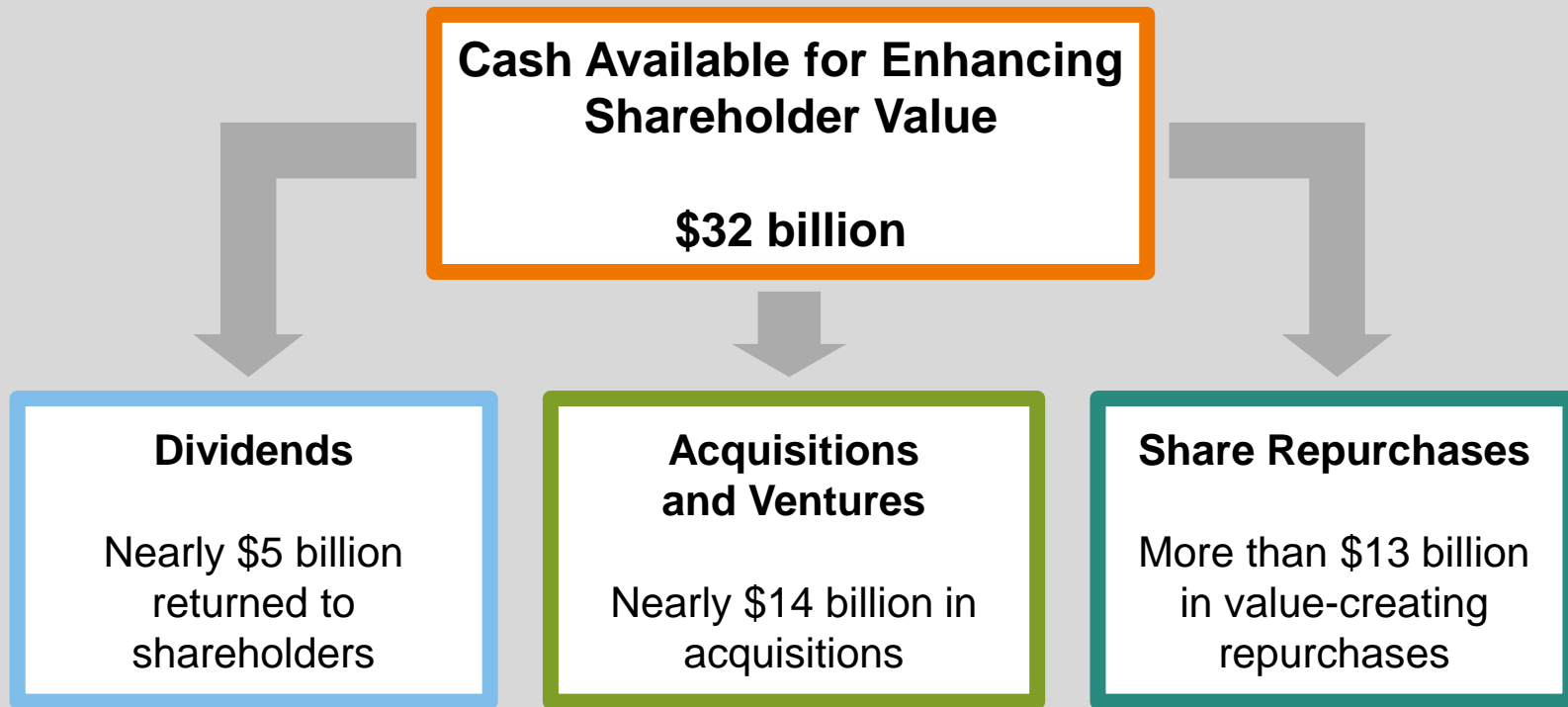


# Well-Laddered Debt Maturities Remain Core to Strong Balance Sheet

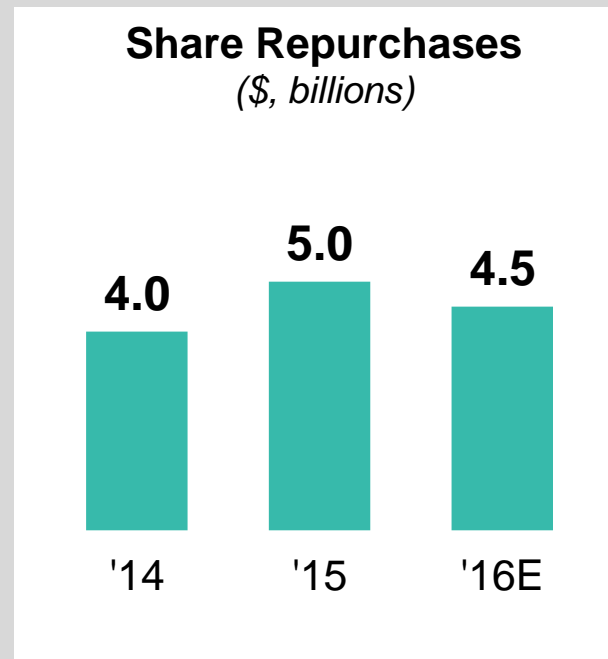
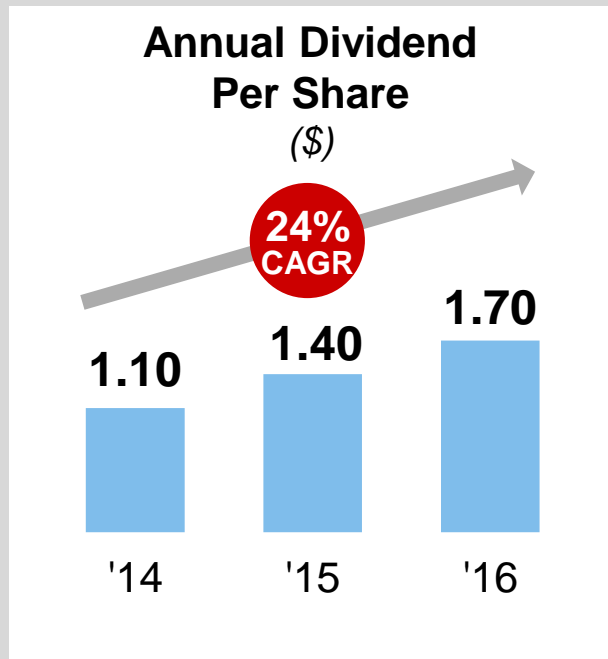




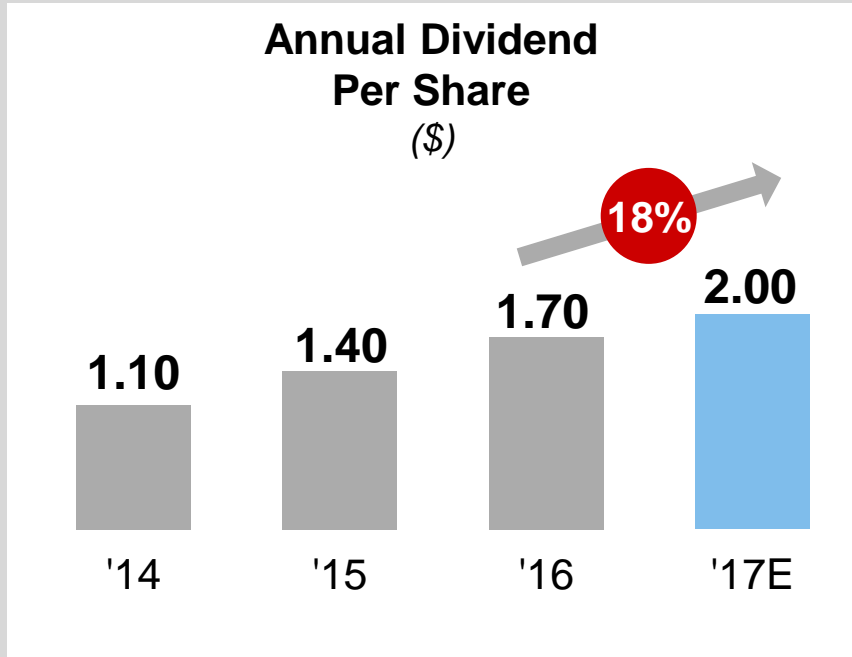
# Efficient Cash Deployment 2014 Through 2016 Focused on Three Pillars



# Solid History of Enhancing Returns Using All Three Pillars for Efficient Cash Deployment

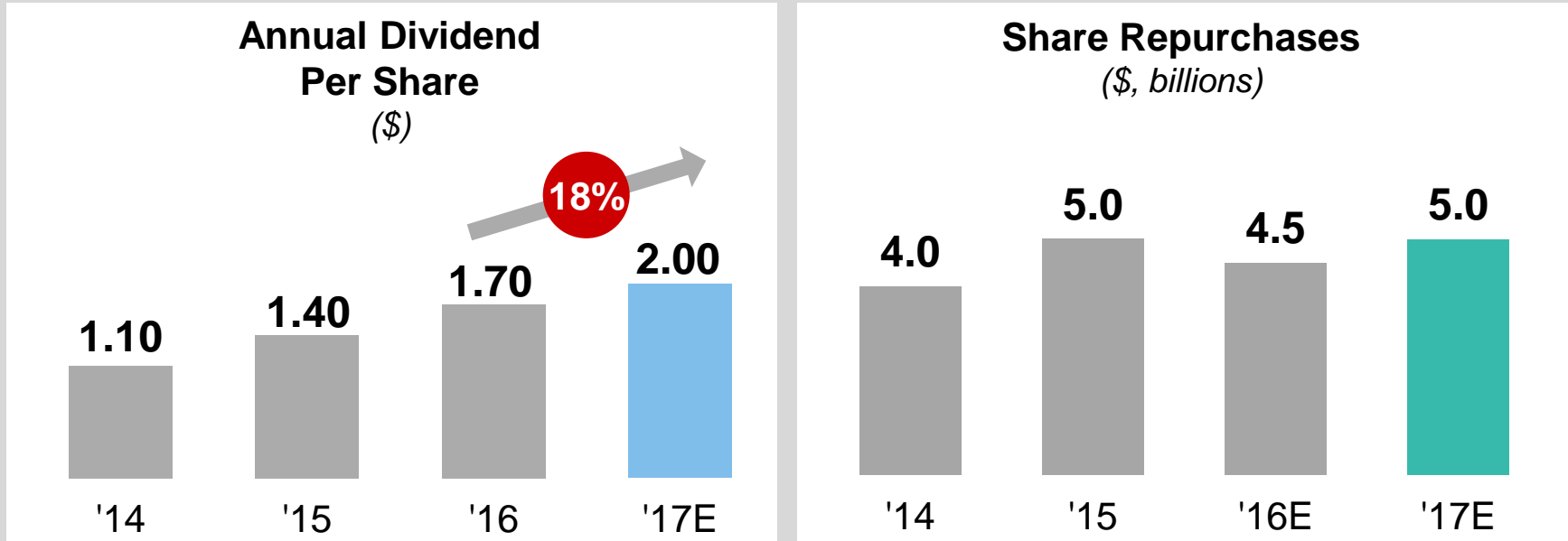


# 2017 Will See a Dividend Increase of 18% and Further Share Repurchases



more than  
**\$18** billion  
authorized and  
remaining for share  
repurchase

# 2017 Will See a Dividend Increase of 18% and Further Share Repurchases



Nearly \$7 billion expected to be returned to shareholders in 2017



# Agenda

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**Solid Long-Term Outlook**

MYTH #1

**IF REBATES  
DISAPPEARED,  
PBM PROFITS WOULD  
SUBSTANTIALLY  
DROP**



FACT #1



**REBATES ARE  
BUT ONE OF MANY  
ELEMENTS OF  
PBM PROFITABILITY**







# FACT #1: Rebates Are but One of Many Elements of PBM Profitability

## A Number of Elements Drive PBM Profitability

- Manage to overall profitability margin
- Clients' contracts structured differently, per client needs
- Profitability elements include:
  - Margin on:
    - Dispensing mail and specialty pharmacy scripts
    - Network pharmacy benefit management
  - Clinical programs
- Clients have audit rights and transparency

more than

**90%**

of rebates overall  
passed to clients

MYTH #2

**CHANGES IN RATE OF  
DRUG PRICE INFLATION  
ARE A MEANINGFUL  
DRIVER OF  
PROFITABILITY**





FACT #2



**OVERALL IMPACT FROM  
A SLOWING RATE OF  
DRUG PRICE INFLATION  
IS NOT MEANINGFUL**





## **FACT #2: Overall Impact From Changes in the Rate of Drug Price Inflation Is Not Meaningful**

- **Drug price inflation changes affect businesses within the enterprise in different ways ... some positively, some negatively**
  - For example, SilverScript is an insurance company that is negatively impacted by increasing drug price inflation (e.g., pay more in claims while premiums remain constant)
  - Conversely, rebates grow with increasing branded drug price inflation ... however, more than 90% of rebates overall are passed through to clients, minimizing impact on PBM profitability
- **PBM's play a key role in helping plan sponsors manage drug price costs and improve overall health outcomes whether or not we are in periods of slowing or accelerating inflation**

MYTH #3

**THE CVS HEALTH  
INTEGRATED MODEL  
IS NO LONGER THE  
MODEL OF CHOICE**



FACT #3



**OUR MODEL CONTINUES  
TO GAIN THE MOST  
SHARE AND IS BEST  
POSITIONED TO  
CONTINUE TO DO SO**





# FACT #3: Our Model Continues to Gain Share

## Broadest Assets and Advantages

- Suite of assets enable solutions to meet diverse client and payor needs
- Being truly integrated yields enhanced patient experience helping to drive better health outcomes
- Face-to-face patient interactions a significant advantage
- Size and scale make us a low-cost provider
- Broadest market applicability; diverse client and payor base
- 2017 selling season: Caremark has won more than 50% of revenue from clients changing PBMs

enterprise script  
growth

~3X

market growth  
since 2013



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## 2017 Guidance: Enterprise Outlook

	Full-Year 2017
<b>Net Revenue Growth</b>	<b>4.0% to 5.75%</b>
<b>Adjusted EPS</b> <i>Year-Over-Year Change</i>	<b>\$5.77 to \$5.93</b> <b>(0.5%) to 2.5%</b>
<b>GAAP Diluted EPS</b>	<b>\$5.02 to \$5.18</b>



## 2017 Guidance: Continued Strong Free Cash Flow

*in billions*

**Full-Year 2017**

**Operating Cash Flow**

**\$7.7 to \$8.6**

*Gross Capital Expenditures*  
*Sale-Leaseback Proceeds*

*(\$2.0) to (\$2.4)*

*\$0.3 to \$0.2*

**Net Capital Expenditures**

**(\$1.7) to (\$2.2)**

**Free Cash Flow**  
*Year-Over-Year Change*

**\$6.0 to \$6.4**

**(13%) to (7%)**



## 2017 Guidance: Healthy Growth in PBM

	Full-Year 2017
Net Revenue Growth	8.5% to 10.5%
<i>Total Adjusted Claims</i>	<i>1.46 billion to 1.48 billion</i>
Gross Profit Margin	Modest decline
Operating Expenses (% of net revenue)	Modest improvement
Operating Profit Growth <i>Operating Profit Margin</i>	6.5% to 9.5% <i>Flat to Down</i>



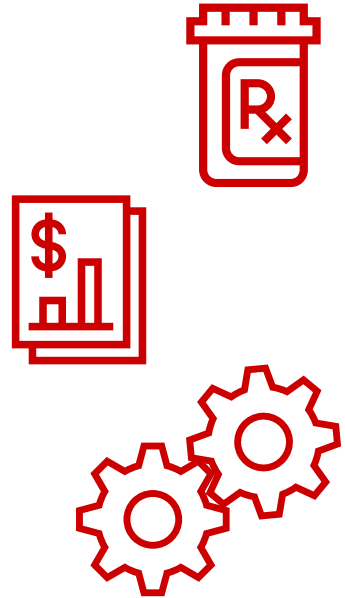
## 2017 Guidance: Retail/LTC Outlook

	Full-Year 2017
Net Revenue Change	Flat to (1.5%)
<i>Same Store Sales</i> <i>Same Store Adjusted Scripts</i>	<i>(1%) to (2.5%)</i> <i>Flat to 1%</i>
Gross Profit Margin	Modest decline
Operating Expense (% of net revenue)	Moderate decline
Operating Profit Change <i>Operating Profit Margin</i>	<i>(7%) to (9.5%)</i> Notable decline



# Key Drivers of 2017 Expectations

- Reimbursement and pricing pressure
- Impact of recent network changes
- Accretion from Omnicare and Target assets
- Timing of generic launches and biosimilars
- Enterprise streamlining initiative

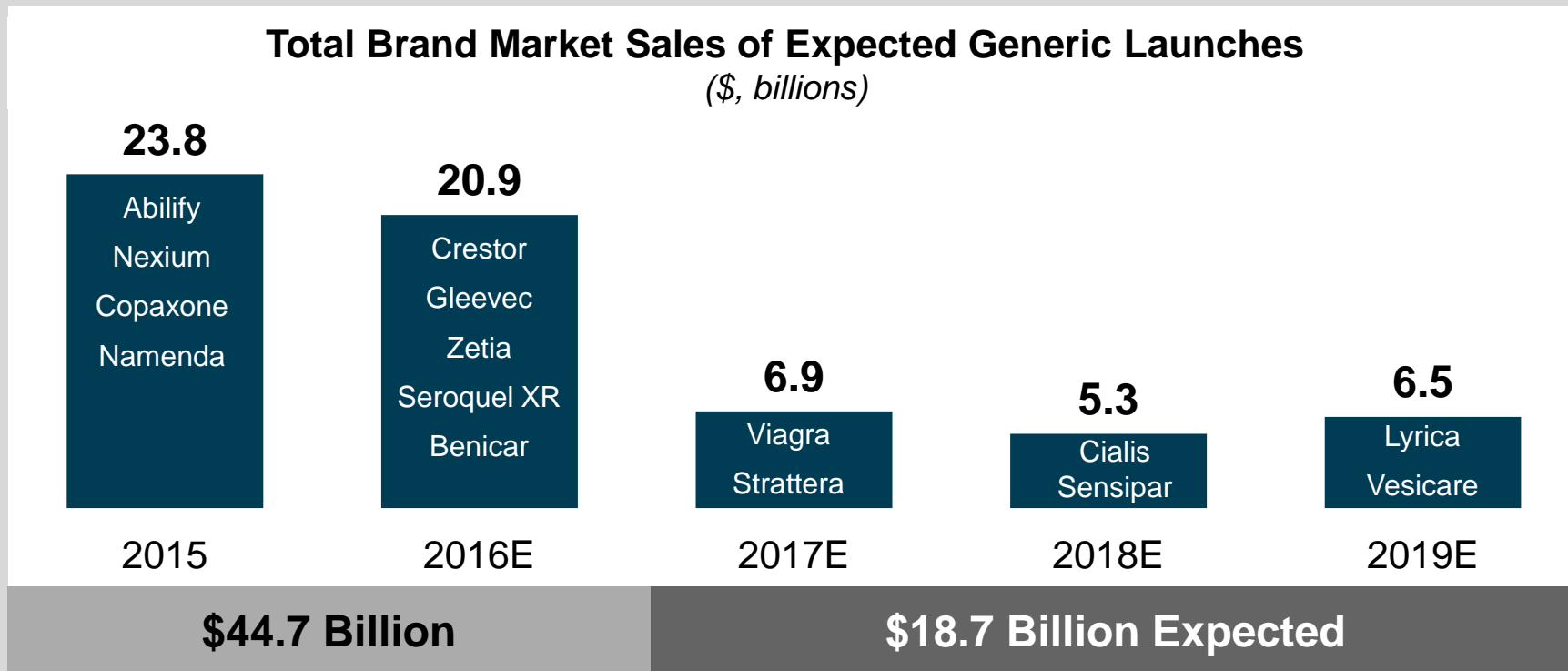




# Generics Remain an Opportunity

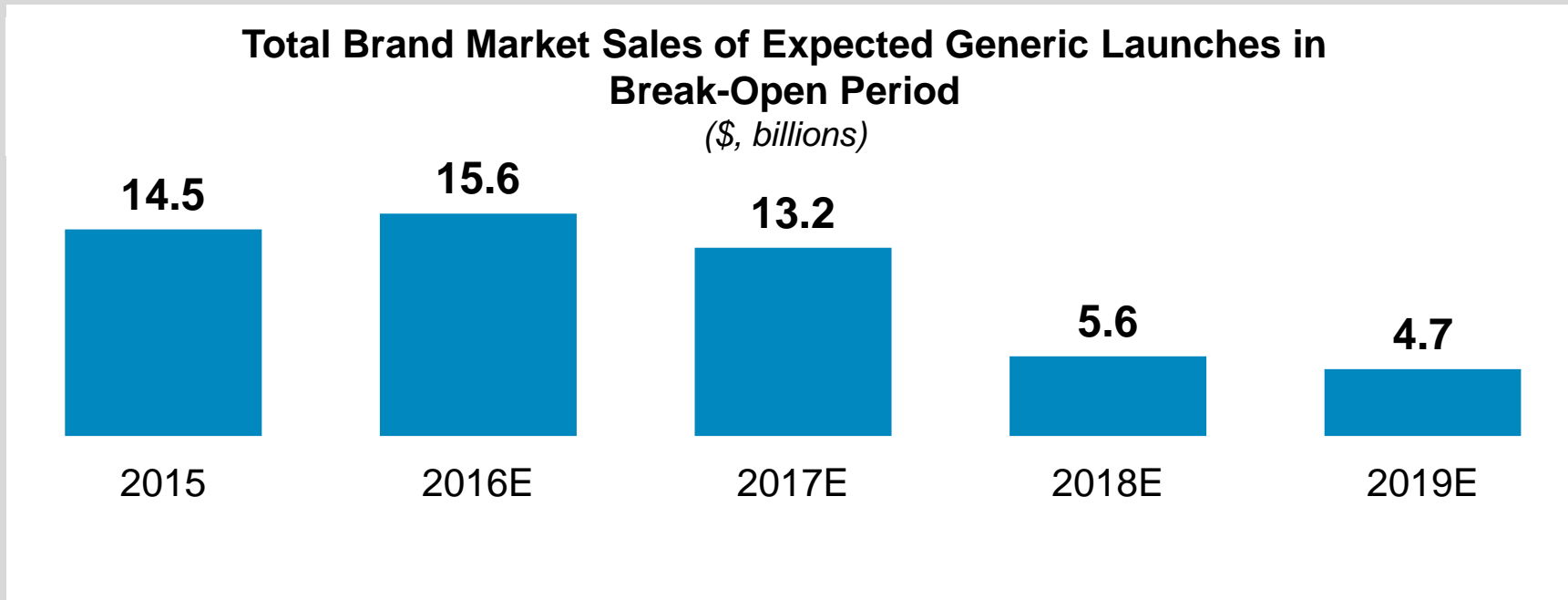
## Total Brand Market Sales of Expected Generic Launches

(\$, billions)



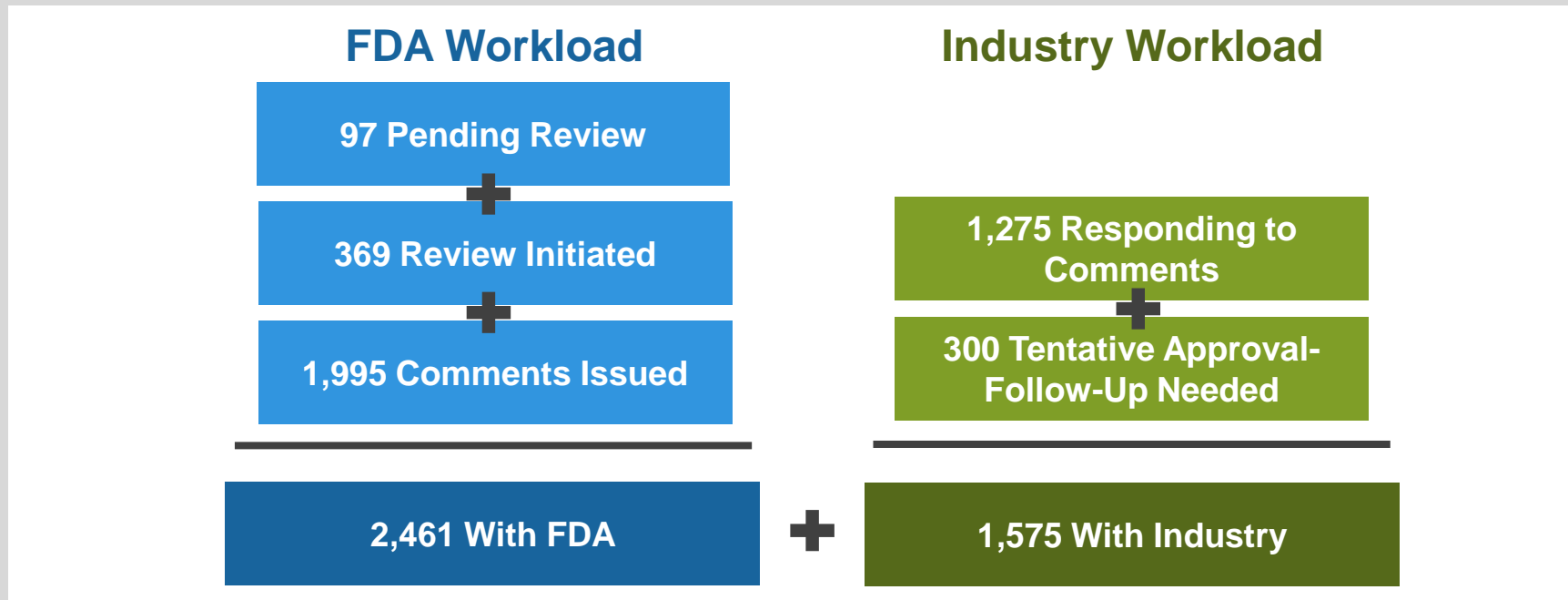


# Generics: Break-Open Generic Benefit Expected to Slow in Coming Years





# Backlog of Generic Approvals Creates an Opportunity







# Backlog of Generic Approvals Creates an Opportunity

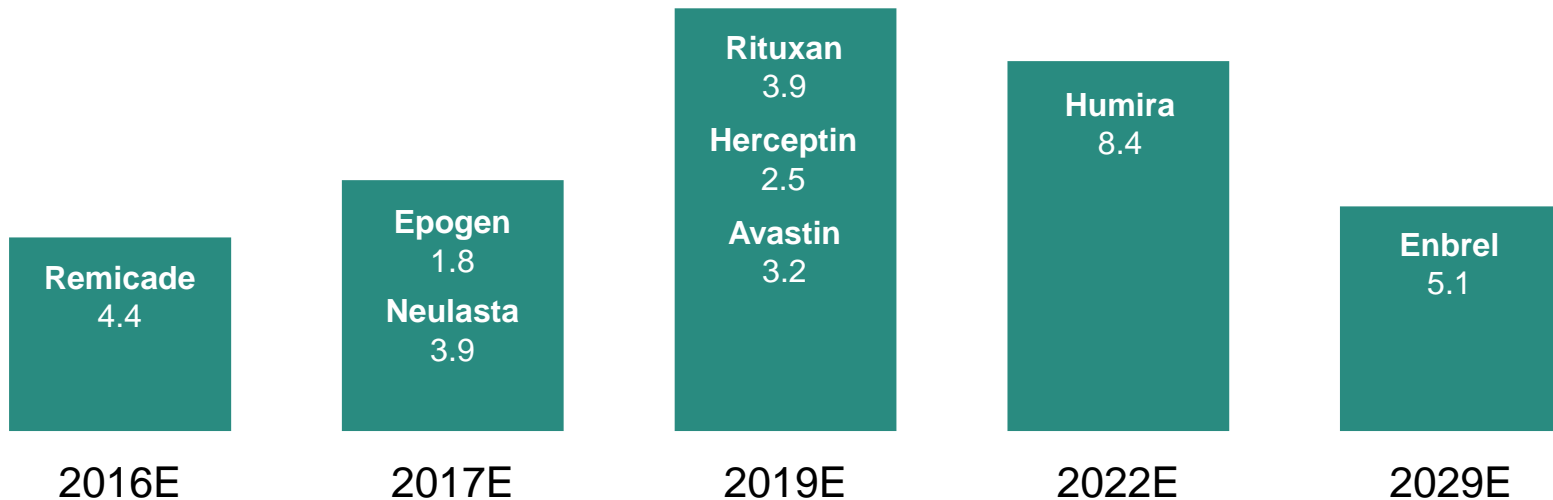
Total Backlog  
**4,036**

**Expect increased effort to bring generics to market faster**



# Biosimilars Represent an Additional Opportunity

2015 U.S. Sales and Projected Year of Earliest Possible Market Entry  
(\$, billions)





# While Incremental Generic Benefits Are Declining, Biosimilars Will Become a Bigger Opportunity

- **Biosimilars are expected to act more like brands than generics; they will have less of a margin benefit**
- **As specialty pipeline evolves, biosimilars are expected to provide competition, accessibility and cost savings**
- **Present opportunities for formulary strategies:**
  - Biosimilars added to the 2017 formulary
  - Lower cost for payors we support
  - Incremental margin opportunities for the enterprise

**Well-positioned to benefit from biosimilars**

# Embark on Streamlining Initiative to Maximize Use of Enterprise Assets

*What we will do...*

1

**Store Rationalization**

2

**Enhance Efficiency of Corporate Shared Service**

3

**Optimize Pharmacy Delivery Platform**

*...in order to:*



Maximize consistency and efficiency of patient experience



Reduce redundancies

Maximize productivity of our assets



Lower cost of our enterprise

# Embark on Streamlining Initiative to Maximize Use of Enterprise Assets

*What we will do...*

1

**Store Rationalization**

2

Enhance Efficiency of  
Corporate Shared Service

3

Optimize Pharmacy  
Delivery Platform

- Opportunity to trim our store base, closing 70 stores, while ...
- ... continuing to provide convenient local access to the millions of patients we serve on a daily basis

# Embark on Streamlining Initiative to Maximize Use of Enterprise Assets

*What we will do...*

1

Store Rationalization

2

Enhance Efficiency of  
Corporate Shared Service

3

Optimize Pharmacy  
Delivery Platform

- Consolidating similar activities across business units
- Early results are promising
  - 15% to 20% reductions in labor costs for relocated activities



# Embark on Streamlining Initiative to Maximize Use of Enterprise Assets

*What we will do...*

1

Store Rationalization

2

Enhance Efficiency of  
Corporate Shared Service

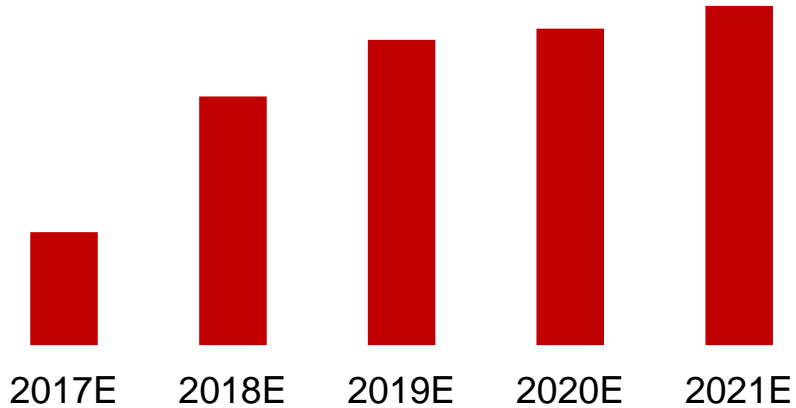
3

**Optimize Pharmacy  
Delivery Platform**

- Will seamlessly redistribute various aspects of pharmacy workload
- Better maximize script fulfillment capacity through use of process redesign and technology

# Streamlining Initiative Expected to Deliver Nearly \$3 Billion in Savings From 2017 Through 2021

## \$700 to \$750 Million in Estimated Annual Savings



**Savings Will Begin to Exceed Costs in 2018**

### Savings

- Two-thirds in Retail/LTC; one-third PBM

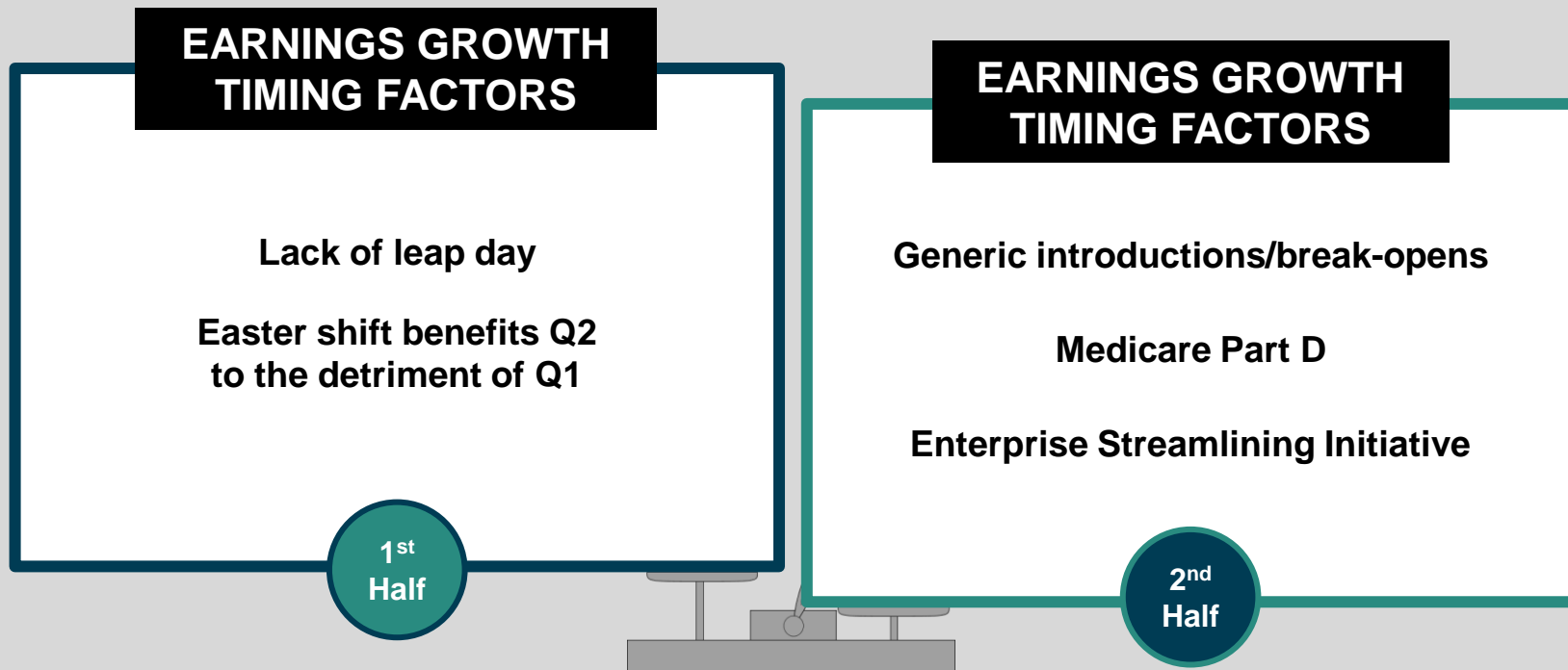
### Estimated Cost To Achieve

- *Operating Expense:*
  - ~ \$700M in total 2016–2021
  - Store rationalization:
    - 2016 ~ \$35M
    - 2017 ~ \$230M
- *Capital Expense:*
  - ~ \$450M in total 2016–2021





# 2017 Earnings Growth Significantly Back-Half Weighted





2017 Q1 Guidance:

## Challenging EPS Growth Due to Timing Factors

	Q1 2017
<b>Net Revenue Growth</b>	<b>2.5% to 4.25%</b>
<b>Adjusted EPS</b> <i>Year-Over-Year Change</i>	<b>\$1.07 to \$1.13</b> <b>(9.75%) to (4.75%)</b>
<b>GAAP Diluted EPS</b>	<b>\$0.82 to \$0.88</b>



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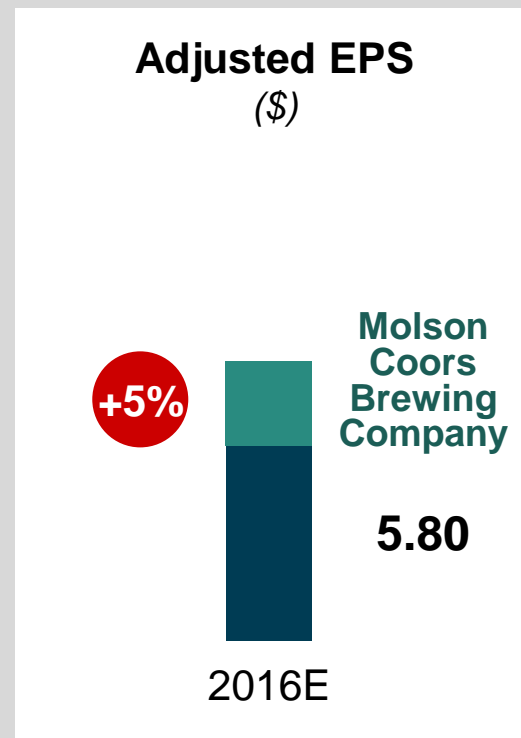
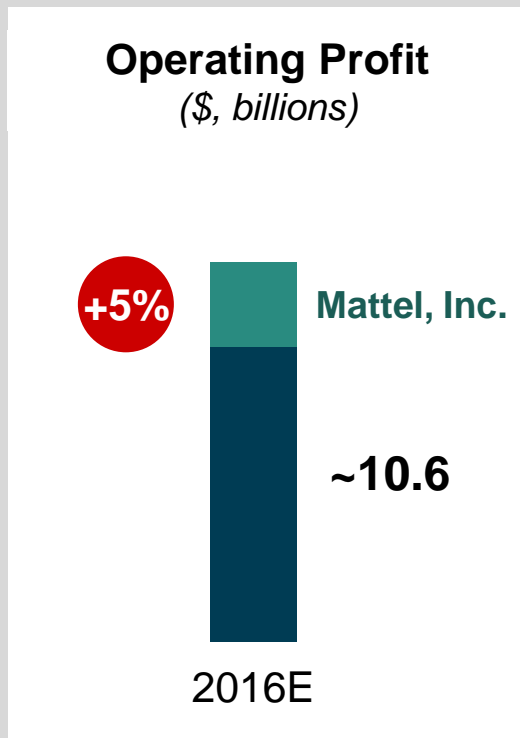
# Steady State Enterprise Targets

	Long-Term Growth Targets
Net Revenue Growth	~11%
Operating Profit Growth	~6%
Preliminary Adjusted EPS Growth	~5%
Average Annual Cash Available for Enhancing Shareholder Value	~\$7 to \$8 billion
Share Repurchase Contribution	~5%
Final Adjusted EPS Growth	~10%





# Illustrative Example of Meeting Growth Expectations





# Steady State Target Assumptions

## Positive

● Favorable industry dynamics



**Utilization**

- Compelling scale and expertise
- Generics & biosimilars



**Gross Margin**

- Enterprise streamlining initiative
- High return acquisitions



**Operating Profit**

- Retail/LTC new product offerings & partnerships
- Increased use of value-based care
- Net-new PBM contracts & Specialty
- Restricting networks



**Volume/Lives**

- Increased compliance requirements/regulations
- Pharmacy pricing/reimbursement trends



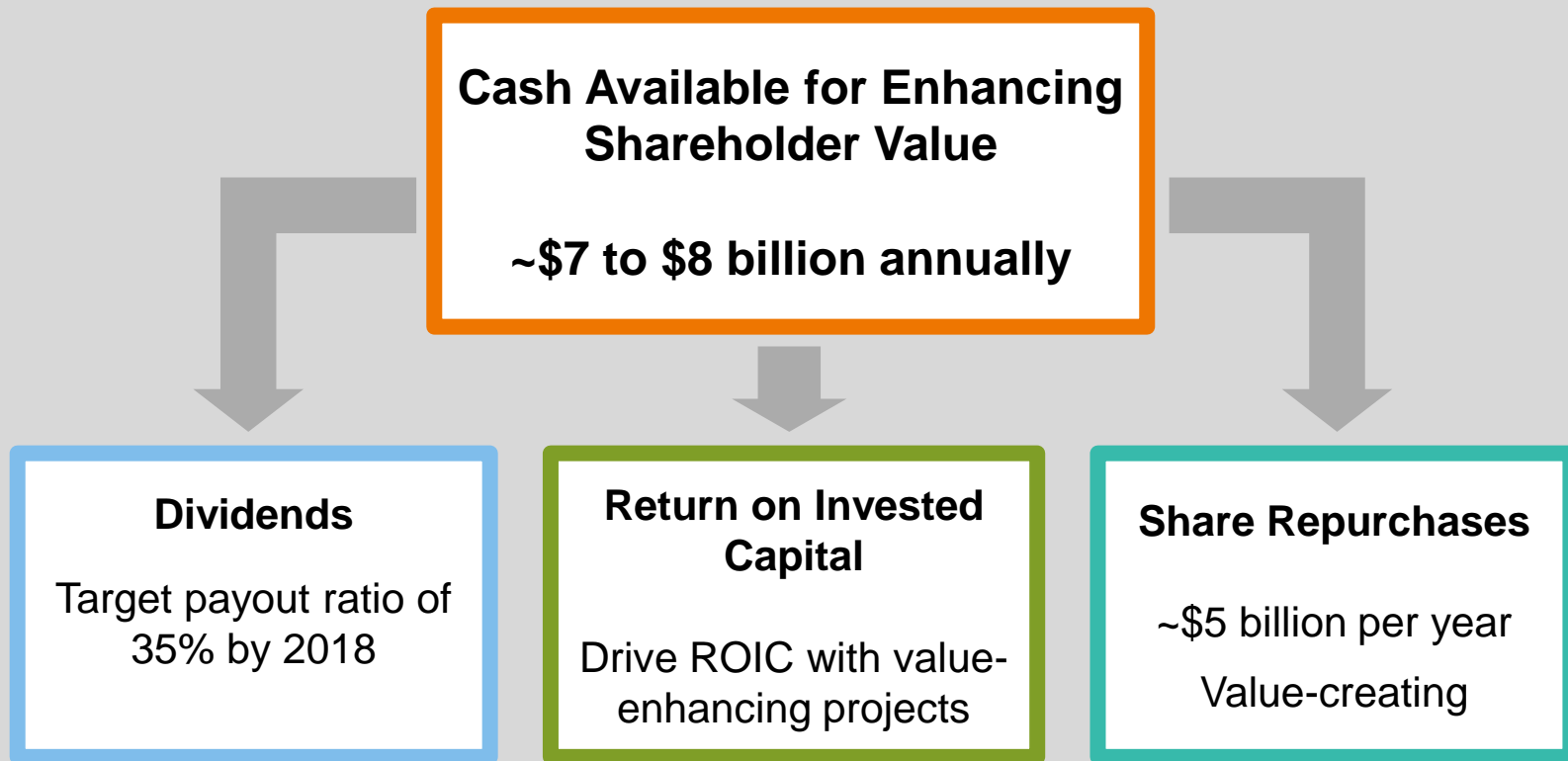
- Restricting networks



## Negative



# Continue to Enhance Shareholder Return





# Cash Allocation Priorities

## Capital Returned to Shareholders

### Dividends

- *Maintain 35% target payout ratio*

### Repurchase stock

- *Absent more attractive alternatives, take advantage of share valuation*

## Value-Enhancing Investments

- *Continued technology improvements and other investments in the business*

## Acquisition Opportunities

- *Continue to stay ahead of the evolving health care market through acquisitions that drive growth*

## Capital Structure

- *Maintain credit rating of BBB+*
- *Return to 2.7x Adjusted Debt-To-EBITDA*



# Many Initiatives You'll Hear About Today to Continue to Drive Enterprise Profit Growth

- ✓ **Health plans represent significant opportunity** to drive value and capture share, whether or not we're the PBM
- ✓ **Continued innovation** will fuel future PBM success
- ✓ Our **specialty business** has unmatched assets and continues to outpace the market
- ✓ Partnering in retail to enable **pharmacy share gains**
- ✓ **Omnicare and Target assets** expand reach of retail pharmacy
- ✓ Changes in health care to **value-based care** present opportunities
- ✓ **Low-cost provider** status expected to help drive share
- ✓ Opportunities remain within **generics, Red Oak Sourcing and biosimilars**
- ✓ **Strategic acquisitions** will continue to supplement growth



## Today's Key Takeaways

# Driving More Affordable, Accessible and Effective Care

### Unmatched Track Record

Proven track record of success meeting long-term growth targets, generating significant free cash flow and optimizing capital allocation to drive shareholder value

### Powerful Cash Engine

On average, expect to generate \$7 billion to \$8 billion of cash, annually, to enhance shareholder value

### Positioned for L-T Enterprise Growth

Unique, integrated model allows us to benefit from changes in the marketplace while our streamlining effort will help position us for sustainable, long-term enterprise growth



# Appendix





# Non-GAAP Financial Measures

## Free Cash Flow and Cash Available for Enhancing Shareholder Value

Net cash provided by operating activities

- Additions to property and equipment
- + Proceeds from sale-leasebacks

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### Free cash flow

- +/- Change in net debt
- +/- Change in cash

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### Cash available for enhancing shareholder value

## Adjusted Earnings Per Share

Income before income tax provision

- +/- Non-GAAP adjustments
- Adjusted income tax provision
- Earnings allocated to participating securities
- Net income attributable to noncontrolling interest
- ÷ Weighted average diluted shares outstanding

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### Adjusted earnings per share



# Additional Non-GAAP Financial Measures

## Adjusted Debt and Adjusted Debt-To-EBITDA

Total borrowings

+ Net present value of operating leases

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**Adjusted debt**

÷ **Adjusted EBITDA**

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**Adjusted debt-to-EBITDA**

## EBITDA and Adjusted EBITDA

Net income

+ Income tax provision

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Income before income tax provision

+ Depreciation and amortization

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**EBITDA**

+ Loss on early extinguishment of debt

+ Implied interest expense on operating leases

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**Adjusted EBITDA**

## Net Present Value of Operating Leases

Future minimum lease payments under operating leases

- Sublease income

Apply the discount rate to each year of payments

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**Net present value of operating leases**

**Average net present value of operating leases used to determine implied interest expense**



# 2017 Guidance: Consolidated Income Statement

	Full-Year 2017
Corporate Segment Expense	\$890 million to \$900 million
<i>Intercompany Eliminations</i> (% of combined segment revenues)	~12%
Gross Profit Margin	Notable decline
Operating Expense (% of consolidated revenue)	Modest improvement
Operating Profit Margin	Moderate decline



# 2017 Guidance: Consolidated Income Statement

	Full-Year 2017
Net Interest Expense	~\$1.01 billion to \$1.02 billion
Effective Tax Rate	~39%
Weighted Average Shares	~1.04 billion
Consolidated Amortization	~\$825 million
Consolidated Depreciation & Amortization	~\$2.5 billion



# Share-Based Compensation Accounting Change

- **Share-based compensation accounting change effective January 1, 2017**
  - All excess tax benefits and deficiencies should be recognized in the income statement; previously they were recorded to equity
  - Impacts the income, income tax provision and earnings per share calculation
  - Significant changes in stock price will drive changes in earnings per share





# Defined Benefit Pension Plan Settlement to Affect Only GAAP Results

- **Estimated settlement charge of \$220 million**
  - In September 2015, four of our defined benefit pension plans merged into one plan
  - In December 2015, the merged plan was terminated
  - The settlement of the terminated plan is expected to occur in the third quarter of 2017



# 2017 Q1 Guidance: Segment Performance Reflects Impact of Timing Factors

		Q1 2017
Retail/LTC	Net Revenue Change	(1.25%) to (3.0%)
	<i>Same Store Sales</i> <i>Same Store Adjusted Scripts</i>	<i>(2.25%) to (4.0%)</i> <i>Flat to (1%)</i>
	Operating Profit Change	(14.5%) to (17.5%)
Pharmacy Services	Net Revenue Change	7.0% to 8.75%
	Operating Profit Change	Flat to 2%



# Endnotes

## Slide 4, 5

1. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Adjusted EPS reconciliation for the year ending December 31, 2016 and the year ended December 31, 2015.
2. CVS retail and mail scripts include the adjustment to convert 90-day prescriptions to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal 30-day prescription.
3. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Free Cash Flow reconciliation for the year ending December 31, 2016 and the year ended December 31, 2015.

## Slide 6

1. Operating profit estimate of \$10.5 billion to \$10.6 billion for the year ending December 31, 2016 excludes \$207 million of acquisition-related integration costs from January 1, 2016, through September 30, 2016, a \$3 million charge related to a disputed 1999 legal settlement and an estimated \$35 million impairment charge for store rationalization related to our enterprise streamlining initiative. Including these items, operating profit for the year ending December 31, 2016, is expected to be in the range of \$10.3 billion to \$10.4 billion. Operating profit for the year ended December 31, 2015, excludes \$220 million of acquisition-related transaction and integration costs and a \$90 million charge related to a disputed 1999 legal settlement. Including these items, operating profit for the year ended December 31, 2015 was \$9.8 billion. Operating profit for the year ended December 31, 2013 excludes a \$72 million gain on a legal settlement, and including this amount, operating profit was \$8.0 billion.
2. Estimated integration costs related to the acquisitions of Omnicare and the pharmacies and clinics of Target for the period from October 1, 2016 to December 31, 2016 are excluded from 2016 estimates.
3. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Adjusted EPS reconciliation for the year ending December 31, 2016 and the year ended December 31, 2015.
4. Adjusted EPS for the year ended December 31, 2014 excludes \$518 million of amortization of intangible assets and a \$521 million loss on early extinguishment of debt. Adjusted EPS for the year ended December 31, 2013 excludes \$494 million of amortization of intangible assets and a \$72 million gain on a legal settlement.
5. CAGR is based on the midpoint of 2016 guidance.



# Endnotes

## Slide 7

1. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Free Cash Flow reconciliation for the year ending December 31, 2016 and the year ended December 31, 2015.

## Slide 8

1. Figures shown are as of the end of the fourth quarter for each respective year and include bridge financing in 2015, transaction and integration costs in 2015 and 2016 associated with the acquisitions of Omnicare and the pharmacies and clinics of Target, as well as, the loss on early extinguishment of debt in 2014 and 2016, the charges related to a disputed 1999 legal settlement in 2015 and 2016 and an estimated asset impairment charge in Q4 2016 for store rationalization related to our enterprise streamlining initiative.

## Slide 17

1. The calculation of the percentage of rebates passed to clients excludes our SilverScript individual PDP products.

## Slide 23

1. Script growth includes scripts adjusted to convert 90-day prescriptions to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal 30-day prescription.
2. Revenue from clients changing PBMs Source: CVS Health internal data analysis.

## Slide 25

1. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Adjusted EPS reconciliation for the years ending December 31, 2016 and 2017.
2. Year-over-year changes based on the midpoint of 2016 guidance.

## Slide 26

1. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Free Cash Flow reconciliation for the years ending December 31, 2016 and 2017.
2. Year-over-year changes based on the midpoint of 2016 guidance.
3. CVS Health finances a portion of its store development program through sale-leaseback transactions. Use of sale-leaseback financing is subject to change as a variety of financing vehicles for future development are evaluated.



# Endnotes

## Slide 27

1. Year-over-year growth based on the midpoint of 2016 guidance.
2. Total adjusted claims include the adjustment to convert 90-day, mail choice claims to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal 30-day prescription.

## Slide 28

1. Year-over-year change based on the midpoint of 2016 guidance.
2. Same store sales and prescriptions exclude revenues from MinuteClinic, and revenue and prescriptions from stores in Brazil, long-term care operations and from commercialization services.
3. Same store adjusted scripts includes the adjustment to convert 90-day prescriptions to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal 30-day prescription.
4. Estimated integration costs related to the acquisitions of Omnicare and the pharmacies and clinics of Target for the period from October 1, 2016 to December 31, 2016, as well as estimated integration costs related to the acquisition of Omnicare for the full-year 2017, are excluded from 2016 and 2017 estimates of gross profit margin, operating expenses as a percentage of net revenues and operating profit change and margin.
5. Operating profit change for the year ending December 31, 2016 excludes \$207 million of acquisition-related integration costs from January 1, 2016 through September 30, 2016 and an estimated \$35 million impairment charge in Q4 2016 for store rationalization related to our enterprise streamlining initiative. Operating profit change for the year ending December 31, 2017 excludes an estimated \$230 million charge for lease obligations in connection with store rationalization related to our enterprise streamlining initiative.

## Slide 30

1. 2015 includes all actual launches; 2016E forward includes all actual launches and only expected launches in total brand numbers whose annual sales exceed \$100 million (key launches highlighted) and assumes 6 months pediatric extension on all launches. Forward-looking analysis assumes no “at risk” launches. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health.
2. Source: IMS Health; CVS Health internal data analysis.



# Endnotes

## Slide 31

1. For each year (2015-2019), slide provides brand market sales for generic products that are expected to break open. These estimates are based off IMS data.
2. Brand market sales are at the time of first generic launch or last 12 months for pipeline products. Impact may span consecutive years as this is measured 12 months from day of launch. Break-open dates on the 15th or later are rounded to next full month; dates before the 15th credited to that month.
3. The data is based on our launch expectations as of October 12, 2016.

## Slide 32, 33

1. Source for generics awaiting approval: Generic Drug Review Dashboard from the Office of Generic Drugs. The data is as of July 1, 2016.

## Slide 34

1. Dates included in this slide are reflective of likely U.S. Food and Drug Administration (FDA) approval date based on data available as of August 31, 2016. Actual approval date may occur before or after the date shown on this slide, or not at all. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health.

## Slide 40

1. Savings are gross figures, before depreciation of capital costs.

## Slide 42

1. Refer to non-GAAP tab in Analyst Day presentation book or the Investor Relations portion of the CVS Health website for Adjusted EPS reconciliation for the quarter ending March 31, 2017 and the quarter ended March 31, 2016.

## Slide 44, 47

1. The Company has not provided a reconciliation of the long-term targets announced today to comparable GAAP measures, as the Company is unable to reasonably estimate the GAAP items excluded from the multi-year, long-term targets.



# Endnotes

## Slide 52

1. CVS Health finances a portion of its store development through sale-leaseback transactions. Use of sale-leaseback financing is subject to change as a variety of financing vehicles for future development are evaluated.

## Slide 54

1. Corporate segment expense for the year ending December 31, 2017 excludes a \$220 million settlement of the Company's largest defined benefit pension plan.

## Slide 58

1. Same store sales and prescriptions exclude revenues from MinuteClinic, and revenue and prescriptions from stores in Brazil, long-term care operations and from commercialization services.
2. Same store adjusted scripts include the adjustment to convert 90-day prescriptions to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal 30-day prescription.
3. Operating profit change estimates exclude an estimated \$230 million charge for lease obligations in connection with store rationalization related to our enterprise streamlining initiative, as well as acquisition-related integration costs related to the acquisition of Omnicare for Q1 2017.