



Employer action plan

PHASE 01

Assess and align

More cancer diagnoses in the younger workforce demand a shift in prevention, benefits and care delivery.

Here's your simple three-phased approach that helps protect employees and plans.



Audit claims, disability, and Employee Assistance Program (EAP) data:

- + Time-to-diagnosis
- + Site of care
- + Stage at diagnosis
- + Age-cohort patterns



Map oncology network for:

- + Adolescent and Young Adult (AYA) oncology expertise
- + Rare cancer capabilities



Review benefit language for:

- + Diagnostic waivers
- + Fertility preservation
- + Rapid second opinions

PHASE 02

Launch priority upgrades

01 **Add or expand nurse navigation at first suspicion of cancer, supported by digital navigation tools**

02 **Launch prevention & detection campaigns:**

- + Human Papillomavirus (HPV) vaccination outreach
- + Cervical screening adherence
- + Symptom “red flag” education

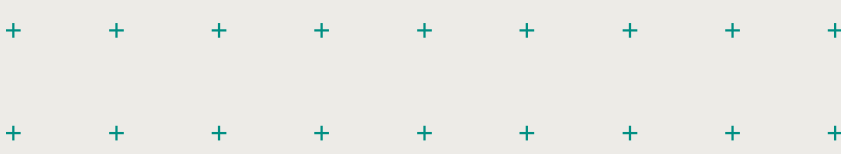
03 **Establish Centers of Excellence (COE) access for rare/complex cancers**

04 **Roll out manager training + standardized return-to-work protocols**



PHASE 03

Institutionalize and scale



Embed cancer-readiness messaging into **Open Enrollment**, with tailored outreach to employees under 45



Build equity dashboards with quarterly governance reviews



Expand survivorship programs; track productivity retention and readmission rates

Metrics that matter

TRACK QUARTERLY



Speed and access

- + Time from first cancer suspicion → diagnosis
- + Time from diagnosis → treatment start
- + Second-opinion utilization
- + COE referral completion rates



Quality and outcomes

- + Stage at diagnosis (movement toward earlier stages)
- + Treatment adherence
- + ER visits or readmissions during active treatment
- + Survivorship program engagement

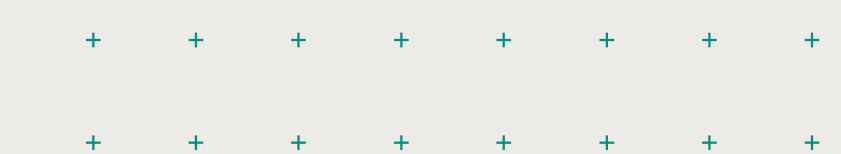


Financial

- + Oncology total cost of care PMPM (risk-adjusted)
- + High-cost claimant trends
- + Specialty pharmacy cost trends
- + Avoided costs from:
 - + COE utilization
 - + Earlier-stage detection



Executive FAQs



Q: We already cover preventive care—why change?

A: Younger adults face **different cancer types** and higher rates of **rare cancers** that lack standard screening. Employers need faster diagnosis pathways, better specialty access, and long-term survivorship support.

Q: Won't this increase costs?

A: Not necessarily. Earlier detection, COE routing, and navigation generally **reduce late-stage complications, ER use, and redundant testing**, helping control total cost of care.

Q: How do we protect productivity?

A: Combine **flexible work, trained managers, and proactive navigation**. Employees who feel supported maintain engagement and return to work more successfully.



Download the full 2026 Health Care in Focus Oncology Report on [Evernorth.com/hcif](https://evernorth.com/hcif)