

UNITEDHEALTH GROUP

Investor Conference 2023

IC23.

Welcome

Quality. Simplicity. Affordability. Accessibility. These are the core tenets of a health system that prioritizes the long-term health and well-being of the people it serves, delivering better outcomes and lower costs, while constantly innovating and adapting to the needs of consumers.

My colleagues across Optum and UnitedHealthcare – physicians, pharmacists, engineers, care advocates, researchers, scientists and more – work each day to deliver on that ambition. Through our five strategic growth pillars – care delivery, health benefits, health technology, financial services and pharmacy care – we collaborate with a constellation of stakeholders to make value-based care a reality for as many people as possible throughout the health system.

Together, we are helping build a more connected, coordinated and transparent system. A system where incentives are aligned between care providers, health plans and consumers. A system where physicians and their care teams have the tools, technology and most importantly, the time they need to keep their patients healthy, rather than seeing them only once they are sick. A system organized around the needs of the people who depend upon it most: consumers.

Our aspiration is to become America's leading consumer health care destination; a lifetime partner for their health and well-being, offering the products, services, solutions and experiences that make high-quality care not only affordable and accessible, but as easy and convenient as everything else in their lives.

Throughout our time together, I hope you see how we bring those pieces of the system together to not just meet, but exceed the expectations of consumers who are looking for the health system to adapt, innovate and evolve.

Looking to 2024 and beyond, we are confident our approach will meet our long-term outlook to grow earnings per share by 13% to 16%, delivering distinctive returns for our shareholders and greater value for consumers and the health system.

Andrew Witty

Chief Executive Officer

UnitedHealth Group

UNITEDHEALTH GROUP



Our mission

Help people live healthier lives and help make the health system work better for everyone.

UNITEDHEALTH GROUP

A health care and well-being company with two distinct and complementary businesses working to help build a modern, high-performing health system.

Optum

Combines clinical expertise, technology and data to empower people, partners and providers with the information, tools and assistance they need to achieve better health.

Optum Health

Care delivery

Optum Insight

Technology-enabled services

Optum Rx

Pharmacy care services

UnitedHealthcare®

Offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care.

Employer & Individual

Supporting working-age individuals and families

Medicare & Retirement

Serving older adults

Community & State

Care for economically disadvantaged individuals

>152M
people served

~440K
employees

~\$400B
projected revenues
in 2024

Our strategic growth priorities

Our five strategic growth priorities are connected and supported by a growing set of complementary capabilities to bring innovation to the entire health care system and create more value for the people we serve.



Value-Based Care

Integrating in-clinic, in-home, behavioral and virtual care delivery capabilities designed to comprehensively serve more people in models that achieve higher-quality outcomes at a lower cost.

>130K

physicians and advanced practice clinicians

>4M

patients in fully accountable value-based arrangements



Health Benefits

Building on proven coverage offerings with innovative benefits that prioritize simplicity, affordability and better health outcomes.

>52M

consumers served in commercial and government health benefit programs globally

~1.1M

consumers added in 2023



Health Technology

Using clinical data and intelligence to simplify administrative processes, support clinical decision-making, and improve transparency, efficiency and quality across the health system.

~285M

lives of clinical and claims data

~23B

electronic transactions facilitated



Health Financial Services

Streamlining payment processes to improve accuracy and reduce administrative burden for providers, while making payments simpler, more convenient and affordable for consumers.

>\$500B

in annual payment volume

>24M

consumers served



Pharmacy Services

Innovating as a care provider and pharmacy benefit manager to lower the cost of drugs while seamlessly integrating direct-to-consumer offerings with medical, pharmacy, behavioral and community health capabilities.

>62M

consumers served

>1.5B

adjusted scripts managed each year

Navigating an evolving health care landscape

UnitedHealth Group is committed to helping build a health system that is simpler, more connected and delivers higher-quality outcomes at a lower cost. Amid the evolving dynamics of the U.S. health system, we remain focused on continuously innovating to meet the needs of consumers by integrating our deep clinical expertise with technology and data analytics to deliver comprehensive care to the people and communities we serve.

Advancing value-based care

Fully accountable value-based care arrangements deliver better health outcomes at lower costs, and we remain committed to value-based care as the best model for managing care for patients, payers and providers.

In 2023, UnitedHealth Group advanced its value-based care model by adding nearly 900,000 patients in fully accountable arrangements. Optum Health now serves more than 4 million patients in this model, in which care provider incentives are most closely aligned with patients, with greater emphasis on quality and value of care. We meet consumers in the clinic, at home and virtually, and we are deepening our capabilities by further integrating pharmacy, behavioral and in-home care to deliver coordinated preventive care and better manage chronic conditions.

~900,000

new patients added to fully accountable arrangements in 2023

Compared to Medicare fee-for-service, Optum patients in fully accountable Medicare Advantage plans are 44% less likely to be admitted to the hospital for chronic obstructive pulmonary disease or asthma complications and 14% less likely to have an avoidable emergency department visit. Our integrated approach to preventive care helps patients better manage chronic conditions. Medicare Advantage members served by Optum fully accountable value-based care clinicians are 14% more likely to control their hypertension and 7% more likely to control their diabetes compared to people in Medicare Advantage plans receiving care from other providers.

Combining expertise across the Optum and UnitedHealthcare businesses – including clinical support, pharmacy services and technology – we expect to serve more patients through value-based care for many years to come across Medicare, Medicaid and commercial benefits.

Creating a simpler consumer experience

UnitedHealth Group is committed to meeting rising consumer expectations for simplicity, connectivity and transparency in health care. Through digital tools, innovative benefit structures and integrated, real-time payments, we meet evolving consumer expectations and drive greater efficiencies across the health system.

We continue to invest in digital-first capabilities that empower consumers to make better care decisions – helping them access higher-quality care at a lower cost both for them and the health system. We collaborate across our businesses to add new capabilities that increase access to on-demand care, provide highly personalized benefits information and improve affordability. For example, our fastest growing commercial offering features no annual deductibles and a clear view into the cost and coverage of health care services, helping more people access preventive care at a lower cost. And we provide a digital front door that is simple, intuitive and connects people to an ecosystem of health care services.

We continue to use the Net Promoter System (NPS), which helps us improve everything from product design to channel delivery to customer service. NPS links directly to our business goals, and strong NPS performance is associated with customer retention, growth, consumer satisfaction and loyalty.

Helping people access health coverage

The proportion of people in the U.S. with health coverage reached a historic high in 2023, driven largely by an increase in Medicaid coverage and Affordable Care Act (ACA) individual exchange plans. UnitedHealth Group remains committed to ensuring people have access to coverage options, particularly as states resume Medicaid eligibility redeterminations, which may cause near-term changes to coverage.

We are partnering with states to support their renewal and outreach efforts and closely monitoring membership movement to facilitate enrollment across our diverse product suite. Through comprehensive outreach, we help people maintain their health coverage by engaging members through providers, retailers, pharmacies and within their communities to connect them to an affordable coverage option that meets their needs.

Additionally, we have expanded our national footprint of individual exchange products to 26 states, including four new states in 2024, which provides additional coverage options to people seeking benefits as part of the Medicaid redeterminations process.

26

states where we provide individual exchange coverage

Maintaining stable benefits for older adults

More than 32 million people are enrolled in Medicare Advantage plans, representing about half of all Medicare-eligible U.S. adults, up from just 29% a decade ago. Older adults enrolled in Medicare Advantage plans receive additional benefits and care management, while spending 45% less than beneficiaries in Medicare fee-for-service.

UnitedHealthcare currently serves over 9.3 million consumers in Medicare Advantage and Dual Special Needs Plans, with more people in 4 Star and higher Medicare Advantage plans than any other organization.

Through various funding environments, we prioritize benefit stability for the Medicare beneficiaries we serve and focus on helping the most vulnerable individuals with the greatest needs in the health system.

Applying artificial intelligence and machine learning to support patients and providers

Artificial intelligence (AI) and machine learning (ML) can empower people with the information they need to make better personal health choices, provide physicians with insights to assist their decision-making and streamline the performance of the health care system. Supported by a comprehensive governance framework and a commitment to responsible use, UnitedHealth Group is investing in hundreds of programs that will create efficiencies across the health system, support front-line care providers and help people quickly access the right information.

We are focused on implementing AI/ML solutions to:

- Simplify administrative processes, such as call documentation in our contact centers, which frees up capacity for care advocates to engage with members.
- Build new data science platforms, including helping consumers find the right care.
- Offer medical and clinical insights that combine the latest medical knowledge, patient history and outcomes data.

We are energized by the possibilities of AI/ML solutions in health care – and are committed to proceeding in a way that considers, identifies and addresses potential unintended consequences of these tools. We seek to ensure that AI and ML models are used to enable and support – but not replace – critical human judgment.

Investing in the communities we serve

Our data-driven and community listening approach to advancing health equity helps us identify distinct population needs and then convene community partnerships to address the root causes. We collaborate with over 100 different community-based partners in more than 25 diverse communities, which are home to 5.5 million UnitedHealthcare members. Together, we co-design measurable and sustainable strategies to improve maternal health outcomes, increase access to primary and behavioral care and improve outcomes for those with chronic conditions.

~\$100M

**in social impact investments
committed since 2020**

In addition to growing our robust affordable housing tax credit investment portfolio, we have committed nearly \$100 million in social impact investments since 2020. In 2023, our investments focused on helping people living with disabilities who are unemployed and underemployed; supporting community health; food and agriculture; and clean energy – all critical determinants of health. We also committed to invest more than \$80 million in a renewable energy project in support of our commitment to net-zero emissions.

Sustainability at UnitedHealth Group

Sustainability is an essential channel for fulfilling our mission and deepening our societal impact. Our sustainability priorities include:

- **Helping to Build a Modern, High-Performing Health System.** Our core business is committed to building a simpler, more consumer-oriented health system to help ensure everyone has access to high-quality, affordable health care.
- **Healthy Environment.** Recognizing the impact climate change has on human health, we are working to minimize our footprint by becoming operational net-zero by 2035.
- **Our People and Culture.** Our ability to build a diverse, equitable and inclusive culture is critical to our success as a company where innovation and compassion fuel our impact on the people and communities we serve.
- **Responsible Business Practices.** Our decades-long commitment to strong and effective corporate governance is foundational to our ability to grow and operate ethically as we work to improve the health and well-being of those we serve.

Learn more in our [Sustainability Report](#).

Long-term financial performance outlook

We anticipate our enterprise will continue to grow as a result of delivering differentiated value to our customers, consumers and society as a whole. We maintain a long-term outlook for earnings per share growth of 13% to 16%, on average, with about two-thirds of this growth typically driven by earnings from operations and the remainder from capital deployment.

Optum

We expect Optum to sustain a long-term double-digit revenue growth rate, primarily by serving more people, more comprehensively.

- Optum Health is expected to have double-digit revenue growth, with operating margins in the 8% to 10% range.
- Optum Insight is expected to deliver double-digit revenue growth and operating margins of 18% to 22%.
- Optum Rx revenue is expected to grow at 5% to 8%, with operating margins in the 3% to 5% range.

UnitedHealthcare

We expect UnitedHealthcare to continuously increase value delivered to customers and serve more people across its businesses, resulting in an 8% to 10% long-term revenue growth rate. The operating margin profile of each business is expected to continue to be generally stable over the long term.

- Our Medicare Advantage business is expected to grow as more people select our high-value offerings and the population ages.
- We expect our Medicaid business to grow as states expand managed coverage, especially for more complex populations.
- Within the commercial business, our new innovative offerings are expected to drive growth in the years ahead.

Among UnitedHealthcare's businesses in total, we expect the medical care ratio to rise gradually over time as we expand in government programs, which typically come with a higher medical care ratio than commercial businesses.

UNITEDHEALTH GROUP

- Consistent with recent years, we expect to sustain a mid-single-digit percentage operating margin over the long term, with annual variations based on business mix.
- We anticipate improving our operating cost ratio by an average of 20 to 40 basis points per year on an equivalent business mix basis.
- We will continue to deploy capital through targeted acquisitions, seek to maintain an attractive dividend and expect to continue ongoing share repurchase activity. We expect these will contribute 3 to 5 percentage points to our annual earnings per share growth rate.
- We expect our business performance and capital deployment will yield a return on equity of 20% or higher and a return on invested capital in the mid-teens percent or greater.
- Earnings growth rates inherently vary year to year, due to changes in economic conditions, health program funding and regulatory changes, investments to drive future organic growth, and capital allocation activities such as business combinations, share repurchases and our dividend.

Balancing capital allocation among key priorities

We balance the allocation of the capital generated by our strong cash flow among several key priorities: ensuring the strength of our regulated entities and the overall enterprise capital structure; internal reinvestment opportunities; growth through acquisitions; and returning capital to shareholders through dividends and share repurchases. Our board has authorized a double-digit increase of the dividend each year since 2010, to the current annualized level of \$7.52 per share, or approximately \$7 billion. The dividend is reviewed by management and the board regularly in light of business needs and market conditions.

Optum



About Optum

The people of Optum are creating a higher-performing, value-oriented and more connected health system to help every person in every community. Bringing together clinical expertise, technology and data to make care simpler, more effective and more affordable, we are advancing whole-person health, creating a seamless consumer experience and supporting clinicians with insights to deliver personalized, evidence-based care – where, when and how people want it.

Our businesses

Optum Health

Optum Health is accelerating a patient-centered, value-based care model to achieve quality outcomes and improved experiences for patients, while lowering the total cost of care. Serving nearly 103 million individuals, we proactively engage people in managing their health and well-being in-person, in-home and virtually, and we empower care teams with the latest information and insights to help them efficiently coordinate patient care.

Optum Insight

Optum Insight is creating stronger connections across payers, providers and consumers through software-enabled services and analytics to make clinical, administrative and financial processes simpler and more efficient. We apply advanced data, technology and clinical expertise within the decision-making flow to improve the entire health care experience.

Optum Rx

Optum Rx is integrating pharmacy, medical and behavioral care through its full spectrum of pharmacy services and benefits to give more than 62 million consumers affordable access to prescription medications and therapies, comprehensively manage their complex care needs and provide a better, more transparent digital pharmacy experience.

Who we serve

Consumers

Enabling health care for 132 million individual consumers

Care providers

Empowering nearly 130,000 physicians and advanced practice clinicians, 9 out of 10 U.S. hospitals and more than 67,000 U.S. pharmacies

Health plans

Improving performance and member health for 4 out of 5 U.S. health plans

Employers

Engaging with nearly 9 out of 10 Fortune 100 companies

Government

Engaging through partnerships in all 50 states and the District of Columbia

Life sciences

Advancing clinical research with nearly 120 global life sciences companies

Optum Health

Optum Health is a patient-centered care organization serving communities nationwide by enabling high-quality, fully accountable value-based care. We use our clinical expertise, digital tools and advanced technologies to simplify the patient experience, empower care providers and integrate a broad range of care services.

Delivering integrated, high-quality care

Offering primary, specialty and ambulatory surgical care in clinics, at home and virtually through medical groups, independent practice associations and specialty partnerships to serve patients where, how and when they need us the most.

Providing comprehensive care solutions

Caring for people at every stage of their lives, from maternal and child health to older adults, through preventive care, benefits navigation and utilization management for complex specialty conditions that manage costs and improve quality and experience.

Offering coordinated behavioral care

Supporting the behavioral health needs of individuals through both benefits and care delivery capabilities that advance evidence-based care, when and where they need it.

Simplifying health care payments

Delivering end-to-end financing and payment solutions, including health savings and spending accounts, to create seamless and frictionless health payments and card solutions for care providers and consumers.

~103M

Unique consumers served

>4M

Patients in fully accountable value-based arrangements

~130K

Physicians and advanced practice clinicians

>2.7K

Sites of care

>100

Health plan partners

**HEALTH FINANCIAL SERVICES
(Optum-wide)**

>\$20B

Assets under management

>2.7M / >24M / ~60K

Health care providers, consumers and retail locations in financial services networks

>\$500B

In annual payment volume

Accelerating the value-based care transformation

Optum Health continues to accelerate the shift to a more accountable and connected health care system for individuals and their families. Serving more than 4 million patients with fully accountable value-based care, our advanced tools and technology solutions support the delivery of evidence-based care, drive better outcomes and create an overall better patient and provider experience.

Our integrated, equitable whole-person care model delivers high patient activation and improved health outcomes in clinics, at home and virtually. For example, people are 18% less likely to have an inpatient admission and 11% less likely to have an emergency department visit through our preventive care and proactive care management when compared to traditional fee-for-service plans.

Deepening care in the home

Optum Health continues to deepen and connect its primary, specialty, behavioral and ambulatory care delivery capabilities to serve the most complex and vulnerable patients in their homes. Our growing home capabilities provide medical, behavioral and social services, along with post-acute health services, community and facility-based services and palliative care to our most complex patients as one integrated delivery system.

By creating a more connected and simple health care experience for patients, we can more effectively address a patient's complex conditions, medication adherence, social needs, food and housing insecurities, and substance use and mental health challenges. Our interdisciplinary in-home care model has been shown to reduce hospital admissions and ER visits by double digits, delivering a better experience for patients and improved costs.

In 2023, Optum Health added to its home health capabilities, which will complement our existing home care businesses, including in-home patient assessments, post-acute care, senior community care, navigation services and in-home care for our most complex patients.

Providing timely access to integrated behavioral care

Behavioral care is a core part of our care model, and we see increasing access to behavioral health services as a positive sign that we are delivering holistic, high-quality care. We continue to advance the integration of physical and behavioral health across our service lines by bringing together our full range of in-person and virtual capabilities. Supported by the expertise of our outpatient behavioral health business and our digital innovation team, we are integrating new behavioral health tools and services directly into our primary care clinics and home-based care settings to deliver more comprehensive, whole-person care.

>430K
behavioral health professionals
in network

Our network of more than 430,000 behavioral health professionals supports access to effective care for the more than 45 million people we serve. We continue to offer new integrated virtual and digital tools that simplify navigation for patients. These tools provide timely, accessible, quality and appropriate levels of care that lowers the total cost and improves the experience of the patient to get the care they need.

Enabling a simpler health care payment experience

Optum Financial helps more than 24 million individuals and more than 57,000 employers make payments simple, convenient and affordable. Our card technology will be available to more than 18 million people across multiple health plans by early next year, enabling seamless payments for items covered by health benefits, including food, medications and utilities. Through an expanded payment network and e-commerce platforms, we are creating a distinctive consumer experience.

>18M

people across multiple health plans will have our card technology in 2024

In 2024, we are adding e-commerce partners to our already expansive retail network of nearly 60,000 locations. Consumers will be able to access health care and shop both in-store and online with their benefits. Optum's payment network is the foundation of our strategy and is integral to our efforts in transforming how care is paid for and financed. Using the most trusted and secure payment network in health care, we deliver payments digitally into the accounts of more than 2.7 million care providers on behalf of hundreds of payers, reducing administrative burden and ensuring quick and accurate payment.

Optum Health growth outlook

Optum Health expects to deliver consistent and durable growth in new and existing markets by offering integrated, comprehensive care and capabilities and accelerating our path to value-based care with an enduring focus on quality, affordability and service excellence. We expect to continue to deliver double-digit revenue growth on average and continue to target a long-term operating margin profile in the 8% to 10% range.

Optum Insight

Optum Insight is creating stronger connections across payers, providers and consumers through software-enabled services and analytics to make clinical, administrative and financial processes simpler and more efficient while advancing value-based care. We apply advanced data, technology and clinical expertise within the flow of decision-making to improve the entire health care experience.

Our health care expertise, data and technology together deliver results in three key areas:

Supporting evidence-based medicine and empowering care providers

Providing evidence-based clinical insights at the point of care to help clinicians identify next best actions and deliver better patient outcomes.

Reducing administrative burden

Streamlining administrative transactions by connecting and enriching data flows and analytics-driven intelligence.

Improving payment accuracy for payers and providers

Increasing the speed and accuracy of payments to help create a more modern, real-time, transparent payment system.

~285M

Lives of clinical and claims data

>140M

Clinical decisions facilitated annually

~23B

Electronic transactions facilitated

~\$32B

Projected revenue backlog for 2023

~\$140B

Annual billings managed for revenue cycle customers

4 out of 5

U.S. health plans served

~120

Life sciences companies served

Creating a modern, connected health system through better insights

Optum Insight is improving the flow of health data and information to create a simpler, smarter and more connected system. We remove friction and drive better alignment between care providers and payers, and ultimately consumers.

We serve three key markets: care providers; payers, including health systems and state governments; and the life sciences industry. Each market offers meaningful growth potential of its own, and together they represent a significant market opportunity.

Our core focus areas include:

- Administrative solutions that deliver revenue cycle optimization, coding and billing for care providers.
- Clinical solutions that enable care providers to increase care quality, grow their practices and transition to value-based care.
- Software, network and data solutions that facilitate and simplify connections across health care.

We help clients achieve greater administrative efficiency by connecting data and information to make administrative processes simpler and more accurate. Our technology solutions help improve claims accuracy at every step of the billing cycle and automate preauthorizations – saving time and costs – to give consumers and care providers better experiences.

We embed critical information into the daily workflows of both care providers and payers, ensuring both have the same relevant clinical and benefits information about a patient at the point of care, eliminating unnecessary delays and rework.

Our provider enablement solutions are helping care providers and payers advance value-based care, ensuring decisions are made on evidence-based standards of care, which continually update as

care standards evolve. Within our clinical decision support tools, data-driven insights are embedded directly in the clinical workflow to help our health system partners identify high-risk patients, address gaps in care and support the most appropriate treatment setting. These solutions are helping primary care physicians close nearly 20 million care gaps.

We are helping create a more modern, real-time, transparent payment system by simplifying payments across care providers, payers and consumers. Patient and payer payment information is shared quickly and accurately, while our payment integrity services deliver billions in annual savings to payers.

Together, our administrative, clinical and payment solutions combine our deep expertise in health care with our data, technology and analytics to remove friction, improve the patient and provider experience and reduce costs.

Supporting an expanding portfolio of health systems

Health systems today face headwinds impacting cost and revenue that create a difficult operating environment and the need to find new and effective alternatives to successfully navigate changing market dynamics.

Optum Insight partners with health systems to help them remain financially stable, improve community care and accelerate performance. We continue to add new health system partners to help clients address core performance, growth and innovation.

We help clients improve operating results and invest in strategic opportunities by taking responsibility for many key functions, including revenue cycle, information technology and clinical operations.

Optum Insight Highlights

Health systems, regardless of size or location, want our end-to-end solutions, including access to our artificial intelligence capabilities and support in transitioning to value-based care.

With a robust pipeline of future engagements, our partners are maintaining financial independence and redefining what the health system of the future will look like through streamlined and efficient local care.

Optum Insight growth outlook

Even as Optum Insight continues to invest in advanced technologies and more comprehensive services, we expect to deliver double-digit revenue growth over the long term.

Our current products and solutions, competitive positioning and diverse capabilities contribute to continued growth in our sales pipeline and revenue backlog, which is the demand for Optum Insight's products and services. We target operating margins of 18% to 22%, as our customers look to us for more comprehensive solutions.

Optum Rx

Optum Rx is a pharmacy care business providing people with more affordable access to prescription medications and therapies. Powered by deep clinical expertise and integrated data and analytics, our full spectrum of pharmacy services deliver improved experiences, better health outcomes and a lower total cost of care.

Personalized, integrated pharmacy care

Our pharmacy care services business delivers convenience, savings and better outcomes to consumers through our specialty pharmacy, infusion services, rare disease services, community pharmacies and home delivery. A team of more than 5,000 pharmacists and nurses provides high-quality clinical care, supported by innovative digital tools, affordability solutions, and processes that make pharmacy care simpler and easier to navigate for consumers, payers and prescribers.

Expanding access and affordability of medications

Our pharmacy benefit management services are designed to optimize drug effectiveness while serving the important role of managing affordability. We partner with pharmaceutical manufacturers, pharmacies, pharmacists, consumers, payers and prescribers to give the more than 62 million people we serve convenient access to the medications they need at the lowest possible cost.

>62M

Consumers served

>1.5B

Adjusted scripts managed annually

~\$158B

Total prescription spend managed annually

~\$62B

Annual specialty pharmacy spend managed

~770

Community and infusion pharmacies

>13K

Clinicians, pharmacists and pharmacy technicians

220M

Adjusted scripts delivered to consumer homes annually

Delivering high-quality, affordable pharmacy care

Our pharmacy benefit management business serves payers and patients by administering prescription drug plans and offering clinical and cost management services that improve health outcomes while lowering drug costs. We have modernized the traditional pharmacy benefit management model through a focus on transparency and the consumer. Our market-leading client solutions offer simplified and transparent pricing directly tied to the services performed by our pharmacy benefit business.

We are committed to helping reduce consumer out-of-pocket costs. Our expanding portfolio of consumer-targeted tools includes solutions that provide the most competitive price to the consumer at the point of sale.

Optum Rx accelerates the treatment of the whole patient – including medical, pharmacy and behavioral care – by embedding our pharmacists in the care team. Our pharmacists are key to helping consumers navigate their care and providing clinical expertise that leads to positive health outcomes.

For example, the pharmacy benefit management diabetes program connects members to specialized pharmacists for services including counseling, achieving more than \$1,000 in average savings for each engaged member, more than three-quarters of whom experience an improvement in A1C.

Caring for patients who require complex therapies

Specialty drugs continue to be a challenge for consumers, providers and employers. Although these medications are used by about 2% of patients, they represent over 50% of all pharmacy spending.

Optum Rx addresses the high cost of specialty drugs through integrated cost management across medical and pharmacy benefits. We help care providers identify the best treatment regimen, weighing clinical and financial information. Our specialty pharmacy provides care and clinical expertise for patients with more than 200 conditions, including in oncology, neurology and immunology. The end-to-end clinical and care management models lead to better adherence. For example, patients on oral oncology medications have adherence rates greater than 90%.

>200

**complex conditions supported
by specialty pharmacy**

Our rare, cell and gene therapy programs provide tailored pharmacy and patient services, dispense and distribute specialty medications, and use data reporting and analytics to advance therapeutic outcomes. By improving access to therapies and providing end-to-end patient support, from diagnosis to treatment and beyond, we're driving positive health outcomes and high patient satisfaction. We are well positioned to offer increased levels of support as more orphan, rare, cell and gene therapies launch over the next several years.

Our infusion services, provided in the convenience of the home and at infusion suites, lead to strong outcomes, with savings of more than 80% compared to traditional settings for immunoglobulins and biologic drugs.

Optum Rx partners with payers and pharmaceutical manufacturers to make therapies more affordable. Our solutions include outcomes-based contracting, utilization management, networks, distribution solutions and risk management. In 2023, our pharmacy benefit management business promoted a fair and competitive biosimilars market in immunology, including biosimilars on formularies, which offers consumers and providers choice, flexibility and clinical stability for treatment options.

Simplifying the pharmacy experience

We simplify the pharmacy experience for our clients, care providers and consumers with self-service tools, easy home delivery enrollment and enhanced digital solutions.

Our community pharmacy provides behavioral health, substance use disorder and complex medication management, serving more than 1 million individuals annually. We deliver high-touch engagement and specialize in managing complex conditions, enabling high-quality clinical outcomes and strong NPS performance for both patients and care providers.

Our home delivery pharmacy provides a cost-effective and easy way for patients to receive prescriptions where they live. By reducing barriers for consumers to fill and refill their prescriptions, our home delivery pharmacy improves adherence rates to above 90%, compared to 70% to 80% for 30-day scripts at retail pharmacies. Additionally, our multi-dose packaging capabilities simplify the daily experience for those with complex medication regimens.

~600K

**30-day adjusted prescriptions
delivered to consumer homes daily**

Our pharmacy benefit management digital tools lead to a better consumer experience and higher satisfaction levels. Consumers can search for their medication and compare pharmacy and alternative drug options online, at their care provider's office or on the phone with our customer service team. On average, consumers save 34% on non-specialty generics when our automatic price scanning tool finds a more affordable option, including by digitally transferring their prescriptions to home delivery.

34%

**average consumer savings when
automatic price scanning tools
find a more affordable option**

Optum Rx growth outlook

Optum Rx expects long-term revenue growth at an average annual rate of 5% to 8%, with operating margins in the 3% to 5% range. We expect continued growth in our pharmacy care services business that will allow us to grow faster than the overall market, while maintaining operating margins in our target range going forward.



About UnitedHealthcare

UnitedHealthcare offers a full range of health benefits designed to simplify the health care experience and make it more affordable for people to access high-quality care. We work to provide the more than 52 million consumers we serve with access to quality care when and where they need it through our network of more than 1.7 million physicians and care professionals and over 7,000 hospitals and care facilities nationwide. We support people from their earliest days through their working years and into retirement.

Our businesses

UnitedHealthcare Employer & Individual

UnitedHealthcare Employer & Individual offers a comprehensive array of health benefit plans and services across the U.S. for consumers, as well as employers of all scale and type, serving more than 27.2 million people. Our global commercial business delivers care, as well as medical, security and assistance benefits to clients and consumers in 150 countries.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement is dedicated to serving the health and well-being needs of seniors and other Medicare beneficiaries. Through a diversified selection of products and services, we help nearly 13.7 million people manage their health.

UnitedHealthcare Community & State

UnitedHealthcare Community & State offers diversified health care benefit products and services that provide care for the economically disadvantaged, the medically underserved and those without employer-funded health care coverage. We serve nearly 8.1 million people nationally.

How we serve

Simplest experience

We work to make health care simpler by streamlining processes and providing reliable, trusted information that helps make coverage easier to understand and use.

Affordable coverage

We believe everyone deserves health coverage they can afford, so we provide coverage options designed to fit a variety of budgets and focus on improving affordability and access.

Quality, supported care

We provide the people we serve with access to quality care, personalized solutions and the support they need to navigate the health system. In partnership with Optum, we continue to lead the way in accelerating the transition from fee-for-service to value-based care with the goal of making high-quality care more accessible, more affordable and more equitable.

UnitedHealthcare Employer & Individual

Almost half of the U.S. population, or nearly 155 million Americans, get their benefits coverage through their employer. An additional 19 million people get coverage on the individual market, with ACA exchange participation growing approximately 50% over the last five years.

UnitedHealthcare Employer & Individual provides employer-sponsored health benefits, offering a portfolio of products that deliver personalized coverage and care.

Our offerings span employer and individual medical plans, specialty benefits such as vision, dental, hearing and financial protection coverages, and international plans and services. This combination helps deliver value to employers and makes UnitedHealthcare a crucial part of improving the health and well-being of our members and communities.

The value of commercial coverage

As employers seek to attract and retain talented employees, they prioritize offering innovative and affordable health benefits and consumer engagement programs. That's because research suggests employers that provide compelling health benefits may experience a boost in productivity, profitability and overall employee recruitment and retention.

Our approach and value are distinct in the market, providing our members with innovative products; support from compassionate customer care advocates; data-driven programs designed to help enhance health and well-being; and quality and cost information to help improve access to the care they need at an affordable price.

>\$1.2T

Annual U.S. spending on employer and individual health benefits

~174M

People in the U.S. with employer and individual health benefits

>27.2M

Consumers served in the U.S. by UnitedHealthcare Employer & Individual

150

Countries served

>235K

Number of employer customers of all sizes, in all 50 states and the District of Columbia, served by UnitedHealthcare Employer & Individual

>53M

People served by UnitedHealthcare in specialty benefits, including dental, vision, hearing and financial protection plans

Providing data-driven value

By analyzing clinical and claims data alongside other factors, we help create customized plan designs and proactive support interventions for employers that more effectively close gaps in care, increase enrollment in clinical programs and reduce the total cost of care. We provide employers with chronic care resources, like our type 2 diabetes management solution, which reduces the total cost of care, provides engaged members with zero-cost medication and care, and helps participants better manage glucose levels and more effectively control their condition.

For care providers, we provide real-time patient information through their existing electronic medical records – including pharmacy and medical benefits, prior authorization and member costs – to make it easier for people to evaluate and understand their treatment and coverage options at the point of care.

We also help people access quality care at a more affordable price by using data to direct them to high-quality and high-value physicians and centers of excellence, whether they engage with us online, use our mobile app or call one of our customer care advocates.

Enabling affordable care

Out-of-pocket costs are the single biggest area of concern for the people we serve. UnitedHealthcare works to minimize consumers' financial burden through innovative health plan offerings, financial incentives and compelling product bundling, including initiatives that provide first-dollar coverage.

For instance, our newest products put consumers in control of their medical care with intuitive digital experiences and innovative designs that eliminate deductibles and provide clear, upfront cost and coverage information before getting care. These are among our fastest-growing commercial products, with 1 in 5 of our large account customers offering these products to their employees for 2024.

Because these plans make it easier for people to understand and use their benefits, they more frequently access annual physician visits and preventive

screenings compared to people enrolled in traditional plans. At the same time, the plans can reduce employee out-of-pocket costs by more than 50% on average and employer health care expenses by an average of 11%. With satisfaction rates exceeding industry benchmarks, 9 out of 10 people re-enroll in these health plans year over year.

We also provide employers with greater flexibility and cost-saving opportunities through level-funded plans, which offer all the financial protections of a fully insured plan with the lower cost of self-funding. With employers coming from fully insured plans saving 17% on average, our level-funded offerings are proving increasingly popular among employers looking for the right balance between fully insured and self-funded arrangements.

Supporting simpler experiences

Our simple, seamless digital experience has helped us build trust and redefine the value of being with UnitedHealthcare. For instance, our recently launched consumer engagement platform enables people to earn hundreds of dollars each year for completing various daily health goals and one-time activities.

Employer customers benefit from our data-driven customer care advocacy programs in part because of their very high satisfaction rating. We help people better understand their benefits and navigate the health system, providing support on everything from preventive care to managing a complex or chronic condition.

92%

**satisfaction rating for our
customer care advocacy programs**

Our common data platform provides a complete view of each member, which enables our advocates and Optum nurses to help people make more informed choices and more frequently enroll in relevant support programs. Through our enhanced customer care advocacy resources, we help people stay in network, assisting with hospital discharge planning and support, evaluating treatment and medication options based on coverage considerations, and more.

UnitedHealthcare Employer & Individual Highlights

We've also connected medical and pharmacy benefits to support better health outcomes and to offer a more streamlined experience. Using our common data platform and integrated approach to medical and pharmacy benefits, we are able to more effectively direct consumers to lower-cost drug alternatives, saving an average of \$47 per 30-day prescription fill among participating individuals. This connection helps people access their medications sooner and drives improved adherence.

Expanding our service areas

Our individual exchange offerings continued to grow in 2023, driven by strong retention of our existing membership and expanded growth among consumers across the country. We remain dedicated to providing access to more consumers through geographic expansion and developing consumer-centric offerings. We are focused on improving clinical outcomes through strategic provider partnerships, while deepening our relationship with Optum Health.

We are making strategic investments to better meet the needs of underserved populations, such as the Hispanic community, through customized benefit designs, marketing campaigns and community engagement initiatives to better attract and fulfill the needs of the unique individuals we serve. Our open enrollment marketing and sales strategies included acculturated campaigns and media plans at both the national and local levels. We also developed a Hispanic Council, made up of influencers, agents and community leaders, to remain connected to community perspectives to help drive enrollment and retention. And we continue to explore clinical programs to address unique health disparities, including diabetes education and nutrition planning.

In 2024, we are expanding the availability of our individual exchange plans to more than 400 new counties and four more states, such that we will serve people across 26 states, and expect to add more geographies in the coming years.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement serves 1 in 5 Medicare beneficiaries, or nearly 13.7 million consumers, through a portfolio of products, supporting seniors with personalized and affordable coverage and care. Our plans span Medicare Advantage, Medicare Part D, Medicare Supplement and group retiree services.

Our easy-to-use, affordable plans are supported by industry-leading customer service, delivering outstanding value to consumers and making UnitedHealthcare a trusted partner to our members.

The value of Medicare Advantage

Medicare Advantage continues to be a popular choice with seniors due to the quality, access and affordability of care delivered, which includes additional wellness, dental and hearing benefits. Compared to beneficiaries enrolled in Medicare fee-for-service, Medicare Advantage members experience 45% lower out-of-pocket costs and have a 43% lower rate of avoidable hospitalizations.

Medicare Advantage also serves an increasingly diverse, lower-income and clinically complex population. Seniors with chronic conditions are more likely to choose Medicare Advantage, and more than half of Medicare Advantage members have an annual income of less than \$25,000. Medicare Advantage enrollment among minority populations has more than doubled since 2013, and now makes up more than 30% of Medicare Advantage membership.

Our competitive strengths in value-based care, consumer innovation and clinical quality allow us to provide unparalleled access, savings, stability and peace of mind for seniors.

\$1.7T

Projected U.S. Medicare spending by 2030

>75M

People expected to be eligible for Medicare by 2030

~13%

CAGR in UnitedHealthcare Medicare Advantage membership since 2016

~13.7M

People served through UnitedHealthcare Medicare plans

~7.6M

People served through UnitedHealthcare Medicare & Retirement Medicare Advantage plans

45%

Lower costs for Medicare Advantage beneficiaries compared to those in Medicare fee-for-service

Providing consumer-friendly benefits

We focus on delivering value to seniors through products and benefits they rely on to support their health and well-being. We continue to remove copays and deductibles while offering some of the largest networks in the industry to ensure people can access the essential care they need.

In addition, seniors are increasingly looking for consumer-friendly digital resources to simplify and personalize their health care experience. That's why we continue to invest in differentiated capabilities and technology that increases ease of use, removes barriers to care and provides value-added simplicity, such as our popular UCard and URide offerings.

More than 6 million Medicare Advantage members are using UCard, the first all-in-one integrated card that combines the member ID with payment technology to help members get the most value from their benefits, pay for healthy food and utility bills, spend earned rewards and more.

>80M

**transactions by Medicare Advantage
UCard users in 2023**

In 2024, we are integrating new features, such as the ability for members to log in to their member portal as soon as they enroll in a plan and an expanded UCard retail network of nearly 60,000 retailers, to drive further engagement, member satisfaction and benefit use for members.

Advancing value-based care models

We focus on being good stewards of the Medicare program by fostering cost-effective, higher-quality health care for all Medicare beneficiaries. Our distinct competencies in value-based care, in-home care delivery and consumer-level health engagement help us continue to grow in a dynamic and competitive market.

UnitedHealthcare continues to accelerate the transition from fee-for-service to value-based care by focusing on care delivery capabilities to help engage members, promote primary care and facilitate care coordination. This approach, in combination with our focus on streamlining technology and reducing the administrative burden on providers, drives higher quality, better outcomes and superior experiences at lower costs.

Home care is essential to delivering a more equitable and accessible health system that reduces the cost of care and leads to a better consumer experience. HouseCalls has been the centerpiece of our home care model for years, with more than 2.5 million HouseCalls visits expected to be completed in 2023. By providing members with access to needed care in their homes, we are able to reduce costly ER visits and deliver a more convenient and comfortable experience. HouseCalls has also been central in identifying members with unmet social needs, so we can connect them to support services to enhance their health and well-being.

In partnership with Optum, we are building deeper clinical models designed to deliver specialized home-based medical care to some of our sickest and most vulnerable members. Our home-based clinical care management model serves our highest acuity members, managing more than eight chronic conditions with seven specialty providers, on average. Our physician-led model – inclusive of medical, behavioral, social, palliative and urgent care – helps decrease inpatient admissions and ER visits.

UnitedHealthcare Community & State

Medicaid is the largest health insurance program in the nation, serving a highly diverse population, including nearly 50% of U.S. children, with projected spend of more than \$1.1 trillion by 2030. UnitedHealthcare Community & State offers diversified health care benefit products and services that provide care for nearly 8.1 million people who are economically disadvantaged, medically underserved and without access to employer-funded health care coverage.

The value of managed Medicaid

Approximately 40% of the total Medicaid spend nationally is not currently in a managed care program, providing a large opportunity for us to deliver better care and outcomes through managed care. Growth opportunities include an active Medicaid pipeline of both reprocurements and new business, including the transition of higher-acuity populations into managed care.

We work with states and community partners to help create a more sustainable care system and empower Medicaid beneficiaries. Alongside these partners, we are creating local solutions to improve access and quality of care while addressing core health needs and inequities across populations. We utilize our enterprise strengths to create a more seamless and integrated member experience for people with the most complex health care needs. As states resume Medicaid eligibility redeterminations, we are engaging with affected individuals to help them navigate coverage disruptions and connect them to affordable coverage options.

>\$1.1T

Projected U.S. Medicaid spending
by 2030

~40%

U.S. Medicaid spend not currently
in managed care

>12%

UnitedHealthcare Community & State
revenue CAGR from 2016 to 2023

~8.1M

People served by UnitedHealthcare
Community & State Medicaid
and Dual Special Needs Plans

32

States and the District of Columbia
served by UnitedHealthcare
Community & State

>100

Specific state programs served by
UnitedHealthcare

Caring for individuals with complex conditions

Individuals with complex conditions benefit from our customized, high-touch models that integrate medical, behavioral, pharmacy and social care management based on a comprehensive view of each person's needs.

Optum at Home serves our most complex members enrolled in Dual Special Needs Plans with holistic home care based on individualized care plans. We help reduce hospitalizations by 12% and improve patient and caregiver satisfaction, while lowering total cost of care.

We also coordinate providers and community partners delivering personalized, value-based care that empowers our members to live independently. We assess and test the feasibility of caregiver support to reduce caregiver burdens and improve outcomes for people. In partnership with our in-home care delivery partners, we have activated a 24/7 member support model that has led to a reduction of inpatient admissions and adverse health events.

Addressing social drivers of health

Approximately 80% of a person's health is driven by social, behavioral and environmental factors like their education, income and ethnicity. To address the social drivers of health, we partner with members, care providers and local communities to:

- Screen members for social needs to better understand their barriers to better health.
- Connect people to our programs and vital community resources.
- Analyze the pattern of needs, as well as our ability to address those needs at a population level by geography, race/ethnicity and clinical condition.
- Expand communities' capacities to foster health and promote health equity.

UnitedHealthcare has built an industry-leading approach to identify and address health-related social needs, supported by a sophisticated data strategy. We blend health and social data with input from community partners to identify health disparities and co-develop specific health interventions, actions and measured outcomes. Data is applied to improve the way we serve people with unmet social needs and inform our community impact strategy. In 2023, we are on track to screen more than 5.5 million people for social needs.

860K

people we referred to support services in 2023

We meet people's social needs by helping enroll them in benefits for which they are eligible, connect them to internal programming and refer them to local, community-based organizations. We continue to develop and expand a variety of services and partnerships that provide access to healthy meals, transportation to doctor visits, digital technology (inclusive of cell phones and tablets), digital literacy strategies to improve technology adoption, social isolation solutions, workforce development opportunities and affordable housing, among others.

Food and housing insecurity remain key issues for the people we serve. We have referred more than 245,000 people to community resources who identified food as a need. Our support can come from government food programs or through connections to community-based organizations, food deliveries or local food banks. To help combat housing insecurity and homelessness, we focus on personalized housing navigation services; community capacity housing investments; and collaboration across medical and behavioral providers, housing partners and community-based organizations to integrate health and social services systems.

Acknowledging the critical role the community plays in individual health, we work with diverse sector partners to expand the capacity of communities to address gaps in services that contribute to health inequities.

Appendix

Forward-Looking Statements

The statements, estimates, projections, guidance or outlook contained in this document include “forward-looking” statements which are intended to take advantage of the “safe harbor” provisions of the federal securities law. The words “believe,” “expect,” “intend,” “estimate,” “anticipate,” “forecast,” “outlook,” “plan,” “project,” “should” and similar expressions identify forward-looking statements. These statements may contain information about financial prospects, economic conditions and trends and involve risks and uncertainties. Actual results could differ materially from those that management expects, depending on the outcome of certain factors including: our ability to effectively estimate, price for and manage medical costs; new or changes in existing health care laws or regulations, or their enforcement or application; reductions in revenue or delays to cash flows received under government programs; changes in Medicare, the CMS star ratings program or the application of risk adjustment data validation audits; the DOJ’s legal action relating to the risk adjustment submission matter; our ability to maintain and achieve improvement in quality scores impacting revenue; failure to maintain effective and efficient information systems or if our technology products do not operate as intended; cyberattacks, other privacy/data security incidents, or our failure to comply with related regulations; risks and uncertainties associated with our businesses providing pharmacy care services; competitive pressures, including our ability to maintain or increase our market share; changes in or challenges to our public sector contract awards; failure to achieve targeted operating cost productivity improvements; failure to develop and maintain satisfactory relationships with health care payers, physicians, hospitals and other service providers; the impact of potential changes in tax laws and regulations; increases in costs and other liabilities associated with litigation, government investigations, audits or reviews; failure to complete, manage or integrate strategic transactions; risks associated with public health crises arising from large-scale medical emergencies, pandemics, natural disasters and other extreme events; failure to attract, develop, retain, and manage the succession of key employees and executives; our investment portfolio performance; impairment of our goodwill and intangible assets; failure to protect proprietary rights to our databases, software and related products; downgrades in our credit ratings; and our ability to obtain sufficient funds from our regulated subsidiaries or from external financings to fund our obligations, maintain our debt to total capital ratio at targeted levels, maintain our quarterly dividend payment cycle, or continue repurchasing shares of our common stock.

This above list is not exhaustive. We discuss these matters, and certain risks that may affect our business operations, financial condition and results of operations, more fully in our filings with the SEC, including our reports on Forms 10-K, 10-Q and 8-K. By their nature, forward-looking statements are not guarantees of future performance or results and are subject to risks, uncertainties and assumptions that are difficult to predict or quantify. Actual results may vary materially from expectations expressed or implied in this document or any of our prior communications. You should not place undue reliance on forward-looking statements, which speak only as of the date they are made. We do not undertake to update or revise any forward-looking statements, except as required by law.

Non-GAAP Financial Information

Our Investor Conference materials and the related presentations contain non-GAAP financial information provided as a complement to the results provided in accordance with accounting principles generally accepted in the United States of America (“GAAP”). A reconciliation of the non-GAAP financial information to the most directly comparable GAAP financial measure is available in the “Investor Relations” section of our website at www.unitedhealthgroup.com.

Contact

For further information about the financial performance of UnitedHealth Group, contact Zack Sopcak, senior vice president, 952-936-7215.

UnitedHealth Group

9900 Bren Road East, Minnetonka, MN 55343

© 2023 UnitedHealth Group. All Rights Reserved.
UnitedHealth Group is a registered trademark with
the U.S. Patent and Trademark Office.

[unitedhealthgroup.com](https://www.unitedhealthgroup.com)