

United
Healthcare®





At UnitedHealthcare, we are united in our mission to help people live healthier lives and help make the health system work better for everyone.

About UnitedHealthcare

As the leader in health benefits, UnitedHealthcare is bringing together technology, data and clinical information to serve people from their earliest years through their working lives and into retirement.

We believe we can play a leading role in driving the transformation needed to help shape a more sustainable health system by offering affordable coverage, the simplest experience and high-quality, supported care.

UnitedHealthcare is well positioned for continued growth in each of the segments we serve. Whether a person is covered through their employer, through a government program or individually, we can provide them with solutions to help them live healthier lives.

Our businesses

UnitedHealthcare Employer & Individual

UnitedHealthcare Employer & Individual offers a comprehensive array of consumer-oriented health benefit plans and services across the U.S. for large national employers, public sector employers, mid-sized employers, small businesses and individuals. Our global businesses deliver benefits and care to more than 7.5 million people 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 comprehensive and diversified array of products and services, we help more than 13 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 more than 8 million people nationally.

UnitedHealthcare Employer & Individual

Affordability is top of mind for our customers and members. They want solutions that deliver the same quality, simplicity and convenience they find with other leading consumer brands.

So, we are advancing consumer-centric solutions for commercial customers – all built on data, advocacy and affordability. We deliver value to customers, providers and members using insights learned from our members, clients, brokers and care providers; our robust data set; and through our partnership with Optum.

Nearly 26.6 million people in the U.S. rely on UnitedHealthcare Employer & Individual through insured and self-funded plans. In addition, we serve more than 7.5 million people with care and benefits services outside of the United States.

Fast facts

>\$1T

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

>170M

People served in the U.S. for employer and individual health benefits

~26.6M

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

>7.5M

People served outside the U.S.

>250K

Employer customers of all sizes, in all 50 states

>52M

People served in specialty coverage, including dental, vision and hearing

Informed benefit solutions

Using data and demographic and socio-economic factors, we help create customized plan designs and clinical programs for employers that contribute to well-being and reduce the total cost of care. Based on that customized analysis, we can refer employers to chronic care resources, like our diabetes management program that reduces costs by up to 6% and provides members with medication and care covered at zero cost to them.

For care providers, we provide real-time patient information – including clinical, pharmacy, labs, prior authorization and cost transparency – to existing electronic medical records to make it easier and more efficient to understand what patients need at the point of care.

And we direct members to high-quality and high-value physicians and centers of excellence, including online, via our mobile app and when speaking with our customer care advocates.

Simpler experiences in response to market dynamics

We deliver new products to help people optimize their deductible, while also encouraging them to seek care from the optimal provider and setting when they need it.

We are helping people access preventive and chronic condition care by offering members a preloaded debit card with up to \$500 that can be used for high-value primary care and specialist provider visits, virtual visits, urgent care and outpatient behavioral health. This type of first-dollar coverage, which enables members to use their benefits right away without the need to first pay a deductible, helps encourage optimal health care usage, with more than 30% of enrollees indicating it motivated them to access care when they may not have otherwise.



New health benefits like Surest™ eliminate deductibles and provide upfront pricing information to put consumers in control when it comes to their medical care choices and costs. Employee out-of-pocket costs can be up to 46% lower and employers save up to 15% on premiums.

Our data-driven enhanced customer care advocacy models guide members to the right care at the right time and at the right setting, achieving a 91% member satisfaction rating. For people with specific health conditions, such as type 2 diabetes, we've expanded the availability nationwide of a health plan that gives members new insights from a continuous glucose monitor and fitness tracker, plus support from a personalized care team – all to help lower A1C levels, reduce the reliance on type 2 diabetes medications and even work toward remission.

Our level-funded products, which enable employers to pay a fixed monthly fee to cover claims, administrative fees and stop-loss insurance, continue to be popular with employer customers looking for the right balance between fully insured and self-funded. These plans provide all the protections of a fully insured plan, delivering an 18% lower cost, on average.

We are also continuing to grow and expand our exchange offerings, with individual and family plans in 22 states in 2023. And we are leveraging the significant distribution capabilities within our commercial business to help individuals find coverage with UnitedHealthcare or other plans.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement offers a comprehensive set of products, supporting coverage and care needs across many populations. This includes:

Medicare Advantage plans. UnitedHealthcare Medicare & Retirement serves 7 million people through a variety of Medicare Advantage plans and a full scope of value-added services and clinical programs. Our simple, affordable plans are supported by industry-leading customer service, delivering outstanding value to consumers and making UnitedHealthcare indispensable to the health and well-being of our members.

Medicare Part D plans. We also offer stand-alone Medicare prescription drug benefits, serving 3.3 million people throughout the U.S. and its territories. UnitedHealthcare Part D plans cover thousands of brand-name and generic prescription drugs that are most commonly used by people on Medicare, resulting in access, savings, stability and peace of mind for seniors.

Medicare Supplement. Under a long-standing relationship with AARP, we serve 4.4 million people through various Medicare Supplement and other supplemental coverage for people age 50 and older.

Retiree services. UnitedHealthcare Retiree Solutions provides employers with high-quality, affordable health care solutions for 2.2 million retirees. Group plans include Medicare Advantage, Senior Supplement and Medicare Part D.

Fast facts

\$1.2T

Projected U.S. Medicare spending in 2025

>10K

Baby boomers aging into Medicare daily

~70M

People expected to be eligible for Medicare by 2025

~40%

Lower costs for Medicare Advantage beneficiaries compared to those in Original Medicare in 2021

~13%

CAGR in UnitedHealthcare Medicare Advantage membership since 2016

>13M

People served through UnitedHealthcare Medicare plans

Medicare Advantage drives health, savings and value

In 2022, nearly half of eligible Medicare beneficiaries were enrolled in Medicare Advantage plans – more than doubling since 2007. It is a popular choice due to the quality of care delivered, approximately 40% lower out-of-pocket costs compared to Original Medicare, and additional wellness, dental and hearing benefits. Furthermore, Medicare Advantage saves the government and seniors nearly 12% in combined savings.

Seniors in Medicare Advantage receive more comprehensive benefits and better health outcomes compared to those on Original Medicare, including a 43% lower rate of avoidable hospitalizations. Members with complex diabetes have a 52% lower rate of all related complications and a 73% lower rate of serious complications compared to those in Original Medicare.

Medicare Advantage 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 minorities now make up more than 33% of Medicare Advantage membership.

Our competitive strengths and the value we create through the Medicare Advantage program allow us to provide additional services and benefits to target the important social needs of seniors. Our focused and scalable social determinants of health solutions – including in-home clinical care models like HouseCalls – take a whole-person approach to closing gaps in care and connecting our most vulnerable members to needed support.

Personalized in-home care

Our in-home care team is essential to delivering a more equitable and accessible health system. HouseCalls has been the centerpiece of our home care model for years. In partnership with Optum, HouseCalls improves the patient experience and continuity of care across the health system by helping seniors manage chronic diseases, coordinating primary care and providing referrals to critical social and behavioral health support.

HouseCalls

>2M

HouseCalls expected to be completed in 2022

~1M

members tested in 2022 for under-diagnosed conditions; approximately 25% screened positive

~75%

of members had an in-office primary care visit within 90 days of a HouseCall

Highlights

In 2023, we will continue to build upon the success of our program and expand its scope to be even more of a “care connector” – focused on delivering clinical care and value to our members by:

- Expanding our in-home testing program that screens for common under-diagnosed and asymptomatic conditions, such as diabetes, prediabetes, hepatitis C and colon cancer.
- Offering flu and COVID-19 shots in the home and evaluating additional vaccines, like pneumonia and shingles.
- Evolving our dedicated care team to immediately assist members with follow-up care needs.
- Advancing our comprehensive approach to screen members for unmet social needs and connect them to support services to address disparities.

Innovation and simplicity

Our focus remains on delivering value to our members through products and benefits that are simple to understand and use. We remove deductibles and copays to help members get the essential care they need.

We continue to innovate to increase ease of use and simplicity. In 2023, we will offer the Integrated Benefits card to 7 million Medicare Advantage members. This innovative card – powered by Optum Financial – combines the member ID with critical payment technology to help members gain the most value from their benefits, pay for healthy food and utility bills, spend earned rewards and more.

We focus on being good stewards of the Medicare program by fostering more cost-effective, higher-quality health care for all Medicare beneficiaries. Our distinct competencies in care coordination, in-home care delivery, innovation and consumer-level health engagement help us continue to expand the number of people we serve.



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 access to employer-funded health care coverage.

Approximately 40% of the total Medicaid spend nationally is currently not in a managed care program, offering a strong growth opportunity to deliver better care and outcomes to those served by Medicaid.

Growth opportunities include an active Medicaid pipeline of both reprocurements and new business – including the move of higher-acuity populations into managed care.

We participate in:

Temporary Assistance to Needy Families (TANF). Primarily provided to women, children and families with a high prevalence of chronic illnesses.

Children’s Health Insurance Program (CHIP). Provided to children not covered by commercial insurance and in families with incomes too high to qualify for Medicaid.

Aged, Blind and Disabled (ABD). Medical assistance programs for individuals who are age 65 or older, blind or disabled.

Long-Term Services and Supports (LTSS). Medicaid programs for the long-term care population, including home- and community-based services to support living outside a nursing facility.

Medicaid Expansion. Participating in Medicaid expansion under the Affordable Care Act (ACA).

Medicare and Medicaid Plans (MMP). Provided for individuals who are enrolled in both Medicaid and Medicare.

Dual Special Needs Plans (DSNP). Services for individuals who often have multiple chronic conditions and limited incomes and are eligible for Medicare and Medicaid.

Individuals with Intellectual/Developmental Disabilities (I/DD). Provided to individuals with limitations in intellectual functioning and adaptive behavior to cover many everyday social and practical skills.

Fast facts

~\$880B

Projected U.S. Medicaid spending in 2025

~40%

U.S. Medicaid spend not currently in managed care

>11%

UnitedHealthcare Community & State revenue CAGR from 2016 to 2022

>8M

People served by Medicaid and Dual Special Needs Plans

32

States and the District of Columbia served by Community & State

>100

Specific state programs served by UnitedHealthcare

Highlights

Caring for individuals with complex conditions

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

Optum at Home serves our DSNP members with holistic in-home care, with a team of clinicians and care team members who support our most complex members based on individualized care plans. Improving access to care and coordinating patient care across providers and care settings helps us achieve better health outcomes and lower costs, and improves patient satisfaction.

Addressing social determinants of health

Medical care accounts for an estimated 20% of the modifiable – or nongenetic – contributors to health outcomes. The remaining 80% are social conditions like education, employment, income, family and social support and community safety. We also know 65% of health care spending is driven by 10% of the population – patients who are high users of the health care system and who often have multiple chronic conditions, take multiple medications and often have unmet social needs.

To better support these social needs, 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.

We have a comprehensive approach to identifying and screening our members for social needs, referring them to appropriate social support resources and confirming they successfully received the services. In 2023, we expect to screen 1.7 million Medicaid members for social needs.

~\$800M
invested in affordable housing by UnitedHealth Group

~19K
new homes built for individuals and families in need

We are making affordable housing investments that focus exclusively on projects that integrate health or social services and we partner with organizations that track residents’ health and well-being over time. We recently committed \$200 million from our Health & Housing Fund, in partnership with leading community housing organizations, to help build affordable homes for families and seniors facing housing insecurity. We also committed more than \$2 million to launch or enhance social services on-site at the housing developments.

Additionally, we recently invested \$25 million in the Healthy Neighborhoods Equity Fund II in New England. The fund, launched by Conservation Law Foundation and Massachusetts Housing Investment Corporation, was created to finance inclusive mixed-use affordable housing developments near public transportation that offer retail, housing and social services to support the infrastructure of healthier communities more comprehensively.

Advancing health equity with community partners

We are focused on building healthier communities and addressing social factors that impact health, and enabling communities to reduce barriers to care and obtain the resources and support to advance health equity at the ground level.

Using a data-driven community-based model, we convene health care providers, public housing authorities and community-based organizations to positively impact community health needs.

Highlights

We screen members for health-related social needs and refer them to nutritional, financial and transportation service providers.

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. We have reached more than 1.6 million members in 28 states across the country with plans to progress toward realized outcomes and sustainable partnerships in the next 18 months.

We are proactively screening members for health-related social needs and referring them to service providers to address nutritional, financial and transportation needs. And in 2022, we introduced a new social health initiative in three cities that brings together community partners, private employers and other stakeholders to drive infrastructure and environmental improvements and investments that create long-term advancements in health equity in communities.

The impact of redeterminations

Medicaid enrollment has continued to increase due to the continued renewal of the COVID-19 Public Health Emergency (PHE) and the temporary suspension of redeterminations. While the exact end date of the PHE and resumption of redeterminations remains uncertain, we are committed to maintaining continuity of coverage for all Medicaid members – not just our own. We are focused on being the consumer-preferred company for all Medicaid members through efforts that support uninterrupted access to coverage when the PHE ends.

We plan to help members retain coverage within Community & State, while also using this as an opportunity to help UnitedHealthcare grow overall. We will accomplish this through ambitious outreach to members and by working with state partners and employers to transition individuals to other UnitedHealthcare lines of business, including individual and family and employer-sponsored plans.

These efforts reinforce our long-held belief that the existing portfolio of public and private options can provide universal coverage to all Americans and help sustain the current record-high number of people with health benefits coverage in the United States.

