

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 helping to build a modern, high-performing health system.

Optum

Delivers care aided by technology and data, empowering people, partners and providers with the guidance and tools 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

Caring for economically disadvantaged individuals

Our culture

The people of this company are aligned around values that guide our behavior as individuals and as an institution.

Integrity

We do the right thing and follow through on our shared commitment to quality.

Compassion

We listen, advocate and act with urgency for those we serve and our colleagues.

Inclusion

We welcome, value, respect and hear all voices and diverse points of view.

Relationships

We work together to deepen connections and collaboration for better outcomes.

Innovation

We invent a better future by learning from the past.

Performance

We strive for high-quality results in everything we do.

To achieve our mission:

We seek to enhance the performance of the health system and improve the overall health and well-being of the people we are privileged to serve and their communities.

We work with health care professionals and other key partners to expand access to high-quality health care so people get the care they need at an affordable price.

We support the physician/patient relationship and empower people with the information, guidance and tools they need to make personal health choices and decisions.

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 consumers we serve.



Value-Based Care

Integrating care in the clinic, in home and virtually to comprehensively serve more people in ways that achieve higher-quality outcomes at a lower cost.



Health Benefits

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



Health Technology

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



Health Financial Services

Streamlining payment processes to improve accuracy and the experience for providers, while making payments simpler, more convenient and affordable for consumers.



Pharmacy Services

Lowering the cost of drugs while integrating direct-to-consumer offerings with medical, pharmacy and community health capabilities.

Navigating an evolving health care landscape

UnitedHealth Group is helping build a simpler, more connected health system that delivers higher-quality outcomes at lower costs. We are 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

We believe moving health care from a volume-oriented, transaction-based system to one that rewards high-quality, comprehensive and proactive care can deliver better outcomes at a lower cost and keep people healthier over their lifetimes. Enabling more people to benefit from value-based care is core to our mission and the foundation of our long-term ambition.

Value-based care is proven to drive better health outcomes at a lower cost. For more than 20 years, there has been bipartisan consensus among health care experts and policymakers that value-based care is superior to fee-for-service in quality of health outcomes, consumer experience and cost. In fact, for four presidential administrations, CMS has called for innovation and collaboration to develop value-based care models in Medicare and Medicaid.

~4.7M

**patients served in value-based care
in 2024**

UnitedHealth Group is intentionally organized to support the transition to value-based care. We provide more coordinated care by connecting patients to primary care earlier, effectively identifying and managing chronic conditions and slowing disease progression.

For example, the people served by Optum Health's value-based care models are more likely to receive preventive screenings, less likely to be admitted or readmitted to the hospital and have better control of diabetes and hypertension than people in fee-for-service Medicare.

We now serve people in value-based care in dozens of geographies, integrating primary, ambulatory, surgical, behavioral and home care, serving diverse payers, employers and governments. We see many opportunities to expand in existing Medicare markets and into new geographic markets to serve more people in commercial and Medicaid plans.

Creating a simpler consumer experience

UnitedHealth Group is working to meet rising consumer expectations for simplicity, connectivity and transparency in health care.

Through digital tools, innovative benefit products and integrated, real-time payments, we are driving toward a consumer-centric and modernized health system. In 2024, we saw a twofold increase in people using our apps, along with an increase in overall satisfaction year over year.

We continue to use the Net Promoter Score (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.

Maintaining access to health coverage

UnitedHealth Group remains committed to ensuring people have access to simpler, more affordable health coverage options, whether through employers, individual exchanges, Medicaid or Medicare Advantage.

30

states where we provide individual exchange coverage in 2025

We continue to support states as they complete post-pandemic Medicaid eligibility redeterminations to connect affected individuals to affordable coverage options. In 2025, we will expand our footprint of individual exchange products to 30 states, which provides additional options to those seeking coverage. And we have grown individual exchange membership in 2024 by retaining existing members and adding new consumers.

Prioritizing stable benefits for older adults

More than 33 million people, representing over half of all Medicare-eligible U.S. adults, are enrolled in Medicare Advantage plans, a 120% increase from a decade ago. Older adults can choose from more than 40 Medicare Advantage plans, on average, from different carriers. Those enrolled in the program receive more benefits and higher-quality care at a lower cost than fee-for-service Medicare, saving more than \$2,000 on premiums and out-of-pocket costs each year.

The consumer value of Medicare Advantage is compelling, providing \$60 billion in additional value to older adults each year in the form of lower costs and vision and dental care. At the same time, Medicare Advantage costs taxpayers less than Medicare fee-for-service.

UnitedHealthcare serves more than 9 million consumers in Medicare Advantage and Dual Special Needs Plans, and has more people in Medicare Advantage plans with four or more stars than any other organization.

Through a challenging funding environment, we continue to prioritize benefit stability for the people we serve and focus on helping the most vulnerable individuals with the greatest needs in the health system.

Using artificial intelligence to make health care work smarter for everyone

Artificial intelligence (AI) can help make health care work smarter for our customers, patients, providers and consumers. At UnitedHealth Group, our technology teams are focused on developing and deploying tools that empower people with better insights, more timely information and better experiences – while keeping safety, privacy and transparency at the forefront of our thinking. We seek to ensure AI models enable and support – but do not replace – critical human decision-making.

Currently, our efforts focus on administrative simplification, consumer and customer experience, and clinical and medical insights. We are helping to reduce administrative burden and enabling health care workers to focus on tasks requiring their unique expertise. Increasingly, we are seeing advancements in areas such as disease prediction, personalization of care and more seamless customer interactions.

From improving the accuracy of a diagnosis to better predicting a patient's response to treatment to managing care and running operations faster and more cost-effectively, we believe AI can help across numerous aspects of our business.

Investing in the communities we serve

Through our data and direct engagement in communities, we identify specific needs and convene community partnerships to address root causes. Together, we codesign measurable and sustainable strategies to increase access to primary and behavioral care and to improve maternal health and chronic condition outcomes. For example, since 2020, our engagement in community-based maternal health in Kansas City, Missouri, has increased postpartum care by more than 50% and depression screenings by more than 10%.

>\$200M

total social impact and environmental investments committed

\$1.1B

total housing investments committed

We continue to invest in increasing housing capacity, improving community health, supporting nutrition and sustainable agriculture, and developing clean energy solutions – all critical social drivers of health. Our housing investments with convenient access to health care have resulted in residents establishing provider relationships, completing routine checkups and reporting positive mental health.

Sustainability at UnitedHealth Group

Sustainability is an essential means of fulfilling our mission. 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 become operational net zero by 2035.
- **Our People and Culture.** Our ability to build a diverse, equitable and inclusive culture that supports and develops our people is critical to our success as a company.
- **Responsible Business Practices.** Our decades-long commitment to strong and effective corporate governance is foundational to our ability to grow and operate ethically.

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

Long-term financial performance outlook

We anticipate our enterprise will continue to grow by delivering differentiated value to our customers and consumers. 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 with 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 the value it delivers to customers and serve more people across its businesses, resulting in an 8% to 10% long-term annual revenue growth rate. The operating margins of each business are 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 Medicare-eligible population increases.
- 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 continue to expect the medical care ratio to rise gradually over time as we expand in public sector programs, which typically come with a higher medical care ratio than commercial businesses.

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- 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 continued improvement in our operating costs over the long term.
- We will continue to deploy capital through business combinations and maintain an attractive dividend, and expect to continue ongoing share repurchase activity. We expect these will contribute, on average, 3 to 5 percentage points to our earnings 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.