

 UnitedHealthcare®



UnitedHealthcare Employer & Individual

Almost half of the U.S. population, or nearly 156 million Americans, receive health benefits through employers. An additional 21 million people obtain coverage on the individual market, with ACA exchange participation nearly doubling since 2020.

UnitedHealthcare Employer & Individual provides employer-sponsored health benefits, as well as individual and family plans, through a portfolio of products.

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 the people and communities we serve.

UnitedHealthcare's domestic commercial plans have added more than 3.1 million new consumers in the past three years and have helped employers reduce the total cost of care by \$7 billion.

UnitedHealthcare Employer & Individual Highlights

Driving affordability for consumers and employers

Health care costs are a top concern for the people we serve. UnitedHealthcare works to minimize financial burdens through innovative health plan offerings, financial incentives and compelling product bundling, while driving better health outcomes.

Our most innovative, technology-driven health plans continue to see strong growth by offering no deductibles alongside intuitive digital experiences that provide clear, upfront cost and coverage information. These are among our fastest-growing commercial products, with 1 in 5 of our large account customers offering them to their employees in 2024. We expect half of new national accounts to offer these plans to their customers in 2025.

Approximately 75% of consumers in these plans spend less than \$500 out of pocket annually. Costs to treat several chronic conditions – such as mental health and mood disorders, back pain, diabetes and

migraines – are lower than traditional plans, and people have higher rates of annual physician visits and preventive screenings. Cost transparency is one reason 9 out of 10 people re-enroll in these plans year after year.

This consumer-centric model has been a proving ground to inform innovative benefit offerings in other parts of our business.

>29.7M

**consumers served in the U.S. by
UnitedHealthcare Employer & Individual**

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. Our level-funded offerings are proving increasingly popular among employers looking for the right balance between fully insured and self-funded arrangements.

Delivering better clinical outcomes

By analyzing clinical and claims data alongside other factors, we help create customized plan designs and proactive interventions for employers that more effectively close gaps in care, increase enrollment in clinical programs and reduce the total cost of care.

>53M

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

We provide employers with resources and customized support programs to manage chronic diseases, including diabetes, chronic obstructive pulmonary disease, heart disease, kidney disease and cancer. For example, people with type 2 diabetes have access to zero-cost medication and care to help them better manage glucose levels and more effectively control their condition. Those with congenital heart disease benefit from best-in-the-nation quality that reduces hospital length-of-stay by 40%. And breast cancer patients in our cancer care program are 18% less likely to be admitted to the hospital.

Our Complex Health Advocacy program has supported approximately 350,000 families through reduced administrative and clinical barriers, with specific attention paid to children with special needs. These families are often high users of care and in underserved populations, facing challenges such as sickle cell anemia and rare genetic diseases. The program's dedicated single point of contact has led to a 94% satisfaction rate, an 89% issue resolution rate, and better health outcomes.

Streamlining the consumer experience

We are focused on solving fundamental problems and meeting consumer expectations for choice, predictability and value in health care.

In 2024, we launched a program to employers that better integrates the full scope of their benefit offerings to drive engagement among their employees and help relieve administrative burden. Employers can choose from a variety of programs to customize their experience to best fit the needs of their employee population.

Additionally, our care advocates are helping people navigate the health system by providing support for everything from preventive care to managing a complex or chronic condition.

92%

satisfaction rating for our customer care advocacy programs

Integrated member data gives our advocates a complete picture of each consumer, allowing them to help people make more informed choices and enroll in relevant support programs. Our enhanced customer care advocacy resources help people stay in network, assist with hospital discharge planning and support, evaluate treatment and medication options based on coverage considerations, and more. Our integrated approach to medical and pharmacy benefits allows our advocates to direct consumers to lower-cost drug alternatives, saving an average of \$60 per 30-day prescription fill among participating individuals.

Expanding our service areas

We grew our individual exchange offerings in 2024, 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 by developing consumer-centric offerings.

We are making strategic investments to better meet the needs of underserved populations through customized benefit designs, marketing campaigns and community engagement initiatives to attract and fulfill the needs of the unique individuals we serve. And we continue to explore clinical programs to address health disparities, including diabetes education and nutrition planning.

In 2025, our individual and family plan offerings will reach 30 states, with continued emphasis on differentiated products and pricing competitiveness within existing markets.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement serves nearly 13.8 million consumers. Our plans span Medicare Advantage, Medicare Part D, Medicare Supplement and group retiree services.

Our easy-to-use, affordable plans are supported by exceptional customer service, delivering outstanding value to consumers and making UnitedHealthcare a trusted partner for the people we serve.

UnitedHealthcare Medicare & Retirement Highlights

The value of Medicare Advantage

Medicare Advantage is now the preferred choice of older adults due to the quality, access and affordability of care delivered, including additional wellness and supplemental benefits such as dental, vision and hearing. Compared with people enrolled in Medicare fee-for-service, Medicare Advantage members save more than \$2,000 per year, receive additional benefits, and have a 43% lower rate of avoidable hospitalizations. As a result, 95% of Medicare Advantage members are satisfied with the quality of care they receive.

Medicare Advantage serves a diverse, lower-income and clinically complex older population. Older adults with chronic conditions are more likely to choose Medicare Advantage, and more than half of Medicare Advantage members have an annual income of \$25,000 or less. Medicare Advantage enrollment among minorities has more than doubled since 2013 and now makes up over 30% of Medicare Advantage membership, including 65% of Latino and 64% of Black older adults.

In addition to providing value to a diverse group of older adults, Medicare Advantage also reduces costs for the broader health system. Medicare Advantage costs taxpayers less than Medicare fee-for-service, even before considering the additional benefits and reduced costs that older adults receive.

Maintaining stable, valued benefits

The value of Medicare Advantage to older adults is more important than ever before. UnitedHealthcare provides durable and affordable plans supported by exceptional customer service and the largest national provider network. In 2025, 94% of Medicare eligibles will have access to a \$0 premium UnitedHealthcare Medicare Advantage plan, and the UnitedHealthcare Medicare Advantage formulary will cover more of the most-used Tier 1 prescriptions than any other national carrier.

We are also providing stability to older adults by maintaining broad access to \$0 preventive care, all-in-one coverage for prescription drugs, and valued extras such as dental and vision benefits and free membership at a national network of gyms and fitness locations.

UnitedHealthcare offers an expanding portfolio of Medicare Advantage products designed to meet the specific and unique needs of every consumer. UnitedHealthcare also offers products tailored to people with certain chronic conditions or various levels of special needs. Nearly 75% of people with chronic conditions will have access to a special needs plan in 2025, up from 43% in 2024, providing more people with lower cost of care and prescription savings. UnitedHealthcare is well-positioned to provide integrated product offerings and serve more people in the special needs market.

Investing in consumer-centric experiences

Older adults increasingly expect consumer-friendly digital resources to simplify and personalize their health care experience. We are investing in product innovations and capabilities that allow us to provide simple, coordinated and personalized consumer experiences.

Understanding consumer preferences allows us to tailor their experiences with the right message at the right time via the right channel – whether that’s finding the right doctor, filling a prescription or receiving a flu shot reminder. We can now deliver a personalized path that guides people through their health care journey. One person may prefer to receive correspondence in English in the mail, while another prefers Spanish via text.

We continue to invest in experiences that provide more value to consumers and make it easier to engage with their benefits, including solutions that help people pay for and access care.

Nearly 7 million people in Medicare Advantage use an integrated card that combines the member ID with payment technology to purchase food, pay utility bills, spend earned rewards and get the most value from their benefits. In 2025, we will expand card access to group retiree Medicare Advantage members, while integrating new features to drive engagement, satisfaction and benefit use.

>100M

projected card transactions in 2024

Our innovative transportation experience helps mobility-challenged older adults access care, allowing them to schedule rides to medical appointments with one call to UnitedHealthcare. Today, more than 2.1 million Medicare Advantage members have access to our transportation platform.

3.8M

rides provided in 2024

Supporting high-quality, value-based care

Today, over 80% of UnitedHealthcare Medicare Advantage consumers participate in value-based care arrangements. People in value-based care plans with Optum Health receive higher-quality care and achieve better health outcomes compared to Medicare fee-for-service. We are focused on identifying opportunities for continued growth in value-based care with Optum across markets, plan types and populations.

Home care is essential to delivering value-based care focused on detecting disease earlier and identifying unmet social needs. In partnership with Optum, our HouseCalls program provided one-on-one, in-home clinical assessments to more than 2.8 million patients in 2024. It allows advanced-practice clinicians to identify and address gaps in care, ensuring patients receive important health screenings and connecting them with needed care. We expect to screen more than 1.5 million patients for social needs in 2024.

>3.3M

projected gaps in care to be closed through HouseCalls in 2024

Additionally, we are building deeper clinical models designed to deliver specialized home-based medical care to some of our sickest and most vulnerable members. The Optum at Home model provides UnitedHealthcare Medicare Advantage members with a care navigator who works with the existing care team to help arrange care, coordinate services and address social needs – all at no additional cost to the member. UnitedHealthcare members with the most challenging health conditions receive an additional layer of support through home-based medical care that integrates medical, behavioral, social, palliative and urgent care.

UnitedHealthcare Community & State

Medicaid is the largest health benefits program in the nation, serving a highly diverse population, including roughly 50% of U.S. children, with a projected spend of more than \$1.2 trillion by 2030.

UnitedHealthcare Community & State offers diversified health care benefit products and services that provide care for 7.5 million people, many of whom are economically disadvantaged, medically underserved and without access to employer-funded health care coverage.

UnitedHealthcare Community & State Highlights

The value of managed Medicaid

We work with states and community partners to support Medicaid and dually eligible beneficiaries and to create a more sustainable care system. By leveraging enterprise strengths and tailoring locally, we create innovative solutions that improve access and quality of care, while addressing core health needs and inequities across populations. For example, 80% of our health plans placed first or second in their state for the 2024 NCQA Health Plan Rankings.

32

**states and the District of Columbia
served by UnitedHealthcare
Community & State**

We serve people across 32 states and the District of Columbia, and our value proposition is resonating with our members and state partners. We have a strong and consistently improving member NPS.

We have a robust pipeline of both reprocurments and new business, providing diverse pathways for growth. For example, more than 45% of the total Medicaid spend nationally is not currently in a managed care program, representing an opportunity to deliver better care and outcomes for people.

Caring for individuals with complex conditions

Individuals with complex conditions benefit from our high-touch models that integrate medical, behavioral, pharmacy and social care management based on a comprehensive view of each person's needs. In partnership with Optum, our clinicians work face-to-face with patients to develop care plans and coordinate care across channels and care teams. Optum engages more than 80% of our members in Dual Special Needs Plans through in-home visits, collaborating in the care for those who are hospitalized, facilitating communication with primary care physicians and supporting caregivers. Our coordinated benefits and health services not only reduce adverse effects and keep care under one roof, but also drive quality outcomes around patient and caregiver satisfaction and total cost of care.

This starts with our care managers using data-driven tools to build person-centered care plans supported by wraparound 24/7 access to virtual care. Expanding beyond direct consumer support, we empower caregivers to reduce burnout and help the people they care for remain in their homes.

UnitedHealthcare Community & State Highlights

For example, in 2025, we are expanding our shared access capability, a digital experience that equips caregivers with personalized access to their loved one's critical health plan information and resources. This combination of tailored solutions and industry-leading partnerships enables people with complex health needs to remain safely in their communities.

Addressing social drivers of health

UnitedHealthcare, in collaboration with our partners, uses a proprietary approach to identify and address health-related social needs, such as food security, housing stability and access to health care. We use health and social data with input from consumers, physicians and community partners, and apply predictive analytics to identify health disparities and connect people to community resources to close gaps.

This year, we deployed capabilities on our member portal, allowing people to self-identify needs and locate community-based assistance. By the end of the year, we are on track to screen more than 7.5 million UnitedHealthcare consumers for health-related social needs and close gaps for 70% of individuals we've referred to services.

We actively partner with community-based organizations to expand capacity for critical health-related social services. Food insecurity is one of the most prevalent needs across our members. To address this challenge, UnitedHealthcare has referred more than 265,000 people to food-related community resources, including government food programs, food delivery services and local food banks. To help combat housing insecurity and drive better health outcomes, we provide personalized housing navigation, invest in housing capacity and integrate health and social service systems. We are also breaking down traditional barriers to accessing primary care and mental health services. For example, we are partnering to improve pediatric health outcomes by providing 1 million students with school-based access to virtual mental health services.

We're also expanding our impact through a first-of-its-kind initiative announced this year that allows us to seamlessly share social screening data between UnitedHealthcare and many care providers. With a more comprehensive view of each person's social needs, care providers can deliver highly tailored plans to address clinical and social needs.

Advancing program design and administration

We work to improve how consumers experience public programs by collaborating with our partners to influence program designs that ensure access to equitable, sustainable, efficient and effective delivery of services.

7.5M

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

Using experiences and data from across our offerings, we identify best practices and lessons learned in program design from state to state. We layer in a deep, market-based understanding of state priorities, infrastructure and population needs to identify market-specific opportunities. For example, we have worked extensively with some customers to transition their existing offerings to integrated special needs plans. We have worked collaboratively with them to develop a path to enhanced long-term services and supports management to drive better outcomes and experiences for consumers.

We also actively analyze and share our real-time experience data to identify emerging trends, inform programmatic opportunities and ensure appropriateness of funding. That broad base of experience, combined with robust data, provides critical credibility, enabling more productive collaboration with our state and national partners.