



Supporting employees with a simpler health care experience

A combination of innovative digital strategies and high-touch member advocacy helps create personalized benefit experiences designed to help attract and retain employees.

With today's economic and social pressures, employees now have higher expectations from their work and benefits. They want more, and employers are feeling the pressure to rethink their strategy for attracting and retaining talent in a competitive labor market.

This shift is apparent in benefit strategies. Employees and their families are looking for more personalized and customized solutions to help them manage their health and well-being. In fact, 7 in 10 employees surveyed agreed that their employer has a responsibility to ensure they are mentally, emotionally and physically well.¹

UnitedHealthcare works to help employees make the most of their benefits, starting with customized information guides for new members. They're then encouraged to take a more active role in managing their health through easy-to-access online plan information, virtual care options and the assistance of advocates who can help guide members to programs with convenient digital access through myuhc.com[®], the UnitedHealthcare[®] app or a care team.

“Our mission is **helping people live healthier lives**[®]. But it's more than just doctor's appointments and answering phone calls. We also have to help people navigate through the health care journey and show them ways to make smarter decisions,” says Rebecca Madsen, chief executive officer of Advocacy for UnitedHealthcare Employer & Individual.

1 in 3

employees surveyed said they would forgo a pay increase in return for additional well-being offerings for themselves or their family²

67%

of job seekers surveyed said benefits are more important to them now than before the pandemic³

To build a best-in-class member experience, a focus on making health care more personal with a simplified end-to-end approach can:



Help members find quality care



Manage health care costs



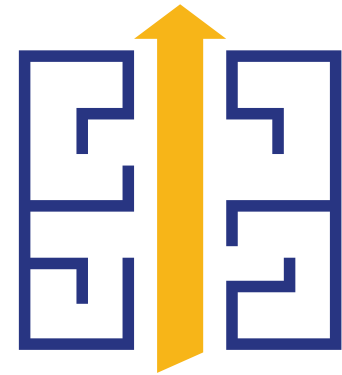
Deliver a whole-person approach

Helping members find quality care

Laying the foundation to help members understand their health plan is an essential first step when cost and coverage drive about 60% of a member's experience.⁴

This also involves proactively bringing forward suggestions and insights to help to help them find quality, cost-effective care—whether a member called in with a benefits question or checked their claim status online.

“The number-one thing that drives unease in health care is the unknown—not knowing what to expect or how much it will cost. It creates a feeling of powerlessness. How can we help consumers take back control? That is core to our focus and effort,” says Samantha Baker, chief consumer officer for UnitedHealthcare Employer & Individual.



Digital serves as the front door to a more connected, personalized experience

Digital resources can help. New UnitedHealthcare members receive information to get started even before their plan's effective date. When they sign in to the member website myuhc.com, they can view personalized onboarding and claims videos.

This one-stop, self-service resource includes a plan- and geographic-specific provider search tool to find quality network providers and areas of expertise, such as LGBTQ+ supportive care and geriatricians for older adults. The employee dashboard also includes claims and medication information as well as personalized recommendations such as clinical and wellness programs, screenings and more.

Virtual health continues to evolve

Virtual health helps provide broader access to care and convenience for employees. It's built to make care more intelligent, personalized and accessible than ever before. Plus, it can help improve care quality and continuity while addressing health equity.

Virtual health solutions have evolved beyond on-demand and primary care to additional areas such as health and well-being needs and specialized areas of focus like diabetes management and physical therapy.

Improvements and enhancements are ongoing, with new offerings intended to help solve some of health care's current challenges.

Bidirectional data flow is being incorporated to help ensure that members' needs are more precisely addressed. Progress is also being made by connecting virtual solutions with traditional care pathways and integrating solutions to help produce better outcomes and improve the overall member experience.

“Virtual care is here to stay. It will evolve as technology continues to improve. We need to improve access, but it's more than just access, because it has to integrate with the rest of the care system and primary care.”⁵

Sheila Savageau

Director
Global Benefits & Rewards Operations
General Motors

Advocacy supports physical and emotional well-being

Assisting employees as they navigate the health care system can help them get the most out of their benefits and remove frustration, creating a better member experience. **Advocacy** is a powerful service that supports employees throughout their health care journey.

UnitedHealthcare Advocacy solutions are built to offer more holistic support, with advocates working from a comprehensive dashboard detailing the employee's health profile, previous contacts and how they've utilized the health system.

This integrated understanding helps advocates move beyond benefit and claims questions to show employees how to utilize more of their benefits, like helping employees enroll in clinical programs to address certain health conditions. In fact, 39% of clinical program enrollments are initiated by advocates.⁶

Advocates are also trained to listen for trigger words so they can assist employees and their families who may be struggling with behavioral health needs. This has been increasingly important coming out of the pandemic, with about 47% of U.S. parents reporting a negative pandemic-related impact on their children's mental health.⁷

"We have the tools to help employees be more resilient ranging from self-help to in-person treatment," says Trevor Porath, vice president of Behavioral Health Solutions for UnitedHealthcare Employer & Individual. "We also want to be able to identify those who may need support sooner before it becomes a crisis. Our low severity solutions help employees build coping mechanisms for their stress and anxiety."

Enhanced Advocacy models are designed to deliver a more personalized end-to-end experience for employees, including client-specific reporting to show health outcomes from advocacy efforts. In addition to the potential savings, the enhanced models may add an additional 2% to 4% in total cost of care medical savings.⁸

"Digital tools can provide employees more control; it can have a snowball effect and start to tackle the root problems within the health care system."

Samantha Baker

Chief Consumer Officer
UnitedHealthcare Employer & Individual



Managing health care costs

Offering digital solutions is an essential step in improving the health care experience for employees and providers. These solutions provide crucial information at key decision-making moments—designed to help employees reduce their costs and avoid surprise medical bills.

Real-time transparency

Ensuring members and their care providers are equipped to make more informed decisions based on real-time cost and coverage information can benefit the employee's pocketbook and the employer's bottom line.

One way this happens is by integrating a patient's health record with their provider's Electronic Medical Record (EMR) through UnitedHealthcare Point of Care Assist®. This gives providers access to real-time insights on care needs and the employee's specific benefits, which may help reduce costs for the employee.

When providers make referrals, they can see a listing of designated physicians who have demonstrated their ability to deliver quality, cost-efficient care—identified as part of the UnitedHealth Premium® program. Employees can also identify UnitedHealth Premium Care Physicians in provider searches on myuhc.com.

“By entering into the actual workstream of a provider with Point of Care Assist or the transaction stream of the consumer, we can help them make decisions in a direct way—it's advantageous for everyone,” says Dr. Gerald Hautman, chief medical officer of National Accounts for UnitedHealthcare Employer & Individual.

Aligning with consumer trends in other industries, delivering improved transparency also helps employees avoid or address cost surprises, either directly or through providing cost information to a provider.

UnitedHealthcare's core offerings that address this include:

Surest™

A reimagined kind of health plan built around the idea of cost transparency. With clear, upfront copays and no deductibles or coinsurance, employees can check prices and compare options in advance—the way they shop for just about everything. Putting employees in the driver's seat, Surest is designed to help employees make informed and cost-effective decisions for themselves and their families.

↓ **46%**

lower average out-of-pocket costs for members⁹

Naviguard®

A service developed to help address issues surrounding out-of-network (OON) balance medical bills, a significant concern for employers and consumers. Leveraging local market expertise and analytics, Naviguard works to deliver end-to-end issue resolution and reduce OON costs.

↓ **\$2.4K**

average per-bill reduction¹⁰

PreCheck MyScript®

A technology embedded within a physician's existing EMR system that shows which medications are covered, highlights any lower-cost options that are clinically appropriate and calculates exactly how much they will cost based on an employee's plan to help the provider and employee make a more informed decision.

↓ **\$111**

average member prescription savings per switch to a lower-cost alternative¹¹

Delivering a whole-person approach

When employers integrate medical benefits with pharmacy, behavioral and specialty benefits, it enables advocates to go beyond benefit and claims questions. For instance, integrated UnitedHealthcare medical and vision benefits helps connect members with chronic conditions to their primary care provider and disease management programs when concerns arise from an eye exam.

“When we have all the systems under one roof, this allows us to connect the dots and potentially get a member into a clinical program sooner for a better outcome and cost savings,” Madsen says.

Analysts can look across very complicated data systems—including medical, pharmacy, advocacy and clinical—and translate data into actionable insights. And they are finding key opportunities to help improve the delivery of quality, cost-efficient care.

This goes beyond data analysis that highlights issues and anomalies such as a high prevalence of a chronic condition in an employee population.

Addressing social determinants of health (SDOH)

These data capabilities also extend to understanding the potential needs of employees outside the workplace, which can impact their job productivity and more importantly, their overall quality of life.

Research on the drivers of positive health outcomes has shown that access and quality of clinical care contributes only about 20% toward overall positive health, while SDOH such as employment, family and social support and community safety are twice as impactful.¹²

“It’s critical to look at the sub-populations of an employee population to pinpoint precise opportunities. It can be market, age, gender or geography, or things we need to know from the employer like division, job type or salary grade,” says Craig Kurtzweil, chief analytics officer for UnitedHealthcare Employer & Individual.

UnitedHealthcare also uses de-identified claims data from its members to identify who is most likely to need support with SDOH like access to nutritious food or affordable housing. Call center advocates then use real-time interactions with a curated database of community resources to help employees dealing with challenging life events or situations. A similar database can also be found online to search for community resources. Nearly 70% of those employees end up accepting SDOH offers of support.¹³

“Addressing SDOH moves us beyond just medical approaches. We know broader understanding is ultimately the key to putting members first and improving well-being,” says Dr. Cyrus Batheja, national vice president of Enterprise Transformation and Strategic Solutions for UnitedHealthcare.

“This is the future of health care. We’re using a whole-person approach to care for each member, which includes understanding their social needs and their life experiences.”

Dr. Cyrus Batheja

National Vice President
Enterprise Transformation and Strategic Solutions
UnitedHealthcare

80%

of health outcomes
are driven by SDOH¹²



Delivering dedicated support for complex conditions

While personalization can mean suggesting an overdue wellness exam for some employees, for others it can translate to providing a greater level of support and a more holistic approach to care.

For families of children with special needs, the Special Needs Initiative offers a single point of contact through the Family Engagement Center®. A dedicated team of multidisciplinary experts across UnitedHealthcare and Optum also helps families find specialty providers, manage claims and preauthorization issues and connect them to community resources.

The ability of the Special Needs Initiative to help simplify the member experience has been applied to Complex Care Concierge, a specialized and coordinated system of care tailored to adults with complex health needs.

For patients with complex health needs, the top 3% to 5% of this group face challenges navigating the system, reporting 5 times the number of claims. Additionally, the top 1% of patients with complex health needs drive more than 30% of health care costs.¹⁴ The program works to transform their experience by:

- Coordinating care with providers and the health plan on the employee's behalf
- Supporting the employee and their family with one point of contact and Family Engagement Center resources

"The advocates in these programs know the smallest details of a member's care plan, which helps them proactively direct and problem solve on the member's behalf. This may reduce waste and improve the member experience," Hautman says.



95% issue resolution

for members with
Special Needs Initiative support¹⁵

Simplifying the member experience at every step

Delivering a member experience designed to improve health outcomes requires a cohesive approach that fully addresses a member's needs—including medical, behavioral, financial and social factors. And advocacy has the ability to bring it all together, putting the member at the center of care.

Employees engage with solutions and tools in different ways depending on their state of health. Healthier employees may rely more strongly on digital tools or virtual care visits. For employees with complex health conditions, they may benefit from dedicated support where they have a single point of contact who can help guide them through their care options.

"At UnitedHealthcare, advocacy is much more than a call model or an emotional connection. It's taking all the pieces of the health care ecosystem and knitting them together in a way that delivers the best experience for the member and value for the client."

Rebecca Madsen

Chief Executive Officer
Advocacy
UnitedHealthcare Employer & Individual

More information can be found on uhc.com/broker-consultant and uhc.com/employer.



Learn more

Contact your broker, consultant or UnitedHealthcare representative
or visit uhc.com/broker-consultant and uhc.com/employer

United
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There for what matters™

¹ Insights We See — Lifestyle Benefits. UnitedHealth Group internal analysis, Feb. 8, 2023.

² Rise of the relatable organization. Global Talent Trends 2022-2023 Study, Mercer, 2023.

³ 2022 Trends United States Job Market Report. Joblist, Jan. 6, 2022.

⁴ UnitedHealthcare internal Consumer Competitive Benchmark study – Commercial Consumer Client and Broker, 2021.

⁵ Business Group on Health and Sage Growth Partners. The Voices of Virtual Health: From Digitization to Transformation, Oct. 17, 2022.

⁶ UnitedHealthcare Advocate4Me performance reporting, 2021. Results not guaranteed.

⁷ The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation, March 2023.

⁸ 2019 UnitedHealthcare Large employer study. 112 clients, 4.3M members, \$20B in medical spend. Medical costs adjusted for age, gender, risk, geography, cost outliers and other design features for comparability. Value impact based on comparing clients by the adoption platform features vs. not (e.g., highly designated service vs. base service model). Actual client results may vary based on specific clinical programs the client has or maturity of implementation.

⁹ Surest self-funded 2021 book of business plan sponsors with at least 12 months of incurred experience in 2021 and both medical and pharmacy data within our warehouse ; compared to matched comparison groups from a nationally representative commercially insured database matched by gender, age, urbanicity, and ZIP3 code using exact matching.

¹⁰ Naviguard data from Jan. 2021 – Feb. 2023 and calculated off the sum of all negotiated cases' total bill (total paid to provider).

¹¹ Optum Rx® analysis of full-year 2021 trial claim and production claim data.

¹² Patient health and wellness: What's a ZIP code got to do with it? Wolters Kluwer, Jan. 13, 2021.

¹³ UnitedHealthcare internal operational data, full-year 2022.

¹⁴ UnitedHealthcare employer book of business for C3 eligible membership compared to rest of non-eligible membership 2022.

¹⁵ 2021 UnitedHealthcare book of business annual survey results.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Advocate4Me services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

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