

BETTER COST CONTROL

DESIGNED | for greater value.

Getting a health plan that helps you control your costs and meet the needs of your employees can be a real balancing act. From plan and network designs to programs that help maximize member benefits, UnitedHealthcare's wide variety of cost-efficient solutions are built to help you meet employee needs while helping to achieve business goals.



Meeting your needs
with plans that fit.



Providing value by maximizing
health care dollars.



Helping employees take advantage of
cost-saving opportunities.

Meeting your needs with plans that fit.



Tiered plans designed to help lower costs.

Tiered benefit plans come in a range of designs, all intended to provide savings opportunities for employers. These health plans encourage members to seek care from Tier 1 providers, hospitals and lower-cost freestanding facilities—to get the greatest value from their benefit plan.



Consumer-driven health plans built to help change behavior.

Many companies are now choosing consumer-driven health plans, which are designed to help employees become more informed of and more financially responsible for their health care choices. These plans may be the choice for your business, as they may:

- Help you reduce your health care costs.
- Encourage your employees to make more informed decisions about their care.
- Help you and your employees use health care services more effectively.
- Make paying for health care more affordable.
- Offer tax-advantaged Health Savings Accounts and Health Reimbursement Accounts.



Defined contribution plans offering many ways to save.

Defined contribution plans such as UnitedHealthcare Multi-Choice® are designed to help your business better control costs. You set the contribution level for each benefit option in the plan, and employees choose the one that may be right for them. If they choose more comprehensive coverage, they pay the difference. If they choose basic coverage, they benefit from savings. With one plan and one contribution level, the opportunity for savings is a healthy one.



Multiple plans bringing choice and price to employees.

Designed to encourage employees to choose freestanding network facilities over hospitals for certain diagnostic, surgical and therapeutic procedures, multiple plans help you and your employees save. Better still, employees have the freedom to choose where they get care—with reduced copayments and deductibles when using preferred providers.

Helping employers avoid out-of-control costs.



Bringing more value to you.

Value-based provider contracting is designed to deliver quality outcomes, lower costs and a better experience for your employees. Costs are controlled while balancing quality of care with 95 percent of all measures trending above program targets for quality of care. **Savings results in 4 to 4.5 percent lower medical cost** across a range of value-based care programs.¹



Networks that help deliver greater accountability and value.

With more than 800,000 providers across the country, we have networks designed to help you better control costs and meet the unique health care needs of your employees.

- **Excelling in care for improved outcomes and lower costs.** Our Centers of Excellence provide cost-effective care for complex medical conditions, including cancer, spine and joint, heart disease and more. Savings range from 54 percent² for transplant programs to 42 percent³ for oncology to 25 percent⁴ for lower spine and joint surgery.
- **Focused integrated support may lead to lower costs.** Our programs are designed to integrate clinical and pharmacy services, member support and wellness resources to manage acute, chronic or complex conditions—including asthma, cancer, heart disease and diabetes. Proactively managing employee health can help identify at-risk employees before a costly major health event occurs.



Lowering pharmacy costs with a holistic approach.

By combining medical and pharmacy benefits, we're creating opportunities to help you better manage total health care costs for your business. And, with UnitedHealthcare's holistic approach, we can help you **see a more complete picture**—one that enables us to work together to help your business maintain a healthy bottom line while helping your employees maintain a focus on their health.

¹ Commercial Patient-Centered Medical Home initial results (RI, OH, CO and AZ markets). Results shown are not a guarantee of future performance.

² Ruppert, M., Analysis of data taken from June 2014 SRTR Data Release. Data is for all heart transplants performed from 1/1/2011–6/20/2013. Optum network status as of 10/28/2014.

³ Derosa, A., Average discounts for Optum clients when they access Optum COE programs. Data assessed May 12, 2016.

⁴ Richens, E., Comparison study between target COE performance with UnitedHealthcare average provider performance in the same metro areas. Data retrieved from UnitedHealthcare Healthcare Economics, 2013 Admits from Variant Day Analysis Report for E&I markets. June 16, 2014. Actual savings depend on illness burden, final program adoption and any customization. Results shown are not a guarantee of future performance.

Helping employees take advantage of cost-saving opportunities.



UnitedHealth Premium® designation program.

Physician quality and cost-efficiency can help lower the cost of care. Premium physicians are evaluated for quality and cost-efficiency using evidenced-based, medical society and national industry standards. The care these doctors deliver meets the criteria for providing quality and/or cost-efficient care. This program evaluates physicians across medical specialties that account for more than 80 percent of an employer's average medical spending.¹



Find and Price care.

This tool gives members the approximate price for treatments and procedures based on their benefit plan, physician and care facility. Since costs can vary by thousands of dollars within a given coverage area, our tool makes it easier to budget for a procedure or treatment.



Out-of-network affordability programs.

Using out-of-network care doesn't have to mean out-of-control costs with UnitedHealthcare's out-of-network affordability programs. The advantages include:

- Helping to reduce out-of-network claim costs.
- Helping employers and employees realize cost savings.
- Savings average of 42 percent from out-of-network Shared Savings program.²



Virtual Visits.

This 24/7 online resource lets members talk with a doctor in our virtual network anytime, anywhere using their computer or mobile device. There's no additional administrative costs to you—and your employees can save, too. While an office visit can be \$80 or more and an urgent care visit can cost \$165.30, a Virtual Visit costs about \$40.³

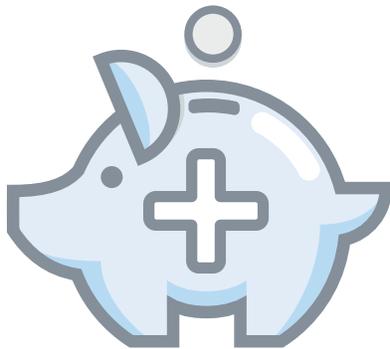
¹ UnitedHealth Premium Tier 1 physicians are designated for Quality and Cost-Efficiency or Cost-Efficiency and Not Enough Data to Assess Quality.

² Savings based on ASO, BOB, 2015. 40% to 45% of total OON claims achieve discount. Results shown are not a guarantee of future performance.

³ Claim rates are negotiated with each Virtual Visit provider group and will vary.

Take advantage of a better way to control costs.

With UnitedHealthcare's programs and design strategies,
your employees—and your bottom line—are set for savings.



**Better experience.
Better health.
Better cost control.**

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

The UnitedHealth Premium® designation program is an information resource to help our members choose a physician. It may be used as one of many factors members consider when choosing a physician. As with any performance assessment program, physician evaluations have a risk of error. Please visit myuhc.com® for detailed program information and methodologies.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Prescription services may not be available in all states.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

MT-1109260.0 3/17 ©2017 United HealthCare Services, Inc. 16-1331-BB

