Telling the story about our role in America’s health.

Introduction
Health matters to everyone. It matters to every individual, their families, their friends and their communities. Health matters at work, too, for employees and employers alike.

At UnitedHealthcare Employer & Individual, we know that by providing outstanding coverage and service, we’re contributing to the well-being of millions of individuals — and to the health and competitiveness of thousands of businesses, large and small.

We are here to help people live healthier lives and to help the health system work better for everyone. Knowing that employee health is a critical element of business success, we strive every day to listen to our members and employer customers in order to understand the kinds of services American workers want and need. And we are constantly looking for meaningful ways to improve our ability to meet the needs and aspirations of individuals and employers alike.

Employer & Individual serves 1 in 12 Americans

1 We play a vital social and economic role in the well-being of the nation.

More than half of all Americans get health insurance through their employers. UnitedHealthcare provides coverage to nearly 27 million commercial members and their families. That means, in all, we cover 1 of every 12 people in the country.

We serve an astonishingly diverse group of people. In every type of employment, from entry-level workers, through to mid-career professionals, on up to employees nearing retirement. People who are in prime health or who are chronically ill. People awaiting a first child or a hip replacement. Their greatest need may be a pediatrician, a prescription or specialist care. They may want to maintain their state of health or they may urgently need someone who can help guide them through cancer treatment or the aftermath of a car accident.
They work all across the country — for multinational corporations, small businesses, as entrepreneurs, and in the public sector, as part of local governments or labor unions. Some earn enough to live comfortably and want the peace of mind good coverage provides. Others earn just enough to get by, in which case the search for the best service and value is even more crucial. Whatever their station or status, we strive to meet them where they are in their lives by devising plans that can keep them and their families as healthy as possible.

We respond to the employers we serve in the same way, doing all we can do to deliver options that help meet their particular needs, challenges and aspirations. We serve many of America’s largest employers and more than 230,000 small businesses. Whether the company is a technology giant or a local pizza place, we must help them meet their most pressing, potentially opposing imperatives: looking after their employees, while at the same time managing health care costs.

Finding the right balance is critical to their success. When we do our job, it helps them do theirs. By working across the large range of employers and employees we serve, we make a contribution to the economic well-being of the nation. Our scale and our position in the health care system give us a vital role in the life of the country.

We want to be the people our members count on to facilitate everything they need for their health journey.

Traditionally, health plans have focused on processing claims and making payments. Today, we have evolved as a company, and we do a great deal more than that. We have been transforming the way we work to put the experience of our members at the center of how we operate and how we innovate.

Using the huge wealth of data and insights we have, we can empower people to make better-informed decisions about how they manage their health. It starts with understanding where someone is in their life and their health journey, so we can customize our response to their situation and give them choices they can use. That lets us show members that they can depend on us, so they value us being alongside them every step of the way.

Often their immediate issue is straightforward — they want to understand their benefits and they want us on hand to explain — so we developed digital resources to equip them to get what they need:

**Advocate4Me®**

Advocate4Me is a service we designed to organize all aspects of care for people. By integrating data from multiple sources — clinical, financial and administrative — we connect medical support for each person with social services, thereby helping remove barriers to better health. Advocate4Me has helped close more than 10 million gaps in a single year across UnitedHealthcare. Plus, 88 percent of Employer & Individual members helped by our advocates, have said they trust the guidance they’ve received.

**Health4Me®**

We designed the Health4Me app to help make it simpler for people to get basic plan information, with an “easy connect” feature that lets them skip phone menus, avoid hold times, geolocate network physicians or medical facilities, and more. To date, it’s been downloaded more than 4 million times.
Sometimes, people are looking for help finding the right doctor or specialist, someone who can deliver quality care and at a lower cost. We can help get them the information they need to facilitate their decision, quickly and conveniently. And, we also are offering a growing number of options adapted to people’s schedules, during or after work hours, for both routine and urgent health issues:

**UnitedHealth Premium® Program**

Through our Premium designation program, we’re putting information into our members’ hands to inform the choices they make. It draws on data covering approximately 380,000 physicians across 16 specialties to help people identify where they’re likely to get better quality care and lower costs. **Premium care physicians had 25 percent lower per episode, per patient costs than non-participating physicians**, and premium-recommended orthopedic surgeons, for instance, have 41 percent fewer redos on knee replacement surgeries and 32 percent fewer redos on hip replacement surgeries. Increasingly, our members are opting for these high-performing physicians.

**Virtual Visits**

Through Virtual Visits members can **access medical advice for everyday concerns anytime, anywhere**, on their phone or computer, at around half the price of a clinic visit.

**NurseLine**

We offer a 24/7 toll-free nurse line, so members can **reach out to a specially trained registered nurse if they feel they need advice, day or night.**

Many Employer & Individual members are in good health and want to stay that way. Some are actively engaged with managing their own health, looking for fitness regimes or nutritional advice that works for them. So, we have a variety of programs that give them what they are seeking, along with incentives to encourage them to start and stay on a path to better health:

**UnitedHealthcare Motion®**

Our Motion wellness plan provides **wearable digital devices and guidance that help people monitor their daily activity levels** and potentially earn up to $1,000 per year toward eligible health care expenses by meeting their daily walking FIT (frequency, intensity, tenacity) targets.

**Real Appeal®**

Real Appeal, our interactive weight loss and management program, has proved very popular, so we’ve expanded access to 2 million people enrolled in employer-sponsored health plans.
But the reality is that there are times when someone has a significant challenge to contend with. Anyone can experience a major health event on any given day, from a life-threatening heart attack to the news of a pregnancy. We’re ready to listen to what they’re dealing with and provide the assistance they need:

**UnitedHealthcare Healthy Pregnancy™ app**
Our Healthy Pregnancy app provides pregnancy-related information and tools, along with access to 24/7 nurse support, to help expectant parents stay healthier, before and after delivery.

**Diabetes Navigator**
Diabetes Navigator is there to provide members living with diabetes with support from integrated, specialized care teams, and rewards them for staying on course with their preventive screenings and treatment regimens. We find participants are more likely to monitor their blood sugar levels and stay healthier than people not enrolled in the program.

**Special Needs**
For families caring for a special needs child we know how hard the challenge can be day by day, so we assign a dedicated adviser who acts as a single point of contact — someone who can be their advocate across the health system, helping to simplify complex situations and coordinate care across a range of providers and services.

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**We serve millions of people day after day**
but, for us, success means listening and responding to each individual, every time, with consideration and compassion. One person at a time, millions of times.

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3 **We aim to partner with the employers we serve.**

The quality of the coverage employers can offer affects their ability to hire and retain employees, which ultimately affects the health and success of their business. Ill health comes at a cost; there’s a burden on employees, on companies and to the country. Across the U.S., poor health leads to productivity losses adding up to $1,685 per employee each year.

**Effective, sustainable health coverage is at the foundation of an employer’s ability to deliver effective, sustainable access to health care for their employees.** But health care costs continue to spiral upward, and a good year is one where health costs rise by only a few percentage points. It’s no surprise then that a top priority for our business customers is reducing costs — and we must give them ways they can do that. Yet, at the same time, they want to maintain the quality of coverage people expect and need. It’s our job to help employers handle the challenge of delivering on those dual imperatives.

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We've built a variety of plans that together offer options for every type of employer in every type of situation, and that are flexible enough to let them choose what they see as the best value for their spend. We want to give them the information and tools they need to make the best choice for their business and their employees:

- **Health Plan Manager** is a real-time analytics dashboard we developed to provide our largest national employer clients with an interactive tool that helps them analyze and make sense of relevant health data, claims information, and demographics. Based on the results we saw, we are expanding the platform beyond national accounts as well. It enables employers to monitor how their whole health plan is working, including who is using which service in what location, which benefits people take advantage of and which they overlook, and what the trends are. It equips them to understand how to adjust their plans to meet their goals and best serve their employees’ needs.

- A smaller business has the same desire to help employees meet their health needs. But an auto repair shop or an independent graphic designer won’t have the expertise of a chief human resources officer, a benefits administrator or a robust technology platform for analysis. So, we established a dedicated **Small Business Team** to help them select health plans that work for their circumstances, allowing them to pass the administrative management to us so they can focus on managing their business.

- And with customers large and small, we can share the huge amount of data we have. We can conduct **proprietary demographic population surveys** to show a business what the health landscape looks like in their region, even down to specific ZIP codes. We can highlight for them the relevant health issues that might affect their employees and their business, so they can design their coverage to suit their needs.

We see transactions taking place across the entire health system and across many different populations. We can use the resulting data to equip employers to make more effective, evidence-based choices. This leads both to better health for their people and their companies — and helps them be good financial stewards of their assets.

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**4 We are establishing new ways of working to be a partner to care providers.**

We are transforming how we work to become a partner with care providers as well. There is a galvanizing effort across the organization to shift from the fee-for-service paradigm the health system has followed for decades to value-based partnerships based on shared outcomes and accountability.

We have been collaborating with care providers to establish new ground rules designed to improve outcomes for patients and for the health system at large. And we’re making progress. We have formed partnerships with more than 1,000 accountable care organizations (ACOs) to date and the number continues to grow. Through them, we are seeing how value-based care leads to improved health outcomes: for example, the best-established ACOs perform better than non-ACOs on 87 percent of the most common quality measures. They also reduce hospital admissions by up to 17 percent and costs by up to 12 percent.

Overall, about 110,000 physicians and 1,100 hospitals now participate in some form of value-based care with us. We offer the 150 largest of these providers strategic account management, just as we do with our biggest commercial customers. One indication of the success of this approach is that care providers have earned hundreds of millions of dollars in performance-based bonuses for achieving goals tied to outcomes.

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**Partnerships with over 1K care organizations.**

110,000 physicians and 1,100 hospitals now participate in some form of value-based care with us.
While individual physicians and care providers primarily interact with patients during appointments in their offices, we have data and insights from across the entire health system. We can share them in order to break down silos, inform decision-making and enable providers both to see new ways to care for their patients and to run a more effective practice:

- **PreCheck MyScript** is an app we created to give doctors a real-time tool to check the eligibility of prescription medication coverage for individuals, along with out-of-pocket costs that members might incur at their preferred pharmacies — helping save time and hassle for doctors and patients alike.

- **Link**, our digital platform, connects more than **1.2 million care providers in our network**, giving them **secure access to relevant, actionable information through a single interface that helps support their decision-making**.

The new collaborations also enable us to test innovative approaches in which we more closely align our operations with care delivery systems designed to get more efficient, more affordable care:

- **Colorado Doctors Plan** is a first-of-its-kind model we designed in collaboration with Centura Health. Built with the patient experience in mind, we’re combining our data and insights with a 2,800-strong value-based medical network to deliver a far more personalized experience. Plan participants receive targeted outreach, videos that explain their benefits, tailored health recommendations and follow ups. They each have a personal health record that notes medications, test results, health goals and other relevant information. Access to same-day appointments, online scheduling and 24/7 Virtual Visits is provided as well — all with lower premiums and no copays for primary or urgent care visits. So, in this plan, we’re partnering to help provide a better experience, aimed at better outcomes, with lower costs for members, and with projected savings for employers of 8 percent to 10 percent.

Working with more than one million doctors and health professionals, and nearly every hospital in the United States, we have an unmatched potential not only to improve health for tens of millions of individuals but also to catalyze positive system-wide change.

**We are connecting care across the system.**

One of the greatest challenges in the health care system today is fragmentation — and we are dedicating a huge amount of our resources and innovation to solving that problem.

Because of the breadth and diversity of the populations we serve, and the many touch points we have across the health care system, we can see the many steps in each of our members’ journey in a way no other organization can. As a result — again — we can draw on an enormous amount of data from multiple sources to help link the many types of support an individual might need to create a more integrated, personalized experience.

- **Bridge2Health**, which leverages data to stay ahead of health events and connect the dots to better health, is an example of the integrated model of care we offer. It gives employers the opportunity to combine medical coverage with ancillary benefits, including vision, dental and financial protection products such as accident, illness, critical illness and hospital indemnity coverage, all under a single health plan. It also provides tailored reminders and health alerts. This improves health outcomes, drives productivity and lowers costs.

- **For people managing acute situations, such as cancer or kidney failure**, we’ve created a specialized program that gives them dedicated case managers who help manage their complex care and connect them with any additional support they need, including the social or financial services they may be eligible for.

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Our “whole person” approach means we are continually looking at new ways to integrate the different aspects of the support someone needs to help create a personal package of care. Because living a healthier life is not just about the treatment of disease. For example, health professionals know that up to 70 percent of health care costs result from behavioral choices. Indeed, employers cite the ability to influence behavior as their number one lever for achieving better outcomes while controlling costs. Mental health and other behavioral issues are likewise now understood to be a determining factor in physical health. Social and emotional factors also play a role, as do the cultural and economic environments in which someone lives and works.

- For lower-income employees in particular, access to transportation, stable housing or nutritious food presents real challenges to their total health and well-being. That’s why we offer employers plans designed to tackle social, behavioral and even financial determinants, along with more traditional medical services.

- The contribution we make in communities extends beyond the services we deliver to members. Thousands of UnitedHealthcare people volunteer in the neighborhoods where they live and work — building playgrounds, for example, to encourage healthy play for children, or providing meals to some of America’s poorest families, because we know how critical good nutrition is for an individual’s health and development. And through our local business units, we are dedicating millions of dollars of social investment to provide affordable housing for low-income families.

In addition, we’re working to create a continuum of care by connecting the different steps in someone’s health care journey — because we believe it will not only improve health outcomes for our members but deliver better value to our customers while driving costs out of the system as a whole.

We are uniquely placed to help create a more sustainable health care system.

These are extraordinary times in health care. On one hand, the stress on the health care system is rising, putting limited resources under increasing pressure. People are living and working longer; they want — and need — more from health care. Chronic diseases are increasing — the prevalence of diabetes, for example, has risen by more than 50 percent over the past 15 years — and now account for 86 percent of health care costs.

Americans spend more on health care than any other nation, in fact — $3.4 trillion annually, roughly 18 percent of GDP — and that number is projected to grow 30 percent over the next decade. Affordability is naturally a pressing challenge for every stakeholder. Employers are no exception. Nor are employees. While wages stagnate, prescription and other costs are growing, so workers are paying more toward coverage. For families, out-of-pocket costs can eat up huge chunks of household income, and in some cases, push them toward bankruptcy.

All of that means that the health care system as we know it is economically unsustainable. New solutions are needed.

At the same time, however, breakthrough treatments are redefining what medicine can achieve. New vaccines are pushing back diseases that have threatened populations for centuries, while new cures offer renewed health for patients who would not have survived in years past. Precision medicine is making personalized treatment a reality.

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The application of data and analytics is opening up new ways for us to personalize services and improve health outcomes that were unimaginable only a few years ago. In UnitedHealthcare, for instance:

• We’re able to facilitate procedures in someone’s living room that were once strictly in the domain of a hospital environment — for example, working with our Optum partners to perform blood transfusions in a member’s home.

• We provide access to digital therapeutic devices that transmit continuous glucose readouts for people with diabetes, enabling us to send care recommendations based on real-time data.

• We’re giving members wearable devices that help them get and stay healthier, by counting their steps and shaping their own fitness regimen.

The consumer is changing, too. Our members today are mobile-first and digitally savvy. They are more actively engaged in their own care and looking for a simpler, more personal experience — and they pay very close attention to costs:

• To help people manage the costs of treatment with greater confidence, we created mobile and online tools that help find and provide care — all at the same time. Covering more than 800 medical services, these tools have already helped consumers calculate the costs of $9 billion worth of treatments, and we have now integrated its capabilities into the core provider search function at myuhc.com®, so members can find cost information at the same time they are searching for provider information.

We have the nation’s largest health information database. And we’re only just beginning to tap into the huge opportunity we have to put that wealth of data and insights to work for individuals and employers, to accelerate new ways of working with care providers and to inspire the innovation that will change health care in the future.

Using the reach and scale we have across the country and the richness of the data we can draw on, we are helping employers to support their most critical asset — their people — on the journey to better health. And we believe we are uniquely positioned to help create a more sustainable health care system; one that works better for everyone.

Our tools have helped consumers calculate

$9B

in services.