

UnitedHealthcare Employer & Individual

Fast Facts

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Annual U.S. spending on employer and individual health benefits

>165M

People served in the U.S. for employer and individual health benefits

>26.5M

People served by UnitedHealthcare Employer & Individual

>250K

Employer customers of all sizes, in all 50 states

>50M

Americans served in dental, vision and financial protection coverage

UnitedHealthcare Employer & Individual offers a comprehensive array of consumer-oriented health benefit plans and services nationwide for large national employers, public sector employers, mid-sized employers, small businesses and individuals.

More than 26.5 million Americans rely on UnitedHealthcare Employer & Individual through its fully insured and self-funded medical plans. This includes more than 250,000 employer customers of all sizes, across all 50 states. In addition to our direct membership, we also serve 165,000 members through strategic alliance partnerships.

- **National Accounts** provides customized administrative, benefits and service solutions to more than 9.3 million people through large, multi-location employers and other benefits sponsors with more than 3,000 employees.
- **Public Sector** provides health benefits and services to 3.5 million people through municipalities, educational institutions and labor unions with more than 1,000 employees.
- **Key Accounts** provides health benefits and services to 9.1 million people through mid-sized and large employers with 100 to 3,000 employees, as well as larger employers with service needs confined to a single state.
- **Small Business** provides health benefits and services to 3.5 million people through local businesses employing two to 99 individuals.
- The **Individual Business** provides health benefits and related services to over 1 million people.
- UnitedHealthcare **Specialty Benefits and Individual Ancillary Businesses** provide coverage at a product level to more than 50 million people, including dental, vision, hearing, life, critical illness, financial protection and short-term disability.
- As the **individual ACA exchanges** have matured and stabilized, we are excited to offer exchange plans in seven new states in 2022 and now offer exchange plans in 18 states.

UnitedHealthcare Employer & Individual

Market characteristics and growth opportunities

More than 165 million Americans purchase health insurance on their own or through their employers, with annual health care expenditures estimated at more than \$1 trillion.

As health care costs rise, employers are pursuing more affordable coverage solutions, ranging from value-based care models and clinical care programs to enhanced well-being initiatives that improve health while also simplifying the consumer experience. We closely collaborate with employers and are committed to offering customers in the self-insured and fully insured markets comprehensive, affordable health coverage that meets their unique needs.

Together with Optum, we are reducing costs, delivering a better customer and consumer experience and directly supporting employers' needs by integrating solutions including modern benefit design, behavioral health solutions, population health programs and care provider alignment. Health plan offerings are augmented with a range of voluntary benefits available to both employers and individuals that provide additional financial and health care benefits, such as dental, vision and financial protection coverage.

We've created integrated digital experiences that support care navigation, home health, telehealth and benefits education. These digital-first solutions improve the end-to-end experience, including how people find care and interact with their health care overall.

UnitedHealth Group is reinventing how and where care is delivered. A part of these efforts is being powered by the Optum Virtual Care platform, which enables telehealth capabilities and broad access to Optum's physicians, community-based clinics, pharmacies and home health services in all 50 states. UnitedHealthcare's new NavigateNOW health plan empowers employees to connect with a virtual-based Optum Care team that offers support from on-demand needs to ongoing care, whether virtual or in person. Care team support, including for urgent, primary and behavioral health care services, is provided 24/7 via message, chat, phone or video, using technology to modernize how health care is delivered and help reduce premiums by approximately 15% compared to traditional benefit plans.

As advances in technology continue, we expect digital health to play an expanding role in the consumer's day-to-day life and how we can support consumers on their health journey.

Making care more affordable for employers

The high cost of health care is the number one issue facing our employer customers, but they have also been clear they want solutions that deliver both quality and affordability. We are innovating and expanding ways for employers to provide affordable coverage to employees and their families. Our value-based care relationships across Optum and provider partners are providing consumers with a customized experience, innovative benefit designs and clinical support that ensure access to high-quality care and reduced medical spend systemwide.

In addition, we are negotiating for better network rates, encouraging competition and fairness, and tackling excessive patient charges and waste. Our clinical policies, such as site of service optimization, help ensure members are getting care in line with evidence-based medicine and that care is delivered in the right setting, by the right provider. And we are tackling the issue of high pharmacy costs, one of the fastest growing areas in the system, by negotiating lower rates with manufacturers, moving to value-based agreements and sourcing drugs from lower-cost providers. Network programs such as Designated Diagnostic Provider are enabling us to contract with providers at the most competitive rates and create innovative new network designs that lead to better outcomes and costs. And our payment integrity programs are addressing the significant impact of fraud, waste and abuse by ensuring that payments to providers are accurate and members receive appropriate care.

We are also helping our members directly save on their out-of-pocket health care costs. Our Care Cash offering features a pre-funded debit card for members to use to pay out-of-pocket health care expenses with primary care providers and providers who meet benchmarks — based on national standards — for quality and cost-efficiency.