



UnitedHealthcare is a leader in health benefits, driving affordable coverage, simplifying the health care experience, improving consumer health and advancing health equity, and delivering access to high-quality care. We bring together technology, data and clinical information to serve people from their earliest years through their working lives and into retirement.

Through the broad capabilities of the organization and passion of our 130,000 dedicated team members we are helping connect the pieces of the health care system, driving positive change for the people we serve.

We Believe Everyone Deserves Affordable Health Care

We are helping people find the best paths of care at the right place and time, while also taking cost out of the system through modernized clinical programs. Innovative product designs, like our virtual primary care offerings, expanded care provider network capabilities such as our Medicare Advantage ACOs, and network configurations like the Harmony plan in California can improve health outcomes as well as the patient and provider experience.

Our value-based care initiatives are helping people access high-quality, evidence-based care that improves outcomes and lowers medical costs by keeping people healthier. Consumer-centered plan designs help people make better informed decisions about how to achieve their best health. Investments in digital tools and virtual care plans are improving how people access and receive care while bringing greater transparency and reducing costs.

We Believe Health Care Coverage Should Be Simple to Use

Health care can be complicated, but we are working diligently to make coverage easier to use, meeting individuals' needs on their terms. Working with care providers, we can make it simpler for them to work with us and care for the health of our members.

Our consumer-centric, digital approach provides customized and personalized experiences for individuals and providers. Site of service innovations such as home-based care are expanding where and how people access care. Advocacy and navigation programs are helping patients at every step in their care journey. Working with care providers, we can make it simpler for them to work with us and care for the health of our members.

We Are Helping Modernize Care Delivery

Through the power of our technology, data and analytics capabilities, we can fully leverage our national network of 1.5 million provider relationships to enable the delivery of better health outcomes that lower the overall cost of care. And we are expanding our reach beyond health care, investing in areas that influence the health of our members outside the doctor's office, such as affordable housing and food insecurity.

We do this by working with Optum to expand provider relationships that reward value — both affordability and quality. We develop new capabilities to support people with complex health needs, like those eligible for Medicare and Medicaid in Dual Special Needs Plans (DSNPs).

Our industry-leading technology, data and analytics powered by Optum and supported by Optum's national care delivery capabilities, combined with the scale, scope, depth and strength of our provider relationships, enable us to connect the pieces of the health care system so that it truly works better for everyone we serve.

Our Vision of Simpler, More Affordable and Higher-Quality Care Results in Growth

We are innovating to deliver unique value propositions to our customers and consumers which, in turn, are driving strong organic growth across the diverse markets we serve. While the competitive environment differs across our domestic commercial, Medicare, Medicaid and global businesses, as well as geographically, we are constantly adapting to meet our customers' needs.

UnitedHealthcare is well positioned for continued growth in each of the segments we serve. As we look to the future, the value of diverse offerings is in our ability to meet people wherever they may be on their health care journeys. Regardless of whether a person gets their coverage through their employer, through a government program, or purchases it on their own, we can provide them with solutions to help them live healthier lives.

UnitedHealthcare Employer & Individual

Fast Facts

>\$1T

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.

UnitedHealthcare Medicare & Retirement

Fast Facts

\$1.3T

Projected U.S. Medicare spending in 2025

>10K

Baby boomers aging into Medicare daily

~13%

CAGR in Medicare Advantage membership since 2016

~1 in 5

Seniors in the nation served through UnitedHealthcare Medicare plans

~2M

In-home clinical assessments expected to be performed enterprisewide in 2021

UnitedHealthcare Medicare & Retirement is dedicated to serving the growing health and well-being needs of seniors and other Medicare beneficiaries. Through a comprehensive and diversified array of products and services, we help over 13 million people manage their health.

This business offers products, services and programs designed to meet the needs of individuals, as well as their families, providers and communities. Our portfolio of products includes:

- **Medicare Advantage Plans.** UnitedHealthcare Medicare & Retirement serves 6.5 million people through a variety of Medicare Advantage plans and a full scope of value-added services and clinical programs. Our simple, affordable plans are supported by industry-leading customer service, delivering outstanding value to consumers and making UnitedHealthcare indispensable to the health, well-being and peace of mind of our members.
- **Medicare Part D Plans.** We also offer stand-alone Medicare prescription drug benefits, serving 3.7 million people throughout the U.S. and its territories. UnitedHealthcare Part D plans cover thousands of brand-name and generic prescription drugs that are most commonly used by people on Medicare, resulting in access, savings, stability and peace of mind for seniors.
- **Medicare Supplement.** Under a long-standing relationship with AARP, we serve 4.4 million people through various Medicare Supplement and other supplemental coverage for people age 50 and older.
- **Retiree Services.** UnitedHealthcare Retiree Solutions provides employers with high-quality, affordable health care solutions for 2.1 million retirees. Group plans include Medicare Advantage, Senior Supplement and Medicare Part D.

UnitedHealthcare Medicare & Retirement

Market characteristics and growth opportunities

UnitedHealthcare Medicare & Retirement offers the most comprehensive portfolio of products in the industry. Including our DSNPs, we serve 7.4 million people in Medicare Advantage today, having grown by nearly 4 million people since 2015. With over 10,000 baby boomers aging into Medicare daily, the number of people enrolled in Medicare is projected to reach 70 million by 2025, up from 63 million today. Medicare spending is expected to approach \$1.3 trillion by 2025, up from \$920 billion in 2021. With highly competitive offerings available in nearly all geographies, we are well positioned as a market leader trusted by seniors.

Medicare Advantage continues to be a popular choice, serving approximately 44% of individuals eligible for Medicare today, up from 25% in 2010. Over the past five years, UnitedHealthcare Medicare Advantage enrollment has an average annual growth rate of 13%. As the Medicare Advantage value proposition continues to improve, we believe more seniors will choose these plans to meet their unique needs.

The diversity of our Medicare portfolio differentiates us in the market by supporting coverage and care needs across many populations. UnitedHealthcare continues to lead the Medicare Supplement market, serving more seniors through our AARP-branded plans than any other carrier offering similar plans.

As more commercial and public sector employer groups seek cost-effective, value-added solutions for their retirees, we are expanding group retiree offerings with coverage that supports stronger links between our active commercial and retiree businesses. In doing so, we are developing new relationships with employers, labor organizations, health care providers and nonprofit associations.

We see opportunities to continue being good stewards of the Medicare program for the federal government to foster more cost-effective, higher-quality and more efficient health care for all Medicare beneficiaries. Our distinct competencies in data analytics, care coordination, in-home care delivery, post-acute transitions and consumer-level health engagement should serve us well as we position our business to be seniors' plan of choice and strive to be the government's partner of choice.

Helping Medicare members achieve better health and manage their health conditions

All of those we serve are supported by our navigation and advocacy services. Navigators help people work through a health episode with heightened one-on-one clinical and service support during these times. And our advocates are deepening their specialization in specific communities and among specific populations, allowing for better localized support, referrals and connections to help individuals.

The integration of population health technology and data infrastructure with our navigational support programs reinforces member engagement and adherence to our personalized care pathways. For example, more than 75% of those engaged with our remote patient monitoring platform are using it to manage their health every single day. Over 4.5 million alerts have been generated this year, allowing clinicians to respond in real time and prevent adverse health events before they occur.

We are enabling people to receive care from high-performing and trusted care providers through a long history of engaging in value-based care. Nearly 80% of our Medicare Advantage membership is served by care providers who participate in some type of value-based arrangement. In addition, our partnership with Optum Care is an important part of our value-based care strategy delivering high-quality care to millions of our Medicare Advantage members.

We also partner with Optum when those we serve are most vulnerable, such as when they are transitioning out of the hospital. We surround people with the care and support they need to safely get back home and stay there. For our members at greatest risk and in need of more clinical support, our national palliative and high-risk care management programs provided by Optum deliver in-home care support to members with serious illness through a high-touch, home-based care model.

We continue to partner with other high-performing care providers through aligned value-based care programs that incentivize behaviors that will drive better outcomes and reduce the total cost of care. We provide technologies and tools that use artificial intelligence and machine learning to match patients with providers by identifying and recommending members to the highest-performing specialists or primary care physicians available to them — all with the goal of delivering higher-quality care at a lower cost.

Our in-home and community programs continue to evolve with expanding clinical and technology capabilities in our effort to personalize the health care experience for people we serve and support them at every point along the continuum. Members are supported at home with high-quality clinical care, testing for preventable chronic conditions and referrals to critical services such as behavioral health and social support.

Innovative next-generation care provider models

UnitedHealthcare and care providers share a common goal to improve people's health and make health care more accessible and affordable for everyone. We believe value-based care is essential to achieve these goals and we will continue to advance next-generation care provider models that pay for better outcomes and performance.

We continue to see higher-quality member outcomes through value-based, incentive relationships with providers compared to those who do not participate in incentive programs. For example, Medicare Advantage seniors in ACOs see their primary care providers nearly 70% more often for annual care visits.

UnitedHealthcare enables care providers to take on increasing levels of risk by providing actionable data, clinical analytics, cloud-based technology applications, care management education and tools, risk management support and infrastructure payments. We're strengthening engagement with care providers by arming them with data and digital tools to help them make more informed decisions around patient care. Today, through our Point of Care Assist solution, more than 650,000 care providers have access to real-time insights on patient care benefits, directly integrated into their workflow, enabling them to connect members to high-quality, cost-effective care options and help identify opportunities to close care gaps.

Further, we are looking to materially expand our specialist incentives to promote increased ambulatory surgery alternatives where appropriate, as a complement to our emerging site of service approaches that help people get the right care, at the right time, in the most affordable care setting. Over the coming years, we will look to accelerate physician enablement under these incentive programs for both primary care providers and specialists.

The value of Medicare Advantage

Medicare Advantage delivers significantly lower out-of-pocket costs and provides more comprehensive and coordinated benefits and better health outcomes, while serving a more diverse, lower-income and clinically complex population compared to fee-for-service Medicare. Medicare Advantage costs the federal government less, and seniors who choose Medicare Advantage save 40% in out-of-pocket costs compared to fee-for-service Medicare. Overall, studies suggest that Medicare Advantage achieves as much as 12% savings to the health system when combining both members' and government savings. In addition, Medicare Advantage offers a wide array of supplemental benefits not offered in fee-for-service Medicare. For example, nearly 90% of plans offer wellness, dental, vision or hearing coverage and nearly 70% of plans offer all four benefits.

Medicare Advantage has an established track record of delivering better health outcomes for people compared to those in fee-for-service Medicare, with a more than 40% lower rate of avoidable hospitalizations. Medicare Advantage beneficiaries with diabetes experience a more than 50% lower rate of any complications and a more than 70% lower rate of serious complications compared to those in fee-for-service. Foundational elements of Medicare Advantage, such as in-home clinical care through programs like HouseCalls, enable better outcomes while also addressing social determinants of health. As Medicare Advantage's value continues to improve, it is critical we ensure the stability of this proven program on which 28 million people rely.

UnitedHealthcare Community & State

Fast Facts

> \$850B

Projected U.S. Medicaid spending in 2025

~45%

U.S. Medicaid spend not currently in managed care

>10%

UnitedHealthcare Community & State revenue CAGR from 2016 to 2021

>100

Specific state programs served by UnitedHealthcare

>1.2M

People served by UnitedHealthcare in Dual Special Needs Plans

>3.5K

UnitedHealthcare care coordinators serving those in need at the local market level

UnitedHealthcare Community & State is dedicated to providing diversified health care benefit products and services that provide care for the economically disadvantaged, the medically underserved, and those without the benefit of employer-funded health care coverage. We are a mission-driven business that connects people and communities to high-quality care.

Our business participates in Medicaid programs in 31 states and the District of Columbia, serving more than 7.5 million people by facilitating care in all market segments with offerings specifically designed to serve each of them. The primary categories of eligibility and participation by UnitedHealthcare are:

- **Temporary Assistance to Needy Families (TANF).** Primarily provided to women, children and families with a high prevalence of chronic illnesses. Currently serving more than 4 million people across 25 states.
- **Children's Health Insurance Program (CHIP).** Provided to children not covered by commercial insurance and in families with incomes too high to qualify for Medicaid. Currently serving nearly 225,000 children across 23 states.
- **Aged, Blind and Disabled (ABD).** Medical assistance programs for individuals who are age 65 or older, blind or disabled. Currently serving more than 375,000 people in 22 states.
- **Long-Term Services and Supports (LTSS).** Medicaid programs for the long-term care population, including home and community-based services to support living outside a nursing facility. Currently serving more than 270,000 people across 10 states.
- **Medicaid Expansion.** Participating in Medicaid expansion under the Affordable Care Act (ACA). Currently serving nearly 1.3 million people across 17 states.
- **Medicare and Medicaid Plans (MMP).** Provided for individuals who are enrolled in both Medicaid and Medicare. Currently serving more than 32,000 people in two states.
- **Dual Special Needs Plans (DSNP).** Services for individuals who often have multiple chronic conditions and limited incomes and are eligible for Medicare and Medicaid. Currently serving more than 1.2 million people in 37 states and the District of Columbia.
- **Individuals with Intellectual/Developmental Disabilities (I/DD).** Provided to individuals with limitations in intellectual functioning and adaptive behavior to cover many everyday social and practical skills. Currently serving 31,000 people across five states.
- **Administrative Services Only.** Currently serving more 180,000 people in one state.

UnitedHealthcare Community & State

Market characteristics and growth opportunities

UnitedHealthcare Community & State serves more than 7.5 million people who are eligible for Medicaid and DSNP across 31 states and the District of Columbia. Annual spending on Medicaid and related state health programs is projected to exceed \$850 billion in 2025. Today, nearly 80% of the people served by Medicaid are in managed care programs, while approximately 55% of total Medicaid spend is currently in managed care, which offers strong growth potential in delivering better care and outcomes to those served by Medicaid.

Growth opportunities include an active Medicaid request for proposal (RFP) pipeline of procurements and new business — including the move of higher-acuity populations into managed care. This year, we have had a strong win rate on core Medicaid RFPs including in Hawaii, Minnesota, Nevada, Ohio, Oklahoma and Tennessee, with a healthy pipeline of active RFPs either in the submission or finalization phase. We continue to evaluate each program with the goal that our participation will result in delivering appropriate, high-quality care to the individuals we serve.

We also continue to see strong growth in our DSNP product offering. This product remains a significant opportunity with about 3.7 million of the 12.2 million people eligible for DSNP programs enrolled. We expect continued growth in our DSNP product as programs convert to managed care and baby boomers age into Medicare. With a nationwide footprint in both Medicaid and DSNP products, and strong operational capabilities, we can integrate care for dually eligible members — as states increasingly expect.

Improving care for those with complex conditions

Individuals with complex conditions, like many people in DSNPs, benefit from our customized, high-touch consumer service models. This includes clinical programs that support the whole person by taking an integrated approach to care management based upon a comprehensive view of a person's needs, ensuring any medical, behavioral, pharmacy, social and environmental support needs are addressed.

Optum helps UnitedHealthcare provide distinctive programs for the people we serve. For example, the HouseCalls program provides in-home clinical care to support people in managing their health, and also helps ensure they get other critical services such as behavioral health and social support. Capabilities such as Optum's post-acute services add meaningful value in facilitating care coordination through artificial intelligence (AI)-enabled decision support tools that inform optimal post-acute site of care and provider selection and help support patients transitioning home from the acute care setting.

Other condition-specific programs provide home-based support for people with chronic conditions or those with serious illness and palliative care needs. These direct care delivery models improve outcomes through holistic, patient-centered care plans and by identifying and closing gaps in care through advanced analytics and personalized support.

Addressing social determinants of health

Research shows social conditions like education, employment, income, family and social support and community safety can drive as much as 80% of health. We also know 65% of health care spending is driven by 10% of the population — patients who are high users of the health care system and who often have multiple chronic conditions, take many different medications and have unmet social needs. Therefore, it is vital we take an integrated, comprehensive view of each individual's needs — linking clinical and social support is central to our care model.

We have developed a variety of services that help address social determinants of health, such as providing healthy meals, transportation to doctor visits and even affordable housing. Because approximately one-third of members face social barriers that impact their health, we have implemented a series of programs that help identify and screen for social needs, refer them to appropriate social support resources and confirm the members actively received the services.

We recently launched UnitedHealthcare Catalyst, which is a data-driven, community-based model that convenes local governments and community-based organizations across sectors to positively impact health by focusing on the needs of public housing residents and other members of the community. It blends clinical data with input from community organizations and members to identify health challenges, then leverages a collaborative community approach to address them with specific interventions, actions and measured outcomes.

The impact of redeterminations

In 2020 and 2021, we have seen Medicaid enrollment increase as states have temporarily suspended redetermination efforts, allowing people to maintain coverage during the pandemic. We fully support expanded coverage through Medicaid and are working closely with our state partners to ensure people have continued coverage and are prepared to move into individual and family or other plan offerings when redetermination occurs. Looking ahead, as the public health emergency comes to an end at some point in the future, we would expect some membership declines as states resume redetermination efforts. The timing and duration of this impact will likely vary by state and it may take some time to fully work through that process.

UnitedHealthcare Global

Fast Facts

~\$5T

Global health care market
(outside of the U.S.)

>\$8B

UnitedHealthcare Global
estimated 2021 revenue

~6.5K

UnitedHealthcare Global
hospital beds in five countries

~5.5M

People served through
UnitedHealthcare Global's
health benefits offerings

>200

Clinics and outpatient
centers and 50 hospitals

UnitedHealthcare Global delivers medical and dental benefits to over 7.5 million people living, working and traveling in 150 countries worldwide. This business is uniquely positioned to address global health care challenges by combining distinctive enterprise capabilities with local market understanding. We're working to create a global health care system that is better aligned, integrated and sustainable.

UnitedHealthcare Global serves multinational and local businesses, governments, insurers and re-insurers, and individuals and their families with the following offerings:

- Health insurance plans for local populations.
- Direct delivery of health care services through hospitals, clinics and physician practices.
- Benefit plans for multinational employers and individuals.
- Risk and assistance solutions.

Where UnitedHealthcare Global Operates

Brazil. Brazil has a universal health care system known as Sistema Único da Saúde (SUS), which is financed by the federal government and local municipalities. Approximately 23% of the population is enrolled in private insurance, which offers three segments: premium, mid-market and community. The premium segment has an open network with easy access to quality physicians and facilities. The mid-market segment provides product offerings similar to the premium segment but at a lower cost, while the community segment provides basic health care access at the lowest cost.

UnitedHealth Group Brazil offers high-quality health care services, health and well-being solutions, and insurance plans across the entire health care spectrum to local populations and health systems. Its entities have served people across Brazil for more than 35 years.

- **Health Benefits.** We provide a full spectrum of health benefits to 3.4 million people through a broad network of owned and affiliated clinics, hospitals and care providers. We also provide dental benefits to over 2.2 million people.
- **Medical Delivery.** We operate 31 hospitals focused on efficiency and high-acuity specialty care, and over 82 outpatient and ambulatory clinics to serve low-acuity patients at a lower cost of care.
- **Health Care Services.** We serve industry partners and internal constituents with data and analytics, population health management and health care operations.

Chile, Colombia and Peru. As a market leader in health benefits and care delivery across Chile, Colombia and Peru, Empresas Banmédica provides health benefits to approximately 2 million people and delivers quality care through 13 hospitals specializing in high-complexity and acute care and 124 clinics and outpatient centers.

Portugal. Lusíadas Saúde provides a complete range of clinical services through hospitals and outpatient centers, including the award-winning Hospital de Cascais that is operated through a public-private partnership with the Portuguese government.

Global Solutions. UnitedHealthcare Global Solutions serves globally mobile populations including expatriates, business travelers and individuals traveling for leisure. Access to care is provided in 150 countries through a broad network of prescreened health care providers, hospitals and clinics. Additionally, UnitedHealthcare Global Solutions protects the well-being of these people through a range of safety and security, destination intelligence and medical assistance services.

UnitedHealthcare Global

Market characteristics and growth opportunities

Globally, private health insurance market penetration remains in its early stages and represents a growth opportunity. In the markets where we operate, there is strong demand for access to private health care. This low market penetration (relative to the public system) provides us an opportunity to bring value to the consumers and customers in these markets.

Medical cost inflation continues to outpace GDP growth, which continues to drive adoption and penetration in order to help address this pressure. We are advancing affordability, which will enable us to grow in the private insurance and delivery segments.

Global clinical care delivery capabilities

UnitedHealthcare Global operates 50 hospitals and more than 200 clinics and outpatient centers worldwide.

Clinical care delivery businesses include private hospitals, outpatient care, specialty systems of excellence, ambulance services and home health care. Operating aligned care delivery and insurance businesses enables us to manage care for better outcomes at lower costs. Viewing the health care system holistically allows for joint market planning, innovative product designs and acceleration of new reimbursement models.

In addition, our Global Solutions business provides end-to-end medical solutions for workforces in remote and challenging locations. This includes remote medical staffing and virtual health services.