

2016

Annual Review

Helping people live healthier
lives and helping make the
health system work better
for everyone



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Our Mission

Our mission is to help people live healthier lives and to help make the health system work better for everyone.

Our Culture

The people of UnitedHealth Group are aligned around basic values that inspire our behavior as individuals and as an organization:

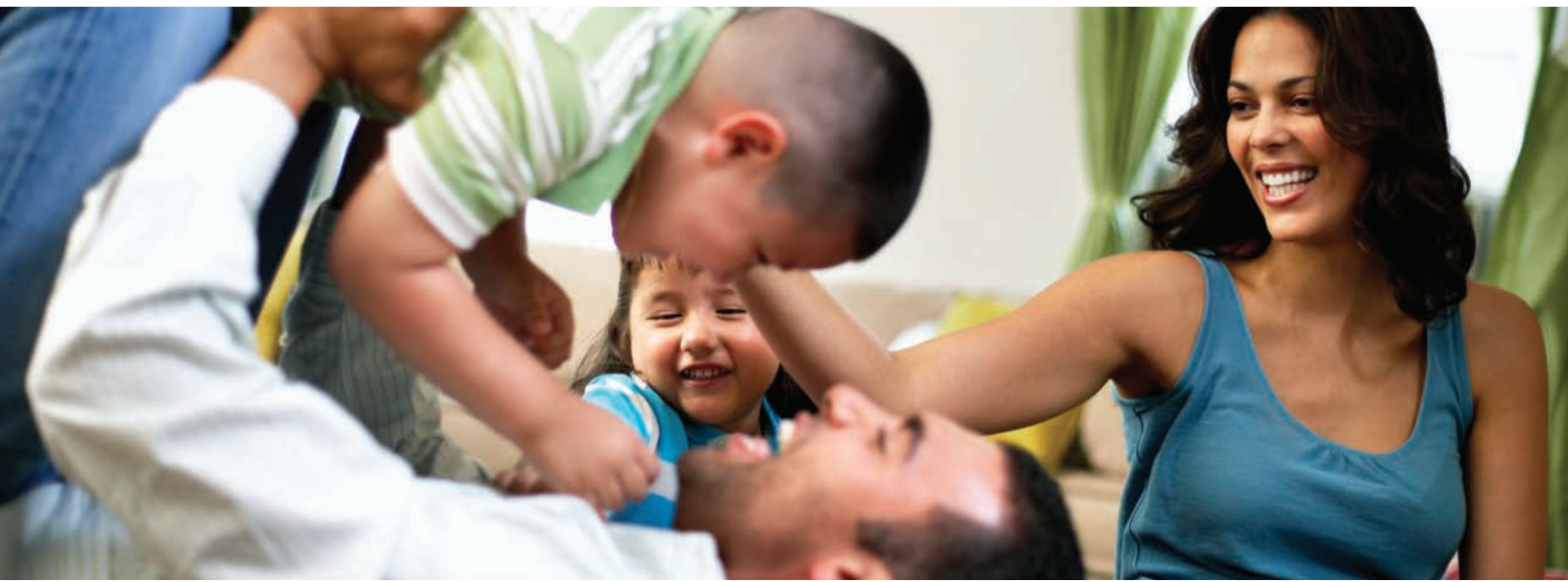
Integrity. Honor commitments.
Never compromise ethics.

Compassion. Walk in the shoes of people we serve and those with whom we work.

Relationships. Build trust through collaboration.

Innovation. Invent the future and learn from the past.

Performance. Demonstrate excellence in everything we do.



Welcome and thank you for your interest in our enterprise.

Health care in the United States and worldwide continues to evolve and change. UnitedHealth Group, Optum and UnitedHealthcare are adaptable and innovative businesses taking on the challenges facing health care today and turning them into opportunities.

As health care becomes more consumer-centric, we are working to meet consumers' expectations for a personalized, simpler, predictable and more valuable care experience, and in doing so earning their trust. We are collaborating with care providers to drive greater value in care delivery, helping them improve the quality and consistency of care by informing decision-making with data, analysis, clinical insight and connectivity. And we are supporting the expansion of access to quality care to millions more people by partnering with and enabling governments, employers and other payer customers to offer more and better health care value to more people at lower costs.

We have a strong focus on improving the quality of everything we do – quality as measured by those we serve. The pursuit of excellence and innovation drives the development of actionable health care solutions for our customers, sustainable, diverse, above-market growth for our company and distinctive returns for our shareholders.

We invite you to continue reading our story to find out more about how we serve the health care needs of millions of people, the health care system overall and society.

UnitedHealth Group: Focus on Quality and Growth

Our focus on health care quality and value supports deeper relationships and strong customer retention, resulting in sustainable, above-market growth

UnitedHealth Group is a broadly diversified health and well-being company committed to introducing innovative approaches, products and services that can improve personal health and promote healthier populations in local communities. Our core capabilities in clinical expertise, advanced technology and data and health information uniquely enable us to meet the evolving needs of a changing health care environment.

UnitedHealth Group is privileged to serve 134 million individuals, providing medical benefits to people residing in all 50 states in the United States and more than 125 other countries. Our 230,000 employees, including more than 30,000 physicians and nurses on staff globally, are dedicated to continuously improving quality in everything we do.

UnitedHealth Group is built on two diversified business platforms, UnitedHealthcare, serving the market for health benefits, and Optum, serving the market for health services. We have consciously positioned these platforms to work together as an integrated and strategically aligned operating portfolio, and serve people as fully free-standing market-facing businesses. These operational platforms are based on three enduring competencies:

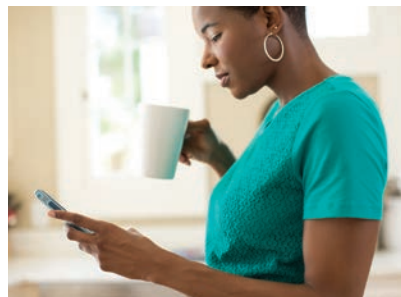
- **Data and health information** — to inform and guide;
- **Advanced technology** — to enable; and
- **Clinical expertise** — to deliver care at higher quality, with greater consistency, at lower costs to individuals and to the health care system as a whole.

Value creation resides in the continued development of these competencies for the benefit of everyone. We repurpose

and repackage these capabilities for every market where we can add value and create a sustainable return for our efforts.

UnitedHealthcare and Optum are highly complementary. They share and collaborate on innovation efforts and can rapidly deploy and scale new offerings. UnitedHealthcare also leverages Optum's distinct capabilities in data and analytics, actuarial expertise, clinical best practices, pharmacy care services and health care banking and account capabilities, to name a few. Together, they present a diverse and attractive model for domestic and global clients.

Underlying this strategic business structure is a vibrant corporate culture based on integrity, compassion, innovation, relationships and performance. We understand that we serve a socially sensitive market — the personal health and well-being of individuals and their families. Every day,



We endeavor to better serve the needs of those who depend on us, responding with empathy and support, insight and accuracy.

we endeavor to better serve the needs of the millions of people who depend on us, responding with empathy and support, insight and accuracy.

We are working to improve the quality of everything we do, based on a better understanding of how people experience our enterprise.

UnitedHealth Group uses the Net Promoter System (NPS) to measure the affinity people have for our products and services, and their loyalty as customers. NPS is a quality metric that identifies the likelihood of customers recommending our products and services to their family, friends and business colleagues. It enables our businesses to establish benchmarks at a product- and service-specific level. This approach helps improve quality, based on a better understanding of how people experience our enterprise. Customers of both UnitedHealthcare and Optum have been responding to our focused efforts and momentum around improving NPS.

UnitedHealth Group finished 2016 with strong, consistent growth across its businesses. Building valuable, deep, long-term relationships with consumers and clients results in strong customer retention and plays a central role in our member and revenue growth.

We see more opportunities to serve and grow in the next 10 years than the past 10. UnitedHealth Group is coming of age as a resilient, diversified and high-performance enterprise. We remain adaptable and innovative, constantly seeking to elevate our execution, serving the growing needs of the enormous, global health care marketplace.



2016 Financial Highlights

Revenues

Increase of 18 percent over 2015

\$184.8B

Earnings from Operations

Increase of 17 percent over 2015

\$12.9B

Cash Flows from Operations

1.38 times net earnings

\$9.8B

Dividend

UnitedHealth Group increased its annual dividend 25 percent to \$2.50 per share in 2016.

↑ 25%

UnitedHealthcare: Improving the Health Care Experience

UnitedHealthcare is collaborating with consumers, care providers and customers to create a simpler, more personalized care experience while improving quality and affordability

UnitedHealthcare provides health benefits and coverage services for nearly 50 million medical members, primarily in the United States and Brazil. Partnering with consumers, care providers and customers, UnitedHealthcare is working to create an even more integrated, higher-quality health care system, helping people achieve better health and stay healthy and enhancing the affordability of care by helping control rising costs.

UnitedHealthcare delivers value to people in all stages of life, at all income levels and through all major health benefits segments.

UnitedHealthcare Employer & Individual: Employer sponsored and individual health benefits plans

UnitedHealthcare Medicare & Retirement: All major senior product categories

UnitedHealthcare Community & State: State Medicaid and community programs

UnitedHealthcare Global: Medical benefits and services across global markets

UnitedHealthcare is serving people in diverse markets, producing sustained growth. Customers strongly responded to UnitedHealthcare's offerings in 2016, producing total domestic growth of more than 2 million people, bringing total organic growth in the United States to more than 11 million people over the past six years. UnitedHealthcare serves Medicaid programs, including people needing long-term services and supports and dual eligible individuals; seniors, including Medicare Advantage and Part D plans, as well as employer-sponsored retiree groups; large national employers, along with medium and small employer group plans; and emerging markets, like global health benefits, social services, personalized wellness and caregiver services.

UnitedHealthcare offers consumers, care providers and customers aligned incentives, personalized engagement

and collaboration; and relevant and actionable information supported by modern connectivity. As consumers take on greater responsibility for their health care and its cost, UnitedHealthcare is providing greater access to more transparent information and a health care experience that is simple, personalized, predictable and dependably high in quality. UnitedHealthcare uses integrated models and new technology to get at the root of people's underlying health issues, not only to improve their health, but their overall quality of life.

Care providers — from major hospital systems to single physician practices — are intensely focused on delivering better medical outcomes at lower costs. UnitedHealthcare's value-based payment arrangements include performance-based contracts, bundled payments and episode-specific programs, as well as accountable care organizations



UnitedHealthcare gets at the root of people's underlying health issues, not only to improve their health, but their overall quality of life.

(ACOs) and patient-centered medical homes. Today, more than 15 million of the people UnitedHealthcare serves receive care through one of these programs. UnitedHealthcare currently delivers nearly \$53 billion in payments annually through contracts containing value-based features. We expect UnitedHealthcare to raise that number to \$65 billion or more by 2018.

The work UnitedHealthcare is pursuing with consumers and care providers benefits customers, creating value in both government programs and employer plans. We offer customers the full value of UnitedHealthcare's system of support — value-based care provider relationships, proactive clinical support, a higher level of consumer engagement with tools and information to help people make better decisions, and capabilities to strongly manage health plan cost trends, as well as population health. Customers' needs and UnitedHealthcare's objectives are strongly aligned: better care and lower costs.

With a focus on delivering high-quality at lower costs, with consistency and compassion, UnitedHealthcare can help improve the health care experience.

UnitedHealthcare contributes to the productivity and success of the health system overall, far beyond the role of a traditional payer. With a focus on delivering high-quality at lower costs, with consistency and compassion, UnitedHealthcare can help improve the health care experience for the people and customers it serves, distinctly advance the system of health care and differentiate the enterprise.



Wellness Program Links Financial Incentives With the Use of Wearable Activity Trackers

In 2016, UnitedHealthcare, in collaboration with Qualcomm®, introduced a new wellness program, UnitedHealthcare Motion™. The program provides people in employer sponsored health plans with wearable activity trackers, like Fitbit, at no extra charge and motivates them to earn up to \$1,500 per year in deductible credits by meeting certain goals for daily physical activity. UnitedHealthcare Motion™ measures F.I.T. goals, which stands for *frequency* of walking goals (six times per day with 300 steps within five minutes, at least one

hour apart), *intensity* (3,000 steps within 30 minutes) and *tenacity* (10,000 total steps each day). Employers can obtain premium savings based on program participants' combined F.I.T. results. People who consistently achieve the F.I.T. goals tend to improve their health and reduce their medical expenses. The program is available in 40 states and Washington, D.C., to self-funded employers with five or more eligible employees, and companies with fully insured health plans with 101 or more eligible employees.



Optum: Addressing Health Care’s Challenges

Optum is developing deeper relationships with customers and helping to create a more intelligent, connected, collaborative and efficient health system

Optum is an information and technology-enabled health services business dedicated to modernizing the health system and improving the health of people and communities. Optum’s businesses help virtually all participants in the health care system connect and work together to advance care delivery, empower consumers and modernize infrastructure. The company has the capabilities, scale and comprehensive products to help those it serves implement innovative approaches that improve quality, lower costs and increase satisfaction. Optum supports 115 million consumers in achieving their health goals, works with care providers to modernize health care, serves health plan sponsors and government agencies to administer the delivery of quality care; and collaborates with life sciences organizations to develop innovative approaches, technologies and medicines.

OptumHealth: Health care delivery and population health management

OptumInsight: Health information, technology, services and consulting

OptumRx: Pharmacy care services

Optum is focused on building valuable, deep, long-term relationships with the health care customers it serves. They turn to Optum to solve large, complex problems. Optum’s global workforce of 125,000 people is addressing health care’s toughest challenges and greatest opportunities.

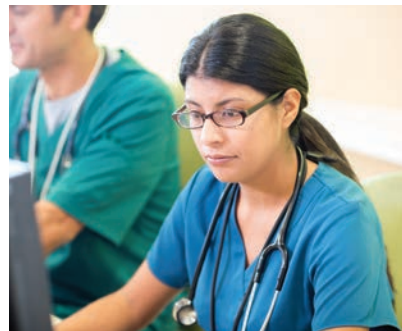
Using advanced data and analytics, Optum connects a patient to the right care at the right time, delivering personalized support, comprehensive services and improved outcomes. Optum’s extensive care management programs assist people across the care continuum — physical and mental health, complex medical conditions, disease management and support, hospitalization and post-acute care. Optum’s networks — behavioral health, transplant and physical health — help patients and sponsors achieve the best outcomes

at manageable costs. And Optum provides quality care directly to more than 9 million patients through more than 20,000 physicians and more than 500 primary and urgent care centers, and performs more than 1 million in-home health assessments per year.

Optum’s pharmacy care services offer safe, convenient access to quality medications. The company integrates pharmacy into the overall care continuum to achieve a more complete view of care management for patients, care providers and payers.

To help save and pay for health care expenses, consumers have opened more than 4.6 million health savings and other health related accounts with Optum's wholly owned Optum Bank®.

Through its operational services and support solutions, Optum is improving



Optum connects a patient to the right care at the right time, delivering personalized support, comprehensive services and improved outcomes.

connectivity, integration and efficiency in mission-critical business processes at the core of the health system. Optum's revenue management solutions help customers properly submit claims for medical services and receive accurate payments. Optum provides extensive technology, analytics and services-based solutions that help customers meet regulatory, compliance and financial goals related to prevention of waste and abuse, clinical assessments and performance measurement.

The people of Optum collaborate every day with partners across the health system to create transformative change.

Optum's broad capabilities integrate to deliver more value than single-point solutions. Customer needs require Optum to mix, match and combine capabilities, creating solutions tailored to specific situations. Armed with this unique breadth of capabilities, the people of Optum collaborate every day with partners across the health system to create transformative change.

For Optum, 2016 was a significant year for developing and deepening relationships across health care. During the year, Optum announced new strategic relationships with Walgreens, CVS Health, Availity®, Quest Diagnostics™ and Allscripts®, among others. Optum's customer retention rate and new customer wins continue to grow along with contract backlog, revenue and earnings. The momentum inside Optum's businesses comes from the growth and depth of these relationships and the sustainable value the company offers a growing global marketplace.



OptumRx Partners With Walgreens and CVS Health

In 2016, OptumRx partnered with two of the leading retail pharmacies in the United States, Walgreens and CVS Health, to provide consumers more choice, convenience, lower costs and improved health outcomes.

The new pharmacy care relationships provide eligible OptumRx members the option to fill 90-day prescriptions at prices equal to home delivery copay levels at convenient Walgreens and CVS pharmacy locations nationwide. In addition to improved access to medications, the relationship with CVS is designed to increase consumer engagement through the combination

of OptumRx's leading pharmacy and clinical solutions with CVS's leading in-store health and wellness capabilities. And the collaboration between Walgreens and OptumRx will deliver clients and members an integrated pharmacy care offering designed to increase drug adherence rates and connect members to clinical guidance that addresses specific disease classes, such as diabetes. These partnerships will help payers and health care sponsors better manage drug benefits and address the rising cost of care.

Redefining Value in Health Care

In the coming decade, we will help create a modern, high-performing, simpler health care system that delivers quality and affordability for society and growth for our enterprise



UnitedHealth Group, Optum and UnitedHealthcare serve growing markets that are seeking better performance in health care. In the United States and worldwide, the challenges are the same: the needs for better access, higher quality and more affordability. The people of this enterprise bring tremendous energy to strengthening and aligning our efforts to meet these needs.

We have the opportunity to differentiate our enterprise in the coming years by redefining the quality and value of the health care experience. In pursuit of that goal, we are focusing our capabilities, people and investments in five strategic growth areas:

- Pharmacy Care Services
- Health Care Delivery
- Consumer-Centric Benefits
- Technology-Enabled Information and Services
- Global Opportunity

We believe we are in the early stages of a unique era for UnitedHealth Group. We are looking ahead to what may be the best and most important decade of performance for this enterprise, helping build a more open, inclusive, transparent health care system.





\$1,300

Savings per consumer per year in pharmacy spend.

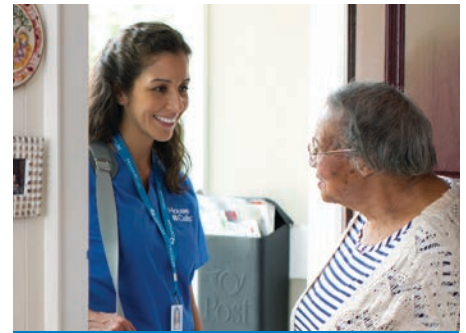
Pharmacy Care Services

We believe a more modern, intelligent and aligned health system will provide consumer responsive services, primarily in ambulatory care settings focused on better quality, lower cost and higher consumer satisfaction. To that end, we are investing in pharmacy care services, not simply pharmacy benefit management capabilities. We are more effectively engaging consumers at the point where they access the health system with the highest frequency – the pharmacy transaction. Each encounter represents an opportunity to help consumers better manage their health care and close gaps in care, many of which are caused by modifiable behaviors or fragmented care.

Helping consumers manage their health care also involves addressing escalating pharmacy cost trends that are due to manufacturer pricing practices and the introduction of high-cost biologics. These drugs, while often effective, just as often carry substantial considerations related to patient safety and comparative effectiveness. Their introduction needs to be managed thoughtfully to ensure people receive the most clinically effective, safe therapies at the best possible value.

To manage the complexities and emerging trends in pharmacy care services, our business takes a whole person, integrated approach, addressing all gaps in care, medical and pharmacy, using our vast data, technology and clinical know-how. This approach is effective, saving consumers approximately \$1,300 per person per year in pharmacy spend, while reducing employer medical costs by an additional \$130 to \$190 per consumer per year.

We are more effectively engaging consumers at the point where they access the health system with the highest frequency – the pharmacy transaction.



1M+

In-home health assessments performed per year.

Health Care Delivery

Our health care delivery businesses are also focused on improving the value provided by the health system.

We are currently pursuing free-standing primary and ambulatory care in 75 U.S. markets in which more than 60 percent of the American population resides.

We are now actively engaged in 28 markets. OptumHealth, for example, serves more than 6 million consumers through owned and affiliated physician practices. Optum’s MedExpress operates nearly 200 neighborhood health centers, providing high-quality, affordable, walk-in primary and urgent care. Urgent care visits average only 10 percent of the cost of a comparative ER visit.

Advocate4Me: Creating a Personalized Consumer Experience

UnitedHealthcare’s Advocate4Me taps into Optum’s data and advanced analytics to track an individual across

experience touch points and provide “real-time” information to advocates who support benefits consumers online and by phone. This information helps UnitedHealthcare create a personalized experience that offers choices and solutions specific to individual needs across all aspects of care – clinical,

financial and administrative. When a person calls, advocates are equipped to recommend helpful services, like a house call or wellness visit, or schedule medical appointments. In 2016, more than 200,000 medical appointments were scheduled, and Advocate4Me helped close 10 million gaps in care.

And Optum's HouseCalls performs more than 1 million in-home health assessments per year, closing gaps in care and providing savings for seniors on emergency room visits and hospitalization costs.

Our multipayer model allows us to reach more people to broadly impact the quality of care in local communities and help local physicians manage both patient care and administrative workload across all payers using a single platform.

Through value-based care arrangements such as accountable care organizations, Optum enables care providers to transition from traditional fee-for-service care to performance-based payment models, placing patient health and outcomes first. And through strategic partnerships, alliances and ownership arrangements – whichever best serves a community's needs – we help care providers adopt new approaches and technologies that improve the coordination of care across all providers involved in patient care.

In the markets we serve, our initiatives are helping reduce the unnecessary use of emergency, acute and sub-acute services. Consumers are more proactively engaged in their health and health care. In turn, our efforts are helping achieve higher-quality care and higher patient satisfaction at a lower cost. In more mature markets, we are seeing substantial positive impact on health system performance, while achieving substantial investment returns.



7.2M+

People served through consumer-directed health plans.

Consumer-Centric Benefits

Consumers have an important and growing role in health care decision-making. They expect a simple experience, and they expect it to be personalized, predictable and dependable. UnitedHealthcare is meeting that expectation and providing the needed support – one consumer at a time – with consumer-centric benefits.

Affordable product designs use incentives aligned with healthy behaviors and lifestyles to guide people along a more engaged and healthier path. Modern benefit designs motivate people to see the right doctors and pharmacists by rewarding them for making good, timely choices. Employers have seen cost-savings improvements of 20 percent or more when members see a care provider proven to deliver higher-quality, more efficient care. That leads to better health outcomes for the individual and greater affordability for health plan sponsors.

To help us focus on the key drivers of consumer and customer satisfaction and loyalty, we are gathering insights

from Net Promoter Scores across consumer segments. The Net Promoter System is a proven operating discipline that enables us to measure affinity for our products and services. We use insights from NPS to help us create a more personalized experience for each consumer – one that offers more choices and solutions and allows us to engage with people as individuals with unique needs and preferences.

This consumer-centric approach is yielding distinctive value, producing sustained growth across commercial, Medicaid and Medicare market segments. We intend to augment organic growth in consumer-centric benefits by establishing and improving our market presence in select geographies, and we continue to advance coordination of a wider range of social service offerings in local communities. These offerings are proving essential to helping individuals achieve health goals and helping states achieve budgetary goals for the programs that serve some of their most vulnerable citizens.

Employers have seen cost-savings improvements of 20 percent or more when members see a care provider proven to deliver higher-quality, more efficient care.



700

Hospitals have selected the Optum One analytics platform to manage population health.

Technology-Enabled Information and Services

Data, technology and analytics have been a critical competency for our company for more than 40 years. The foundation is our industry-leading data set of nearly 180 million lives of claims data and more than 85 million lives of clinical data; 5 billion medical procedures, 11 billion lab results and 4 billion diagnoses.

To unlock the value in our data, we pair it with a broad set of proprietary analytic solutions that help customers translate it into actions that measurably improve health and cost outcomes.

Analytics drive real value by identifying the best action to take, at the right time, providing physicians the information they need to guide patients to the best treatments. Data and analytics can identify at-risk individuals who haven't been following their treatment plan, or groups of a population in greatest need, and get them to the best care for their condition.

Optum One is our analytics platform focused on predicting outcomes for populations and individuals from a care delivery perspective. It's the nation's leading source of insight for physicians, hospitals and health systems. Nearly 700 hospitals have chosen Optum One, enabling almost 140,000 care providers to access its capabilities.

Our analytics, technologies, services and consulting expertise help improve clinical and financial performance by delivering more efficient workflow and greater intelligence – where and when important decisions are made.



Optum One, our industry-leading analytics platform, enables approximately 140,000 care providers to access its capabilities to predict patient needs.

of a smartphone. Care providers and health care administrators use Link to access information across multiple networks and systems, efficiently, securely and in real time, including patient data that helps them improve outcomes and collaborate. On the administrative side, Link supports



6M+

Individuals served in Brazil with medical and dental benefits.

Global Opportunity

We serve over 130 million people in more than 125 countries. Our presence is small in most nations, but our nascent efforts provide an avenue to develop relationships and gain market insights while providing substantive coverage and cross border and assistance services to companies with a global footprint.

Our most meaningful presence is in Brazil, the second largest private health care market in the world. Over the past four years we have transformed Amil from a two city insurance company into a Brazilian health care enterprise with national scope and leading positions in health insurance, health care delivery and health care services.

Link: Connecting Care Providers, Patients and the Health System

Link, powered by Optum, is a single digital interface and looks much like the collection of apps on the screen

benefits and eligibility verification, e-prescribing, claim status checks and prior authorization requests. Today, Link is simplifying administrative complexity for 900,000 registered users, processing 25 million to 30 million transactions per month.

We operate Brazil's largest health insurance enterprise serving 4 million people with full medical benefits and 2 million more in dental. We also operate the largest health care delivery company, with 5,700 hospital beds owned or affiliated, including more than 40 acute hospitals and more than 50 specialty, primary care and emergency services clinics across Brazil.

We have begun to pursue public-private partnerships in Brazil through the use of data and information and

are supporting ambulatory services like oncology and surgical procedures in local communities. We plan to apply a similar model in other priority development markets in the future, with a focus on the larger, more developed markets where our services can be applied more broadly.

We serve 4 million people in Brazil with medical benefits and 2 million more in dental. Amil owns and operates more than 40 acute hospitals and more than 50 specialty, primary care and emergency services clinics across Brazil.



Customers buy value and expect results.

We are sharpening our performance focus, driving the highest quality customer experiences, helping UnitedHealth Group become a preferred partner for everyone looking to improve performance and sustainability in health benefits and health services. When we combine higher quality from consistent, excellent execution with practical innovations at scale, our opportunities to grow and serve continue to expand.

Commitment to Excellence

UnitedHealth Group, Optum and UnitedHealthcare are committed to strong fundamental execution on behalf of the people and customers we serve, innovation, community involvement and value creation for both the health care system and our shareholders. We are honored to be acknowledged for our performance by the following awards and recognition.

UnitedHealth Group is the top ranking company in the insurance and managed care sector on **Fortune's 2017 "World's Most Admired Companies" list**. This is the seventh straight year UnitedHealth Group ranked No. 1 overall in its sector.

UnitedHealth Group has been a member of the **Dow Jones Industrial Average**, a blue chip group of 30 companies deemed industry leaders, since 2012.

UnitedHealth Group has been listed in the **Dow Jones Sustainability World Index** and **Dow Jones North America Index** annually since 1999.

In 2016, **The Civic 50**, a Points of Light initiative that highlights companies that improve the quality of life in the communities where they do business, ranked UnitedHealth Group first in the health care industry for the third consecutive year.

In the 2016 **Newsweek Green Rankings**, created in partnership with Corporate Knights Capital and HIP Investor, UnitedHealth Group ranked 20th out of the largest 500 U.S. companies in corporate sustainability and environmental impact.

In 2016, for the sixth consecutive year, the National Business Group on Health honored UnitedHealth Group with a **"Best Employers for Healthy Lifestyles"** top-tier Platinum award.

UnitedHealth Group was named a 2017 **Military Friendly Employer** by Victory Media, the publisher of *G.I. Jobs* and *Military Spouse* magazines.

The Marine Corps Scholarship Foundation honored UnitedHealthcare in 2016 with the **Globe and Anchor Award** for its support in providing needs-based scholarships to children of U.S. Marines.

The Corporate Volunteerism Council of the Twin Cities recognized UnitedHealthcare in 2016 with the **Employee Engagement Award** for its "Kick Senior Hunger" campaign.

Everest Group's 2016 PEAK Matrix™ report named Optum to the **Leader** category in **health care payer information technology services**.

In 2016, for the second consecutive year, Optum360 won the **Category Leader** award for **computer-assisted coding** from KLAS, a leading global health care research organization.

OptumRx earned the **Pharmacy Benefit Management Institute Excellence Award** in 2016 for BriovaLive™, the industry's first specialty pharmacy video consultation program.

This annual review is printed on recycled papers and uses reduced VOC (Volatile Organic Compounds) vegetable-based inks.

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