



*Delivering Value*  
in Health Care

2008 Summary Annual Report



UnitedHealth Group®



# Our **mission** is to help people live *healthier lives.*

We seek to enhance the performance of the health system and improve the overall health and well-being of the people we serve and their communities.

We work with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price.

We support the physician/patient relationship and empower people with the information, guidance and tools they need to make personal health choices and decisions.

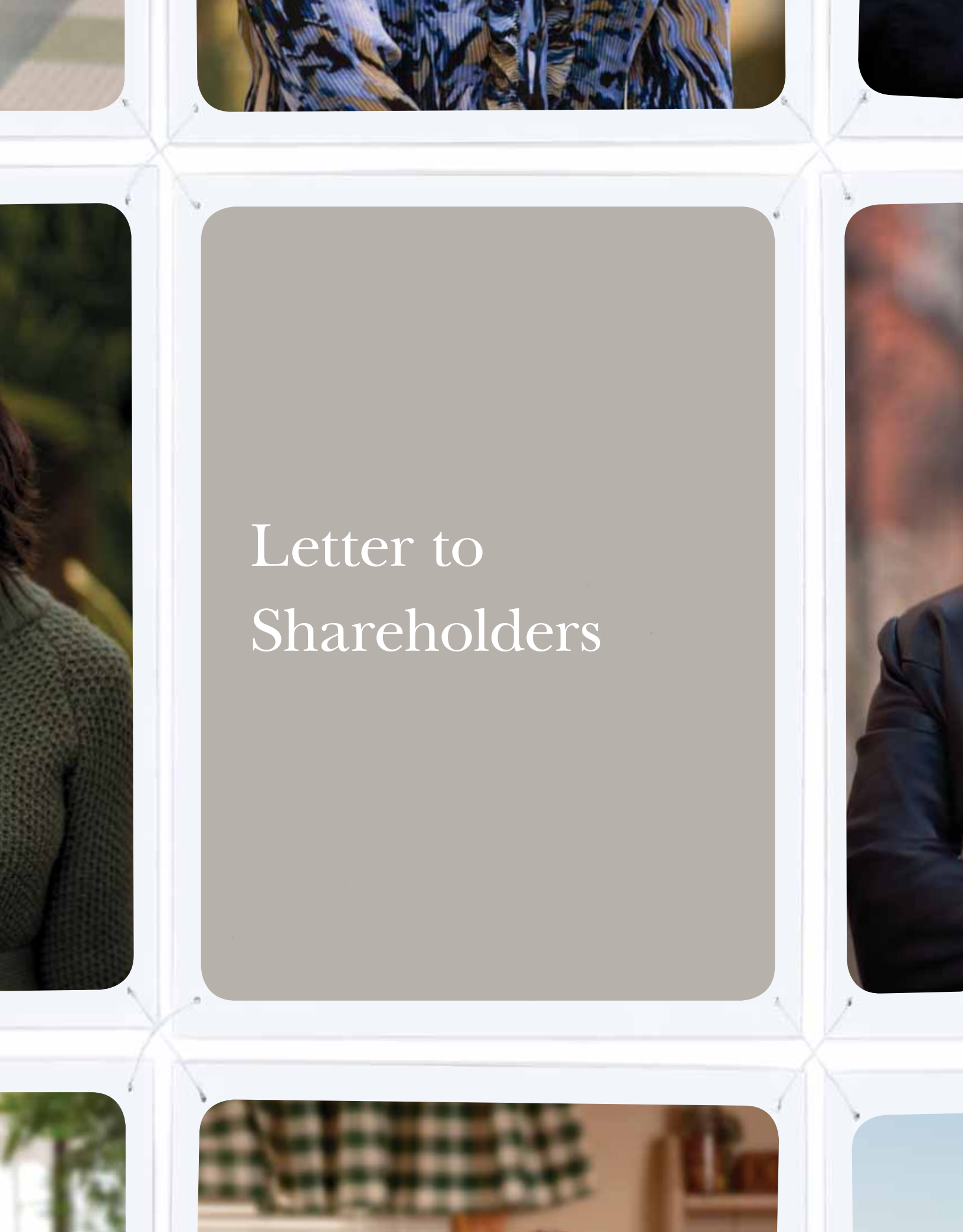
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## *Our values*

We serve people through a value and performance culture based on integrity, quality, innovation, diversity and social responsibility. The best way we can satisfy the millions of people we serve—our customers and members, employees, shareholders and partners—is to execute on the fundamentals of our business to the very best of our abilities, each and every day. That means as an organization, we are accountable for adding value to the health care system.

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# Letter to Shareholders

Dear Shareholder,

The American people are questioning the value we receive as a society for the \$2.4 trillion we collectively spend in our health care system annually. While our nation has long excelled in important aspects of modern medical care — the resources to treat complex diseases or to respond to critical health events are among the best in the world — in other areas of our health care system there is much more to be done, and that has been true for too long.

Because of this, the nation's focus on the critical objective of health care modernization is rapidly escalating. UnitedHealth Group has been a strong advocate of health care coverage for all Americans. For many years our enterprise has been deeply involved in the work of improving the health care system. Better health care is both our business and our social mission.

The theme of this 2008 annual report is delivering value in health care in ways that meet the varying expectations of UnitedHealth Group's many stakeholders — the same stakeholders of the American health care system itself. This report provides a window into some of the work and creativity we combine to advance the interests of our stakeholders, as we strive to make the health care system work better for everyone.

UnitedHealth Group builds value through greater affordability and quality; expanding access to care; and through innovation, such as in the market transition to consumerism, caring for aging and chronic disease populations and using information and technology to modernize health care services and improve benefit designs.

We deliver value by controlling health care costs, by introducing new, more efficient technology and by helping to simplify an increasingly complex health care world.

We create this value through our people — more than 75,000 talented individuals who are passionate about our mission to help people live healthier lives.

Our enterprise is organized to address the highly complex health care system itself through a business model that is intentionally broad, diverse and adaptable, enabling us to leverage strengths and balance challenges in a wide range of circumstances. Our model allows us to endure stress and change. As the health care system evolves, we can adapt to participate in new opportunities.

Our health benefits businesses consist of UnitedHealthcare, Ovations and AmeriChoice. UnitedHealthcare serves the commercial market landscape for large, medium-sized and small employers and those students and individuals who buy their own benefits — with one of the most comprehensive lines of product offerings in the market. Our Ovations and AmeriChoice businesses each are market leaders serving government sponsors of health benefits — Medicare, Medicaid, State Children’s Health Insurance Programs, and more.

Our health services businesses consist of OptumHealth, Ingenix and Prescription Solutions. OptumHealth is rapidly emerging as the premiere comprehensive care management and services company, ideally suited for the emerging consumer-driven health era. OptumHealth Financial Services is a dedicated health care banking business, the embodiment of the modern convergence of the health care and financial sectors. Ingenix is among America’s largest commercial enterprises dedicated to providing clinical health care data, analytics, research and consulting services to participants in the health care system. Prescription Solutions is among the largest pharmacy benefit managers in the United States.

Common to the success of our businesses are three long-standing core competencies, areas in which we have cultivated market-leading capabilities:

- Our ability to effectively and efficiently organize and manage complex health delivery systems and integrate expert care management capabilities to source the right care to each individual patient from the right care provider and location, to drive the best possible outcome from a quality and cost perspective;
- Our vast technological infrastructure, which provides the ability to conduct and integrate literally billions of data elements and millions of transactions of enormous variety and complexity on a routine, daily basis at very low cost; and
- Our capability to analyze, model and act on information — to use it strategically to advance health care performance on many levels.

We have focused on these three foundational assets for more than three decades, and they have served the health care system and our own enterprise well. Throughout our corporate history, we have been at the forefront of virtually every innovation in the health care system and a leader in helping implement government reform of health care.

In 2008, UnitedHealth Group did not achieve the consistency of operating and performance results that has been our aspiration and our hallmark. For example, we did not produce year-over-year growth in net earnings per share for the first time in many years. Our response has been swift and decisive, and the work has enhanced our position for 2009:

- We have reduced operating costs by better sharing common resources across the enterprise;
- We have achieved more effective and consistent clinical performance and medical cost management, which are critical to affordable, quality health care. We are containing medical costs through the introduction of new tools that leverage our vast information databases and better address variations in the delivery of care, while strengthening the consistent application of evidence-based medicine and expert physician guidance to care management;
- We have further advanced our commitment to a culture of service that is deep and broad, and which strengthens our relationships with everyone we touch in the health care continuum. We are building their trust in us — trust that we will do the right thing and do it efficiently, thoughtfully, consistently and in a timely manner; and
- We have accelerated the already strong pace of innovation across our businesses, better focusing our resources to provide personalized health care benefits and services at lower costs.

The results of our efforts have strengthened our market position and financial performance. While we are cautious in our outlook, given the general economic uncertainties, we are optimistic about our performance in 2009.

We are hopeful that efforts to modernize the health care system in America will be moving forward at an accelerated pace in the next few years. We support the principle of universal coverage for all Americans. Yet, we understand that simply changing the “coverage protocols” or the “funding pools” won’t resolve the core issues. If we are to improve and modernize the system in essential and sustainable ways, we have to think broadly and focus on the root causes of uncontrolled health care costs and the other basic challenges the system faces.



As a nation, we will have to address rapidly escalating health care costs, an unacceptable level of uninsured citizens, uneven quality and inefficient uses of care, care for those with chronic diseases, and the wide variations in the effectiveness of care. We must align payment systems, modernize and standardize health technology, strengthen primary care to improve medical outcomes, introduce meaningful litigation reform, and work with communities and individuals to change unhealthy lifestyles and behaviors to prevent disease and promote health.

Our *2001 Letter to Shareholders* called for fundamental reform of the health care system and universal access. Elements of that letter remain highly relevant today:

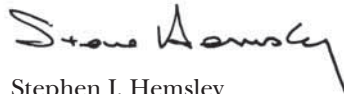
- “...we must promote a process that clearly defines what constitutes a basic health benefit package, and then work to deliver these basic benefits to everyone.”
- “...the administrative components of health care services need across-the-board simplification and standardization.”
- “...evidence-based medicine should be upheld as the standard of quality.”
- “...health consumers must receive better information and decision-support tools as they participate, along with their physicians, in making health care decisions.”

We sent that letter to every member of Congress. We did that because a more modern and effective approach to health care is important for our nation, good for American business and good for the consumers of health care, as well. Reform and broad changes in health care have taken place in the past, at both the federal and state levels, and we have helped drive and enable many of those reforms. History confirms that changes of this nature have almost always resulted in expanded opportunities for those who anticipate and embrace change. UnitedHealth Group was built on this premise and has flourished on health care reform and our innovative response to change.


So, when you think of UnitedHealth Group, think of us as a modern, innovative, proactive company in benefit design, in systems, data, analytics and technology, looking for inclusive solutions to modernize health care and make it simpler, more effective and more affordable for everyone. We are dedicated to finding ways to increase the value we provide to our shareholders, to meet our customers' changing needs and to participate in the larger effort to improve the health care system for all Americans.

Leading companies keep moving forward during periods of disruptive change and challenging market conditions. That is what we intend to do. There remains a huge opportunity for our company to continue to advance care for people and create value in health care for society. As we execute on that — delivering real value to the health care community — our shareholders and all stakeholders in the health care community will prosper.

Sincerely,

A handwritten signature in black ink that reads "Stephen Hemsley". The signature is written in a cursive style with a large, sweeping initial "S".

Stephen J. Hemsley  
President and Chief Executive Officer



*“We are helping  
build a modern,  
innovative  
health system  
that delivers  
real value to the  
people we serve.”*

# *Delivering Value in* Health Care

UnitedHealth Group is working to improve the health care system and advance the health and well-being of individuals and their communities so that they can enjoy better, fuller lives. The businesses of UnitedHealth Group are diverse, yet united by a common thread: Every day, people at UnitedHealth Group are involved in decision-making that leads to positive, life-changing results for millions of Americans.

Our businesses deliver value in health care by helping the people we serve receive access to quality health care and by providing the information, guidance and tools they need to make informed decisions about their health and well-being. We apply technology to make health care function better and execute complex health-related transactions on a huge scale. We have one of the largest national networks of physicians, hospitals, health facilities and caregivers in a single integrated system. And we are entrusted with one of the largest collections of clinical data in the world — data that we analyze and convert into useful, actionable information.

Beyond the data and technology, and beyond the numbers and networks, our businesses are made up of people who strive, every day, to fulfill our mission by helping people live healthier lives.

To achieve this goal, we are focused on building a modern, adaptable, innovative and inclusive system of health care benefits and health care services. Our scale and potential to improve health makes us one of the most visible stewards of America's vast health care system. Everything we do is motivated by and springs from this position of trust and accountability.

This report provides a look inside our businesses at some of the many ways we are working to achieve our mission and delivering value through the work we do. It tells how we are personalizing and simplifying health care systems, driving down health care costs and creating new care opportunities. This is the story of the innovative, new technologies and products and services we are developing to make the health care system more efficient and easier to use. This report describes how we are following through on our belief that informed consumers use health care more wisely. This means providing both health care professionals and patients the information that helps keep people healthy and also helps them make the right choices when faced with illness.

This is the story of how we are helping to make it possible for millions of people to live healthier lives.

*Delivering Value by*

**Personalizing**  
*& Simplifying*  
the Health Care  
Experience

The United States has one of the most advanced health care systems in the world, particularly when it comes to dealing with complex medical cases. But the system is often far less effective when it comes to the more basic act of getting the right care and information to the people who need it. Too often, Americans are confused by a health care system that can be impersonal and unmanageable.

At UnitedHealth Group, improving people's health begins with personalizing and simplifying their entire health care experience—from how they receive health care information and how they make health decisions to how they choose a doctor and, above all, how they can lead healthier lives.

Our hope is that UnitedHealth Group's work in personalizing and simplifying the health care experience for consumers also will help serve as a practical guide for continuing health care modernization and innovation.

### **Personalizing the health care experience**

Personalizing health care management is at the heart of the positive experience that we strive to provide for our customers; because when consumers make informed decisions about their health care, it leads to both lower costs and better medical outcomes.

While individual decisions are one of the main drivers of workforce health and health care costs, research shows that nearly half the time consumers make decisions that are not in the best interests of their health. Using the power of our market-leading data services, UnitedHealth Group helps people make better health care decisions by offering personally relevant and actionable information, products, programs, and services.

### **Engaging with people to help them live healthier lives**

UnitedHealthcare provides resources and tools to people that are aligned to their own unique circumstances—from our benefit plans and health care programs to the critical medical and benefit information we put in the hands of our customers.

- **Personal health assessments** help people understand their current health status while recommending preventive steps and lifestyle changes to improve or maintain good health.
- **Personal wellness programs and incentives** encourage people to become more engaged in healthy lifestyles and reward healthy long-term actions.
- **The UnitedHealth Premium® designation program** provides consumers with a resource to guide informed physician-selection decisions — helping them choose the right doctor for their own situation.
- **Personal care consultants** provide personalized and expert support to empower consumers to make better health decisions. Through a single point of contact,

***UnitedHealth Group  
helps people make better  
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programs, and services.***

24 hours a day, seven days a week, our personal care consultants recommend appropriate care resources and help ensure an end-to-end, integrated customer experience.

- **Personal health records** are private online records for people that include their own medical history, including claims, prescriptions, doctor visits, treatments, results from their personal health assessments, and more. Based on this information, people can receive personalized health messages and reminders, share their records with their doctors and have a secure place to keep all of their relevant health information.
- **Personal cost estimators** and other tools on myuhc.com and our personalized member portals help individuals calculate approximate costs of selected health services.

By taking advantage of these tools and resources, people can make the health decisions and lifestyle changes that lead to healthier lives.

**Synchronizing care —  
adding value via personalization**

One of the more innovative tools we are using to personalize health care is the **eSync Platform**, a proprietary technology platform that synchronizes a person's medical history, behavioral information, self-reported data and life-stage demographic information to deliver individualized health care solutions. **eSync** works in a variety of ways to provide our customers personalized health and wellness tools and resources, access to the right physicians, real-time referrals and other services that give customers the best possible health care experience. For example, the **eSync Health Portal** directly delivers personalized medical and wellness information, which includes everything from health assessments and interactive coaching to live chats with registered nurses.

eSync goes a step further by proactively reaching out to consumers. It constantly synchronizes hundreds of data points about a person so it can identify potential issues before they occur. For example, eSync can detect possibly dangerous drug interactions and identify the consumers we serve who are at higher risk of heart attack or diabetes, recommend preventive screenings, and identify potential areas for health care savings.

Personalized notes are sent to customers directly via multiple communication channels (e.g., phone, including mobile phone, e-mail or portal), as well as to

health care professionals, with customers' permission. Our **HealthNotes** program gives physicians a more comprehensive view of consumers' health. It offers recommendations for identifying care opportunities and preventive health measures. As a result, the activities of the health care system are synchronized on behalf of that individual.

Whatever the delivery route, the result for the patient is the same — our people using technology to provide customers with the sort of personalized and actionable health care data that adds value to their health care and to their lives.

*Choice is  
all about letting  
consumers personalize  
their benefits package  
and choose the plan  
that delivers the most  
value for them.*

**Offering consumers  
a choice**

We know that one size does not fit all for health care, and the same is certainly true for health coverage. That's why UnitedHealthcare is introducing the **Multi-Choice** package of health care benefits. This plan allows employers to purchase one health plan package that includes multiple benefit design options tailored specifically to the needs of their employees.

Employers set a contribution level and then pick the basic benefit design options they want to offer. Employees personalize their coverage by choosing to pay more for comprehensive coverage or less for more standard coverage. It's all about letting consumers personalize their benefits package and choose the plan that delivers the most value for them.



*“UnitedHealthcare  
is responding to the  
changing needs of our  
diverse population by  
offering multicultural  
solutions.”*

### Personalization via multicultural offerings

America is an increasingly diverse society. According to the Brookings Institution, by 2040 the United States is expected to become a majority non-white nation. UnitedHealthcare is responding to the changing needs of our diverse population by offering multicultural solutions directly tailored to the unique needs of different population groups.

Our **PlanBien** for the Hispanic community includes a specialized bilingual call center, a directory that identifies Spanish-speaking physicians, and in-culture educational materials. UnitedHealthcare is also expanding its focus in Asian-American and African-American communities by offering in-language and in-culture services, including our new Family Health History tool and our award-winning multicultural web sites that feature consumer information in Chinese, Korean, Vietnamese, and Japanese languages.



Amber Jia  
Senior national director,  
Asian-American markets team

### Personalization via new value-based Diabetes Health Plan

UnitedHealthcare is also piloting a new **Diabetes Health Plan** — one of the first true specialized “value-based benefit plans” in the industry. The Diabetes Health Plan was created for employers who are increasingly looking for health plans that influence consumer behavior and, in turn, improve health and reduce costs.

This is a personalized health plan for those afflicted with diabetes or pre-diabetes and their family members. Those enrolled are guided toward physicians who have documented success in treating the disease. Participants are taught about the disease, how to manage it and the importance of routine care. Out-of-pocket expenses are reduced and enhanced benefits are offered in exchange for compliance with evidence-based preventive care guidelines that have been shown to improve health outcomes.



# Ronney & Sheila

RONNEY (left) & SHEILA DEW (below)

*A winning example of the AmeriChoice Personal Care Model*

## Personalized care — the AmeriChoice model

Our AmeriChoice business, which is dedicated to traditionally underserved populations, understands the unique needs of the individuals they serve. It is one of the largest companies in the State and Public Programs market, managing health care services for state Medicaid and other publicly funded programs and their beneficiaries. The company employs a workforce strongly rooted in its local communities.

AmeriChoice's **Personal Care Model**® (PCM) is indicative of the personalized, quality care the company offers. The dedication of our case managers, like Sheila Dew in Georgia, can mean the difference for a vulnerable member.

*Ronney, a 60-year-old Georgia man, had experienced multiple hospital admissions and had diabetes, hypertension, chronic obstructive pulmonary disease, joint pain and acid reflux. Prior to entering the PCM program, Ronney was so depressed about his health issues he wasn't following his treatment plan.*



*But with the support of Sheila Dew, an AmeriChoice case manager, Ronney began to turn his life around. He was introduced to a primary care physician and began to learn more about his various diseases and the steps he needed to take to improve his well-being.*

*With education and treatment, Ronney lost 40 pounds and dramatically reduced his two pack a day smoking habit. Ronney saw his blood pressure fall, cholesterol levels become more manageable, insulin dependency drop and his breathing improve. Since then he has maintained his vigilance in*

*checking his blood pressure and blood sugar, all the while trying to lose more weight.*

*"This has brought such joy to me, because Ronney says that we saved his life with the program," said Sheila. "He says he is going to send me a Christmas card with pictures of him and his grandchildren!"*

*"But I remind him that it truly was because of his efforts and wanting to do better for himself that AmeriChoice's Personal Care Model was able to help him."*

## Simplifying senior care

The complexities that define America's health care system are a challenge for many of us — but the problem is particularly acute for the elderly.

Our Ovations business, which is the largest business dedicated to the health and well-being needs of seniors in the nation, began a company-wide initiative this year to simplify our communications. By creating a set of standards that focus on simple design and straightforward language, we are helping Ovations' customers become more informed health care consumers.

Working closely with AARP, Ovations is focusing its initial efforts on the company's popular Medicare Supplement plans, which provide additional benefits for Medicare recipients. Relying on focus groups and in-depth usability testing, we simplified customer communications and materials, including welcome kits. In 2009, Ovations expects to expand these communications standards to other parts of its business.

When Medicare Part D was first introduced in 2006, Ovations published *Show Me Guides*, which were

offered in more than a dozen languages and were widely recognized as an effective education tool for seniors. We are continuing the success of this series by publishing a new *Medicare Made Clear* guide, which serves as an easy-to-understand explanation of Medicare benefits.

*Ovations is  
the largest business  
dedicated to  
the health needs  
of seniors  
in the nation.*

Ovations has also created **uhcmedicareolutions.com**, an online tool that makes it easier for consumers to match their health care needs with our portfolio of Medicare product and service choices. The site includes an online tour guide, known as "Gwen," who hosts an interactive tour of the Medicare program. "Gwen" provides seniors with simple options and personalized advice that helps them make the right health care choices for their personal circumstances.

Seniors in our **SecureHorizons Medicare Advantage** plans have access to a 24-hour, seven-days-a-week, toll free help line where they can talk to a registered nurse about health symptoms they are experiencing or receive information on a range of health and lifestyle-related topics. In 2008, the help line received more than 1.6 million calls from people looking for medical information.

*A case study*

## A culture of customer service

*Another way we simplify the health care system is by ensuring that when the people we serve pick up the phone to get information about their coverage and treatment options, the person on the other end can quickly provide them with clear, easy-to-understand information.*

*Using surveys and feedback mechanisms, UnitedHealth Group is working to create a corporate culture of responsive customer service. The unsolicited comments from our customers speak volumes about what a difference great customer service can have on the health care experience.*

### **About Makeisha:**

I was feeling very frustrated when I called the UnitedHealthcare, North Carolina, call center. Makeisha Todd sensed it immediately and acknowledged my frustration ... she assured me she would do everything within her means to get the information I needed.

Her friendly and caring demeanor put me instantly at ease. I knew I was in the hands of a skilled professional. Makeisha provided me with the information I needed to get an appointment with a surgeon who met my needs.

I was extremely impressed with the fact that Makeisha called me back to verify I got the appointment. I was so grateful for Makeisha's compassion and concern. I have never had such a positive experience with a health care provider. Makeisha is a real asset. As far as I am concerned she is my "UHC Angel." She is truly the best of the best.

### **About Sheryl:**

After having the opportunity to deal with (health advisor supervisor) Sheryl, both my wife and I feel we have a friend at UnitedHealthcare. It is easy for people who regularly deal with the public to fall into the trap of being pleasant, but not helpful. Sheryl neatly avoided that, and went far beyond what was required. As a result of her caring attitude and concern for us as people, we have one fewer thing to be apprehensive about. She has made a difference in our lives and is an outstanding representative for UnitedHealthcare. My words cannot do justice to her high quality of service and commitment to your customers.



*Delivering Value by*

**Ensuring  
*Access to*  
Quality &  
Affordable  
Care**

Providing access to quality care from a medical professional is among the most important bonds of trust between UnitedHealth Group and the people we serve. It is the foundation of our business and the very essence of what our people have come to expect from us.

Ever-rising health care costs are making it increasingly difficult for millions of Americans to receive the quality care they need. At UnitedHealth Group, we believe improving access to care must go hand-in-hand with keeping it affordable. This means not only using our skill and experience to manage health care costs, but also ensuring people have access to the information they need to make the best possible and most cost-effective health decisions.



## Offering customers quality care

A focal point of our efforts to increase efficiency and reduce costs is UnitedHealthcare's **Premium designation** program, which strengthens health care system performance in a number of ways.

The program supports the efforts of physicians to improve their level of care by providing them with information and feedback about their care delivery based on nationally accepted and medical specialty society guidance. Those physicians who meet medical society quality standards and those who also meet criteria for cost-effective care receive our Premium designations.

The **UnitedHealth Practice Rewards** program financially rewards certain medical groups and physicians who receive the UnitedHealth Premium designation. Physicians who exceed quality of care and cost efficiency criteria, and meet certain administrative requirements, can receive enhanced fees.

Most importantly, the program provides information to help people choose the right physician and facility. Through a dedicated web site, consumers can compare quality and cost efficiency ratings for physicians in 20 medical specialties.

An example of how our Premium designation program brings real value to the health care system is **EDGE**. UnitedHealthcare's EDGE health benefits program gives people the opportunity to lower copayments and increase coinsurance coverage when they visit physicians who meet the Premium designation program criteria. EDGE was specifically created as a more affordable product so more small businesses will be able to offer higher quality care to their employees.

***EDGE** was  
specifically created  
as a more affordable  
product, so that  
more small businesses  
will be able to offer  
higher quality care.*

The care solutions offered by our OptumHealth business are another important way we are providing quality, cost-effective services. By including a facility in its network for managing complex medical conditions, such as organ transplants, cancer, kidney disease, congenital heart disease and more, and designating it a **Center of Excellence**, OptumHealth is able to negotiate significant discounts for its patients,

sometimes as high as 60 percent. These cost savings make critical health care more affordable for more people.

*A case study*

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## Offering affordable quality care: UnitedHealthcare's EDGE program

*For small businesses struggling with the rising cost of health care, this can mean the difference between being able to offer their employees care or not.*

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Consider the experience of Lexington Homes, a small business in Tampa, Fla., battling to keep health care costs low in the midst of an economic downturn. The real estate business has been particularly hard hit, so Lexington Homes was forced to cut its participation level in employees' health benefit premiums from 100 percent to 50 percent.

But according to Luisa Fiebe, who owns Lexington, "If we don't offer a competitive health benefits package, we can't attract and retain quality employees." Luisa decided to go with EDGE because it allowed the company to cut costs and also maintain options that offered their workers good coverage. According to Luisa, "EDGE is the best-case scenario for our employees" and their response "has been very positive."



# Shannon, Mike & Tyler

*(left) OPTUMHEALTH CUSTOMERS: SHANNON, MIKE AND TYLER  
Support at the right time from OptumHealth personal care consultants*

## **Delivering value with information to help customers live healthier lives**

UnitedHealth Group's designation programs that identify quality health care delivery provide value to consumers in myriad ways. We are available to our customers when they need answers to their critical health care questions and, in turn, can direct them to the physicians and facilities equipped to handle their specific medical needs.

Take for example, OptumHealth personal care consultants who support people in many ways. Through our innovative NurseLine program, they offer guidance 24 hours a day, seven days a week, online or by phone, on more than 1,100 health topics. Personal care consultants also provide treatment decision support for people with conditions that are often subject to inconsistent treatment practices and outcomes. Additionally, they answer questions about when and where to seek care, how to select quality physicians and hospitals based upon our customers' needs and preferences, how to identify lower-cost options for care and how to adopt healthier lifestyles and behaviors for their conditions. And by highlighting those specialty facilities that have earned the highest designation from UnitedHealth Group, we believe we are helping save lives.

*When Shannon and Mike's son, Tyler, was diagnosed with a rare and often fatal brain disease, they had a host of questions, but few good answers about where to turn for the bone marrow transplant that might save their son's life. Upon the referral, Janet, one of our personal care consultants that specializes in transplants, immediately phoned Shannon and Mike and began walking them through their various care options.*

*Since OptumHealth has identified and ranked the U.S. hospitals well qualified to offer various transplant surgeries, Janet was able to provide Shannon and Mike with the most up-to-date information about which facility was the best choice to help their son. Luckily for them, the nearby University of Minnesota hospital is a leader in bone marrow transplants for the disease afflicting Tyler. Had the top care center been further from home, Janet would have counseled the family to consider that facility and would have assisted them in taking advantage of OptumHealth's travel benefits for families of transplant recipients. Every year, more than 3,500 people access OptumHealth's transplant services.*

*Tyler received his transplant in early 2008 and is now well on his way to recovery, and the family has been deeply appreciative for the help that their nurse, Janet Imig, provided them.*

### A helping hand for expectant mothers

Providing value in health care means being there for the people we serve at the first stage of life.

For many women, a pregnancy is the most exciting time of their lives. It can also be a period rife with questions and concerns. That's why UnitedHealthcare created the **Healthy Pregnancy Program**, so pregnancies are as safe as possible.

The Healthy Pregnancy Program provides education for new mothers in the form of the *Mom(me)* brochure, which offers helpful tips on everything from choosing an obstetrician and creating a birthing plan to caring for a newborn and dealing with post-partum depression. *Mom(me)* includes a DVD to help first-time mothers learn how to breastfeed their babies.

For those expectant mothers facing a potentially high-risk pregnancy, we offer personal care managers who will stay in close contact with the mother-to-be. They monitor the mother's progress, help spot possible signs of trouble and remain in touch with her every step of the way, until she gives birth to her baby.

### Ensuring access to medications

Improving the quality of care is more than simply helping people find the right medical professional — it is also about helping to provide access to medicines that improve their lives. Our Prescription Solutions business helps millions of people across the health care system more easily receive their pharmaceutical products when and how they want them.

By increasing the usage of generic drugs, we are helping our customers save money in the process.

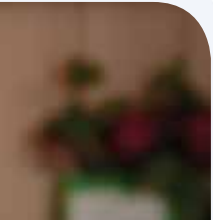
Prescription Solutions' mail order business was ranked highest in customer satisfaction among mail order pharmacies in the J.D. Power and Associates 2008 National Pharmacy Study<sup>SM</sup>. Prescription Solutions also received the highest ranking in four of the five factors used to indicate customer satisfaction (Ordering Convenience, Delivery Convenience, Medication Availability and Information, and Customer Service)

and tied for the highest ranking in the factor of Cost-Competitiveness.



Prescription Solutions provides mail order pharmaceuticals through its facilities in Overland Park, Kansas (above), and Carlsbad, California.

*“Our Prescription Solutions  
business helps millions  
of people receive their  
pharmaceutical products  
when and how they  
want them.”*



# Lou & Elizabeth

LOUELLA (left) & ELIZABETH DANG (below)  
A crucial helping hand from a Prescription Solutions clinician

## Offering a helping hand to those at great risk

One of the largest areas of growth for Prescription Solutions is the field of specialty pharmaceuticals — high-cost, usually injectable products that are used to treat those with rare and/or chronic conditions like rheumatoid arthritis, hemophilia and multiple sclerosis.

An integral part of **Prescription Solutions Specialty Pharmacy** is our integrated disease therapy management programs, which bring physicians and patients together with our clinical pharmacists and nurses to offer a helping hand to those who are at greatest risk.

*Louella (Lou) has suffered from rheumatoid arthritis for years, but a change in medication brought mood swings and flu-like symptoms. A Prescription Solutions Disease Therapy Management clinician conducted a baseline*



*assessment of Lou's symptoms and discovered one of the medications she was taking for her arthritis was no longer required and the other was causing her debilitating side effects.*

*Our Prescription Solutions clinician, Elizabeth Dang, discussed with Lou some alternative treatments. She created a care plan for dealing with her symptoms and depression and, finally, she encouraged Lou to speak with her doctor about a new therapy for arthritis. Soon a change in therapy led to a brighter outlook for Lou. Her depression dissipated and she was able to gain more effective control over her arthritis. According to Lou, she never would have asked for a change in therapy had she not learned about the possible link between her symptoms and her previous therapy. She was overjoyed to be back, once again, to her "normal self."*





*Delivering Value with*

*Innovative*  
**Solutions for**  
**Health Care**

UnitedHealth Group has long been defined by our innovative approach to health care. We were among the first to embed information technology more deeply into the health care system, and we have been industry leaders in offering unique coverage options and care concepts. We continue that process of innovation by constantly looking for new and effective ways to improve America's health care system and transform the way Americans receive care.

We have found that simple measures can make a significant difference in the provision of care, from user-friendly ID cards, electronic medical records and expanded coverage options, to more complex approaches, like the sophisticated analysis done by our Ingenix business. Ingenix examines health care trends, evaluates performance and analyzes results and costs, helping medical professionals deliver quality, affordable care.

## Taking the health care experience online

At UnitedHealth Group, an extraordinary number of transactions are completed electronically, which improves accuracy, expedites quality care, lowers costs and reduces the impact on the environment. We are a market leader in bridging the electronic divide and using technology to make it easier for people and doctors to access the health care information they need.

Today, we are taking the lead in developing user-friendly medical ID cards with enhanced functionality that includes a magnetic strip with customer information for easier transfer of data and fewer misunderstandings at the doctor's office.

We are also helping medical professionals get the right information to their patients and improve the delivery of care. For example, unitedhealthcare-online.com's **Claim Estimator** can provide them with an estimate within 10 seconds or less as to whether a procedure will be covered and what the claim reimbursement will be. This information can be shared with the patient before treatments so there is no confusion about the level of coverage.

UnitedHealthcare's **Real Time Adjudication (RTA)** program provides physicians with immediate claim information, cutting down on administrative costs and the need to constantly check the status of claims. Doctors get immediate information on the claim, including the plan's responsibility and the patient's responsibility, streamlining administrative billing functions.

*The company saw a 38 percent increase in electronic medical payment transactions, to \$26 billion in 2008, and is now processing 11 million transactions each month.*

Finally, OptumHealth Financial Services is helping simplify administrative procedures by encouraging the use of electronic payments and statements so health care professionals can spend more time with their patients. The company saw a 38 percent increase in electronic medical payment transactions, to \$26 billion in 2008, and is now processing 11 million transactions each month. OptumHealth's system enables health plans to pay claims and send remittances electronically to physicians and other health care professionals, eliminating the inefficient and costly use of paper, printing and postage

associated with the traditional paper-based claims settlement process.

According to a recent survey by Gilmore Research Group, 83 percent of health care practices using electronic payment systems report improved cash flow, and 79 percent report improved office efficiencies.

### Creating a true health information exchange

Today, both medical professionals and payers are seeking more direct electronic connections with one another to streamline the transfer of information and transactions, which in turn reduces errors, paperwork and the costs of claims submission, adjudication and payment. At UnitedHealth Group, our goal is to help create a viable Health Information Exchange, a robust electronic infrastructure that would allow for the exchange of clinical, administrative and financial health information among all health system participants.

Our Ingenix business is laying the groundwork for the Health Information Exchange through the application of a number of innovative technological products. The company's **Connectivity Director** is a direct-connect technology that brings together providers, payers and their partners online so they can more easily exchange electronic information, documents and transactions. Connectivity Director can interface with almost every communication protocol used in existing health care computer systems, automate the information exchange process and be scaled to handle hundreds of thousands of connections simultaneously. The Connectivity Director is already facilitating a significant increase in electronic claims submissions. One insurer alone saw a 133 percent increase in electronic submission between January 2008 and May 2008.

Ingenix is also helping cut the cost of transactions and improving the efficiency of the health care system

through the company's **Transaction Manager, Claims Manager** and **Encoder Pro**, new technologies that eliminate roadblocks between claims submission and payment. These technologies offer payers and providers automated billing and payment processing, claims submission reviews for accuracy and regulatory compliance, and elimination of time-consuming coding procedures—increasing productivity and cost savings.

For many years, medical professionals have been advocating for electronic medical records that place all of their patients' medical history at their fingertips and are not locked into a proprietary system. As a *New York Times* op-ed joked not long ago, "Health care providers have been dreaming about electronic records for so long that the idea has begun to seem like vaporware, a never-to-be-realized fantasy similar to flying cars and jetpacks."

With Ingenix **CareTracker EMR**, more health care providers can make electronic medical records a reality. A web-based, affordable solution, Ingenix CareTracker EMR eliminates time wasted searching for and managing important medical records

and provides physicians with access to the latest in comparative effectiveness data. Clinical information is organized in one place, just a click away in a secure server that can move patient information and make it accessible beyond the clinic's walls. E-prescriptions are fast, accurate and recorded. Clinical information is managed more precisely, allowing an even greater focus on patient safety and care. Ingenix CareTracker EMR is certified by the Certification Commission for Healthcare Information Technology (CCHIT), a widely recognized health care technology organization.

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CareTracker EMR helps improve efficiency and quality of care without sacrificing the patient-physician experience. Its services include:

- One-click access to charts, prescription refills, and lab results;
- Automated reminders for follow-up care;
- Automated routing and processing based on the rules and controls of the practice;
- Decision support to manage out-of-norm clinical results; and
- Practice-wide protocols for monitoring patient populations.

The final result is that physicians and their staff members spend less time filling out reams of paperwork and devote more time to what matters most — direct patient care.

**Innovative approaches to maintaining health care coverage**

Millions of Americans are concerned about keeping the health care coverage on which they and their families rely, especially before age 65 and their eligibility for Medicare. UnitedHealthcare recently introduced **UnitedHealth Continuity** to meet that need. An innovative, first-of-its-kind solution, Continuity allows consumers currently covered by employer group plans to apply for health insurance in the individual market today, but not activate coverage until they retire, become unemployed or self-employed or move to a job without health benefits. Consumers are medically

underwritten only once, at the time of application. This plan can be especially helpful to early retirees who are not yet eligible for Medicare or people who later decide to work for themselves.

With UnitedHealth Continuity, future health insurability is guaranteed. Consumers who have employer-sponsored medical coverage would start with their personal plan benefits “turned off” and would pay a small percentage of the premium for the option to turn the coverage “on” when they need it. Consumers who need health coverage right away can start with their personal plan benefits “turned on,” with the option to turn coverage “off” if they become eligible for employer-sponsored health benefits.

UnitedHealth Continuity expands the options for our increasingly mobile workforce, providing consumers with true health care portability and peace of mind that health care coverage is there when it’s needed.

**Using technology to engage consumers in health care decision-making**

We know when people make informed decisions about their health care, it leads not only to lower costs, but also to better medical outcomes. Helping the people we serve make those decisions effectively is a cornerstone of our business. With our new **Consumer Activation Index (CAI)**, we are using the extraordinary amount of health care data at our fingertips to help them do just that.

*Continuity expands the options for our increasingly mobile workforce, providing consumers with true health care portability and peace of mind.*

*A case study*

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## Using CAI to improve employee health

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A software engineering company with approximately 5,000 employees came to UnitedHealthcare looking for ways to improve employee health. A Consumer Activation Index analysis showed an opportunity for increased mammogram testing, particularly among older women and empty nesters. More specifically, the lowest rates of mammogram were seen among older women from the Asian-American community.

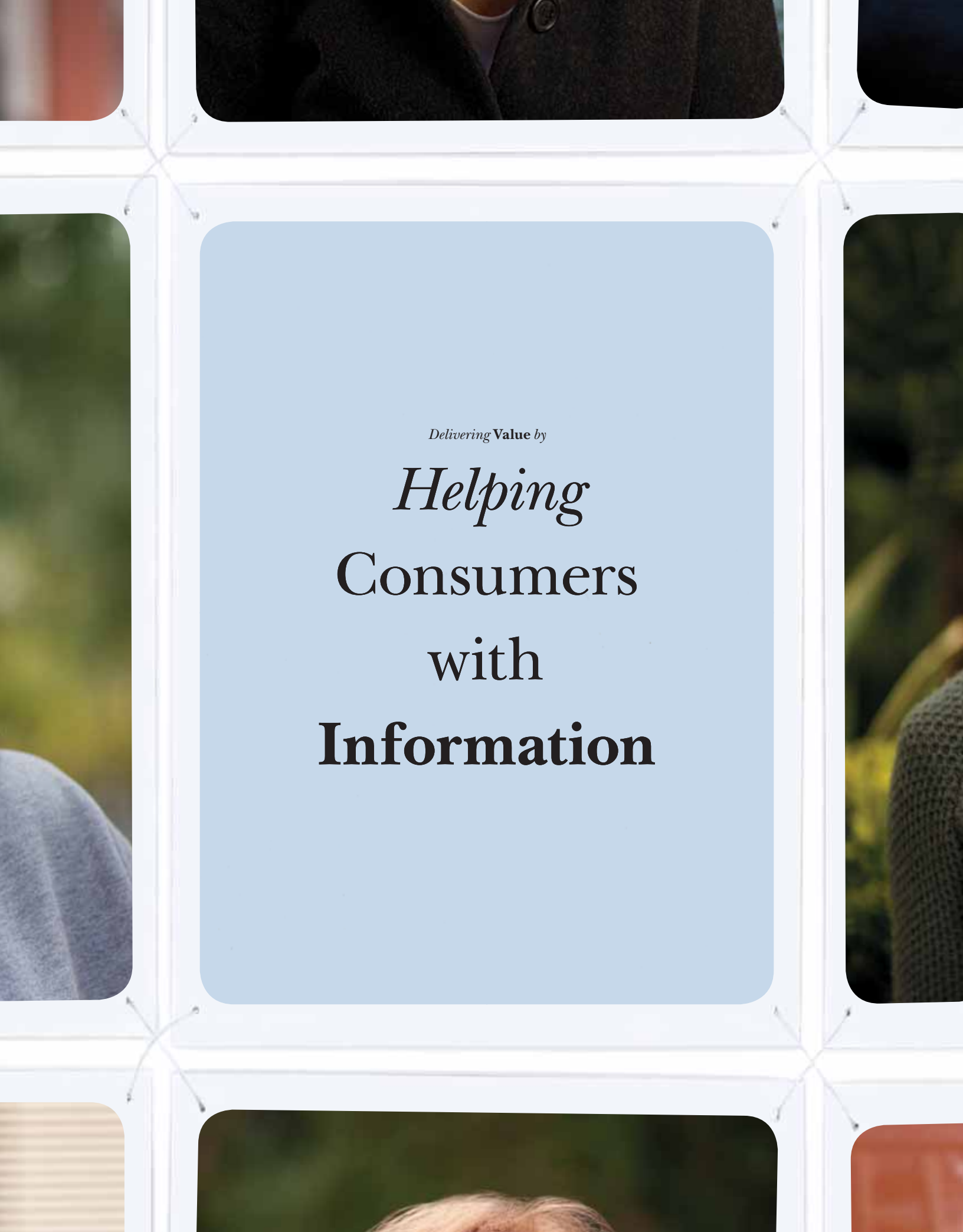
Targeted mailings, with messages and visual images adjusted to life stage and other factors resulted in an immediate 6 percent increase in mammogram screenings. Screening rates for women over 40 continued to rise steadily, and the company saw the highest level of mammogram compliance in two years.

The CAI is a unique, analytical tool that measures more than 50 separate individual health decisions made by consumers, aggregates that data at the employer level and segments it into five life-stage groups. This data is then used to identify potential opportunities for interventions that will drive more informed consumer decisions, resulting in better health outcomes and better value.

Beyond such enterprise-wide insights, the information we glean from the CAI analysis allows us to understand and address the needs, interests, attributes and

decision-making of individual consumers. By ranking each employee on a scale of one to 50, we can determine if he or she is under-engaged in health care decision-making and offer him or her guidance for making more and better choices.

For example, those customers recently discharged from the hospital may receive welcome home calls, which help prevent costly readmissions, or those with diabetes will be called by nurse specialists and encouraged to comply more closely with their care guidelines.



*Delivering Value by*

*Helping*

Consumers

with

**Information**

At UnitedHealth Group, we have long understood that consumers and physicians, when armed with the most relevant and useful information regarding treatment options and costs, are likely to use health care the most wisely. That is the reason we remain focused on providing health care professionals and patients the information they need to stay healthy, get healthy and to make the right choices when living with illness. UnitedHealthcare holds the No. 1 ranking in the fastest-growing health care benefit category—consumer-driven health plans. As health care modernization advances, we believe consumer decision-making should be a primary focus.



### Using the web to add value

There is no better way to get more health care information in the hands of consumers than via the Internet. In December 2008, we launched **myoptumhealth.com**, a free consumer health and wellness site that features clinically reviewed, easy-to-understand and actionable data on topics including weight loss, nutrition and parenting, as well as disease management and senior health issues.

Anyone can visit the site, [myoptumhealth.com](http://myoptumhealth.com), and pinpoint potential conditions with our Symptom Checker, find the right doctor from a database of 800,000 health care professionals, check the potential interactions of various drugs and find the latest information on how to live a healthier life.

### Finding the best match

One of the most difficult challenges facing patients is finding the right physician or specialist in their communities. How do you figure out which health care provider is best and which physician most closely fulfills your health care needs? With **Best Match Search**, Ingenix is taking some of the guesswork out of choosing a doctor by allowing people to search our network using a personalized set of criteria that includes proximity, specialty, volume of cases and other factors.

Ingenix brings together its vast database of more than 27 million health episodes to identify past-patient profiles, the medical approach of physicians and potential costs associated with treatment. With this information, Ingenix offers a profile of physicians who are matched to patients' needs, along with physician quality and cost efficiency ratings. Quite simply, it is among the most comprehensive online tools for finding the appropriate physician.

### Health coaching that empowers customers

One of the ways that we get health and wellness information to people is through OptumHealth's innovative **Online Health Coach** program, which guides individuals as they take charge of their health and wellness needs.

Utilizing a comprehensive health assessment, our personal care consultants devise a highly interactive coaching experience that empowers people to deal with ongoing health challenges, like managing diabetes or dealing with back pain, and also to make important lifestyle changes, like quitting smoking, coping

more effectively with stress, losing weight, eating better and exercising more productively.

For example, in Pennsylvania for many of the businesses that offer UnitedHealthcare benefit plans, we are bringing highly trained wellness coaches into their offices and factories. We are identifying risk factors, offering advice on the best ways to meet wellness goals and helping employees better understand their health care needs.

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*“There is no better way  
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OptumHealth’s online coaches provide people with the tools to meet their health and lifestyle goals, including structured weekly to-do lists, meal plans, exercise demonstrations and motivational messaging that keeps them focused.

In a recent 12-month study, results indicated that individuals who completed OptumHealth’s Online Health Coach weight-management program were 44 percent more likely to lose weight compared with those who did

not complete the program. The study also found that individuals completing the program lost 63 percent more weight than those in a control group who did not go through the program.

Whatever the health challenge, the focus is the same: helping our customers make the best health care choices for themselves and their families.



# Lisa

(left) LISA WRIGHT, AMERICHoice EMPLOYEE AND COMMUNITY ADVOCATE  
*UnitedHealth Group's mission in action*

## **Partnering with the community to deliver health information**

For millions of Americans the most difficult health care challenge is often the simplest to solve — finding the medical and benefit information they need to live healthier lives. But for low income Americans, including those who rely on Medicaid and Medicare, the challenge can be particularly daunting.

*Lisa Wright, a director at our AmeriChoice business, understands all too well the challenges facing these underserved populations. For much of her career, she has worked with people whose health needs fall through the cracks of the health care system. When Lisa joined UnitedHealth Group in 2008, she partnered with local community health- and faith-based organizations to design the Maryland Community HUB program, which is bringing solutions to those living in some of Baltimore's most medically underserved neighborhoods.*

*HUB sites are essentially community-based storefronts where people are invited to meet UnitedHealth Group staff for face-to-face customer service. The HUBs are typically housed in easily accessible locations, including health centers, subsidized housing projects, Boys and Girls Clubs, homeless shelters and a variety of other community-based organizations.*

*During HUB sessions, our staff provides mini-benefit orientations, offers assistance in navigating health plan benefits and helps to address any medical challenges people may be experiencing. HUB sessions are also held in physicians' and other health care professionals' offices, allowing the care provider and his or her staff to focus on care delivery rather than benefit education. More than 30 Community HUB sites have been established across Maryland.*

*As a result of her leadership and tireless efforts on behalf of Medicare and Medicaid recipients, Lisa was nominated for and awarded the company's "Living the Mission" award. The award recognizes UnitedHealth Group employees who exemplify the themes of the company's mission and values statements in their work activity. "Health care is complex, everyone knows that," says Lisa. "But by going out into the communities, my team gets to experience firsthand the passion and the rewards of living the UnitedHealth Group mission. We see how an innovative way to deliver health care can truly transform a person's life. Being able to help people at their level, in their communities, is a remarkable feeling."*

*“Getting up-to-date  
information into the  
hands of health care  
professionals helps  
them prevent  
infirmity and illness.”*

### Providing health care professionals with the information they need

At UnitedHealth Group, we recognize that when physicians and other health care professionals have the most current and evidence-based clinical information, they can best manage their patients' care.

### Vitamin D for better health

Getting the most up-to-date information into the hands of health care professionals helps them prevent infirmity and illness. For example, among older adults the leading cause of injury deaths is falls. In fact, more than one-third of adults fall each year. In 2005, nearly 16,000 people died from injuries related to falls. Almost 2 million people over the age of 65 were treated in emergency departments.

However, research now shows that the regular consumption of vitamin D-3 can reduce falls and fractures by 28 percent. That's why Evercare, which is part of our Ovations business, began a program to encourage nursing homes to provide their residents with vitamin D-3 supplements. According to a recent study, 75 percent of nursing home residents have deficient levels of vitamin D, making this information crucial in preventing debilitating injury or even death.

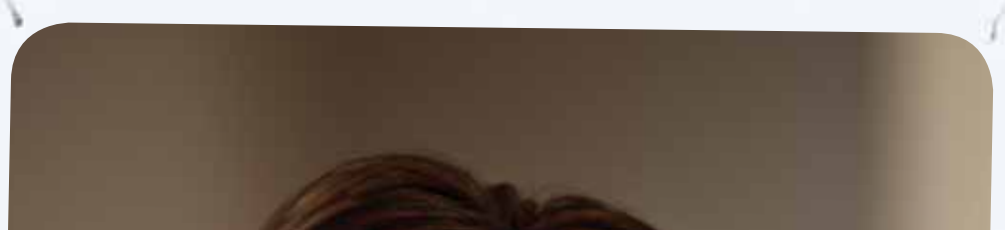
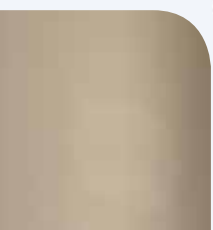
### Preventing the risk of adverse drug reactions

Recent studies show that 30 percent of hospital admissions for older Americans are linked to medication toxicity and drug-related problems. The health, safety and economic consequences for the elderly can be profound — an adverse drug reaction in those over the age of 65 is twice as likely to result in an emergency room visit. Recognizing this growing problem, our Prescription Solutions Clinical Services team created the **Geriatric RxMonitor Program** to reduce the use of medications that are considered potentially inappropriate in elderly patients age 65 years and older, based on HEDIS guidelines. More than 1.3 million seniors were screened and more than 12 percent were discovered to be taking medications that could potentially lead to an adverse reaction.



Two staff members reference medical information at a clinic in California.

Our clinical team sent notification letters to physicians, offered specific reports about patients who were taking drugs of concern, provided safer medication therapy management options and distributed a consumer education pamphlet on the safe use of drugs in the elderly, which included evidence-based recommendations. Among those customers who were contacted by the Geriatric Program, the number of prescriptions considered dangerous dropped by 57 percent.



# Nina & Ed

*(left) SECUREHORIZONS CUSTOMERS NINA AND ED  
Staying healthy with the SecureHorizons Silver Sneakers Fitness Program*

## **Providing the tools to help people live healthier lives**

There are many ways that a health care company can help people live healthier lives. Sometimes it is about making sure individuals are taking the right medications or they have access to the physicians they need or specific health care facilities. But other times the path to good health is much simpler.

*Nina and Ed had always made fitness a part of their lifestyles, but after joining SecureHorizons by UnitedHealthcare and enrolling in the Silver Sneakers Fitness Program — a benefit offered at no additional cost — they saw an opportunity to add variety to their exercise routine.*

*In just three months, Nina and Ed logged in more than 53 visits each and learned about new cardio- and weight-training workouts. Now, they exercise nearly every day of the week and recently incorporated the Silver Sneakers Muscular Strength and Range of Movement class into their busy fitness routine. “We are delighted and very appreciative of SecureHorizons for providing the Silver Sneakers benefit,” says Nina, who regularly encourages her friends to take advantage of the program.*



*UnitedHealth Group  
serves people's health  
care needs with the  
broadest range of  
products and services  
in the U.S. health care  
market.*



UnitedHealthcare offers a comprehensive array of consumer-oriented benefit plans and services for large national employers, public sector employers, mid-sized employers, small businesses and individuals nationwide. UnitedHealthcare currently serves 26.3 million Americans through fully-insured and self-funded medical plans and, in total, secures medical services for 29.1 million individuals on behalf of its customers and unaffiliated health benefits programs. The company offers broad access and meaningful economic discounts for all customers and users of its various services by contracting with a network of physicians and other care providers and hospitals. UnitedHealth Group's combined health benefits businesses contract with more than 650,000 physicians and other care providers, and 5,200 hospitals.

UnitedHealthcare National Accounts creates value for large, multi-location employer customers through flexibility in plan design, consumer engagement and activation approaches, broad quality networks, and care advocacy and wellness programs, all with the creative use of employer- and consumer-specific data.

- UnitedHealthcare leverages consumer-centric innovations from across the whole UnitedHealth Group enterprise to integrate clinical, behavioral, financial, administrative and claims data at the customer and consumer levels in practical ways, relevant to our customers' needs.
- Innovative clinical advocacy programs — built around evidence-based medicine — promote care quality and patient safety and provide incentives for physicians and facilities to demonstrate consistency of clinical care and best practice standards.
- The UnitedHealthcare Premium designation program identifies the quality and efficiency of health care practitioners according to evidence-based treatment standards, clinical guidelines and independent, expert advice. The program is designed to raise consumer awareness of the differences among health care practices that can affect both the quality and cost of care and to help consumers identify physicians and facilities that best meet their needs.
- Data-driven networks and clinical management provide consumers with the necessary resources to make more informed choices about how to best manage their health and health care. They are organized around lines of service such as cardiac, oncology, neuroscience, orthopedics, spine, women's health, primary care and transplantation to optimize networks, clinical operations and benefit designs.



Ovations serves the growing health needs of individuals over age 50. It is the largest business dedicated to the health and well-being of aging citizens in the nation, serving more than 8 million seniors or one in five Medicare beneficiaries through a comprehensive and diversified array of products and services. These include chronic disease management programs, Medicare Advantage, Medicare Supplement, Part D prescription drug plans, hospice programs, Medicaid long-term care services and employer retiree health services.

Ovations has an accomplished team of experts in all aspects of Medicare purchasing, product design, pricing, and government and regulatory affairs. With its multifaceted, national business scope in Medicare, Ovations holds a unique position in the marketplace. By building on the strengths of the government Medicare system and focusing closely on the health care coverage needs of beneficiaries, Ovations' SecureHorizons Medicare Advantage program unites the best of the public and private sectors. Through UnitedHealth Group's relationship with AARP, a wide range of Ovations' innovative Medicare products and services are available under the AARP brand.

- *SecureHorizons* delivers a portfolio of Medicare Advantage services to the rapidly growing population of Medicare-eligible people in all 50 states, serving approximately 1.5 million people at year end 2008 and experiencing strong growth in early 2009. Products include network-based and non-network-based solutions that span Medicare Advantage, Medicare Advantage with prescription drug and Private-Fee-for-Service programs.
- *Ovations Part D* is the nation's largest service provider delivering Medicare prescription drug benefits (Part D) to beneficiaries throughout the United States and its territories, serving 5.5 million people.
- *Insurance Solutions* operates the nation's largest Medicare Supplement business under an exclusive arrangement with AARP, and provides a broad range of innovative, affordable insurance products for people age 50 and older. It currently serves nearly 4 million people.
- *Evercare* is the national leader in providing health care planning and facilitation to optimize the health of people who have long-term or advanced illnesses and are older, or have disabilities. Evercare serves people in 36 states in home, community and nursing home settings through a continuum of products, including long-term Medicaid programs, hospice care, Medicare Advantage and Special Needs Plans.



AmeriChoice is a diversified health benefits company dedicated to helping states, localities and other government agencies facilitate care for the economically disadvantaged, the medically underserved and those without benefit of employer-funded health care coverage. Through its programs in 22 states and the District of Columbia, AmeriChoice serves approximately 2.4 million recipients of Medicaid, Children's Health Insurance, Special Needs Plans and related government-sponsored health care programs.

AmeriChoice health care programs are uniquely designed to address the complex medical and social needs of the populations it serves, especially the chronically ill, those with disabilities and others with higher risk medical, behavioral and social conditions.

The company also offers government agencies a broad menu of separate management services — including clinical care management and consulting, disease and conditions management, and administrative and technology services — to help them effectively administer their distinct health care delivery systems and programs.

- AmeriChoice focuses not only on its members' medical issues, but also on the social, behavioral and economic barriers people face in improving or maintaining their health status. Through its proprietary AmeriChoice Personal Care Model<sup>®</sup>, AmeriChoice establishes an ongoing relationship with individuals and coordinates resources among family, physicians, other health care providers, and government and community-based agencies and organizations to ensure continuous and effective care.
- Distinctive outreach and education programs are used to target and intervene in the most common medical conditions, as well as to ensure preventive care for children and adults.
- AmeriChoice programs focus on high-prevalence and debilitating chronic illnesses such as hypertension and cardiovascular disease, asthma, sickle cell disease, diabetes, HIV/AIDS and high-risk pregnancies.
- AmeriChoice's advanced pharmacy services help to optimize the use of pharmaceuticals and to contain pharmacy expenditures to levels appropriate to specific clinical situations.



OptumHealth is a diversified health, financial and ancillary benefits company, serving 60 million people through programs offered by employers, payers and public sector entities.

OptumHealth helps consumers navigate the health care system and obtain access to the best health services based on their needs, supporting their emotional health and well-being, providing ancillary insurance benefits and helping people finance their use of health care through account-based programs.

The company is a recognized leader in wellness, disease and care management programs; care advocacy and decision support services, complex condition management; mental health and substance abuse management; and employee assistance programs. OptumHealth is also a leading provider of consumer health information, private health portals and consumer engagement portals.

OptumHealth health care financial services include 1.6 million financial accounts serving thousands of employers and millions of consumers. Total assets under management are \$660 million. OptumHealth Financial Services is also a leader in health care payables management, including more than \$2 billion in electronic claims payments and remittances per month and connectivity to nearly 50,000 health care provider tax IDs.

OptumHealth is organized into four major operating groups, each aligned to specific markets and their purchasing characteristics:

- *Care Solutions* serves 40 million people through personalized health management solutions that improve the health and well-being of individuals, improve clinical outcomes and workforce productivity and reduce costs for customers.
- *Behavioral Solutions* is a market leader recognized for clinical quality and for innovations in harnessing the relationship between behavioral and medical care. Behavioral Solutions serves 43 million people.
- *Specialty Benefits*' portfolio serves more than 20 million people and includes Dental, Vision, Life, Disability and Stop Loss insurance solutions. OptumHealth Specialty Benefits is dedicated to providing high-quality ancillary products that are affordable and easy to use.
- *Financial Services* is the leading provider of Health Savings Accounts and other account-based health care financing solutions, helping organizations and individuals optimize their health care finances. Insurers and health care providers reduce costs with OptumHealth's paperless payment and statement solutions. People also use OptumHealth's tax-favored accounts to save money today and build health savings for the future. The company's broad array of account-based financial products allows employers to economically offer more health benefits choices and coverage.



Ingenix is one of the largest global health information technology and consulting companies and a leading provider of information-based solutions to all health care market participants. Customers purchase Ingenix software, data management, publications, consulting and actuarial services, business process outsourcing services, clinical research outsourcing, pharmaceutical data and consulting services, and revenue cycle management solutions. Ingenix products and services are purchased by approximately 6,000 hospitals, 240,000 physicians, 1,500 health care payers and other intermediaries, 260 *Fortune* 500 companies, 300 life sciences companies, and 250 government entities, as well as other UnitedHealth Group businesses.

Ingenix also brings together one of the largest collections of health care specialists, actuaries, consultants, scientists, economists, medical practitioners, biostatisticians, engineers and coding specialists, and operates in 150 locations in 56 countries.

- Ingenix offers approximately 50 proprietary software applications to manage clinical and administrative transactions across the information environments of payers, providers, employers, property and casualty insurers and the life sciences industry.
- Ingenix Consulting is a leading health care consulting firm focused on improvements in the areas of strategy, finances, government programs, health system optimization, public policy, clinical care, consumer engagement and business operations and performance.
- Ingenix International is bringing its expertise to work directly with the British National Health Service Primary Care Trusts and the operation of their primary care clinics.
- Ingenix 13 pharmaceutical clinical research operations in more than 50 countries focus on broad therapeutic development categories, including oncology, the central nervous system, infectious and pulmonary disease, and endocrinology.
- Ingenix data warehousing solutions enable the acquisition, transformation and storage of detailed health data for instant retrieval and analysis by employers, payers and health care providers. The Ingenix Galaxy database is comprehensive, encompassing more than 26 terabytes of data and serving as the backbone for analytical information for UnitedHealth Group companies.
- The full array of product offerings that Ingenix provides helps clients strengthen health care administration and advance health outcomes. This includes: health care utilization reporting and analytics, physician clinical performance benchmarking, clinical data warehousing, analysis and management responses for medical cost trend management, decision support for evaluation of health benefits and treatment options, revenue cycle management (including integrated electronic medical records systems), risk management solutions, connectivity solutions, and claims management tools to reduce administrative errors and support fraud recovery services.




Offering a comprehensive suite of pharmaceutical programs as well as an array of consumer health products, Prescription Solutions is one of the largest Pharmacy Benefit Managers (PBMs) in the United States and provides retail pharmacy network claims processing, mail order pharmaceuticals and specialty pharmaceuticals management. The company also provides retail network contracting, rebate contracting and management and clinical programs, such as step therapy, formulary management and disease/drug therapy management, that assist its customers in achieving a low cost, high-quality drug benefit.

The company provides services to external as well as internal accounts. Among its external business are employer groups, union trusts, managed care organizations and third party administrators, including mail service-only and carve-out accounts. Internal business includes Ovarions Medicare, AmeriChoice Medicaid and certain portions of UnitedHealthcare's commercial customers, as well as specialty pharmacy on an enterprise-wide basis.

With more than 4,000 employees throughout the United States, Prescription Solutions serves more than 10 million people through approximately 60,000 retail network pharmacies and two mail service facilities in Carlsbad, California, and Overland Park, Kansas. Mail service facilities also provide distribution of oral and injectable specialty medications and medical supplies. The company processes approximately 300 million adjusted retail, mail service and specialty drug prescriptions annually.

- Prescription Solutions' mail order facilities offer customers significant discounts in copayments on prescriptions as compared to typical retail drug stores. The people served by the company also obtain the benefits of its purchasing scale in supplying cost-effective brand name and generic drugs. Mail service accuracy exceeds 99.9 percent, providing a high level of safety and affordability for patients.
- Prescription Solutions supplies specialty pharmaceuticals that are covered under both pharmacy benefit and medical benefit product offerings and is in the process of in-sourcing UnitedHealthcare specialty pharmacy fulfillment services.
- The company is investing in infrastructure, including improvements to information technology systems, such as a new mail service system and a new web portal. The investments are intended to provide the platform to support continued rapid growth.
- Through its Consumer Health Products (CHP) business, Prescription Solutions provides diabetes testing supplies and other specialized medical supplies, over-the-counter (OTC) items, vitamins, minerals and supplements to AARP, Medicare Complete, SecureHorizons, Evercare and AmeriChoice customers and to external clients.
- Prescription Solutions has been recognized nationally for its innovative operations capabilities and clinical programs — built around efficacy/quality and cost-effectiveness of drugs — that promote quality and patient safety. In the J.D. Power and Associates 2008 National Pharmacy Study<sup>SM</sup>, Prescription Solutions was ranked highest in customer satisfaction among mail order pharmacies.



*Our two charitable foundations — the United Health Foundation and the UnitedHealthcare Children’s Foundation — are passionate about helping people live healthier lives. From expanding access to quality health care services for those in challenging circumstances to partnering with others to improve the well-being of children and families, our foundations make a real difference in the lives of people.*



## United Health Foundation

Since established by UnitedHealth Group in 1999, the United Health Foundation has committed more than \$160 million to improve health and health care. The following are examples of its program initiatives.

The United Health Foundation's *America's Health Rankings*<sup>™</sup> is an annual state-by-state assessment of the nation's health. In collaboration with the American Public Health Association and Partnership for Prevention, for nearly two decades *America's Health Rankings*<sup>™</sup> has provided communities and individuals with data that has spurred innovative thinking and action to strengthen our nation's health.

To increase access to health care for underserved communities, the Foundation's **Community Health Centers of Excellence** initiative supports community clinics that are part of our nation's health care safety net. Five health centers, in New Orleans, Miami, New York City, and Washington, D.C., provide care equal to or better than care available by private-sector health care facilities, despite challenges unique to their locations.

The goal of the Foundation's **Diverse Scholars** initiative is to increase the number of qualified, yet underrepresented, college graduates entering the health workforce. Scholarships support hundreds of low income minority students pursuing degrees in the health field. The development of health professionals from diverse, multicultural backgrounds will help improve the quality of culturally competent health care and help close the health disparities gap.

The Foundation partners with health research agencies, medical specialty societies, and others to translate science into practice and helps make reliable medical evidence available to physicians and other care providers. **Advancing Clinical Excellence** helps physicians and other health professionals achieve the best possible health outcomes for their patients.

To learn more about the United Health Foundation, go to [www.unitedhealthfoundation.org](http://www.unitedhealthfoundation.org).



Children who have medical needs are sometimes not insured comprehensively for all of their medical treatments. There are few places for families who have gaps in their commercial health benefit plan coverage to turn to for funding medically necessary services for their children. As a result, children may go without necessary treatment, or they receive needed care while their families assume large financial obligations.

That's where the UnitedHealthcare Children's Foundation helps fill the gap. Since established in 1999, the Foundation has provided grants to hundreds of children and their families to offset the cost of medical care.

The Children's Foundation is funded by contributions from UnitedHealth Group and its employees, as well as the generosity of individuals and corporations. To learn more about the UnitedHealthcare Children's Foundation, visit [www.uhccf.org](http://www.uhccf.org).

## 2008 Financial Results

**UnitedHealth Group highlights**

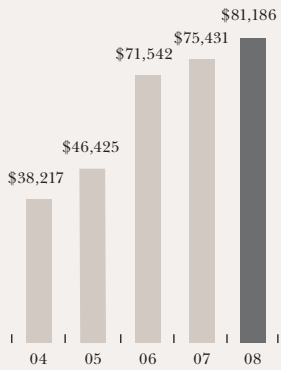
- UnitedHealth Group achieved business growth across each of its reporting segments and generated earnings from operations of \$5.3 billion.
- Diluted net earnings per common share were \$2.40.
- Revenues were approximately \$81.2 billion.
- Cash flows from operations reached \$4.2 billion, representing 142 percent of 2008 net earnings.
- The challenging economic environment in the United States during 2008 exerted pressure on growth, product pricing and margins for UnitedHealth Group.

THE 2008 FINANCIAL RESULTS ON PAGES 56 THROUGH 59 SHOULD BE READ TOGETHER WITH THE CONSOLIDATED FINANCIAL STATEMENTS AND NOTES IN THE 2008 ANNUAL REPORT ON FORM 10-K, AS AMENDED. THE 2008 ANNUAL REPORT ON FORM 10-K, AS AMENDED, IS AN INTEGRAL PART OF THIS SUMMARY DOCUMENT.

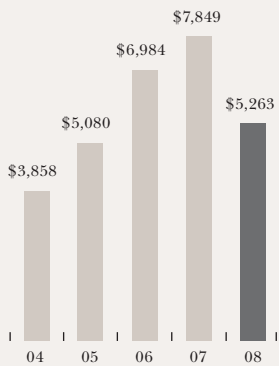
(dollars in millions, except per share data)

YEAR ENDED DECEMBER <sup>31</sup>	2008	2007	2006	2005	2004
<b>Consolidated operating results</b>					
Revenues	\$ 81,186	\$ 75,431	\$ 71,542	\$ 46,425	\$ 38,217
Earnings from operations	\$ 5,263	\$ 7,849	\$ 6,984	\$ 5,080	\$ 3,858
Net earnings	\$ 2,977	\$ 4,654	\$ 4,159	\$ 3,083	\$ 2,411
Return on shareholders' equity	14.9%	22.4%	22.2%	25.2%	29.0%
Basic net earnings per common share	\$ 2.45	\$ 3.55	\$ 3.09	\$ 2.44	\$ 1.93
Diluted net earnings per common share	\$ 2.40	\$ 3.42	\$ 2.97	\$ 2.31	\$ 1.83
Common stock dividends per share	\$ .030	\$ .030	\$ .030	\$ .015	\$ .015
<b>Consolidated cash flows from (used for)</b>					
Operating activities	\$ 4,238	\$ 5,877	\$ 6,526	\$ 4,083	\$ 3,923
Investing activities	\$ (5,072)	\$ (4,147)	\$ (2,101)	\$ (3,489)	\$ (1,644)
Financing activities	\$ (605)	\$ (3,185)	\$ 474	\$ 836	\$ (550)
<b>Consolidated financial condition</b>					
AS OF DECEMBER <sup>31</sup>					
Cash and investments	\$ 21,575	\$ 22,286	\$ 20,582	\$ 14,982	\$ 12,253
Total assets	\$ 55,815	\$ 50,899	\$ 48,320	\$ 41,288	\$ 27,862
Total commercial paper and long-term debt	\$ 12,794	\$ 11,009	\$ 7,456	\$ 7,095	\$ 4,011
Shareholders' equity	\$ 20,780	\$ 20,063	\$ 20,810	\$ 17,815	\$ 10,772
Debt-to-total-capital ratio	38.1%	35.4%	26.4%	28.5%	27.1%

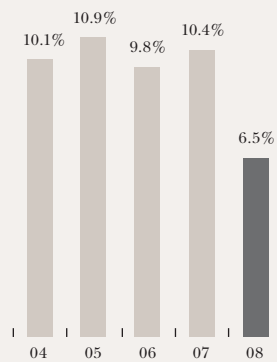
**Revenues**  
*(in millions)*



**Earnings from operations**  
*(in millions)*



**Operating margin**



**Cash flows from operations**  
*(in millions)*



**Diluted earnings per share**





### Health Care Services highlights

*(includes UnitedHealthcare, Ovations, and AmeriChoice)*

- For UnitedHealthcare, total people served in 2008 increased by 820,000 people or 3 percent over 2007, including an increase of approximately 1.3 million commercial fee-based plan participants and a decline of 445,000 consumers served through commercial risk-based programs.
- UnitedHealthcare revenues of \$41.8 billion increased by \$1.6 billion or 4 percent over 2007, primarily due to premium rate increases for medical cost inflation and the acquisitions of Sierra Health Services, Inc. and Fiserv Health, Inc., offset by a decline in individuals served through risk-based product offerings.
- Ovations revenues were \$28.1 billion, an increase of \$1.6 billion or 6 percent compared to 2007, with revenue advances driven by an increase in the number of individuals served in AARP standardized Medicare Supplement, SecureHorizons Medicare Advantage and Evercare businesses offset by declines in Medicare Part D prescription drug plan membership.
- AmeriChoice generated revenues of \$6.0 billion in 2008, an increase of \$1.5 billion or 34 percent year-over-year.
- Medicaid membership grew by 805,000 individuals or 47 percent during the year to 2.5 million people due to a combination of organic growth and the acquisitions of Unison Health Plans and Sierra Health Services, Inc.

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### OptumHealth highlights

- At year end, OptumHealth provided services to approximately 60 million consumers, an increase of 1 million people in 2008, with significant new public sector business awards recently occurring in the states of New York, Tennessee and New Mexico.
- OptumHealth revenues grew 6 percent during 2008 to \$5.2 billion.
- OptumHealth Financial Services electronically transmitted \$26 billion in medical payments to physicians and other health care providers in 2008, a year-over-year increase of 38 percent. Assets under management in this business ended the year at \$660 million, an increase of 43 percent over 2007.

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### Ingenix highlights

- Ingenix provides services in 56 countries and serves many participants in the U.S. health system.
- Ingenix revenues increased 19 percent or \$248 million during 2008 to \$1.6 billion, primarily due to organic growth in its health intelligence and contract research businesses and from smaller businesses that were acquired.
- The contract revenue backlog at Ingenix grew by approximately \$140 million or 8 percent during 2008 to \$1.85 billion, as the impact of certain contract research project cancellations in the pharmaceutical services business was more than offset by sales growth of 28 percent across the payer, provider, government and other market segments.

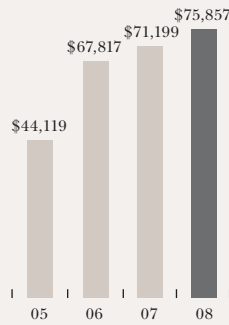
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### Prescription Solutions highlights

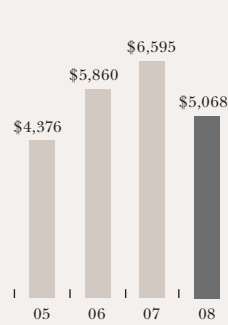
- Prescription Solutions 2008 revenues of \$12.6 billion decreased \$676 million or 5 percent year-over-year due to the continuing market shift to lower-priced generic drugs and a reduction in the number of people served through Medicare Part D prescription drug plans from the re-assignment of dual-eligible enrollees in certain regions by CMS.
- During the year, Prescription Solutions grew the number of people served through unaffiliated benefit plans by 15 percent or more than 400,000 people. The people served through these channels now represent 30 percent of Prescription Solutions' 10.6 million consumers.
- Generic usage by individuals served through Prescription Solutions exceeded 68 percent of all prescriptions filled in the fourth quarter 2008, an increase of approximately 4 percentage points year-over-year. The expanded use of generics increases the affordability of health care and also increases earnings from operations at Prescription Solutions.

**Health Care Services**

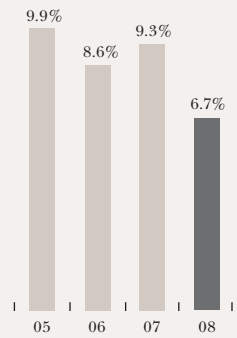
Revenues  
(in millions)



Earnings from operations  
(in millions)

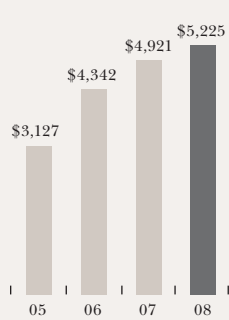


Operating margin

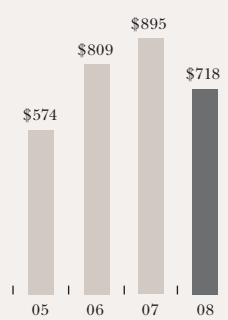


**OptumHealth**

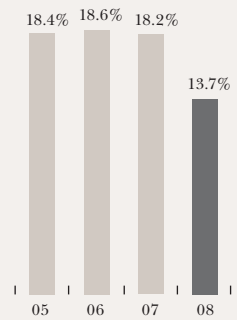
Revenues  
(in millions)



Earnings from operations  
(in millions)

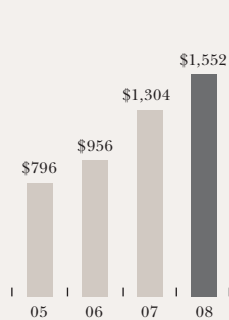


Operating margin

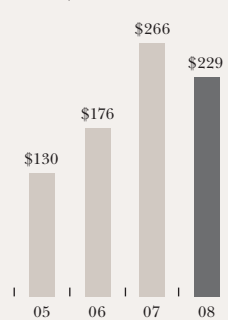


**Ingenix**

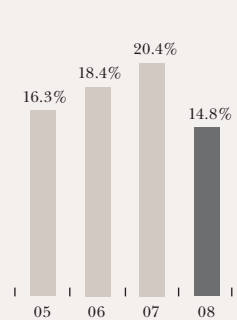
Revenues  
(in millions)



Earnings from operations  
(in millions)

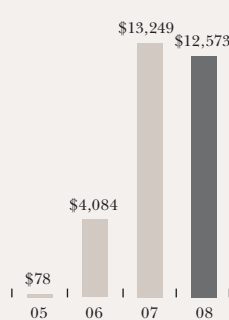


Operating margin

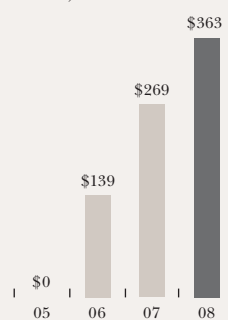


**Prescription Solutions**

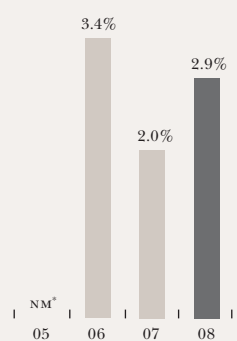
Revenues  
(in millions)



Earnings from operations  
(in millions)



Operating margin



\*Not Meaningful

*Officers and Leaders*

STEPHEN J. HEMSLEY  
President and  
Chief Executive Officer

GAIL K. BOUDREAU  
Executive Vice President and  
President,  
UnitedHealthcare

G. MIKE MIKAN  
Executive Vice President and  
Chief Financial Officer

WILLIAM A. MUNSELL  
Executive Vice President and  
President,  
Enterprise Services Group

JOHN S. PENSORN  
Senior Vice President,  
Capital Markets  
Communications and Strategy

ERIC S. RANGEN  
Senior Vice President and  
Chief Accounting Officer

LARRY C. RENFRO  
Executive Vice President and  
Chief Executive Officer,  
Ovations

JEANNINE M. RIVET  
Executive Vice President

SIMON STEVENS  
Executive Vice President and  
President,  
Global Health

LORI K. SWEERE  
Executive Vice President,  
Human Capital

REED V. TUCKSON, M.D.  
Executive Vice President and  
Chief of Medical Affairs

ANTHONY WELTERS  
Executive Vice President and  
President,  
Public and Senior Markets Group

DAVID S. WICHMANN  
Executive Vice President and  
President,  
UnitedHealth Group Operations

*Board of Directors*

WILLIAM C. BALLARD, JR.  
Former Of Counsel,  
Greenebaum Doll & McDonald PLLC

RICHARD T. BURKE  
Non-executive Chairman,  
UnitedHealth Group

ROBERT J. DARRETTA  
Retired Vice Chairman and  
Chief Financial Officer,  
Johnson & Johnson

STEPHEN J. HEMSLEY  
President and  
Chief Executive Officer,  
UnitedHealth Group

MICHELE J. HOOPER  
Managing Director,  
The Directors' Council

DOUGLAS W. LEATHERDALE  
Retired Chairman and  
Chief Executive Officer,  
The St. Paul Companies, Inc.

GLENN M. RENWICK  
President and Chief Executive Officer,  
The Progressive Corporation

KENNETH I. SHINE, M.D.  
Executive Vice Chancellor for  
Health Affairs,  
The University of Texas System

GAIL R. WILENSKY, PH.D.  
Senior Fellow,  
Project HOPE

*Audit Committee*

WILLIAM C. BALLARD, JR., CHAIR  
ROBERT J. DARRETTA  
GLENN M. RENWICK

*Compensation and Human Resources Committee*

DOUGLAS W. LEATHERDALE, CHAIR  
ROBERT J. DARRETTA  
GAIL R. WILENSKY, PH.D.

*Nominating and Corporate Governance Committee*

MICHELE J. HOOPER, CHAIR  
WILLIAM C. BALLARD, JR.  
DOUGLAS W. LEATHERDALE

*Public Policy Strategies and Responsibility Committee*

GAIL R. WILENSKY, PH.D., CHAIR  
MICHELE J. HOOPER  
KENNETH I. SHINE, M.D.

This Summary Annual Report may contain statements, estimates, projections, guidance or outlook that constitute “forward-looking” statements as defined under U.S. federal securities laws. Generally the words “believe,” “expect,” “intend,” “estimate,” “anticipate,” “plan,” “project,” “should” and similar expressions, identify forward-looking statements, which generally are not historical in nature. These statements may contain information about financial prospects, economic conditions, trends and uncertainties and involve risks and uncertainties. We caution that actual results could differ materially from those that management expects, depending on the outcome of certain factors. Some factors that could cause results to differ materially from the forward-looking statements include: our ability to effectively estimate, price for and manage our health care costs; our ability to respond quickly and appropriately to health care reforms; failure to comply with federal and state regulations affecting the managed care industry; the potential impact of the adverse conditions in the global economy and extreme disruption of financial markets on our revenues, sources of liquidity, investment portfolio, and our results of operations; regulatory and other risks associated with the pharmacy benefits management industry; competitive pressures, which could affect our ability to maintain or increase our market share, including as a result of new entrants into our market, and consolidation of health care companies and suppliers; uncertainties regarding changes in Medicare, including coordination of information systems and accuracy of certain assumptions; potential reductions in revenue received from Medicare and Medicaid programs, including as a result of reduced payments to private plans offering Medicare Advantage; our ability to execute contracts on competitive terms with physicians, hospitals and other service professionals; our ability to attract, retain and provide support to a network of independent third party brokers, consultants and agents; failure to comply with restrictions on patient privacy

and information security; events that may negatively affect our contracts with AARP; increases in costs and other liabilities associated with increased litigation; the potential consequences of various governmental reviews and litigation matters related to our historical stock option practices and the potential consequences of each of these matters on our business, credit ratings and debt; events that may adversely affect the value of our investment portfolio; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and intangible assets recorded for businesses that we acquire; increases in health care costs resulting from large-scale medical emergencies; failure to maintain effective and efficient information systems, which could result in the loss of existing customers, difficulties in attracting new customers, difficulties in determining medical costs estimates and appropriate pricing, customer and physician and health care professional disputes, regulatory violations, increases in operating costs, or other adverse consequences; misappropriation of our proprietary technology; our ability to obtain sufficient funds from our regulated subsidiaries to fund our obligations; failure to complete or receive anticipated benefits of acquisitions; and potential downgrades in our debt ratings.

This list of important factors is not intended to be exhaustive. A further list and description of some of these risks and uncertainties can be found in our reports filed with the Securities and Exchange Commission from time to time, including the cautionary statements in our annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. Any or all forward-looking statements we make may turn out to be wrong. You should not place undue reliance on forward-looking statements, which speak only as of the date they are made. We do not undertake to update or revise any forward-looking statements.

**Market price of common stock**

The following table shows the range of high and low sales prices for the company's common stock as reported by the New York Stock Exchange. These prices do not include commissions or fees associated with purchasing or selling this security.

	<i>high</i>	<i>low</i>
<hr/>		
2009		
First Quarter THRU FEBRUARY 4, 2009	\$ 30.25	\$ 23.77
<hr/>		
2008		
First Quarter	\$ 57.86	\$ 33.57
Second Quarter	\$ 38.33	\$ 25.50
Third Quarter	\$ 33.49	\$ 21.00
Fourth Quarter	\$ 27.31	\$ 14.51
<hr/>		
2007		
First Quarter	\$ 57.10	\$ 50.51
Second Quarter	\$ 55.90	\$ 50.70
Third Quarter	\$ 54.10	\$ 45.82
Fourth Quarter	\$ 59.46	\$ 46.59

*As of February 4, 2009, the company had 14,183 shareholders of record.*

**Shareholder account questions**

Our transfer agent, Wells Fargo Shareowner Services, can help you with a variety of shareholder-related services, including:

- Change of address
- Lost stock certificates
- Transfer of stock to another person
- Additional administrative services

You can write to them at:

Wells Fargo Shareowner Services  
P.O. Box 64854  
St. Paul, Minnesota 55164-0854

Or you can call our transfer agent toll free at (800) 468-9716 or locally at (651) 450-4064.

You can e-mail our transfer agent at:

**stocktransfer@wellsfargo.com**

**Investor relations**

You can contact UnitedHealth Group Investor Relations to order, without charge, financial documents such as the Annual Report on Form 10-K, as amended, and the Summary Annual Report. You can write to us at:

Investor Relations, MN008-T930  
UnitedHealth Group  
P.O. Box 1459  
Minneapolis, Minnesota 55440-1459

You can also obtain information about UnitedHealth Group and its businesses, including financial documents, online at [www.unitedhealthgroup.com](http://www.unitedhealthgroup.com).

**Annual meeting**

We invite UnitedHealth Group shareholders to attend our annual meeting, which will be held on Tuesday, June 2, 2009, 10:00 a.m. Central Time at UnitedHealth Group South, 9701 Data Park Drive, Minnetonka, Minnesota. You will need to bring your admission card with you to the annual meeting in order to be admitted.

**Dividend policy**

UnitedHealth Group's Board of Directors established the company's dividend policy in August 1990. The policy requires the board to review the company's financial statements following the end of each fiscal year and decide whether it is advisable to declare a dividend on the outstanding shares of common stock. Shareholders of record on April 2, 2008, received an annual dividend for 2008 of \$0.03 per share. On February 3, 2009, the board approved an annual dividend for 2009 of \$0.03 per share. The dividend was paid on April 16, 2009, to shareholders of record on April 2, 2009.

**New York Stock Exchange — stock listing and corporate governance**

The company's common stock is traded on the New York Stock Exchange (NYSE) under the symbol UNH. As required by the NYSE, the company submitted an unqualified certification of its chief executive officer to the NYSE in 2008.

The company has also filed as exhibits to its Annual Report on Form 10-K, as amended, for the year ended December 31, 2008, the chief executive officer and chief financial officer certifications required under the Sarbanes-Oxley Act.



