

UNITEDHEALTH GROUP

Investor Conference 2024

IC24.

Welcome

Now, more than ever, consumers are demanding more from their health care. More simplicity, transparency and innovation. Higher quality. Lower costs. Better value for their money.

Health care professionals, employers, governments and taxpayers want all of those things, too.

The people of UnitedHealth Group are determined to deliver on these expectations and help make value-based care possible for tens of millions of Americans within the next decade. Through our five strategic growth priorities – care delivery, health benefits, health technology, financial services and pharmacy care – we are laying a foundation that will pave the way for more people to benefit from integrated, patient-centered care focused on both keeping people healthy and supporting them when they are sick.

At the same time, we are determined to transform the consumer experience, recognizing that choice and simplicity are what people rightfully expect. That requires connecting every element of the system so it's more efficient and easy to use whether you're stepping into a clinic or picking up your phone.

Underpinning this work are advancements in new technology and artificial intelligence that can reduce friction, empower consumers and deliver a health system rooted in safety and reliability.

We are bringing these pieces together each day, through millions of individual interactions, to modernize the way people access care – both now and in the future.

Looking to 2025 and beyond, we are confident this approach will meet our long-term outlook to grow earnings per share by 13% to 16%, delivering distinctive returns for our shareholders and greater value for consumers and the health system.

Andrew Witty

Chief Executive Officer

UnitedHealth Group

Data Elements 2025 Outlook

UNITEDHEALTH GROUP

(\$ and weighted-average shares in millions, except per share data)

Revenue

Optum	\$277,000 - \$280,000
UnitedHealthcare	\$337,000 - \$340,000
<i>Eliminations</i>	<i>(\$164,000) - (\$165,000)</i>
UnitedHealth Group	<u>\$450,000 - \$455,000</u>

Operating Earnings

Optum	\$20,300 - \$20,800
UnitedHealthcare	<u>\$17,500 - \$18,000</u>
UnitedHealth Group	<u>\$37,800 - \$38,800</u>

EBITDA ⁽¹⁾	\$42,200 - \$43,200
Investment and Other Income	~\$4,400
Interest Expense	~\$3,900
Depreciation and Amortization	~\$4,400
Net Earnings to UNH Shareholders	\$25,850 - \$26,450

Diluted Weighted-Average Shares	918 - 923
Diluted Net Earnings per Share to UNH Shareholders	\$28.15 - \$28.65
Adjusted Earnings per Share ⁽¹⁾	\$29.50 - \$30.00

Medical Care Ratio	86.5% ± 50 bps
Operating Cost Ratio	12.5% ± 50 bps
Operating Margin	8.3% - 8.6%
Tax Rate	~21.0%

Cash Flows from Operations	\$32,000 - \$33,000
Dividends Paid (<i>at current rate</i>)	~\$7,600
Share Repurchase	~\$10,000
Capital Expenditures	~\$4,000

⁽¹⁾ Refer to the Appendix section for a reconciliation of non-GAAP measures. Adjusted EPS excludes intangible amortization, net of tax.

Data Elements 2025 Outlook

Optum

(\$ in millions)	Revenue	Operating Earnings	Operating Margin
Optum Health	\$116,000 - \$117,000	\$9,500 - \$9,700	8.1% - 8.4%
Optum Insight	\$21,000 - \$22,000	\$4,450 - \$4,600	20.2% - 21.9%
Optum Rx	\$145,500 - \$146,500	\$6,350 - \$6,500	4.3% - 4.5%
Eliminations	(\$5,500)		
Total Optum	Range of <u>\$277,000 - \$280,000</u>	Range of <u>\$20,300 - \$20,800</u>	Range of <u>7.3% - 7.5%</u>

Growth Metrics

Optum Health Consumers Served	102M - 103M
Optum Insight Revenue Backlog	\$34B - \$35B
Optum Rx Adjusted Scripts	1.67B - 1.72B

UnitedHealthcare

(\$ in millions)

Employer & Individual Revenue	\$81,000 - \$82,000
Medicare & Retirement Revenue	\$164,000 - \$165,000
Community & State Revenue	\$92,000 - \$93,000
Total UnitedHealthcare Revenue	Range of <u>\$337,000 - \$340,000</u>
Operating Earnings	Range of <u>\$17,500 - \$18,000</u>
Operating Margin	Range of <u>5.1% - 5.3%</u>

People Served (in thousands)	Growth in People Served	Total People Served
Commercial Risk	100 - 200	9,035 - 9,135
Commercial Fee	700 - 800	21,530 - 21,630
Total Commercial ⁽¹⁾	800 - 1,000	30,565 - 30,765
Medicare Advantage	550 - 600 ⁽²⁾	8,400 - 8,450
Standardized Medicare Supplement	-	4,330
Medicaid	225 - 325	7,675 - 7,775
Total Medical	<u>1,575 - 1,925</u>	<u>50,970 - 51,320</u>
Stand-Alone Part D Prescription Drug Plans	(350) - (250)	2,680 - 2,780

⁽¹⁾ Commercial excludes people served by our South American businesses held for sale.

⁽²⁾ Medicare Advantage total 2025E growth is 700,000 to 800,000 people, including programs serving complex populations included in Medicaid, consistent with historical presentation.

UNITEDHEALTH GROUP



Our mission

Help people live healthier lives and help make the health system work better for everyone.

UNITEDHEALTH GROUP

A health care and well-being company with two distinct and complementary businesses helping to build a modern, high-performing health system.

Optum

Delivers care aided by technology and data, empowering people, partners and providers with the guidance and tools they need to achieve better health.

Optum Health

Care delivery

Optum Insight

Technology-enabled services

Optum Rx

Pharmacy care services

UnitedHealthcare®

Offers a full range of health benefits, enabling affordable coverage, simplifying the health care experience and delivering access to high-quality care.

Employer & Individual

Supporting working-age individuals and families

Medicare & Retirement

Serving older adults

Community & State

Caring for economically disadvantaged individuals

Our culture

The people of this company are aligned around values that guide our behavior as individuals and as an institution.

Integrity

We do the right thing and follow through on our shared commitment to quality.

Compassion

We listen, advocate and act with urgency for those we serve and our colleagues.

Inclusion

We welcome, value, respect and hear all voices and diverse points of view.

Relationships

We work together to deepen connections and collaboration for better outcomes.

Innovation

We invent a better future by learning from the past.

Performance

We strive for high-quality results in everything we do.

To achieve our mission:

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

We work with health care professionals and other key partners to expand access to high-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.

Our strategic growth priorities

Our five strategic growth priorities are connected and supported by a growing set of complementary capabilities to bring innovation to the entire health care system and create more value for the consumers we serve.



Value-Based Care

Integrating care in the clinic, in home and virtually to comprehensively serve more people in ways that achieve higher-quality outcomes at a lower cost.



Health Benefits

Building on proven coverage options with innovative benefits that prioritize simplicity, affordability and better health outcomes.



Health Technology

Using clinical data and AI to simplify administrative processes, support clinical decision-making and improve transparency, efficiency and quality across the health system.



Health Financial Services

Streamlining payment processes to improve accuracy and the experience for providers, while making payments simpler, more convenient and affordable for consumers.



Pharmacy Services

Lowering the cost of drugs while integrating direct-to-consumer offerings with medical, pharmacy and community health capabilities.

Navigating an evolving health care landscape

UnitedHealth Group is helping build a simpler, more connected health system that delivers higher-quality outcomes at lower costs. We are integrating our deep clinical expertise with technology and data analytics to deliver comprehensive care to the people and communities we serve.

Advancing value-based care

We believe moving health care from a volume-oriented, transaction-based system to one that rewards high-quality, comprehensive and proactive care can deliver better outcomes at a lower cost and keep people healthier over their lifetimes. Enabling more people to benefit from value-based care is core to our mission and the foundation of our long-term ambition.

Value-based care is proven to drive better health outcomes at a lower cost. For more than 20 years, there has been bipartisan consensus among health care experts and policymakers that value-based care is superior to fee-for-service in quality of health outcomes, consumer experience and cost. In fact, for four presidential administrations, CMS has called for innovation and collaboration to develop value-based care models in Medicare and Medicaid.

~4.7M

**patients served in value-based care
in 2024**

UnitedHealth Group is intentionally organized to support the transition to value-based care. We provide more coordinated care by connecting patients to primary care earlier, effectively identifying and managing chronic conditions and slowing disease progression.

For example, the people served by Optum Health's value-based care models are more likely to receive preventive screenings, less likely to be admitted or readmitted to the hospital and have better control of diabetes and hypertension than people in fee-for-service Medicare.

We now serve people in value-based care in dozens of geographies, integrating primary, ambulatory, surgical, behavioral and home care, serving diverse payers, employers and governments. We see many opportunities to expand in existing Medicare markets and into new geographic markets to serve more people in commercial and Medicaid plans.

Creating a simpler consumer experience

UnitedHealth Group is working to meet rising consumer expectations for simplicity, connectivity and transparency in health care.

Through digital tools, innovative benefit products and integrated, real-time payments, we are driving toward a consumer-centric and modernized health system. In 2024, we saw a twofold increase in people using our apps, along with an increase in overall satisfaction year over year.

We continue to use the Net Promoter Score (NPS), which helps us improve everything from product design to channel delivery to customer service. NPS links directly to our business goals, and strong NPS performance is associated with customer retention, growth, consumer satisfaction and loyalty.

Maintaining access to health coverage

UnitedHealth Group remains committed to ensuring people have access to simpler, more affordable health coverage options, whether through employers, individual exchanges, Medicaid or Medicare Advantage.

30

states where we provide individual exchange coverage in 2025

We continue to support states as they complete post-pandemic Medicaid eligibility redeterminations to connect affected individuals to affordable coverage options. In 2025, we will expand our footprint of individual exchange products to 30 states, which provides additional options to those seeking coverage. And we have grown individual exchange membership in 2024 by retaining existing members and adding new consumers.

Prioritizing stable benefits for older adults

More than 33 million people, representing over half of all Medicare-eligible U.S. adults, are enrolled in Medicare Advantage plans, a 120% increase from a decade ago. Older adults can choose from more than 40 Medicare Advantage plans, on average, from different carriers. Those enrolled in the program receive more benefits and higher-quality care at a lower cost than fee-for-service Medicare, saving more than \$2,000 on premiums and out-of-pocket costs each year.

The consumer value of Medicare Advantage is compelling, providing \$60 billion in additional value to older adults each year in the form of lower costs and vision and dental care. At the same time, Medicare Advantage costs taxpayers less than Medicare fee-for-service.

UnitedHealthcare serves more than 9 million consumers in Medicare Advantage and Dual Special Needs Plans, and has more people in Medicare Advantage plans with four or more stars than any other organization.

Through a challenging funding environment, we continue to prioritize benefit stability for the people we serve and focus on helping the most vulnerable individuals with the greatest needs in the health system.

Using artificial intelligence to make health care work smarter for everyone

Artificial intelligence (AI) can help make health care work smarter for our customers, patients, providers and consumers. At UnitedHealth Group, our technology teams are focused on developing and deploying tools that empower people with better insights, more timely information and better experiences – while keeping safety, privacy and transparency at the forefront of our thinking. We seek to ensure AI models enable and support – but do not replace – critical human decision-making.

Currently, our efforts focus on administrative simplification, consumer and customer experience, and clinical and medical insights. We are helping to reduce administrative burden and enabling health care workers to focus on tasks requiring their unique expertise. Increasingly, we are seeing advancements in areas such as disease prediction, personalization of care and more seamless customer interactions.

From improving the accuracy of a diagnosis to better predicting a patient's response to treatment to managing care and running operations faster and more cost-effectively, we believe AI can help across numerous aspects of our business.

Investing in the communities we serve

Through our data and direct engagement in communities, we identify specific needs and convene community partnerships to address root causes. Together, we codesign measurable and sustainable strategies to increase access to primary and behavioral care and to improve maternal health and chronic condition outcomes. For example, since 2020, our engagement in community-based maternal health in Kansas City, Missouri, has increased postpartum care by more than 50% and depression screenings by more than 10%.

>\$200M

total social impact and environmental investments committed

\$1.1B

total housing investments committed

We continue to invest in increasing housing capacity, improving community health, supporting nutrition and sustainable agriculture, and developing clean energy solutions – all critical social drivers of health. Our housing investments with convenient access to health care have resulted in residents establishing provider relationships, completing routine checkups and reporting positive mental health.

Sustainability at UnitedHealth Group

Sustainability is an essential means of fulfilling our mission. Our sustainability priorities include:

- **Helping to Build a Modern, High-Performing Health System.** Our core business is committed to building a simpler, more consumer-oriented health system to help ensure everyone has access to high-quality, affordable health care.
- **Healthy Environment.** Recognizing the impact climate change has on human health, we are working to become operational net zero by 2035.
- **Our People and Culture.** Our ability to build a diverse, equitable and inclusive culture that supports and develops our people is critical to our success as a company.
- **Responsible Business Practices.** Our decades-long commitment to strong and effective corporate governance is foundational to our ability to grow and operate ethically.

Learn more in our [Sustainability Report](#).

Long-term financial performance outlook

We anticipate our enterprise will continue to grow by delivering differentiated value to our customers and consumers. We maintain a long-term outlook for earnings per share growth of 13% to 16%, on average, with about two-thirds of this growth typically driven by earnings from operations and the remainder from capital deployment.

Optum

We expect Optum to sustain a long-term double-digit revenue growth rate, primarily by serving more people, more comprehensively.

- Optum Health is expected to have double-digit revenue growth, with operating margins in the 8% to 10% range.
- Optum Insight is expected to deliver double-digit revenue growth with operating margins of 18% to 22%.
- Optum Rx revenue is expected to grow at 5% to 8%, with operating margins in the 3% to 5% range.

UnitedHealthcare®

We expect UnitedHealthcare to continuously increase the value it delivers to customers and serve more people across its businesses, resulting in an 8% to 10% long-term annual revenue growth rate. The operating margins of each business are expected to continue to be generally stable over the long term.

- Our Medicare Advantage business is expected to grow as more people select our high-value offerings and the Medicare-eligible population increases.
- We expect our Medicaid business to grow as states expand managed coverage, especially for more complex populations.
- Within the commercial business, our new innovative offerings are expected to drive growth in the years ahead.

Among UnitedHealthcare's businesses in total, we continue to expect the medical care ratio to rise gradually over time as we expand in public sector programs, which typically come with a higher medical care ratio than commercial businesses.

UNITEDHEALTH GROUP

- Consistent with recent years, we expect to sustain a mid-single-digit percentage operating margin over the long term, with annual variations based on business mix.
- We anticipate continued improvement in our operating costs over the long term.
- We will continue to deploy capital through business combinations and maintain an attractive dividend, and expect to continue ongoing share repurchase activity. We expect these will contribute, on average, 3 to 5 percentage points to our earnings growth rate.
- We expect our business performance and capital deployment will yield a return on equity of 20% or higher and a return on invested capital in the mid-teens percent or greater.
- Earnings growth rates inherently vary year to year due to changes in economic conditions, health program funding and regulatory changes, investments to drive future organic growth and capital allocation activities such as business combinations, share repurchases and our dividend.

Balancing capital allocation among key priorities

We balance the allocation of the capital generated by our strong cash flow among several key priorities: ensuring the strength of our regulated entities and the overall enterprise capital structure; internal reinvestment opportunities; growth through acquisitions; and returning capital to shareholders through dividends and share repurchases.

Optum



Optum Health

Optum Health is a patient-centered care organization serving communities nationwide by enabling high-quality, fully accountable value-based care. We use our clinical expertise, digital tools and advanced technologies to simplify the patient experience, empower care providers and integrate a broad range of care services.

Leading the transition to value-based care

Advancing value-based care that places a greater emphasis on prevention and early disease detection. We provide integrated primary, specialty, behavioral and ambulatory surgical care in clinics, at home and virtually.

Providing comprehensive care solutions

Caring for people at every stage of life, from preventive to post-acute care, as well as benefits navigation and care management for complex specialty conditions.

Offering coordinated behavioral care

Supporting the behavioral health needs of individuals through both benefits and care delivery capabilities that advance evidence-based care.

Simplifying health care payments

Improving how care is financed and paid for by creating a better experience for consumers, providers and payers, reducing administrative burden and expanding access and affordability.

Optum Health Highlights

Accelerating the transition to value-based care

In 2024, Optum Health will serve approximately 4.7 million patients in value-based care that delivers better health outcomes at a lower cost. Yet that is only a fraction of the nearly 340 million Americans today.

We work with more than 100 health plans, with a focus on deeper engagement with patients to diagnose disease earlier, leading to better health outcomes – especially for older adults, vulnerable patients and those with chronic diseases. As a result, people cared for by Optum physicians in value-based care models are 18% less likely to have an inpatient admission and 11% less likely to visit the emergency department compared to traditional fee-for-service plans.

Expanding care in the home

Home care is a key element of our value-based care approach. It is essential to delivering more equitable and accessible care that effectively addresses a patient's complex conditions, medication adherence, social needs and behavioral health challenges. This year we will make approximately 16 million home visits, helping to reduce hospital admissions and ensure more of our patients have access to a primary care physician.

Our home care model provides integrated, comprehensive, risk-based care for patients that addresses each person's medical, behavioral, social and financial needs. Our home-based approach serves a growing number of Medicare special needs patients who are managing multiple conditions, lack access to transportation or live in rural areas, and are frequently dealing with mental health issues.

Optum Health Highlights

Additionally, our HouseCalls interdisciplinary home care model earns a 99% satisfaction rate from patients while driving a double-digit reduction in hospital admissions and emergency department visits, as well as shorter wait times for follow-up primary care. Our HouseCalls teams are on track to make nearly 700,000 referrals to improve people's social drivers of health.

~16M
home visits in 2024

Integrating behavioral health care

We continue to grow our behavioral health capabilities in managed care services for payers, employers and governments by integrating a patient's medical and behavioral care across settings and through on-demand and digital clinical capabilities.

We are embedding behavioral health clinicians into primary care settings to integrate medical and behavioral care and expand access, which has led to improvements in depression and anxiety.

Our network of behavioral health professionals supports care for more than 48 million people. We continue to offer multimodal options to access care, including virtual and digital tools, to simplify the patient experience and ensure timely access to the right care in the appropriate setting.

Enabling simpler, more efficient health care payments

Our card technology allows consumers to easily purchase items covered by their health benefits, including food, medication and utilities, at more than 62,000 retail locations and e-commerce partners.

More than 27 million consumers, 2.9 million care providers and 58,000 employers benefit from Optum Financial's extensive payment network, which works across multiple health plans. Our distinctive, transparent and frictionless payment experience allows providers to secure digital payments on behalf of hundreds of payers, reducing administrative burden and ensuring timely, accurate payment.

Optum Health growth outlook

Optum Health expects to grow by accelerating value-based care with a focus on quality, affordability and service excellence. We expect to deliver double-digit revenue growth, on average, and target a long-term operating margin profile in the 8% to 10% range.

Optum Insight

Optum Insight is partnering with payers, providers, governments and life sciences companies to simplify and enhance clinical, administrative and financial processes through software-enabled services and analytics, while advancing value-based care. Our differentiated products, technology insights, clinical expertise and analytics support the entire health system – ultimately delivering better experiences for consumers.

Delivering evidence-based clinical guidelines and tools

Providing evidence-based clinical insights at the point of care to help clinicians identify next best actions and deliver better patient outcomes.

Creating administrative efficiency

Streamlining administrative transactions by connecting and enriching data flows and analytics-driven intelligence.

Simplifying payment processes for payers and providers

Increasing the speed, accuracy and security of payments.

Optum Insight Highlights

Creating a modern health system through better insights

Optum Insight is improving the flow of health data and information to create a simpler, smarter and more connected system. Our solutions help customers manage rising medical costs, deliver quality health care and eliminate unnecessary administrative waste.

~\$33B

projected revenue backlog for 2024

Our administrative, clinical and payment solutions support payers, providers and life sciences companies. We combine our deep expertise in health care with advanced data, technology and analytics, including artificial intelligence and machine learning.

We support care providers transitioning to value-based care with clinical decision support tools based on the most up-to-date standards of care. Data-driven insights embedded into the clinical workflow help clinicians quickly identify at-risk patients and address

their care needs. In 2024, our provider enablement tools will help primary care physicians close approximately 25 million gaps in care.

With a large database of real world claims and clinical information, we partner with life sciences companies to accelerate innovation and transform the life cycle of medicine development to positively advance patient care and improve health outcomes.

160

global life sciences customers served

Our technology solutions help improve claims accuracy at every step of the billing cycle and automate prior authorizations – saving time, lowering costs and eliminating unnecessary delays. Our payment solutions simplify payments across care providers, payers and consumers. Payment information is shared quickly and accurately, while our payment integrity services deliver billions in annual savings to payers.

Supporting health systems

We partner with health systems to help them remain financially stable, improve community care and accelerate growth and performance. We manage and staff key functions, including revenue cycle, information technology and clinical operations. Scalable and standardized operations help remove performance variability, collaboration tools assist with prioritizing operations, and 24/7 workforce support helps clients improve operating results and invest in strategic opportunities.

>\$190B

**annualized billings managed for
revenue cycle customers**

Our solutions help health systems maintain financial independence, while further advancing streamlined and efficient care at the local level.

Optum Insight growth outlook

Optum Insight expects to deliver double-digit revenue growth over the long term as we continue to invest in advanced technologies. Our innovative products and services, competitive positioning and diverse capabilities contribute to continued growth in our sales pipeline and revenue backlog, and we target long-term operating margins of 18% to 22%.

Optum Rx

Optum Rx is helping people access safe and effective prescription medications and therapies at more affordable costs than those charged by manufacturers. Powered by deep clinical expertise and integrated data and analytics, our full spectrum of pharmacy services is designed to improve patient experiences, deliver better health outcomes and lower the total cost of care.

Supporting personalized, integrated pharmacy care

Our specialty pharmacy, infusion services, community pharmacy and home delivery capabilities help deliver the right medication to the right person at the right time.

Expanding access to affordable medications

Our pharmacy benefit management services are designed to optimize drug effectiveness while managing affordability through negotiated discounts and clinical tools that deliver savings and better patient health.

Optum Rx Highlights

Lowering the cost of prescription drugs

Optum Rx plays an essential role in ensuring consumers have access to safe and effective prescription medications and therapies, while managing their costs.

The median annual list price set by drug manufacturers for a new medicine has more than doubled since 2021. Pharmacy benefit managers (PBMs) act as a counterweight to the substantial market and pricing power of drug manufacturers, and our negotiated discounts and clinical tools deliver more than \$2,000 in average annual drug savings per person to our customers. More than 5,000 customers – from local businesses and national companies to unions, labor groups and public sector organizations – rely on us to secure the lowest net cost for prescription drugs. Optum Rx generated more than \$85 billion in savings last year through negotiations with drug manufacturers and pharmacies. With the savings Optum Rx generates, our customers can choose to reduce premiums, provide point-of-sale discounts and invest in population health and wellness programs.

>\$2,000

**annual drug savings per person
delivered to our customers**

We support the broader transition to value-based care and limit risk for customers through value-based contracts with pharmaceutical manufacturers. These contracts align the cost of a drug to patient outcomes, while ensuring patients have the option to switch to a more effective medication. We also help customers manage the cost of specialty drugs and gene therapies with solutions that protect against potentially catastrophic risk.

We help clients manage rising obesity drug costs by offering multiple coverage options and negotiating with manufacturers to ensure access to appropriate medications. We have partnered with vendors to enable nutrition guidance, coaching, fitness and expert-led care for people with obesity. Since launching in mid-2023, more than 80% of enrollees in the behavioral change program continue to engage in coaching and educational curriculums, working toward their weight-loss goals.

>62M

**people served through
Optum Rx**

Optum Rx Highlights

To help our health plan clients comply with requirements under the federal Inflation Reduction Act, we developed a service to make it easier for patients to pay for medications, giving people with Medicare coverage the option to spread out the total cost of medications in monthly installments.

Delivering affordable pharmacy care

Our community pharmacies help more than 1 million patients manage behavioral health, substance use disorders and complex medications. By integrating medical and pharmacy care, we deliver high-touch engagement, which results in positive clinical outcomes and strong NPS performance for patients and care providers.

~625K

30-day adjusted prescriptions delivered to consumer homes daily

Our infusion services, provided at home and at infusion suites, lead to strong outcomes, with savings of more than 80% compared to hospitals for immunoglobulins and biologic drugs. We provide health systems with support in sourcing and dispensing specialty medications, including infusion therapies, and helping care transitions. In 2024, we expanded our services in these settings, operating inpatient and specialty pharmacies.

Specialty drug costs continue to be a challenge for consumers and employers in both access and cost. Through dedicated programs designed to serve people with complex and rare conditions, we are delivering integrated, high-quality pharmacy care to those who need it most. Our specialty pharmacy is on track to save clients and patients more than \$5,000 for each brand drug switched to a generic. By connecting specialty patients to available financial resources, we are helping them save more than \$2.5 billion in out-of-pocket costs by the end of 2024.

We help care providers identify the best treatment regimen, weighing clinical and financial information. Our specialty pharmacy provides care and clinical expertise covering more than 200 conditions, including in oncology, neurology and immunology. These end-to-end clinical and care management models lead to better adherence. For example, patients on oral oncology medications have adherence rates greater than 90%.

Providing greater price clarity

Our digital tools give consumers and providers transparent, clear cost information, helping them find effective drugs at affordable prices.

Both consumers and providers have access to real-time medication costs, allowing them to choose the best option at the lowest cost. Consumers can easily search prices personalized to their benefits by using our mobile app or website, or by calling a representative, saving an average of \$58 per prescription.

~\$1B

consumer savings in 2024 through price scanning and alerts for lower cost drugs

This year, we integrated an automatic price scanning tool, available to more than 9 million people, to help them shop at the pharmacy counter for on-benefit and non-covered generic drugs. We are on track to generate nearly \$1 billion in savings opportunities in 2024 through our price scanning tool and by alerting consumers when they have a lower cost option.

Optum Rx growth outlook

Optum Rx expects long-term revenue growth at an average annual rate of 5% to 8%, with operating margins in the 3% to 5% range. We expect continued growth in our pharmacy care services business that will allow us to grow faster than the overall market, while maintaining operating margins in our target range going forward.

 UnitedHealthcare®



UnitedHealthcare Employer & Individual

Almost half of the U.S. population, or nearly 156 million Americans, receive health benefits through employers. An additional 21 million people obtain coverage on the individual market, with ACA exchange participation nearly doubling since 2020.

UnitedHealthcare Employer & Individual provides employer-sponsored health benefits, as well as individual and family plans, through a portfolio of products.

Our offerings span employer and individual medical plans, specialty benefits such as vision, dental, hearing and financial protection coverages, and international plans and services. This combination helps deliver value to employers and makes UnitedHealthcare a crucial part of improving the health and well-being of the people and communities we serve.

UnitedHealthcare's domestic commercial plans have added more than 3.1 million new consumers in the past three years and have helped employers reduce the total cost of care by \$7 billion.

UnitedHealthcare Employer & Individual Highlights

Driving affordability for consumers and employers

Health care costs are a top concern for the people we serve. UnitedHealthcare works to minimize financial burdens through innovative health plan offerings, financial incentives and compelling product bundling, while driving better health outcomes.

Our most innovative, technology-driven health plans continue to see strong growth by offering no deductibles alongside intuitive digital experiences that provide clear, upfront cost and coverage information. These are among our fastest-growing commercial products, with 1 in 5 of our large account customers offering them to their employees in 2024. We expect half of new national accounts to offer these plans to their customers in 2025.

Approximately 75% of consumers in these plans spend less than \$500 out of pocket annually. Costs to treat several chronic conditions – such as mental health and mood disorders, back pain, diabetes and

migraines – are lower than traditional plans, and people have higher rates of annual physician visits and preventive screenings. Cost transparency is one reason 9 out of 10 people re-enroll in these plans year after year.

This consumer-centric model has been a proving ground to inform innovative benefit offerings in other parts of our business.

>29.7M

**consumers served in the U.S. by
UnitedHealthcare Employer & Individual**

We also provide employers with greater flexibility and cost-saving opportunities through level-funded plans, which offer all the financial protections of a fully insured plan with the lower cost of self-funding. Our level-funded offerings are proving increasingly popular among employers looking for the right balance between fully insured and self-funded arrangements.

Delivering better clinical outcomes

By analyzing clinical and claims data alongside other factors, we help create customized plan designs and proactive interventions for employers that more effectively close gaps in care, increase enrollment in clinical programs and reduce the total cost of care.

>53M

people served by UnitedHealthcare in specialty benefits, including dental, vision, hearing and financial protection plans

We provide employers with resources and customized support programs to manage chronic diseases, including diabetes, chronic obstructive pulmonary disease, heart disease, kidney disease and cancer. For example, people with type 2 diabetes have access to zero-cost medication and care to help them better manage glucose levels and more effectively control their condition. Those with congenital heart disease benefit from best-in-the-nation quality that reduces hospital length-of-stay by 40%. And breast cancer patients in our cancer care program are 18% less likely to be admitted to the hospital.

Our Complex Health Advocacy program has supported approximately 350,000 families through reduced administrative and clinical barriers, with specific attention paid to children with special needs. These families are often high users of care and in underserved populations, facing challenges such as sickle cell anemia and rare genetic diseases. The program's dedicated single point of contact has led to a 94% satisfaction rate, an 89% issue resolution rate, and better health outcomes.

Streamlining the consumer experience

We are focused on solving fundamental problems and meeting consumer expectations for choice, predictability and value in health care.

In 2024, we launched a program to employers that better integrates the full scope of their benefit offerings to drive engagement among their employees and help relieve administrative burden. Employers can choose from a variety of programs to customize their experience to best fit the needs of their employee population.

Additionally, our care advocates are helping people navigate the health system by providing support for everything from preventive care to managing a complex or chronic condition.

92%

satisfaction rating for our customer care advocacy programs

Integrated member data gives our advocates a complete picture of each consumer, allowing them to help people make more informed choices and enroll in relevant support programs. Our enhanced customer care advocacy resources help people stay in network, assist with hospital discharge planning and support, evaluate treatment and medication options based on coverage considerations, and more. Our integrated approach to medical and pharmacy benefits allows our advocates to direct consumers to lower-cost drug alternatives, saving an average of \$60 per 30-day prescription fill among participating individuals.

Expanding our service areas

We grew our individual exchange offerings in 2024, driven by strong retention of our existing membership and expanded growth among consumers across the country. We remain dedicated to providing access to more consumers through geographic expansion and by developing consumer-centric offerings.

We are making strategic investments to better meet the needs of underserved populations through customized benefit designs, marketing campaigns and community engagement initiatives to attract and fulfill the needs of the unique individuals we serve. And we continue to explore clinical programs to address health disparities, including diabetes education and nutrition planning.

In 2025, our individual and family plan offerings will reach 30 states, with continued emphasis on differentiated products and pricing competitiveness within existing markets.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement serves nearly 13.8 million consumers. Our plans span Medicare Advantage, Medicare Part D, Medicare Supplement and group retiree services.

Our easy-to-use, affordable plans are supported by exceptional customer service, delivering outstanding value to consumers and making UnitedHealthcare a trusted partner for the people we serve.

UnitedHealthcare Medicare & Retirement Highlights

The value of Medicare Advantage

Medicare Advantage is now the preferred choice of older adults due to the quality, access and affordability of care delivered, including additional wellness and supplemental benefits such as dental, vision and hearing. Compared with people enrolled in Medicare fee-for-service, Medicare Advantage members save more than \$2,000 per year, receive additional benefits, and have a 43% lower rate of avoidable hospitalizations. As a result, 95% of Medicare Advantage members are satisfied with the quality of care they receive.

Medicare Advantage serves a diverse, lower-income and clinically complex older population. Older adults with chronic conditions are more likely to choose Medicare Advantage, and more than half of Medicare Advantage members have an annual income of \$25,000 or less. Medicare Advantage enrollment among minorities has more than doubled since 2013 and now makes up over 30% of Medicare Advantage membership, including 65% of Latino and 64% of Black older adults.

In addition to providing value to a diverse group of older adults, Medicare Advantage also reduces costs for the broader health system. Medicare Advantage costs taxpayers less than Medicare fee-for-service, even before considering the additional benefits and reduced costs that older adults receive.

Maintaining stable, valued benefits

The value of Medicare Advantage to older adults is more important than ever before. UnitedHealthcare provides durable and affordable plans supported by exceptional customer service and the largest national provider network. In 2025, 94% of Medicare eligibles will have access to a \$0 premium UnitedHealthcare Medicare Advantage plan, and the UnitedHealthcare Medicare Advantage formulary will cover more of the most-used Tier 1 prescriptions than any other national carrier.

We are also providing stability to older adults by maintaining broad access to \$0 preventive care, all-in-one coverage for prescription drugs, and valued extras such as dental and vision benefits and free membership at a national network of gyms and fitness locations.

UnitedHealthcare offers an expanding portfolio of Medicare Advantage products designed to meet the specific and unique needs of every consumer. UnitedHealthcare also offers products tailored to people with certain chronic conditions or various levels of special needs. Nearly 75% of people with chronic conditions will have access to a special needs plan in 2025, up from 43% in 2024, providing more people with lower cost of care and prescription savings. UnitedHealthcare is well-positioned to provide integrated product offerings and serve more people in the special needs market.

Investing in consumer-centric experiences

Older adults increasingly expect consumer-friendly digital resources to simplify and personalize their health care experience. We are investing in product innovations and capabilities that allow us to provide simple, coordinated and personalized consumer experiences.

Understanding consumer preferences allows us to tailor their experiences with the right message at the right time via the right channel – whether that’s finding the right doctor, filling a prescription or receiving a flu shot reminder. We can now deliver a personalized path that guides people through their health care journey. One person may prefer to receive correspondence in English in the mail, while another prefers Spanish via text.

We continue to invest in experiences that provide more value to consumers and make it easier to engage with their benefits, including solutions that help people pay for and access care.

Nearly 7 million people in Medicare Advantage use an integrated card that combines the member ID with payment technology to purchase food, pay utility bills, spend earned rewards and get the most value from their benefits. In 2025, we will expand card access to group retiree Medicare Advantage members, while integrating new features to drive engagement, satisfaction and benefit use.

>100M

projected card transactions in 2024

Our innovative transportation experience helps mobility-challenged older adults access care, allowing them to schedule rides to medical appointments with one call to UnitedHealthcare. Today, more than 2.1 million Medicare Advantage members have access to our transportation platform.

3.8M

rides provided in 2024

Supporting high-quality, value-based care

Today, over 80% of UnitedHealthcare Medicare Advantage consumers participate in value-based care arrangements. People in value-based care plans with Optum Health receive higher-quality care and achieve better health outcomes compared to Medicare fee-for-service. We are focused on identifying opportunities for continued growth in value-based care with Optum across markets, plan types and populations.

Home care is essential to delivering value-based care focused on detecting disease earlier and identifying unmet social needs. In partnership with Optum, our HouseCalls program provided one-on-one, in-home clinical assessments to more than 2.8 million patients in 2024. It allows advanced-practice clinicians to identify and address gaps in care, ensuring patients receive important health screenings and connecting them with needed care. We expect to screen more than 1.5 million patients for social needs in 2024.

>3.3M

projected gaps in care to be closed through HouseCalls in 2024

Additionally, we are building deeper clinical models designed to deliver specialized home-based medical care to some of our sickest and most vulnerable members. The Optum at Home model provides UnitedHealthcare Medicare Advantage members with a care navigator who works with the existing care team to help arrange care, coordinate services and address social needs – all at no additional cost to the member. UnitedHealthcare members with the most challenging health conditions receive an additional layer of support through home-based medical care that integrates medical, behavioral, social, palliative and urgent care.

UnitedHealthcare Community & State

Medicaid is the largest health benefits program in the nation, serving a highly diverse population, including roughly 50% of U.S. children, with a projected spend of more than \$1.2 trillion by 2030.

UnitedHealthcare Community & State offers diversified health care benefit products and services that provide care for 7.5 million people, many of whom are economically disadvantaged, medically underserved and without access to employer-funded health care coverage.

UnitedHealthcare Community & State Highlights

The value of managed Medicaid

We work with states and community partners to support Medicaid and dually eligible beneficiaries and to create a more sustainable care system. By leveraging enterprise strengths and tailoring locally, we create innovative solutions that improve access and quality of care, while addressing core health needs and inequities across populations. For example, 80% of our health plans placed first or second in their state for the 2024 NCQA Health Plan Rankings.

32

**states and the District of Columbia
served by UnitedHealthcare
Community & State**

We serve people across 32 states and the District of Columbia, and our value proposition is resonating with our members and state partners. We have a strong and consistently improving member NPS.

We have a robust pipeline of both reprocurements and new business, providing diverse pathways for growth. For example, more than 45% of the total Medicaid spend nationally is not currently in a managed care program, representing an opportunity to deliver better care and outcomes for people.

Caring for individuals with complex conditions

Individuals with complex conditions benefit from our high-touch models that integrate medical, behavioral, pharmacy and social care management based on a comprehensive view of each person's needs. In partnership with Optum, our clinicians work face-to-face with patients to develop care plans and coordinate care across channels and care teams. Optum engages more than 80% of our members in Dual Special Needs Plans through in-home visits, collaborating in the care for those who are hospitalized, facilitating communication with primary care physicians and supporting caregivers. Our coordinated benefits and health services not only reduce adverse effects and keep care under one roof, but also drive quality outcomes around patient and caregiver satisfaction and total cost of care.

This starts with our care managers using data-driven tools to build person-centered care plans supported by wraparound 24/7 access to virtual care. Expanding beyond direct consumer support, we empower caregivers to reduce burnout and help the people they care for remain in their homes.

UnitedHealthcare Community & State Highlights

For example, in 2025, we are expanding our shared access capability, a digital experience that equips caregivers with personalized access to their loved one's critical health plan information and resources. This combination of tailored solutions and industry-leading partnerships enables people with complex health needs to remain safely in their communities.

Addressing social drivers of health

UnitedHealthcare, in collaboration with our partners, uses a proprietary approach to identify and address health-related social needs, such as food security, housing stability and access to health care. We use health and social data with input from consumers, physicians and community partners, and apply predictive analytics to identify health disparities and connect people to community resources to close gaps.

This year, we deployed capabilities on our member portal, allowing people to self-identify needs and locate community-based assistance. By the end of the year, we are on track to screen more than 7.5 million UnitedHealthcare consumers for health-related social needs and close gaps for 70% of individuals we've referred to services.

We actively partner with community-based organizations to expand capacity for critical health-related social services. Food insecurity is one of the most prevalent needs across our members. To address this challenge, UnitedHealthcare has referred more than 265,000 people to food-related community resources, including government food programs, food delivery services and local food banks. To help combat housing insecurity and drive better health outcomes, we provide personalized housing navigation, invest in housing capacity and integrate health and social service systems. We are also breaking down traditional barriers to accessing primary care and mental health services. For example, we are partnering to improve pediatric health outcomes by providing 1 million students with school-based access to virtual mental health services.

We're also expanding our impact through a first-of-its-kind initiative announced this year that allows us to seamlessly share social screening data between UnitedHealthcare and many care providers. With a more comprehensive view of each person's social needs, care providers can deliver highly tailored plans to address clinical and social needs.

Advancing program design and administration

We work to improve how consumers experience public programs by collaborating with our partners to influence program designs that ensure access to equitable, sustainable, efficient and effective delivery of services.

7.5M

**people served by UnitedHealthcare
Community & State Medicaid and
Dual Special Needs Plans**

Using experiences and data from across our offerings, we identify best practices and lessons learned in program design from state to state. We layer in a deep, market-based understanding of state priorities, infrastructure and population needs to identify market-specific opportunities. For example, we have worked extensively with some customers to transition their existing offerings to integrated special needs plans. We have worked collaboratively with them to develop a path to enhanced long-term services and supports management to drive better outcomes and experiences for consumers.

We also actively analyze and share our real-time experience data to identify emerging trends, inform programmatic opportunities and ensure appropriateness of funding. That broad base of experience, combined with robust data, provides critical credibility, enabling more productive collaboration with our state and national partners.

Appendix

Non-GAAP Reconciliation

UnitedHealth Group Use of Non-GAAP Financial Measures

UnitedHealth Group EBITDA and adjusted net earnings per share as used in the Investor Conference materials are non-GAAP financial measures. Non-GAAP financial measures should be considered in addition to, but not as a substitute for or superior to, financial measures prepared in accordance with GAAP.

Management believes the use of non-GAAP EBITDA provides investors and management with useful information about our operating earnings before interest, taxes, depreciation and amortization.

Management believes the use of adjusted net earnings per share provides investors and management useful information about the earnings impact of the following items:

Intangible Amortization: As amortization fluctuates based on the size and timing of the company's acquisition activity, management believes this exclusion provides a more useful comparison of the company's underlying business performance and trends from period to period. While intangible assets contribute to the company's revenue generation, the intangible amortization is not directly related. Therefore, the related revenues are included in adjusted earnings per share.

South American Impacts: Represents the effects of various international transactions, including the loss on the sale of our Brazilian operations completed on February 6, 2024, the loss on our remaining South American operations being classified as held for sale and certain other non-recurring matters impacting our South American operations. As these matters are related to the company's strategy to exit South America, the impact is not representative of the company's underlying business performance, and therefore management believes the exclusion presents a more useful comparison of the company's underlying business performance and trends from period to period.

Direct Response Costs – Cyberattack: Management believes the exclusion of costs incurred to investigate and remediate the attack, other direct and incremental costs incurred as a result of the cyberattack and incremental costs for accommodations to support care providers presents a more useful comparison of the company's and its reportable segments' underlying business performance and trends from period to period.

These non-GAAP financial measures have limitations in that they do not reflect all of the expenses associated with the operations of our business as determined in accordance with GAAP. As a result, one should not consider these measures in isolation. We compensate for these limitations by analyzing current and future results on a GAAP basis, as well as non-GAAP basis, disclosing these GAAP financial measures and providing a reconciliation from GAAP to non-GAAP financial measures.

Non-GAAP Reconciliation

	2024E	2025P
Consolidated GAAP Earnings from Operations	\$32,650 - \$33,000	\$37,800 - \$38,800
Consolidated Depreciation and Amortization	~\$4,100	~\$4,400
Consolidated Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	<u>\$36,750 - \$37,100</u>	<u>\$42,200 - \$43,200</u>
GAAP Net Earnings to UNH Shareholders	\$14,375 - \$14,650	\$25,850 - \$26,450
Intangible Amortization	~\$1,665	~\$1,625
Tax Effect of Intangible Amortization	~(\$410)	~(\$400)
South American Impacts	~\$8,515	—
Tax Effect of South American Impacts	~(\$175)	—
Direct Response Costs - Cyberattack	~\$2,000	—
Tax Effect of Direct Response Costs - Cyberattack	~(\$470)	—
Adjusted Net Earnings	<u>\$25,500 - \$25,775</u>	<u>\$27,075 - \$27,675</u>
GAAP Net Earnings to UNH Shareholders per share	\$15.50 - \$15.75	\$28.15 - \$28.65
Intangible Amortization per share	~\$1.80	~\$1.75
Tax Effect of Intangible Amortization per share	~(\$0.45)	~(\$0.40)
South American Impacts per share	~\$9.15	—
Tax Effect of South American Impacts per share	~(\$0.15)	—
Direct Response Costs - Cyberattack per share	~\$2.15	—
Tax Effect of Direct Response Costs - Cyberattack per share	~(\$0.50)	—
Adjusted Net Earnings per share	<u>\$27.50 - \$27.75</u>	<u>\$29.50 - \$30.00</u>

Forward-Looking Statements

The statements, estimates, projections, guidance or outlook contained in this document include “forward-looking” statements which are intended to take advantage of the “safe harbor” provisions of the federal securities laws. The words “believe,” “expect,” “intend,” “estimate,” “anticipate,” “forecast,” “outlook,” “plan,” “project,” “should” and similar expressions identify forward-looking statements. These statements may contain information about financial prospects, economic conditions and trends and involve risks and uncertainties. Actual results could differ materially from those that management expects, depending on the outcome of certain factors including: our ability to effectively estimate, price for and manage medical costs; new or changes in existing health care laws or regulations, or their enforcement or application; cyberattacks, other privacy/data security incidents, or our failure to comply with related regulations; reductions in revenue or delays to cash flows received under government programs; changes in Medicare, the CMS star ratings program or the application of risk adjustment data validation audits; the DOJ’s legal action relating to the risk adjustment submission matter; our ability to maintain and achieve improvement in quality scores impacting revenue; failure to maintain effective and efficient information systems or if our technology products do not operate as intended; risks and uncertainties associated with our businesses providing pharmacy care services; competitive pressures, including our ability to maintain or increase our market share; changes in or challenges to our public sector contract awards; failure to achieve targeted operating cost productivity improvements; failure to develop and maintain satisfactory relationships with health care payers, physicians, hospitals and other service providers; the impact of potential changes in tax laws and regulations; increases in costs and other liabilities associated with litigation, government investigations, audits or reviews; failure to complete, manage or integrate strategic transactions; risk and uncertainties associated with the continuing sale of operations in South America; risks associated with public health crises arising from large-scale medical emergencies, pandemics, natural disasters and other extreme events; failure to attract, develop, retain, and manage the succession of key employees and executives; our investment portfolio performance; impairment of our goodwill and intangible assets; failure to protect proprietary rights to our databases, software and related products; downgrades in our credit ratings; and our ability to obtain sufficient funds from our regulated subsidiaries or from external financings to fund our obligations, reinvest in our business, maintain our debt to total capital ratio at targeted levels, maintain our quarterly dividend payment cycle, or continue repurchasing shares of our common stock.

This above list is not exhaustive. We discuss these matters, and certain risks that may affect our business operations, financial condition and results of operations, more fully in our filings with the SEC, including our reports on Forms 10-K, 10-Q and 8-K. By their nature, forward-looking statements are not guarantees of future performance or results and are subject to risks, uncertainties and assumptions that are difficult to predict or quantify. Actual results may vary materially from expectations expressed or implied in this document or any of our prior communications. 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, except as required by law.

Non-GAAP Financial Information

Our Investor Conference materials and the related presentations contain non-GAAP financial information provided as a complement to the results provided in accordance with accounting principles generally accepted in the United States of America (“GAAP”). A reconciliation of the non-GAAP financial information to the most directly comparable GAAP financial measure is available in the “Investor Relations” section of our website at www.unitedhealthgroup.com.

Contact

For further information about the financial performance of UnitedHealth Group, contact Zack Sopcak, senior vice president, 952-936-7215.

UnitedHealth Group

© 2024 UnitedHealth Group. All Rights Reserved.
UnitedHealth Group is a registered trademark with
the U.S. Patent and Trademark Office.

[unitedhealthgroup.com](https://www.unitedhealthgroup.com)