MOVING TOWARD A MODERNIZED HEALTH PLAN
Inspiring Individual Health Ownership
The current health care situation in the U.S. is unsustainable. The only way to drive sustained reduction in costs is by increasing Individual Health Ownership. The time to act is now. But where to begin?

**ACCOUNT-BASED PLANS: FOUNDATIONAL, BUT NOT SUFFICIENT.**

Are consumer-driven health plans (CDHPs) effective? Our studies suggest that CDHPs impact medical costs by up to 5% in true savings (outside cost share) and improve individual decision making by 3–5% as measured by our Consumer Activation Index (CAI).

CDHPs increase optimal health care decisions by 3–5%

<table>
<thead>
<tr>
<th>Health Decisions</th>
<th>Optimal health decisions</th>
<th>Less-than-optimal health decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of consumer health care decisions that are less than optimal</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Health expenditures as a percentage of GDP in 2011</td>
<td>17.9%</td>
<td></td>
</tr>
<tr>
<td>Annual increase in employer health care costs due to avoidable diseases, such as diabetes</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Percentage of costs driven by lifestyle decisions</td>
<td>50–75%</td>
<td></td>
</tr>
<tr>
<td>Increase in family coverage costs since 2000</td>
<td>114%</td>
<td></td>
</tr>
</tbody>
</table>

CDHPs represent a strong foundation, especially when implemented in a broad replacement setting and with a health savings account (HSA). We recognize that this solution may not be a good fit for all populations (e.g., low-income, high-turnover populations) and that there is still more to be done to drive long-term sustainable savings. Beyond core plan design are the principles of health care consumerism: transparency, tools for informed decision making and increased individual accountability. We believe employers need to look at all components of health plan design to drive sustained engagement.

**What is a Modernized Health Plan?** Building on the principle of consumer accountability and empowerment advocated by account-based plans, the Modernized Health Plan moves this agenda further through broader reinforcement of all aspects of the employer-sponsored health plan, ultimately driving toward Individual Health Ownership. This is done by combining plan components, such as clinical programs, rewards and technology, in a way that meets the company’s specific population health needs and overall goals.

By scoring plan components on expected intensity for both cost reduction and increased individual activation, we can plot an employer plan on the Modernization Continuum (see below). This allows us to measure the performance of the components as well as the synergy produced by integration. At UnitedHealthcare, we believe that it is the calibration of plan components, informed by an employer’s specific health population needs and company culture, that leads to the best results.

This guide will help you begin moving toward health plan modernization. Our advice is backed by our experience with more than five million members in CDHPs, more than two million members in rewards-based plans and the insights gained from analyzing more than 30 million health care decisions each year.

**THE MODERNIZATION CONTINUUM: WHERE IS YOUR COMPANY?**

*Annual medical cost expenses per adult, normalized for age/gender, geography and high-cost claimants, comparing “Initiation” level accounts (N = 346,000 members) vs. “Accountability” level accounts and higher (N = 584,000 members). Results based on Unitedhealthcare book of business results, 2010, based on covered medical expense per person, removing the effects of selection bias that occurs in multichoice offerings.
**Customizing Your Health Plan Moves**

**ILLUSTRATIVE 3-YEAR EMPLOYER EXPERIENCE**

20,000-EMPLOYEE CLIENT—OVER $18 MILLION IN SAVINGS BY YEAR 3.

<table>
<thead>
<tr>
<th>MODELED SAVINGS:*</th>
<th>5–7% SAVINGS</th>
<th>2–4% SAVINGS</th>
<th>2–4% SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIATION BASE YEAR</strong></td>
<td><strong>AWARENESS YEAR +1</strong></td>
<td><strong>ACCOUNTABILITY YEAR +2</strong></td>
<td><strong>OWNERSHIP YEAR +3</strong></td>
</tr>
<tr>
<td>1. Preferred provider organization (PPO), point of service (POS) offerings</td>
<td>1. Active choice</td>
<td>1. Consolidate non-HSA to one offering</td>
<td>Monitor affordability and market norms</td>
</tr>
<tr>
<td>2. No active choice or consumer-driven health plan designs</td>
<td>2. Move toward 80% richness</td>
<td>2. Add new HSA offering for choice</td>
<td>1. Monitor relative to market and peer group</td>
</tr>
<tr>
<td>3. Total cost share tied to wellness rewards actions/outcomes</td>
<td>3. Price-up non-HSA offering</td>
<td></td>
<td>2. Review subpopulations (e.g., low income)</td>
</tr>
<tr>
<td>4. Connect “earn-back” with rewards</td>
<td>4. Connect “earn-back” with rewards</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5,240</strong> per employee</td>
<td><strong>5,920</strong> per employee</td>
<td><strong>6,820</strong> per employee</td>
<td><strong>7,350</strong> per employee</td>
</tr>
</tbody>
</table>

**7-COMPONENT FRAMEWORK: SIMPLE, REINFORCING AND ADAPTABLE**

<table>
<thead>
<tr>
<th><strong>1 PLAN DESIGN STRATEGY</strong></th>
<th>The basic plan structure (co-pays, deductibles, account-based plans)</th>
<th>Simplify/touch enrollment choices to minimize adverse selection biases</th>
<th>Model plan migration and member mix/loss analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 COST-SHARE SUPPORT</strong></td>
<td>Designs of out-of-pocket member cost (point of service, contribution, vouchers, rewards, value based)</td>
<td>Evaluate trade-offs of cost-share shifts versus medical utilization</td>
<td>Benchmarking to reform metallic levels (bronze, silver, gold)</td>
</tr>
<tr>
<td><strong>3 NETWORK DESIGN</strong></td>
<td>Leveraging our proprietary network, inclusive of our provider designation (UnitedHealth Premium®)</td>
<td>Quality designation of around 50% of medical spend across 20 specialties</td>
<td>Market-based networks: narrow, gatekeeper and specialty (e.g., cardiology, orthopedics, bariatric, etc.)</td>
</tr>
<tr>
<td><strong>4 QUALITY &amp; TRANSPARENCY</strong></td>
<td>Benefit design and consumer tools to drive better care outcomes and more informed decisions</td>
<td>Tier cost-share for members who select targeted doctors and Centers of Excellence (COE) providers</td>
<td>Define benefit coverage rules for specific high-cost procedures</td>
</tr>
<tr>
<td><strong>5 CLINICAL RESOURCES &amp; INTEGRATION</strong></td>
<td>Our clinical programs are fully integrated to align with your network and rewards strategy</td>
<td>Nurse team designs that adapt to the health needs of your population</td>
<td>Single-efyle platform that synchronizes all patient care points (lab data, gaps in care, pharmacy, hospital discharge, wellness/behavioral support)</td>
</tr>
<tr>
<td><strong>6 REWARD &amp; WELLNESS STRATEGY</strong></td>
<td>State of “institutional uses” to drive better health outcomes and ability for individuals to take ownership of their health</td>
<td>Value-based designs</td>
<td>Total population rewards: spectrum from activity-based to outcomes based (e.g., UnitedHealth Personal Rewards®)</td>
</tr>
<tr>
<td><strong>7 COMMUNICATION &amp; TECHNOLOGY</strong></td>
<td>Enabling individuals to improve their health decisions and life journeys with personalized tools and resources</td>
<td>Mobile apps: OptimizerSM and UnitedHealthcare HealthSMiles® (increase resource connectivity by 25%)</td>
<td>State of built-in collateral and member communications (enrollment, gaps in care, wellness)</td>
</tr>
</tbody>
</table>

*Modeled medical cost savings are based on the client-specific baseline utilization and final adopted designs—they assume a constant population. These savings should be viewed as illustrative, and actual client savings will vary based on specific actions implemented. Normal statistical year-over-year variance may cause results to be higher or lower.

**MOVES ON THE MODERNIZATION CONTINUUM**

Merging toward a plan design that inspires Individual Health Ownership takes time. Our goal is to collaborate with you to develop a multiyear set of moves that fits your goals, your culture and the current and future health needs of your population.

Modernization, it’s simple: We establish where you are on the Modernization Continuum today. We then work with you to design the plan moves that will take you to where you want to be. Based on agreed actions each year, we estimate your medical cost savings as well as the expected improvements in individual decision making. You get the benefit of our experience with more than 400 clients to understand decision making among your peer groups and best-in-class performance (e.g., trend).

**ILLUSTRATIVE 3-YEAR EMPLOYER EXPERIENCE**

20,000-EMPLOYEE CLIENT—OVER $18 MILLION IN SAVINGS BY YEAR 3.
So how do you begin to integrate the right plan designs, tools and resources into your existing health benefits plan and corporate culture?

Our four-step process is structured around your population and your goals:

1. **Understand Your Population**
   Our proprietary tools analyze performance areas within your population to identify the highest-value opportunities; to analyze health, care and compliance decisions; and to estimate current and future disease and health priorities.

2. **Position Your Plan**
   We define the right pace for your moves using appropriate benchmarking and insights from our experience with similar clients. The right packaging and proper sequence of features drive higher engagement than the components alone and minimize execution risk.

3. **Evaluate Your Culture**
   We create a rollout strategy that complements your company culture and the goals you seek, whether you’re targeting population health trend or total workforce productivity. Our studies show that good cultural alignment acts as an “accelerator” to plan performance.

4. **Take Action**
   We begin to shift your plan components as you move along the Modernization Continuum. We set goals along the way, monitor performance and make midcourse corrections as needed.

Our approach educates employees on the benefits of taking personal responsibility for their health and provides incentives that drive engagement and increase accountability to reinforce better health care decisions on an ongoing basis. In short, it is about purposeful design, where the goal is Individual Health Ownership.

**Your UnitedHealthcare Account Team**

Your UnitedHealthcare account team is organized to support your moves toward a Modernized Health Plan:

- **Strategic Client Executive**: leads the team
- **Client Manager**: your day-to-day contact for operational performance
- **Customer Advocate**: your single point of contact for member claims and call inquiries
- **Performance Consultant**: provides performance analysis consulting and data support
- **Clinical Resources**: provides access to medical directors, clinical nurse and operations (depending on level of program adoption)

The members of your account team will work with you to solve and innovate:

### STRATEGY/DESIGN

- Develop a customized health strategy to move your company along the Modernization Continuum
- Evaluate your culture, workforce, incentives and accountability
- Develop an understanding of your financial targets and constraints
- Design a plan with accountability measures for tactical execution

### ASSESS/COMMUNICATE/IMPLEMENT

- Construct implementation plan (lead and/or support)
- Identify programs and services to close any gaps
- Establish financial parameters and assumptions
- Develop and implement communication campaigns

### MEASURE/ANALYZE/IMPROVE

- Measure aggregate and individual consumer decisions
- Segment results by location, age, gender and socioeconomic attribute
- Measure progress towards goals, analyze health risks and diseases, and improve individual engagement

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**Market-Leading Analytics**

Actionable data is key to the success of a Modernized Health Plan. At UnitedHealthcare, we have the data and analytic tools to help you see what’s working and pinpoint opportunities for additional savings.

Introduced in 2011, HMA integrates the CAI (below) and financial, clinical and health-risk data into a single online application. This online tool empowers your UnitedHealthcare account team to identify where supporting resources are most needed, to help improve decisions and to help drive accountability. The HMA helps you:

- Identify individuals at risk for chronic diseases and areas to close gaps for high-risk individuals
- Determine cost-effective ways to engage healthy individuals in monitoring and maintaining good health
- Develop outreach models that are more personal and appropriately aligned with people’s readiness and willingness to change
- Calibrate the funding of fair and compelling rewards to encourage desired actions

**Consumer Activation Index (CAI):** Each year since 2007, UnitedHealthcare has analyzed more than 35 million member health care decisions across more than 10 million members. A distinctive and market-leading asset, the CAI is built into the HMA tool. We look beyond the average, dividing the client’s population into distinctive segments such as:

- **Socioeconomic attributes** (life stage, household income, ethnicity)
- **Client-defined business segments** (service centers, home office)
- **Clinical cohorts** (chronics, health-risk level, episodic)
IMPROVED MOTIVATION AND ABILITY

Everyone faces health episodes in their life. When they do, they have to make a series of decisions, such as what treatment to have and which doctor to choose. At UnitedHealthcare, we provide members with a suite of tools to help them make better decisions, leading to quality care at significant savings.

OUR HEALTH JOURNEY

Needs and resources change as you move through life.

STARDS A FAMILY

Choose a pediatrician with UnitedHealth Premium designation and get around-the-clock advice with NurseLineSM.

HAS EYES TESTED

Get glasses through UnitedHealthcare vision plan.

GETS ANNUAL CHECKUP

After prediabetes diagnosis, get lifestyle coaching through Diabetes Prevention program.

MAKES A NEW YEAR’S RESOLUTION

Decides to get fit by joining employer-sponsored UnitedHealth Personal Rewards program.

LIVES LIFE

Accesses health plan information with the Health4Me mobile app.

INJURES KNEE \nPLAYING SOCCER

Compares MRI costs using myHealthcare Cost Estimator.

INFORMED DECISION MAKING MAY DRIVE LOWER COSTS

Three-year study of members with chronic illness (chronics typically account for ~50% of medical spend)

AVERAGE YEARLY COSTS ARE LOWER

Nonactivated: $7,200

Activated: $6,664

7.4% lower

AVERAGE YEARLY TRENDS ARE LOWER

Comparative analysis of three-year costs (2007–2009) for continuously enrolled chronic members with either diabetes, coronary artery disease or both. Cohort costs normalized for gender mix, risk and demographics. Activated (n = 26,971) defined as an individual having a CAI of 75% or higher in each year, and Nonactivated less than 75% in each year (n = 92,388). Improved means Nonactivated individuals in 2007 and Activated by 2009 (n = 29,772).

Our commitment to data-driven solutions continually reinforces improvements in the health plan system and informs our plan design solutions. This often leads to a reduction in the incidence of suboptimal outcomes. Examples include closing gaps in care, helping people make better-informed provider choices and motivating people to make healthier lifestyle decisions, which may ultimately lead to the avoidance of chronic diseases like diabetes.

BVILDMG ON A STRONG FOUNDATION

As we innovate, we also continue to strengthen many of our long-proven assets, including:

Our One Nurse/One Hospital program assigns a single nurse to oversee health care utilization at facilities with the highest-risk cases. And our One Nurse/One Family approach helps patients recover in their home setting, and is seamlessly integrated with coaching and other resources.

UnitedHealth Premium is our provider quality measurement standard. It’s now being strengthened through reimbursement models within our Accountable Care Platform, which is designed to lead to better care at lower cost (ACOs, PCMHs, etc.).

Your healTh journey needs and resources change as you move through life. Tools to help you along the way:

Health4Me

myHealthcare Cost Estimator

myHealthcare Cost Estimator

NurseLineSM

UnitedHealth Premium

Optimize Me

Your Health4Me mobile app

myHealthcare Cost Estimator

NurseLineSM

UnitedHealth Premium

Optimize Me

Your Health4Me mobile app

myHealthcare Cost Estimator

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**From Managing Benefits to Managing Health**

**HOW UNITEDHEALTH GROUP MODERNIZED ITS OWN HEALTH PLAN**

At UnitedHealthcare, we understand the challenges associated with shifting a corporate culture from one that manages health benefits to one that encourages employees to maintain better health. That’s because it’s a shift we’ve experienced ourselves.

In the early 2000s, we faced the same challenges as our clients: to control health care costs, guide informed employee health decisions and gauge the organization’s ability to absorb change. So in January 2003, UnitedHealth Group offered employees their first CDHP option.

Over the years, we used the data from our Consumer Activation Index to adapt and refine our plan options to better meet the needs of our employee population and make a greater, more positive impact. We added more health and lifestyle tools and resources, as well as online access to claims data and account balances. To increase participation levels, we also aligned meaningful incentives with health goals.

As a result, we saw firsthand the positive results that can come from creating a healthier, more responsible workforce. While each organization’s experience may be different in implementing CDHPs and the associated programs and incentives, we learned that a key ingredient for success is understanding your organization’s ability to absorb change and adapt to the pace accordingly.

**UNITEDHEALTH GROUP MOVEMENT TO GREATER HEALTH OWNERSHIP**

**UnitedHealth Group Cost Trends: 3% Trend Average, $186M in Accumulated Savings over the Past 4 Years**

<table>
<thead>
<tr>
<th>Key Plan Milestones</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Employees</td>
<td>28,000</td>
<td>37,000</td>
<td>46,000</td>
<td>53,000</td>
<td>56,000</td>
<td>57,000</td>
<td>60,614</td>
<td>67,279</td>
</tr>
<tr>
<td>Employee Cost Share</td>
<td>5.4%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>7.0%</td>
<td>8.3%</td>
<td>6.2%</td>
<td>5.9%</td>
<td>6.5%</td>
</tr>
<tr>
<td>UnitedHealth Group Cost Share</td>
<td>30%</td>
<td>30%</td>
<td>31%</td>
<td>29%</td>
<td>27%</td>
<td>27% full reward</td>
<td>34% no reward</td>
<td>36%</td>
</tr>
</tbody>
</table>

**The New Numbers: Case Studies**

We started with “the numbers say it all,” showing you how the numbers are going the wrong way when it comes to health care costs. But UnitedHealthcare customers are learning they can turn those numbers around. When they think more broadly about their health benefits, and when they put the components of the Modernized Health Plan to work for them, they can make those numbers look a whole lot better.

**CASE STUDY #1: FINANCIAL SERVICES COMPANY**

<table>
<thead>
<tr>
<th>Their New Numbers:</th>
<th>Financial Services Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average medical trend over past 4 years</td>
<td>2.3%</td>
</tr>
<tr>
<td>Situation:</td>
<td>Years of double-digit trend and a steady rise in preventable high-cost claims activity.</td>
</tr>
<tr>
<td>Modernization moves:</td>
<td>The company introduced a broad wellness strategy including health coaching and onsite wellness fairs. They also advanced their plan designs into CDHPs and implemented the UnitedHealth Personal Rewards program to manage their incentive strategy.</td>
</tr>
<tr>
<td>Their New Numbers:</td>
<td>$6.7M</td>
</tr>
<tr>
<td>Accumulated savings vs. industry norm trend (~7%)</td>
<td></td>
</tr>
</tbody>
</table>

**CASE STUDY #2: CAR RENTAL COMPANY**

<table>
<thead>
<tr>
<th>Their New Numbers:</th>
<th>Car Rental Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past-year medical trend</td>
<td>3.8%</td>
</tr>
<tr>
<td>Individual engagement in at least one health action</td>
<td>75%</td>
</tr>
<tr>
<td>Situation:</td>
<td>A challenging economic environment, exacerbated by increasing health care costs. The company was seeking a broad cost impact.</td>
</tr>
<tr>
<td>Modernization moves:</td>
<td>The company implemented a comprehensive incentives program based on outcomes. They also invested in a broad communications campaign to drive health awareness and promote available resources. Member feedback has been very positive.</td>
</tr>
<tr>
<td>Modernized health plan components:</td>
<td>Reward &amp; Wellness Strategy and Communication and Technology.</td>
</tr>
</tbody>
</table>

**CASE STUDY #3: AIRLINE**

<table>
<thead>
<tr>
<th>Their New Numbers:</th>
<th>Airline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average medical trend over past 8 years</td>
<td>4.5%</td>
</tr>
<tr>
<td>Situation:</td>
<td>Medical trends were in the midteens, driven by low member engagement, low compliance in chronic illnesses and suboptimal use of resources.</td>
</tr>
<tr>
<td>Modernization moves:</td>
<td>A multiyear approach included the customization of a clinical nurse team, resources to improve treatment choices, a transition to account-based plans, and plan designs to increase the use of high-quality providers.</td>
</tr>
<tr>
<td>Modernized health plan components:</td>
<td>Plan Design Strategy, Clinical Resources and Integration, Quality and Transparency, and Communication and Technology.</td>
</tr>
<tr>
<td>Their New Numbers:</td>
<td>$1.1M</td>
</tr>
<tr>
<td>Annual savings from better treatment and provider choices</td>
<td></td>
</tr>
</tbody>
</table>

**CASE STUDY #4: FINANCIAL SERVICES COMPANY**

<table>
<thead>
<tr>
<th>Their New Numbers:</th>
<th>Financial Services Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 and 2011 medical trends</td>
<td>-3.1, 2.1, 59%</td>
</tr>
<tr>
<td>Individuals completing recommended preventive visits</td>
<td>59%</td>
</tr>
<tr>
<td>Situation:</td>
<td>Trend averaging above 10%. Company sought to achieve savings by creating a “culture of health.”</td>
</tr>
<tr>
<td>Modernization moves:</td>
<td>Company implemented a wellness program that motivated individuals with a personal scorecard featuring incentives tied to outcomes. The company also invested in a communications strategy that connected all levels of employees within the company.</td>
</tr>
<tr>
<td>Modernized health plan components:</td>
<td>Reward &amp; Wellness Strategy and Communication and Technology.</td>
</tr>
</tbody>
</table>
ARE YOU READY TO MAKE YOUR MOVE?

Use the checklist below to help you determine if it’s time to learn more about taking your next steps along the continuum toward health plan modernization.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you thinking about what consumer-driven designs might be available beyond account-based options?</td>
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<td>Are you targeting year-over-year cost trends below 5%?</td>
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<td>Are you considering evolving your rewards programs to encompass achieving goals rather than just taking actions?</td>
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<td>Is your company culture moving from managing benefits to managing total population health?</td>
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<td>Are you working to encourage your employees to use high-performance providers, optimize treatment plans and choose Centers of Excellence?</td>
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<td>Are you looking to derive value from integrating the capabilities of your health insurance carrier?</td>
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If you answered yes to any of these questions, it’s time to help your employees become active health consumers. Find out more. Contact your UnitedHealthcare representative to learn how you can begin to make the move toward a more modern, effective health plan.

For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com®.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me® mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

NurseLine® is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. NurseLine services are not an insurance program and may be discontinued at any time.

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