

# UnitedHealthcare Employer & Individual

Almost half of the U.S. population, or nearly 155 million Americans, get their benefits coverage through their employer. An additional 19 million people get coverage on the individual market, with ACA exchange participation growing approximately 50% over the last five years.

UnitedHealthcare Employer & Individual provides employer-sponsored health benefits, offering a portfolio of products that deliver personalized coverage and care.

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 our members and communities.

## **The value of commercial coverage**

As employers seek to attract and retain talented employees, they prioritize offering innovative and affordable health benefits and consumer engagement programs. That's because research suggests employers that provide compelling health benefits may experience a boost in productivity, profitability and overall employee recruitment and retention.

Our approach and value are distinct in the market, providing our members with innovative products; support from compassionate customer care advocates; data-driven programs designed to help enhance health and well-being; and quality and cost information to help improve access to the care they need at an affordable price.

**>\$1.2T**

Annual U.S. spending on employer and individual health benefits

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**~174M**

People in the U.S. with employer and individual health benefits

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**>27.2M**

Consumers served in the U.S. by UnitedHealthcare Employer & Individual

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**150**

Countries served

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**>235K**

Number of employer customers of all sizes, in all 50 states and the District of Columbia, served by UnitedHealthcare Employer & Individual

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**>53M**

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

### Providing data-driven value

By analyzing clinical and claims data alongside other factors, we help create customized plan designs and proactive support interventions for employers that more effectively close gaps in care, increase enrollment in clinical programs and reduce the total cost of care. We provide employers with chronic care resources, like our type 2 diabetes management solution, which reduces the total cost of care, provides engaged members with zero-cost medication and care, and helps participants better manage glucose levels and more effectively control their condition.

For care providers, we provide real-time patient information through their existing electronic medical records – including pharmacy and medical benefits, prior authorization and member costs – to make it easier for people to evaluate and understand their treatment and coverage options at the point of care.

We also help people access quality care at a more affordable price by using data to direct them to high-quality and high-value physicians and centers of excellence, whether they engage with us online, use our mobile app or call one of our customer care advocates.

### Enabling affordable care

Out-of-pocket costs are the single biggest area of concern for the people we serve. UnitedHealthcare works to minimize consumers' financial burden through innovative health plan offerings, financial incentives and compelling product bundling, including initiatives that provide first-dollar coverage.

For instance, our newest products put consumers in control of their medical care with intuitive digital experiences and innovative designs that eliminate deductibles and provide clear, upfront cost and coverage information before getting care. These are among our fastest-growing commercial products, with 1 in 5 of our large account customers offering these products to their employees for 2024.

Because these plans make it easier for people to understand and use their benefits, they more frequently access annual physician visits and preventive

screenings compared to people enrolled in traditional plans. At the same time, the plans can reduce employee out-of-pocket costs by more than 50% on average and employer health care expenses by an average of 11%. With satisfaction rates exceeding industry benchmarks, 9 out of 10 people re-enroll in these health plans year over year.

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. With employers coming from fully insured plans saving 17% on average, our level-funded offerings are proving increasingly popular among employers looking for the right balance between fully insured and self-funded arrangements.

### Supporting simpler experiences

Our simple, seamless digital experience has helped us build trust and redefine the value of being with UnitedHealthcare. For instance, our recently launched consumer engagement platform enables people to earn hundreds of dollars each year for completing various daily health goals and one-time activities.

Employer customers benefit from our data-driven customer care advocacy programs in part because of their very high satisfaction rating. We help people better understand their benefits and navigate the health system, providing support on everything from preventive care to managing a complex or chronic condition.

# 92%

**satisfaction rating for our  
customer care advocacy programs**

Our common data platform provides a complete view of each member, which enables our advocates and Optum nurses to help people make more informed choices and more frequently enroll in relevant support programs. Through our enhanced customer care advocacy resources, we help people stay in network, assisting with hospital discharge planning and support, evaluating treatment and medication options based on coverage considerations, and more.

## UnitedHealthcare Employer & Individual Highlights

We've also connected medical and pharmacy benefits to support better health outcomes and to offer a more streamlined experience. Using our common data platform and integrated approach to medical and pharmacy benefits, we are able to more effectively direct consumers to lower-cost drug alternatives, saving an average of \$47 per 30-day prescription fill among participating individuals. This connection helps people access their medications sooner and drives improved adherence.

### **Expanding our service areas**

Our individual exchange offerings continued to grow in 2023, 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 developing consumer-centric offerings. We are focused on improving clinical outcomes through strategic provider partnerships, while deepening our relationship with Optum Health.

We are making strategic investments to better meet the needs of underserved populations, such as the Hispanic community, through customized benefit designs, marketing campaigns and community engagement initiatives to better attract and fulfill the needs of the unique individuals we serve. Our open enrollment marketing and sales strategies included acculturated campaigns and media plans at both the national and local levels. We also developed a Hispanic Council, made up of influencers, agents and community leaders, to remain connected to community perspectives to help drive enrollment and retention. And we continue to explore clinical programs to address unique health disparities, including diabetes education and nutrition planning.

In 2024, we are expanding the availability of our individual exchange plans to more than 400 new counties and four more states, such that we will serve people across 26 states, and expect to add more geographies in the coming years.