



UnitedHealth Group®

# FACTS 2011 / Q4

*Helping people live healthier lives*



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## CORPORATE PROFILE

UnitedHealth Group is a diversified health and well-being company whose mission is to help people live healthier lives and make health care work better. Our business model has evolved and is informed by more than three decades serving the needs of the markets and people of health care. Today, UnitedHealth Group is:

*Helping* individuals access quality care at an affordable cost;

*Simplifying* health care administration and delivery;

*Strengthening* the physician/patient relationship;

*Promoting* evidence-based care; and

*Empowering* physicians, health care professionals, consumers, employers and other participants in the health system with actionable data to make better, more informed decisions.

Through our diversified family of businesses, we leverage core competencies in advanced, enabling technology; health care data, information and intelligence; and care management and coordination to meet the evolving needs and demands of the health system. These core competencies are deployed within our two distinct, but strategically aligned, business platforms: *UnitedHealthcare* for Health Benefits and *Optum* for Health Services.

UnitedHealthcare serves the health benefits needs of individuals across every life stage through three businesses: UnitedHealthcare Employer & Individual, serving individual consumers and employers of all sizes; UnitedHealthcare Medicare & Retirement, serving the unique needs of seniors; and UnitedHealthcare Community & State, serving the public health marketplace, offering states innovative Medicaid solutions.

Optum serves all health system participants – consumers, physicians, hospitals, governments, insurers, distributors and pharmaceutical companies – through its OptumHealth, OptumInsight and OptumRx businesses.

Our expanding role in helping the health system work better means we have a growing and deeper relationship with people in a socially and personally sensitive part of their lives – their health and health care. To meet the rising expectations of the people we serve and earn their trust, we are focused on *integrity, compassion, relationships, innovation* and *accountable performance* – the values that are the foundation of our culture as a company.

UnitedHealth Group serves more than 78 million individuals, employs approximately 99,000 people and operates in all 50 states in the United States and 18 other nations, worldwide.

Since its inception, UnitedHealth Group and its affiliated companies have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.

## HISTORY & INNOVATION



## TIMELINE OF SELECTED CORPORATE HIGHLIGHTS AND INNOVATIONS

**2011** Optum launches **The Optum Institute for Sustainable Health**. The Optum Institute will leverage the company's broad health care experience and research capabilities to provide analysis and insight on the rapidly changing health care landscape.

The Product Development and Management Association recognizes UnitedHealth Group with the **2011 Outstanding Corporate Innovator Award**. The award recognizes sustained (five or more years) quantifiable business results from new products and services. Past winners include such world-class innovators as Apple, Pepsi, BMW, FedEx, Bank of America, Harley Davidson and Xerox, among others.

Our Optum's hi HealthInnovations business launches a suite of **high-tech, lower-cost hearing devices** for the 36 million Americans with hearing loss. The initiative also includes a new, at-home hearing test to help detect hearing deficits.

Tucson Medical Center and independent area physicians, with the help of UnitedHealth Group's Optum business, announce that they are creating the **nation's first "Sustainable Health Community,"** based on an Accountable Care Organization (ACO) model in which hospitals, physicians, residents, employers and others share in the risk and rewards of making the health system work better for everyone.

Ingenix launches **Ingenix Life Sciences**, a new division that focuses the company's broad expertise in commercialization, safety and regulatory services to identify, analyze and measure the value of life sciences products.

**2010** UnitedHealthcare announces an **innovative cancer care payment model** that bundles payments to oncologists to help ensure continuity of care for patients and improve quality and health outcomes.

Health care related financial account assets held by **OptumHealth Financial Services** reach more than \$1 billion; consumer accounts grow to more than 2.2 million. Individuals served by consumer-driven health plans increase to 3.4 million people.

UnitedHealth Group launches the **Diabetes Prevention and Control Alliance**, a partnership with YMCA of the USA and Walgreens to help prevent and control diabetes, pre-diabetes and obesity.

The American Medical Association selects **Ingenix CareTracker™** as the first electronic health records system offered through the AMA's new online health information solutions platform for physicians. CareTracker integrates patient medical records and e-prescribing tools in the physician's workflow.

UnitedHealthcare and the National Restaurant Association create the **Restaurant Health Care Alliance**. The new alliance is designed to provide easier access to health care coverage and related products and services to nearly 1 million restaurant owners and 13 million restaurant employees.

**2009** UnitedHealth Group announces a partnership with Cisco to build the **first national telehealth network**, which integrates leading health care and remote video technology systems that will give patients access to physicians and specialists when in-person visits are not possible.

UnitedHealthcare **launches the first-of-its-kind Diabetes Health Plan** for individuals afflicted with diabetes and pre-diabetes. The plan includes incentives to empower individuals to more effectively manage their conditions, and control their health care costs for their employers.

**UnitedHealthcare launches the groundbreaking Patient-Centered Medical Home program (PCMH)** involving primary care practices in Arizona, Colorado, Ohio, New York and Rhode Island, developed in collaboration with national primary care specialty societies. In the PCMH model, patients receive coordinated care from their primary care physician, or “medical home,” rather than fragmented and episodic care from various health care providers or facilities.

**UnitedHealthcare puts its physician and facility network on Apple Inc.’s iPhone**, helping improve access to health care for consumers. The new DocGPS App allows consumers to tailor their search to their specific health plan and locate nearby doctors, clinics and hospitals within the UnitedHealthcare network using the GPS functionality of iPhone 3G and 3GS.

OptumHealth **introduces eSync**, a new technology platform that collects and synchronizes individualized health care data to help identify effective care opportunities and provide people with personalized health management support. The technology helps organizations more proactively engage individuals and care providers with appropriate health care programs, while reducing related costs.

**2008** Across UnitedHealth Group, **more than 2.7 million individuals are now enrolled in consumer-driven health plans** connected to a health reimbursement account or health savings account, spanning both the employer-sponsored (commercial) and individual insurance markets.

UnitedHealthcare’s **Premium designation program** recognizes physicians for meeting quality and cost efficiency criteria across 20 distinct medical specialties and is available to consumers in 38 states plus the District of Columbia. Twenty million of our consumers have access to Premium physician designation information in their markets, and consumers in 85 percent of our markets have access to differentiated hospital quality and efficiency data online through our Hospital Comparison Tool.

UnitedHealth Group introduces the first Medicare Advantage **Special Needs Plan for people with Alzheimer’s** and chronic dementia.

The company is the **first to adopt National Comprehensive Cancer Network standards for determining chemotherapy drug coverage** as part of its commitment to best science.

UnitedHealthcare **achieves accreditation in all of its HMO markets nationwide** for the National Committee on Quality Assurance's (NCQA) three quality distinction programs, most recently the Quality Plus Distinction for Physician and Hospital Quality. OptumHealth launches myOptumHealth.com, a health information Web site that provides consumers with free access to clinically reviewed, easy-to-understand and actionable content, tools and resources.

Golden Rule **launches UnitedHealth Continuity<sup>SM</sup>**, an innovative product that allows consumers to apply for and lock in health insurance while they are healthy, but not use the coverage until they retire, become self-employed, unemployed, or move to a job without health benefits.

**2007** UnitedHealth Group **extends and broadens its relationship with AARP** for an additional seven years to include Medicare Advantage, Part D and Medicare Supplement products across all markets, as well as new health and wellness solutions to address AARP members' individual needs.

**More than 5 million Medicare beneficiaries are enrolled in Medicare Part D prescription drug plans.** These consumers have saved \$30 billion in out-of-pocket expenses over the first two years of this program.

UnitedHealthcare **introduces innovative consumer-driven products** that enable individuals to take a more active role in managing their own health care, such as UnitedHealthcare EDGE for small business customers.

**2006** UnitedHealth Group introduces enhanced card technology that **combines health benefit information and financial information on a single card.** In addition to multiple accounts, the new cards also provide access to an individual's Personal Health Record, making critical health information highly portable.

**2005** Ingenix is **selected by the FDA for drug safety monitoring and support.** The Ingenix program includes extensive data resources and analytic capabilities to help the FDA accelerate the identification and assessment of issues and potential risks related to pharmaceutical agents.

**2004** UnitedHealth Group's **iPlan<sup>®</sup>**, consumer-driven health plans that integrate high deductible health plans with health reimbursement accounts, is expanded to include health savings accounts for employer groups. The products are offered through the company's UnitedHealthcare and Uniprise businesses. Golden Rule, a subsidiary of UnitedHealthcare, offers health savings accounts to individuals.

**2003** Uniprise **introduces electronic medical ID cards** that use magnetic stripe technology and the MasterCard® system and network to make it easy to verify patient eligibility and benefits in seconds.

**2002** UnitedHealth Group **acquires AmeriChoice** as its platform for serving the most vulnerable populations in public programs. Later that year, UnitedHealthcare merged its legacy Medicaid business into AmeriChoice, with its strong management and holistic approach to serving this market.

Ingenix **introduces new knowledge and information products – including Parallax i™, iCES™ and the Galaxy clinical database** – that help clients gain clinical and financial insights and improve the quality of health care delivery and administration.

**2001** UnitedHealthcare **uses Web-enabled technology to simplify and improve service** for physicians, enabling them to check benefit eligibility for patients and submit and review claims. The company also launches a Web-based distribution portal to serve small business brokers.



**2000** UnitedHealthcare **launches myuhc.com**<sup>®</sup>, which enables individual customers to order ID cards, check the status of claims and access relevant health information online.

**1999** UnitedHealthcare **introduces Care Coordination**<sup>SM</sup>, which eliminates prior authorizations and channels those resources into consumer and physician outreach for people who will benefit most from coordinating fragmented care delivery resources.

UnitedHealth Group **establishes the United Health Foundation**, a not for profit private foundation that helps expand access to quality health care services for individuals in challenging circumstances and improve the well-being of communities. The Foundation also provides information to support decisions that lead to better health outcomes and healthier communities.

**The UnitedHealthcare Children's Foundation (UHCCF) is incorporated** to improve the lives of children who need financial assistance to cover medical treatment. UHCCF's funding is provided by contributions from individuals, corporations and UnitedHealth Group employees.

**1998** **United HealthCare Corporation becomes known as UnitedHealth Group** and launches a strategic realignment into independent but strategically linked business segments – UnitedHealthcare, Ovations, Uniprise, Specialized Care Services and Ingenix.

**The first release of Clinical Profiles**<sup>SM</sup> takes place. Clinical Profiles provides network physicians with data comparing their clinical practices to nationally accepted benchmarks for care.

**1997** After a rigorous selection process, **AARP names United HealthCare to provide health coverage services to its members.**

United HealthCare **expands its EverCare Care Model** to serve not only individuals in nursing homes, but also frail, elderly individuals who wish to live independently at home and those with chronic illnesses or disabilities.

**1996** The company's patented artificial intelligence system AdjudiPro<sup>®</sup>, which is entered into the permanent research collection of the Smithsonian Institution, is awarded the **CIO Enterprise Value Award.**

**1995** The company **acquires The MetraHealth Companies Inc.** for \$1.65 billion. MetraHealth was formed by combining the group health care operations of The Travelers Insurance Company and Metropolitan Life Insurance Company.

**1994** **Diversified Pharmaceutical Services Inc. is sold** to SmithKline Beecham Corporation for \$2.3 billion.

**1992** United HealthCare is **the first company to produce a Report Card** on health care access, quality and cost measures.

**1989** United HealthCare **introduces the transplant network** that helps direct people to programs equipped with quality physicians and facilities to handle their complex medical needs. Over time the program expands to include conditions including cancer, kidney disease, congenital heart disease, women's health services and bariatric surgery.

**1988** United HealthCare **creates the modern pharmacy benefits management business**, linking benefit design with retail pharmacy networks and mail service through its subsidiary, Diversified Pharmaceutical Services Inc.

**1987** United HealthCare **begins offering EverCare**, a program designed to help coordinate care for individuals in nursing homes.

**1984** United HealthCare Corporation **becomes a publicly traded company**, specializing in technology and service systems for health care.

**1979** United HealthCare Corporation **introduces the first network-based health plan for seniors** and participates in the earliest experiments with offering private-market alternatives for Medicare.

**1977** United HealthCare Corporation is created to reorganize the company and becomes the parent company of Charter Med Incorporated. United HealthCare introduces such health care innovations as pharmacy/drug formularies, hospital admission precertification processes, physician office software to manage and control costs, mental health/chemical dependency intermediaries (behavioral health) and an insurancewrap as one feature on top of traditional HMO products.

**1974** Charter Med Incorporated is founded by a group of physicians and other health care professionals who want to expand health coverage options for consumers.

## BUSINESSES

### UNITEDHEALTHCARE — HEALTH BENEFITS

**UnitedHealthcare Employer & Individual** works closely with employers and individuals to provide health benefit plans that provide personalized solutions to help members live healthier lives and achieve meaningful cost savings. We offer a comprehensive array of consumer-oriented plans and services for large national employers, public sector employers, mid-sized employers, small businesses and individuals nationwide, providing nearly 26 million Americans access to quality health care.

**UnitedHealthcare Medicare & Retirement** provides health and well-being services to individuals age 50 and older, addressing their unique needs for preventive and acute health care services, as well as for services dealing with chronic disease and other specialized issues for older individuals. We provide a wide spectrum of products and services to the growing senior market segment in all 50 states, the District of Columbia, and most U.S. territories.

**UnitedHealthcare Community & State** provides innovative Medicaid managed care solutions to states that care for the economically disadvantaged, the medically underserved, and those without the benefit of employer-funded health care coverage, in exchange for a monthly premium per member. We participate in programs in 23 states and the District of Columbia, serving approximately 3.5 million beneficiaries of acute and long-term care Medicaid plans, the Children's Health Insurance Program (CHIP), Special Needs Plans and other federal and state health care programs.

### OPTUM — HEALTH SERVICES

**OptumHealth** serves the physical, emotional and financial needs of 60 million individuals, enabling consumer health management and collaborative care delivery through programs offered by employers, payers, government entities and, increasingly, directly with the care delivery system. OptumHealth's solutions reduce costs for customers, improve workforce productivity and consumer satisfaction and optimize the overall health and well-being of populations.

**OptumInsight** is a health information, technology, services and consulting company, providing software and information products, advisory consulting services and business process outsourcing to participants in the health care industry. Hospitals, physicians, commercial health plans, government agencies, life sciences companies and others work with OptumInsight to reduce costs, meet compliance mandates, improve clinical performance and adapt to the changing health system landscape.

**OptumRx** provides pharmacy benefit management (PBM) services for more than 14 million people nationwide through its network of approximately 66,000 retail pharmacies and two mail service facilities. We process nearly 370 million adjusted retail, mail and specialty drug prescriptions annually. OptumRx is dedicated to helping people achieve optimal health while maximizing cost savings by working closely with customers to create customized solutions to improve quality and safety, increase compliance and adherence, and reduce fraud and waste.

At UnitedHealth Group, we think of health care as a system – a highly complex system of interacting, interrelated, interdependent elements that is continually changing. The health care system works better – *as a true system* – the more integrated it becomes. By “integrated” we mean more connected...aligned...informed and intelligent...simpler.

## OUR APPROACH TO HEALTH CARE



We see our enterprise as one of many participants in the expansive health system, along with millions of health care consumers, physicians, nurses and other providers of care, hospitals and clinics, both federal and state governments, employers of all sizes, pharmaceutical and medical device manufacturers and other insurers.

The challenge we all face is that this system does not function systematically. It is highly fragmented, yet its separate elements are profoundly interlinked within local communities. Health care is among the most local of activities, and these local communities have real and significant differences in basic supply and demand dynamics, infrastructure, demographics, clinical care patterns and consumer preferences and behaviors.

And at its core, this system deals with the most central of human needs – the healing, preservation and quality of life. It is where we must see to the interests of the most vulnerable in our communities.

We have endeavored to build UnitedHealth Group into that changing system, as an enterprise that is highly adaptable to the evolving health care environment and committed to taking responsible positions for enabling and driving positive change across health care.

UnitedHealthcare holds the potential to be the distinctive leader in health benefits – becoming ever simpler, more cost efficient and a trusted benefits innovator, growing organically as millions of people enter the market for benefits coverage. The rise of the consumer and the need to interact and engage with individuals, as both consumer and patient – when, where and how they wish to engage – open new markets and new channels for UnitedHealthcare benefit offerings.

Optum has the opportunity to define the health services market, as health care's prime innovator and enabler. As we move forward, the care delivery market will change, with care providers getting paid based more on wellness, prevention and cost-effective approaches to high quality care. That shift will compel new payment models, management processes, technologies and service requirements. But many care providers today lack the tools, information and resources to effectively adapt. Optum seeks to help physicians, hospitals and other care providers confront all these changes.

Working together, we believe UnitedHealthcare and Optum can provide extraordinary value to the health care system.

## FINANCIAL INFORMATION

### CONSOLIDATED FINANCIAL RESULTS

(in millions, except percentage and per share amounts)	Year Ended December 31,	
	2011	2010
Revenues	\$ 101,862	\$ 94,155
Net Earnings	\$ 5,142	\$ 4,634
Earnings Per Share (Diluted)	\$ 4.73	\$ 4.10
Operating Margin <sup>1</sup>	8.3%	8.4%
Net Margin <sup>2</sup>	5.0%	4.9%

<sup>1</sup> Earnings from operations divided by total revenues.

<sup>2</sup> Net earnings divided by total revenues.

### CONSOLIDATED FINANCIAL CONDITION

(in millions)	As of December 31, 2011
Total Assets	\$ 67,889
Shareholders' Equity	\$ 28,292
Market Capitalization	\$ 52,657

(based on December 31, 2011, market price)

## OPERATING RESULTS BY SEGMENT

(in millions)	Year Ended December 31,	
	2011	2010
<b>REVENUES</b>		
UnitedHealthcare <sup>1</sup>	\$ 95,336	\$ 88,730
OptumHealth	6,704	4,565
OptumInsight	2,671	2,342
OptumRx	19,278	16,724
Total Optum	28,653	23,631
Eliminations	(22,127)	(18,206)
Total Consolidated	\$ 101,862	\$ 94,155

## EARNINGS FROM OPERATIONS

UnitedHealthcare	\$ 7,203	\$ 6,740
OptumHealth	423	511
OptumInsight	381	84
OptumRx	457	529
Total Optum	1,261	1,124
Total Consolidated	\$ 8,464	\$ 7,864

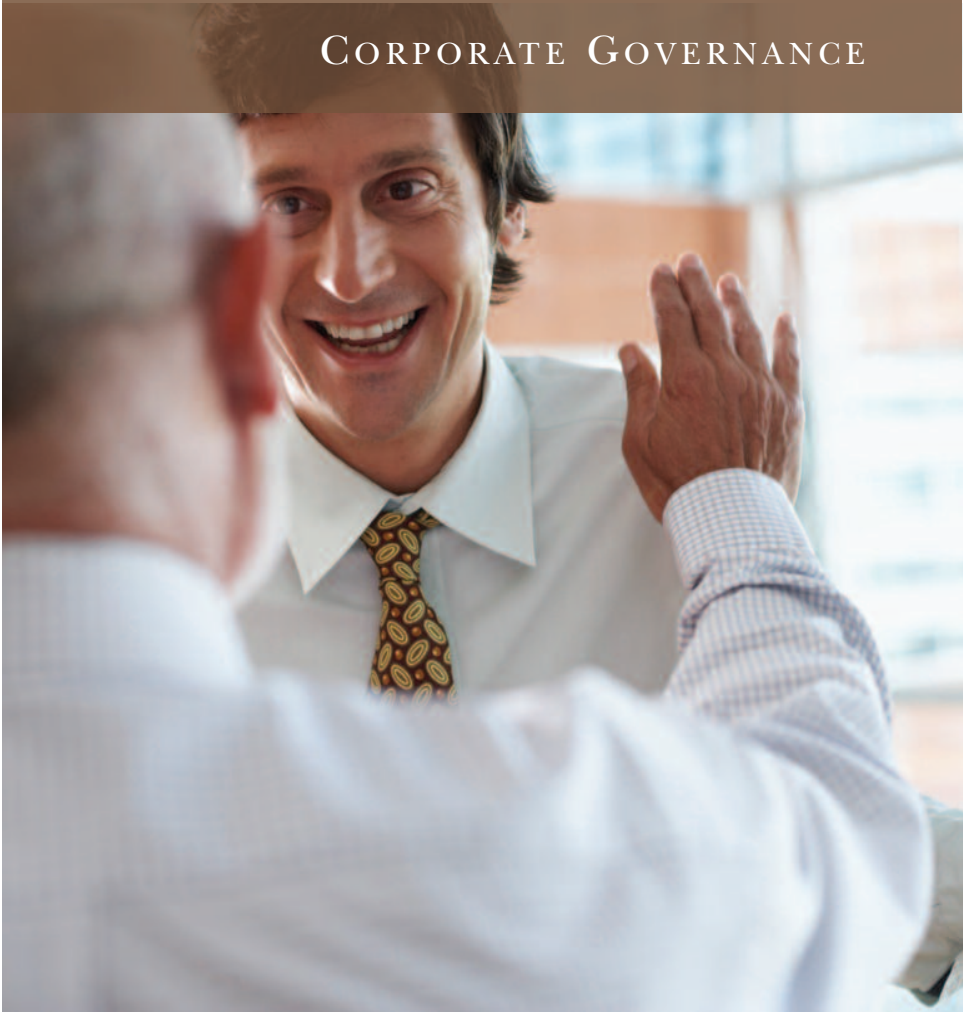
<sup>1</sup> Revenues for the year ended December 31, 2011 and 2010 were \$45,449 and \$42,589 for UnitedHealthcare Employer & Individual; \$36,079 and \$34,041 for UnitedHealthcare Medicare & Retirement; and \$13,808 and \$12,100 for UnitedHealthcare Community & State, respectively.

**Stock Listing** UnitedHealth Group's common stock is traded on the New York Stock Exchange under the symbol UNH.

**Debt Ratings** UnitedHealth Group's senior debt is rated "A3" with a stable outlook by Moody's, "A-" with a positive outlook by Standard & Poor's, "A-" with a stable outlook by Fitch and "bbb+" with a stable outlook by A.M. Best. Our commercial paper is rated "P-2" by Moody's, "A-2" by Standard & Poor's, "F1" by Fitch and "AMB-2" by A.M. Best.

UnitedHealth Group is committed to high standards of ethical business conduct in everything we do, every day. Sound corporate governance principles are critical to helping ensure that we perform with integrity and excellence in all aspects of our operations. What's more, they are vital to retaining the trust and respect of investors and other stakeholders and interested parties, including the individuals we serve, employers, physicians and other health care professionals, suppliers, government officials, employees and the general public.

## CORPORATE GOVERNANCE



## RECENT AWARDS & RECOGNITION

UnitedHealth Group received the **No. 1 ranking for Innovation** in the Insurance and Managed Care category on *Fortune* magazine's 2011 list of the World's Most Admired Companies.

*Fortune* magazine ranked UnitedHealth Group **No. 22 in the 2011 rankings of the 500 largest U.S. corporations** based on 2010 revenues.

The Product Development and Management Association recognized UnitedHealth Group with the **2011 Outstanding Corporate Innovator Award**. The award recognizes sustained (five or more years) quantifiable business results from new products and services. Past winners include such world-class innovators as Apple, Pepsi, BMW, FedEx, Bank of America, Harley Davidson and Xerox, among others.

The U.S. Department of Health & Human Services awarded a **2011 Healthy Living Innovation Award** to the YMCA's Diabetes Prevention Program, created in partnership with UnitedHealth Group and the Centers for Disease Control and Prevention (CDC).

The Business Civic Leadership Center of the U.S. Chamber of Commerce awarded UnitedHealth Group the 2011 Corporate Citizenship Award for **Best U.S. Business Neighbor** for addressing the challenges of diabetes and obesity.

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

UnitedHealth Group earned a **top rating of 100 percent** on the **2011 Corporate Equality Index** from the Human Rights Campaign.

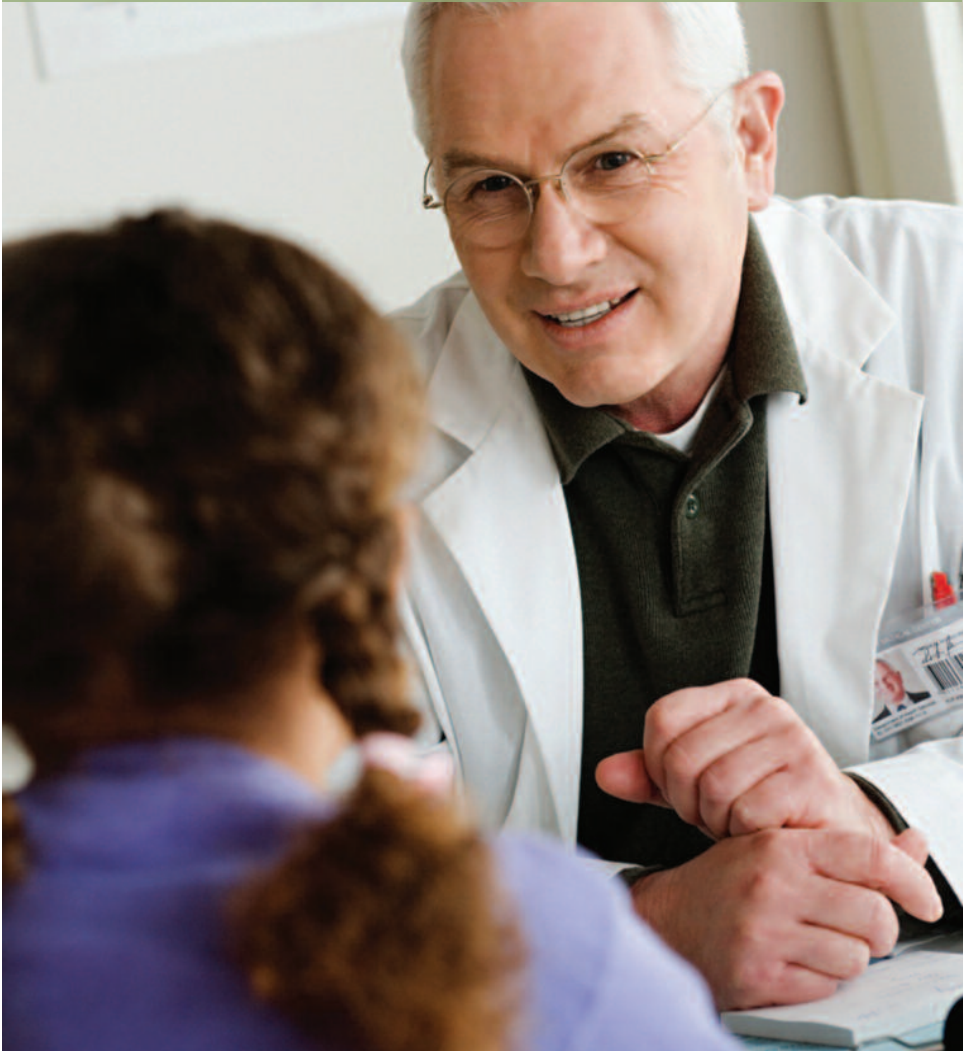
In the J.D. Power and Associates 2011 Employer Health Insurance Plan Study<sup>SM</sup>, UnitedHealthcare ranked **highest in employer satisfaction** among the nation's self-insured commercial health plans. UnitedHealthcare ranked highest in all five individual factors measured in the self-insured segment of the study: cost and cost management; account servicing; employee plan service experience; product offering and benefit designs; and problem resolution.

Prescription Solutions by OptumRx received **The Stevie Award for Customer Service Department of the Year** at the 2011 American Business Awards. Prescription Solutions won for its Voice of the Customer and Customer Advocacy initiative.

The American Medical Association's 2011 National Health Insurer Report Card rated UnitedHealthcare **No. 1 in claims-processing accuracy** among the seven leading commercial health insurers.

At UnitedHealth Group there is an important synergy between our business interests and our commitment to social responsibility. We help people live healthier lives through employee involvement, investing in local communities, providing funding for United Health Foundation grants and programs, responsible environmental practices, and more.

UNITED FOR  
HEALTHIER COMMUNITIES



## COMMUNITY INVESTMENT

UnitedHealth Group businesses are committed to chronic disease prevention and care, health, and community service.

- **Chronic Disease Prevention and Care** — We are strategically focused on promoting healthy lifestyles and helping the more than 133 million Americans with chronic disease, including heart disease, diabetes and cancer.
- **Health** — We are partnering with organizations to reach the most vulnerable and underserved families, children and seniors to improve community health.
- **Community Service** — From disaster response support to youth mentoring to basic needs for food and shelter, we are working to make our communities a healthier place to live.

United Minnesota is a 10-year, \$100 million initiative benefiting communities in Minnesota, home of UnitedHealth Group's headquarters for 30 years. United Minnesota is designed to create sustainable improvements in health and communities through partnerships with organizations that have demonstrated success in achieving results.

## ANNUAL GIVING CAMPAIGN

UnitedHealth Group also supports communities around the world by conducting an annual nationwide giving campaign that solicits employee donations to community charities of their choice. Employee pledges combined with the company match totaled \$15.5 million for 2011, up 11 percent over 2010, and more than 50 percent of employees participated in the campaign.

## SPONSORSHIPS AND EVENTS

UnitedHealth HEROES provides microfinance grants to teachers, school-based service-learning coordinators and students in the health professions to implement semester-long service-learning projects that help combat childhood obesity. Grants are available in all 50 states plus the District of Columbia in collaboration with Youth Service America. In addition, UnitedHealth Group has a national alliance with Make-A-Wish Foundation® to support the mission of granting wishes to children with life-threatening medical conditions. Over the course of our ongoing partnership, UnitedHealth Group has granted more than 700 wishes.

UnitedHealth Group businesses also participate in a myriad of programs and events in their communities, including walk-a-thons for the Alzheimer's Association, the American Cancer Society, and the American Heart Association and blood donation drives.

## VOLUNTEERISM

Employees are encouraged to make a positive difference in their communities by contributing their time and talents to support not-for-profit organizations and activities. Companywide, 79 percent of UnitedHealth Group employees and 97 percent of executives performed community volunteer work during 2011, totaling more than 300,000 volunteer hours. Many locations have volunteer councils that plan and coordinate community service and volunteer efforts.

## PROTECTING THE ENVIRONMENT

UnitedHealth Group is committed to minimizing our impact on the environment. Since 2008, our energy management program has reduced energy consumption by more than 19 percent. This reduction is primarily the result of investing nearly \$5 million in 167 sustainability projects including lighting retrofits, installation of energy efficient technologies and upgrades to building energy management systems, as well as simple daily initiatives such as turning off computer monitors and building lights after hours. The company now has 33 buildings meeting Energy Star certification criteria, which operate 20 percent more efficiently than nonqualified buildings. The Energy Star program is a voluntary partnership between business and the U.S. government promoting energy-efficient workplace practices. In addition, one of our Minnetonka, Minn., campus buildings holds a Leadership in Energy and Environmental Design (Leed®) Gold-level certification by the U.S. Green Building Council, and a second building under construction using LEED standards and principles is scheduled for completion in Q4 2012. We also have employee engagement programs in place to reduce water consumption, minimize Styrofoam cup usage and recycle waste.

In our businesses, we work to reduce paper and move communications with customers, members, brokers and health care providers online. Our environmental policy is available on our website at: [www.unitedhealthgroup.com/Social-Responsibility/Environment.aspx](http://www.unitedhealthgroup.com/Social-Responsibility/Environment.aspx).



Our employees are committed to community service. Many have helped build playgrounds for underserved children in cities from California to Georgia.

## UNITED HEALTH FOUNDATION

The United Health Foundation is a not-for-profit, private foundation dedicated to improving the quality and cost-effectiveness of medical care, providing health care services for those in challenging circumstances, and enhancing community well-being. Established by UnitedHealth Group in 1999, the Foundation has committed more than \$193 million to these goals. Following are examples of its initiatives:

**America's Health Rankings®** is an annual state-by-state assessment of the nation's health. Collaborating with the American Public Health Association and Partnership for Prevention, America's Health Rankings has provided communities and individuals with data that has spurred innovative thinking and action to strengthen our nation's health for two decades. The comprehensive, interactive America's Health Rankings website has received numerous awards for excellence in health information.

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

The goal of the Foundation's **Diverse Scholars Initiative** is to increase the number of qualified, yet under-represented, college graduates entering the health workforce. Since 2007, scholarships have benefited nearly 800 low-income minority students pursuing degrees in the health field. The development of these health professionals will help improve the quality of culturally competent care and help close the health disparities gap.

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

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

To view the latest UnitedHealth Group Social Responsibility Report, go to [www.unitedhealthgroup.com/SR](http://www.unitedhealthgroup.com/SR)



The United Health Foundation's  
Diverse Scholars initiative offers financial  
support to minority students planning  
careers in health care.



UnitedHealth Group®

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