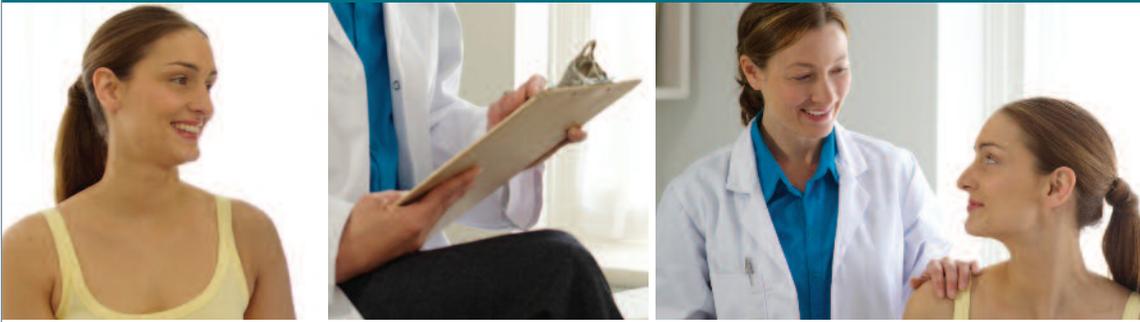




Network

See how the network you
choose can make a difference





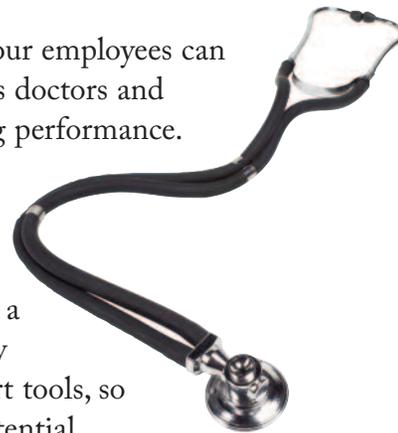
Is your network working hard enough?

Get the most out of your network

Every health care network should provide basic coverage and discounts for services. But the right network can be so much more: It can be an integral part of your overall health benefits strategy. Combined with the right products, the right network can help control costs **and** maximize employee benefits by making it easier for your employees to see participating doctors and hospitals.

Here are some basic elements to consider as you evaluate how hard your network is working:

- ▶ **Broad access:** A network is only working for you if your employees can and do use it. That means easy geographic access, plus doctors and hospitals with strong local reputations for outstanding performance.
- ▶ **Consistent, quality care:** You want a network that digs deep for reliable clinical data that reveal which physicians and facilities are living up to the highest standards of quality, cost-efficient care. And you need a company that knows how to combine the high quality network with products and consumer-decision support tools, so you get all of the value from the network's savings potential.
- ▶ **Competitive discounts and efficient administration:** Strong discounts do matter, but your network should do more, like nationwide contracting for consistent plan designs – even across multiple states. And your network should actively work to maintain good relations and open communication with participating doctors and hospitals for predictable access and long-term stability.



Learn more about how UnitedHealthcare is building a network that works harder – for you.

Innovation ▶ Information ▶ More informed decisions ▶ Better health outcomes

Network: We design network access based on sound analytics to make it easier for members to get the care they need.

Broad network access

A network with national reach, local impact

Your benefits plan will work better when you pair it with the largest single proprietary network of doctors and hospitals in the nation — one that offers local access for 98 percent of the United States population.¹ With more than 645,000 physicians and other health care professionals in all 50 states, UnitedHealthcare makes it easy for your employees to find a network physician or hospital.

Making it easy to access the network is critical for a successful benefits strategy: We estimate that for all services combined (inpatient, outpatient and professional), **using the network results in an average reduction off billed charges of 40 to 55 percent.**²

A constantly growing network

You're always trying to improve your business, and so are we. We're always evaluating, measuring and strengthening our network. We have development objectives for each of our markets targeting specific hospitals and physicians that we know are either considered desirable by customers or are necessary to build the depth and breadth of access we want. We're always striving to provide the best coverage at the best price, in every market for our customers and members.



Exceptional choice and access to more than:

- ▶ 645,000 doctors and health professionals
- ▶ 5,105 hospitals
- ▶ 64,000 pharmacies
- ▶ 1,000 convenience care clinics

Simple, uniform and convenient

Our single national network makes it easy for firms with multiple locations to administer uniform plan designs in most if not all of their locations. Plus, our nationwide presence gives your employees flexible network options if they're relocating or traveling and when they have dependents away from home.

¹ Full-Year 2008 Nationally Recognized Third Party Benchmarking Data

² UnitedHealthcare Non-Network Programs At-a-Glance, Sept. 2009

Promoting consistent, quality care

If your network is just a list of discounted professionals, it's not working hard enough. At UnitedHealthcare we put our network relationships to work for you to promote clinical best practices in our national physician and hospital network.

As one of the largest claims processors in the country, we can offer a unique perspective on practice patterns and their implications for costs and outcomes. For example, network physicians have access to their own performance data – right down to the individual patient level. When physicians see their performance measured against nationally accepted practice guidelines, as well as against their peers, the results might surprise you:



Our experience shows that sharing data with physicians whose practice patterns differ significantly from their peers has led to a **24 percent improved adherence to evidence-based medicine guidelines.**³

This is a tremendous outcome because doctors who follow evidence-based medicine guidelines help to improve the quality of care, reduce care variation and decrease costs.⁴ Simply put, our approach to network management means your network is working harder for you.

Quality matters – the UnitedHealth Premium® designation program

Starting with the principles of our physician data-sharing initiative, we've taken clinical outcomes measurement to the next level with the UnitedHealth Premium designation program.

The UnitedHealth Premium program recognizes network physicians who meet or exceed quality and cost efficiency standards. We start by evaluating claims data to understand a doctor's treatment history. Then we compare the data with national standards for quality care and local market benchmarks for cost efficiency.

Our ultimate goal is to help consumers understand the value of using Premium designation information so they can make informed decisions about where to seek care. Members can easily find designated doctors on our member website. We can also identify members who may be facing a complex medical decision — and proactively reach out to them with targeted decision support.

³ UnitedHealthcare data analysis of physician practice patterns - 12 months post data sharing

⁴ Evidenced-Based Medicine: How to Practice and Teach EBM, Third Edition, 2005



Information that makes a difference

Proactive decision support and the UnitedHealth Premium program can lead to better treatment decisions and improved outcomes. When members understand their choices, they can influence the quality of the care they receive – and your overall costs⁵:

- ▶ Average expected savings can be from one to three percent of annual medical spending.
- ▶ Doctors who meet quality and cost efficiency criteria have costs that are 15 percent lower than physicians who are not designated.

The UnitedHealth Premium program is available in over 140 markets nationwide – far more than any competitor offering a similar designation program. There is no additional cost to members, regardless of the type and source of their health care coverage.

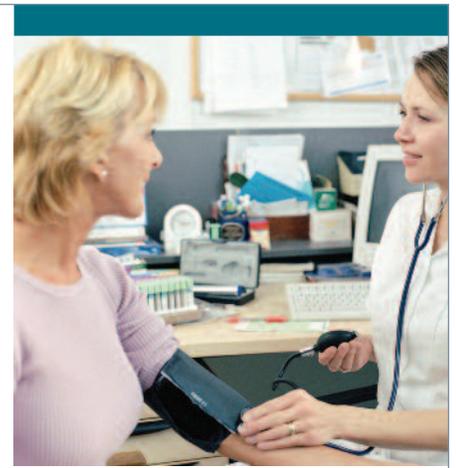
Additional clinical quality programs

In addition to our global quality programs and the UnitedHealth Premium designation program, we are managing quality and costs across our network in targeted specialty areas like cardiology, oncology, neuroscience, orthopedics, spine and radiology. These treatment categories alone represent nearly 46 percent of our customers' costs.

Our research shows that complex treatment areas like these are subject to wide variations of care in practice. We apply our extensive clinical data and advanced analytic techniques in order to promote adherence to evidence-based medicine standards that can minimize care variation and improve outcomes.

Our goal is to promote high quality, efficient care professionals and facilities who deliver **both** better outcomes **and** more affordable care.

⁵ UnitedHealthcare claims analysis, 2007. Actual savings vary based on physician specialty.





Competitive discounts and efficient administration

A high performance network is no accident. It needs to deliver not only good discounts, but also sustainable contracts, positive network relationships and thorough credentialing. Our network development experts call this **strategic contracting**:

- ▶ **Sound, sustainable contracts** that achieve the best possible price through fixed, negotiated rates.
 - We'll gladly match our discounts against anyone: We hold either the #1 or #2 discount position in 68 percent of our markets.⁶
 - Our focus on fixed reimbursement contracts means that we can better predict and control future costs for customers. This has helped keep our medical cost trend 1.4 percent below average market increases and better than industry performance for five years.⁶
- ▶ **Positive relationships** with physicians and health care professionals promote stability and quality health care to customers. To support collaboration with

our network, we have placed over 400 physician and hospital advocates in local markets. This face-to-face support is backed up with our national Provider Service Call Center, targeted education and outreach.

Our emphasis on supporting our network with excellent service and sustainable contacts means very low turnover:⁷

- Two percent for hospitals
- Three percent for primary physicians
- ▶ **Credentialing reviews** beyond education, licenses and board certification to include quality indicators and customer satisfaction. Extensive credentialing and external accreditation also means all of our plans have National Committee for Quality Assurance (NCQA) Excellent or Commendable accreditation for our insured HMO/POS products, plus NCQA accreditation for our self-funded and fully insured PPO products (including self-funded POS and EPO) in 43 states and the District of Columbia.⁸

⁶ Full-Year 2008 Nationally Recognized Third Party Benchmarking Data

⁷ UnitedHealthcare commercial provider turnover analysis, Dec. 2009

⁸ Note: In states where we do not offer an HMO, our fully insured EPO and POS products are also included in the PPO accreditation.

Other cost saving measures

Physicians and facilities that aren't in our network set their own prices. The result can be higher costs for employers and higher out-of-pocket costs for members. While our extensive network will always provide the best quality and value to your employees, you may choose a benefit design that includes non-network benefits. If your employees choose to go to a non-network doctor or facility, we offer two non-network programs to help control costs.

Shared Savings Program⁹

Our Shared Savings Program contracts with third-party vendors to access and negotiate discounts on services received from non-network health care professionals. The average savings is 15 to 35 percent off of the physician's or facility's billed charges.¹⁰

Maximum Non-Network Reimbursement Program⁹

This program caps certain eligible expenses from non-network physicians and facilities at a maximum amount based on the payment methodology used by Medicare. This fixed maximum helps control medical trend and reinforces to members the value of seeking services from network health care professionals.

Whether your employees choose network or non-network care, we're always looking for ways to save you and your employees money.

⁹ Note: Maximum Non-Network Reimbursement and Shared Savings may not be available in all markets or for all group sizes.

¹⁰ UnitedHealthcare Non-Network Programs At-a-Glance, Sept. 2009

Benefits of UnitedHealthcare's high performing network



Members who use the network pay less out-of-pocket and their employers see a lower cost of care.



Members who use the network have access to physicians and hospitals that are carefully reviewed and accredited.



Members who access UnitedHealth Premium designated physicians are more likely to receive care that is consistent with nationally accepted best practices.

Simply put, the harder we work on our network, the harder it works for you and the more value you gain from every benefit dollar.

Contact your broker or UnitedHealthcare representative to find out how you can make our network work harder for you.



To learn more about
UnitedHealthcare's
innovative capabilities,
please contact your broker
or UnitedHealthcare
representative.



www.unitedhealthcare.com

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.