

UNITEDHEALTH GROUP®

Our Mission in Action

2021 Sustainability Report





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A message from our CEO

At UnitedHealth Group, we believe a healthy population is at the very heart of the idea of sustainability in our society. The more than 350,000 people across Optum and UnitedHealthcare are committed to furthering our mission to help people live healthier lives and to help make the health system work better for everyone.

Given our reach and resources – and the millions of people we touch each day – we feel a deep sense of responsibility to chart a more sustainable path forward, helping to build a modern, high-performing health system that improves access, affordability, outcomes and experiences for people who depend on it. That's what makes a health care system sustainable, and it is embedded in our mission and throughout our business strategy.

This report, told through the stories of our colleagues and partners – in their own words, work and deeds – is our way of sharing our progress. It is a story of partnership, collaboration and investment seeking to improve the experiences of those who rely on the health system.

It is also a story of humility, as there is so much more work left to do. But as you will see in the pages of this report, my colleagues find a profound sense of purpose and inspiration in this work. We approach these challenges with determination, intensity and focus – setting clear, measurable goals and objectives, raising the bar at every point of progress and holding ourselves accountable when we fall short.

To drive greater alignment and coordination across our enterprise efforts, in February we appointed Patricia L. Lewis to serve as our first chief sustainability officer and lead this important work.

The goals, actions and initiatives outlined in this report are bold ambitions. But bold ambitions are what these challenges require – and that is what inspires my colleagues to carry this work forward every day.

Sincerely,

Andrew Witty
CEO, UnitedHealth Group



A message from our CSO

As one of the world's leading health care organizations, we understand the responsibility we have to our stakeholders and the people we serve to uphold and advance every facet of our sustainability strategy. It is integral to our mission and inextricably linked with our priorities for long-term growth.

We see our company, together with a broad spectrum of partners, as well positioned to help advance health equity. We believe every person deserves the opportunity to live their healthiest life – and we are determined to do our part to break down barriers, whether social, economic, environmental or otherwise, wherever they exist.

This means closing gaps in care and connecting patients and members to the resources and support they need to stay healthy. It means addressing the social determinants of health – connecting individual people to critical resources and working at the community level to help solve systemic challenges. It means building a robust, capable and compassionate health workforce as diverse as the communities we're fortunate to serve.

We must also be conscious and judicious about the resources we use and continually refine our processes and operations to reduce the footprint we leave behind. Once again, the beneficiaries of thoughtful resource stewardship especially include those who are already marginalized, in particular poor communities and communities of color.

Underpinning all our efforts are strong governance practices. UnitedHealth Group has a long-standing history of board diversity and independence and of championing ethics, compliance and equitable workplace policies. We now have newly expanded board oversight for ESG, including our corporate citizenship activities and the environmental and climate change initiatives described in this report.

In the following pages, you'll see evidence of our progress and of our ambition. You'll see enhanced transparency, clear commitments and measurable goals. You'll see how far we've come and where we have yet to go.

Despite the many challenges we face as a society, what gives me great confidence and hope is the phenomenal talent, expertise and steadfast commitment to our mission I see in our team every day. We touch virtually every aspect of the health system. We understand what an extraordinary privilege it is for a person to entrust us with their care. We are in this to help people – our families and yours – for today and far into the future.

Sincerely,

Patricia L. Lewis
Chief Sustainability Officer,
UnitedHealth Group



Our approach to sustainability reflects our belief that the health of any society can be measured only by the health and well-being of its people.

2021 sustainability highlights

Enhanced board oversight of the company's ESG agenda.

28M

virtual care visits delivered to UnitedHealthcare members in 2021.

2M+

in-home clinical visits through HouseCalls program in 2021.

14.4M

UnitedHealthcare members access care from physicians in value-based arrangements.

Formed the Global Diversity, Equity and Inclusion (DEI) Office and an Advancing Diversity, Equity and Inclusion Board.

35%

lower costs for Medicare Advantage members served by Optum Health physicians in value-based arrangements.

Grew Optum Health's network to

300K+

behavioral health providers serving 37M individuals.



\$800M

invested in affordable housing since 2011.



\$3.8B+

spent with diverse suppliers over the last decade.

Our commitments

Expanding Access to Care

85% of our members will receive preventive care services annually by 2030.

Our progress

69% of our members received preventive care services in 2021.

69%

85%

Improving Health Care Affordability

55%+ of our outpatient surgeries and radiology services will be delivered at high-quality, cost-efficient sites of care by 2030.

Our progress

50% of outpatient surgeries and radiology services were delivered at high-quality, cost-efficient sites of care in 2021.

50%

55%

Achieving Better Health Outcomes

600 million gaps in care will be closed for our members by the end of 2025.

Our progress

110 million gaps in care were closed for our members in 2021.

110M

600M

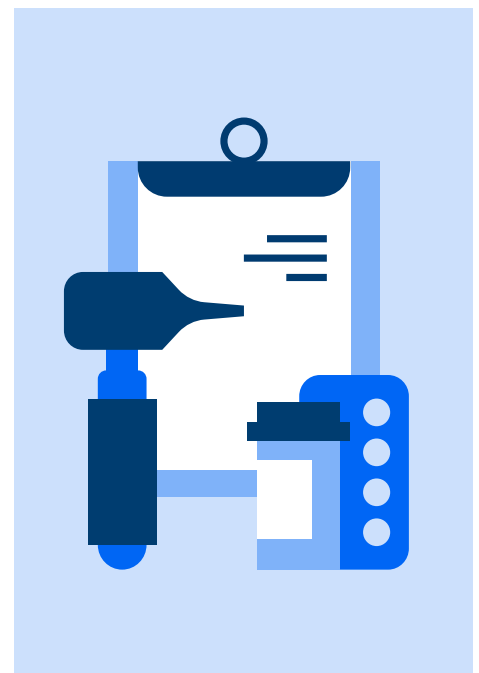
New commitments

Advancing Health Equity

\$100 million from the United Health Foundation to create a new health workforce diversity program and train 10,000 clinical professionals by 2033.

Environmental Health

- Reach operational net-zero by 2035.
- Achieve a 60% reduction in scope 1 and scope 2 emissions by 2030.
- Commit to the Science Based Targets initiative (SBTi) Net-Zero Standard.
- Invest and source 100% of our global electricity demand with renewable sources by 2030.



About UnitedHealth Group

Who we are

UnitedHealth Group is a health care and well-being company with a mission to help people live healthier lives and help make the health system work better for everyone.

We are 350,000 colleagues in two distinct and complementary businesses working to help build a modern, high-performing health system through improved access, affordability, outcomes and experiences.

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

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

We work with governments, employers, partners and providers to care for 147 million people and share a vision of a value-based system that provides compassionate and equitable care.

At UnitedHealth Group, our mission calls us, our values guide us and our culture connects us as we seek to improve care for the consumers we are privileged to serve and their communities.

Our core values

Integrity

Honor commitments. Never compromise ethics.

Compassion

Walk in the shoes of the people we serve and those with whom we work.

Relationships

Build trust through collaboration.

Innovation

Invent the future and learn from the past.

Performance

Demonstrate excellence in everything we do.

Who we serve

- Individuals
- Employers
- Brokers
- Governments
- Care Providers
- Employees
- Payers



2021 by the numbers

350K

employees worldwide,
including:

135K

clinical professionals.

43K

customer-facing
professionals.

32K

technology professionals.

147M

unique individuals served.



\$287.6B

total revenues.



\$5.1B

innovation/technology/research
and development investments.

\$122M

in charitable contributions.

3.7M

hours volunteered
by employees.



\$47M

contributed through our
employee giving program.

Recognition

UnitedHealth Group is proud to be recognized by the following organizations:

- The top-ranked company in the insurance and managed care sector on Fortune's 2022 World's Most Admired Companies list for the 12th consecutive year.
- Named to the Dow Jones Sustainability World and North America Indices since 1999.
- Ranked as one of America's most community-minded companies for the 10th consecutive year in 2021 by the Civic 50 and named the leader in the Healthcare Sector category.
- Named to Forbes' list of 2021 World's Best Employers and America's 500 Best Large Employers for 2022.
- Named one of the Best Places to Work for LGBTQ Equality by the Human Rights Campaign Foundation's Corporate Equality Index 2022, with a perfect score of 100.
- Recognized with the 2021 Brillante Award for Corporate Excellence by Prospanica for outstanding contributions to the educational, economic and social well-being of the Hispanic community.
- Named one of the best places to work for disability inclusion in 2021 by the Disability Equality Index®.
- Ranked 4th in the nation on the 2022 Military Friendly® Employers list and also as a Top Ten 2022 Military Spouse Friendly® Employer.



Our strategic growth priorities



Value-Based, Comprehensive Care Delivery

With more than 60,000 employed or aligned physicians serving nearly 20 million patients and more than 100 payer partners, UnitedHealth Group's care delivery business is strongly positioned to help providers and payers transition from fee-for-service to value-oriented models designed to achieve higher-quality outcomes at lower cost. We continue to integrate our capabilities across our clinical, in-home and virtual assets, strengthening physician incentives across our care models.



Health Benefits

As the market leader in health benefits, UnitedHealthcare serves more than 50 million people across its commercial and government programs. We continue to prioritize making coverage more affordable, simplifying the member experience and incentivizing high-quality, supported care. We're expanding provider relationships that reward value and provide a human touch, while investing in areas like affordable housing and food security to help address factors that play a vital role in a person's health but fall outside the clinical setting.



Health Technology

We believe we can play a vital role in using clinical data and intelligence to help redesign, automate and deploy new technologies to simplify administrative processes and clinical decision-making. This enables physicians and health systems to operate more efficiently and effectively, and to better serve their patients. As a payer, provider and technology company, we are uniquely positioned to bring greater transparency and quality to the marketplace.



Health Financial Services

Streamlining payment processes for consumers and providers is a fundamental aspect of a modern health system. We believe integrating the end-to-end health banking and payments experience will help providers get paid more accurately, faster and with less administrative burden, making payments simpler, more convenient and affordable for consumers.



Pharmacy Services

As the most common touch point in health care, pharmacy care services are vital to improving patient outcomes and reducing total cost of care throughout the health system. We continue to innovate as one of the industry's largest pharmacy benefit managers, strengthening our direct-to-consumer offerings and seamlessly integrating our medical, pharmacy, behavioral and community health capabilities.

Sustainability at UnitedHealth Group

Sustainability is an integral part of our business strategy, culture and mission as we work to ensure the health care system works better for everyone — both now and in the future.

Our approach to sustainability reflects our belief that the health of any society can be measured only by the health and well-being of its people.

Informed by our stakeholders, our sustainability priority areas reflect our commitment to providing distinct value to those we are privileged to serve, and to society more broadly. Our five strategic growth priorities — value-based, comprehensive care delivery; health benefits; health technology; health financial services; pharmacy services — reflect the ways in which we see our business objectives and mission working in tandem to support a healthier society.

Our sustainability priorities

Helping to Build a Modern, High-Performing Health System

We are committed to a future that expands access to care, improves health care affordability, enhances the health care experience and achieves better health outcomes for everyone. Our partnerships with key, localized stakeholders are helping us build healthier communities across the U.S.

Environmental Health

We recognize the important role the environment plays in the health of every community, and we are committed to mitigating our impact on the environment by setting a science-based target to reduce emissions, reducing our paper usage and leading systemic change to decarbonize the health care industry.

Our People and Culture

We celebrate our people, ideas and experiences, creating a culture where all team members are appreciated, valued and able to reach their full potential. We join together as individuals — forming a team as diverse as the people we serve — in meeting our responsibility to improve the health system and building the health workforce with a diverse pipeline of talent.

Responsible Business Practices

For more than 40 years, we've developed strong and effective governance practices through compliance, board diversity and independence, a commitment to ethics and integrity, and an emphasis on data security and supply chain management.

Sustainability governance

UnitedHealth Group has a long-standing commitment to sustainability supported by our senior leaders and Board of Directors.

As part of its ongoing oversight, the board reviewed committee charters and made several changes in 2021, including assigning oversight for the company's environmental, social and governance (ESG) agenda to the Governance Committee and having other committees oversee specific ESG elements within their purview.

The Governance Committee is responsible for providing oversight of ESG policies and practices, including identifying key ESG topics, ensuring appropriate board or committee oversight of those topics, overseeing the company's environmental and climate change initiatives and corporate citizenship activities, and reviewing the company's ESG sustainability reports.

The Audit and Finance Committee oversees management's processes to identify ESG investment criteria and to ensure the accuracy of key disclosures related to ESG matters. The committee also oversees our Compliance and Ethics program.

The Compensation and Human Resources Committee reviews the company's strategies, programs and outcomes related to human capital management, as well as diversity, equity and inclusion.

We reconstituted our Public Policy Committee, now renamed the Health and Clinical Practice Policies

Committee, to better reflect its expanded oversight of clinical care and practice matters and access to care, in addition to health policy matters. The Health and Clinical Practice Policies Committee oversees management's efforts and initiatives to expand access to health care; improve health care affordability; advance clinical care and safety; enhance the health care experience; achieve better health outcomes; advance health equity; and reduce health disparities.

To support our growing focus on sustainability, the company created the role of chief sustainability officer, responsible for developing and implementing a comprehensive ESG strategy; establishing annual and long-term sustainability goals, performance metrics and a governance structure to achieve them; and helping to shape our ESG agenda.

The chief sustainability officer, appointed in 2022, is assisted in overseeing our day-to-day sustainability agenda through close partnerships with a wide range of leaders across Optum, UnitedHealthcare, Operations and Facilities Management, Sourcing and Procurement, Clinical, Human Capital, Finance, Compliance and Privacy, Legal and Risk Management, Compliance and Regulatory Affairs, Communications, and Enterprise Resiliency and Response.

Additionally, in 2022, we plan to establish a cross-enterprise steering committee composed of senior-level leaders and key internal stakeholders who will be responsible for collaborating and executing on all aspects of the enterprise ESG strategy.



Stakeholder engagement

We proactively engage our stakeholders in continuous dialogue regarding our business and sustainability efforts. In 2021, we continued to embrace a broad and proactive engagement process with stakeholders, holding more one-on-one discussions and applying feedback in our ongoing efforts. We solicit input from a diverse group of stakeholders through a variety of formal and informal methods, including forums, surveys and individual meetings.

Each stakeholder's unique perspective informs our priority sustainability topics and ongoing approach to sustainability. We will continue to take an intentional approach to stakeholder engagement efforts and take action on the feedback we receive.

Consumers

We conducted a comprehensive online survey to learn more about the ESG issues most important to our consumers.

Employees

We encouraged employees to participate in three formal surveys in which they shared opportunities to improve their work experience.

Customers and Health Care Professionals

We invited key customers to participate in one-on-one meetings with UnitedHealth Group leaders to better understand how we can work together more effectively.

Peer Companies

We collaborate with peers through the National Academy of Medicine to better understand priorities for the health care industry.

Suppliers

We engaged key suppliers in one-on-one conversations to better discuss relevant ESG issues.

Policymakers

We engaged regularly with policymakers through meetings, lobbying activities, conferences and industry association participation.

Shareholders

In addition to our annual report, shareholders meeting and annual investor outreach, we regularly communicated with investors regarding financial performance and ESG issues. We engaged deeply with our investors to ensure we are driving long-term value.

Community-Based Partners

We engaged with community-based partners on a regular basis through one-on-one meetings with key partners, grant-making and volunteer efforts.



Our sustainability priorities

Assessing our sustainability priority issues is a continuous process informed by ongoing engagement with our stakeholders. We understand stakeholder priorities may evolve over time, and in 2021 we strengthened our processes to understand their perspectives on an ongoing basis. Please see [page 14](#) for a full discussion of our stakeholder engagement.

Although the priorities of each stakeholder may vary, there is a common expectation that UnitedHealth Group has the responsibility and capabilities to address the most pressing challenges facing the health care system. We focus our work and report on the following topics.

Helping to Build a Modern, High-Performing Health System

- Health Equity
- Expanding Access to Care
- Improving Health Care Affordability
- Enhancing the Health Care Experience
- Achieving Better Health Outcomes
- Building Healthier Communities

Environmental Health

- Reducing Carbon Emissions
- Reducing Waste
- Water Management

Our People and Culture

- Diversity, Equity and Inclusion
- Pay Equity
- Employee Health and Well-Being
- Training and Development

Responsible Business Practices

- Corporate Governance
- Compliance and Ethics
- Data Privacy and Cybersecurity
- Supply Chain Management
- Supplier Diversity



A close-up photograph of a young child with dark skin and curly hair, smiling broadly and holding the hand of an adult. The adult's hand, adorned with several diamond-encrusted bracelets, is visible on the left side of the frame. The child is wearing a dark blue cardigan over a red shirt. The background is a soft-focus green, suggesting an outdoor setting.

Building a Modern, High-Performing Health System

UnitedHealth Group and our distinct, yet complementary, businesses of Optum and UnitedHealthcare are working to help build a modern, high-performing health system with improved access, affordability, outcomes and experiences.

50M

people served through UnitedHealthcare's portfolio of products.

60M+

people served through Optum Rx in 2021.

2.2M+

people served through value-based care arrangements by Optum Health.



A modern, high-performing health system anticipates the needs of its consumers with systemwide collaboration, supported by value-based arrangements that coordinate every aspect of patient care. It is responsive to the most urgent health issues, focusing on driving measurable outcomes for local communities and the people it serves, while lowering costs across the system. It is equipped with the data and technology to facilitate better decision-making and better experiences, and a dedicated focus on improving the health of this generation and the next.

We have made significant progress by focusing on consumer needs, collaborating across our business and the health system, and using technology to make health care simpler and easier to navigate. Home-based and virtual capabilities are helping more people access the care they need. Value-based care models are improving patient outcomes and lowering the total cost of care. A whole-person approach to behavioral and medical care is driving better health outcomes. Our health system partnerships are creating greater efficiencies while helping providers focus on providing high-quality patient care.

But there is still work to do. Our fragmented health care system is still difficult to navigate for many. Costs remain an impediment to accessing care, particularly for those in underserved communities. Long-standing disparities in care have led to unequal outcomes for various populations.

We have the opportunity to address today's challenges through the impact of our work across UnitedHealth Group and our mission to help people live healthier lives and help make the health system work better for everyone — not just for the 147 million people our company serves, but for anyone who interacts with the health care system.

15M+

people nationwide supported with personalized navigation.

35%

lower costs for Medicare Advantage members served by Optum Health physicians in value-based arrangements.

What we're focused on

Advancing Health Equity: By focusing on data, organizational strategy, programmatic response and community partnerships, our work to advance health equity is rooted in our mission, embedded in our enterprise strategy and connected to the growth of our business.

Achieving Better Health Outcomes: By taking a holistic approach to care delivery, we are working to reduce the burden of chronic disease, provide comprehensive, evidence-based behavioral health care, and address social determinants of health with community partnerships.

Expanding Access to Care: Reflecting our belief that everyone should have access to high-quality, affordable care, our integrated care models and virtual and home-based capabilities are helping more people get the care they need where and when they need it.

Improving Health Care Affordability: We are focused on reducing the total cost of care across the health system by advancing value-based care models, optimizing site of service and working to lower prescription drug costs.

Enhancing the Health Care Experience: We're working to create a seamless, simple experience for consumers and providers with personalized navigational support and streamlined health care payments, and by partnering with health systems to provide better care for the communities they serve.

Building Healthier Communities: We are combining our knowledge, experience and passion to support the communities where we live and work, partnering with community-based organizations to transform our health system locally, and removing barriers to good health.

Advancing health equity

Health equity is achieved when every person, regardless of race, gender, location or circumstance, has the opportunity to live their healthiest life.



UnitedHealth Group is committed to enabling and delivering equitable care that addresses health disparities and improves health outcomes — an enterprise priority reflected in our mission and supported by our five strategic growth areas.

Ultimately, our company is successful when we are able to improve access to affordable, high-quality care for everyone.

Today, however, there are still far too many barriers to good health disproportionately experienced by people of color, historically marginalized communities and people with fewer economic resources.

Health care inequities are rooted in long-standing disparities in health across a broad range of social and economic factors. High health costs and inadequate access are key contributors. Institutional bias in evidence-based care impacts the health status of different populations. Social determinants of health, such as food insecurity, education level and income, are among the many factors that contribute to widening gaps in health and well-being.

Although the COVID-19 pandemic has brought more attention to health equity, we know disparities existed well before it occurred. The United Health Foundation's inaugural Health Disparities Report, released last year, underscored the depth, breadth and persistence of health disparities across the country. We know women had a 70% higher rate of depression than men between 2017-2019. And adults with less than a high school education had a 123% higher rate of frequent mental distress than college graduates in that same time frame. Racial disparities in maternal health have widened since 2005, with Black mothers continuing to face a disproportionately higher rate of mortality over time.

Deeply rooted disparities cannot be solved through a singular program or initiative. We see the opportunity to advance health equity in nearly every aspect of our ambition to help build a modern, high-performing health system by improving access, affordability, experiences and outcomes for every person it serves.

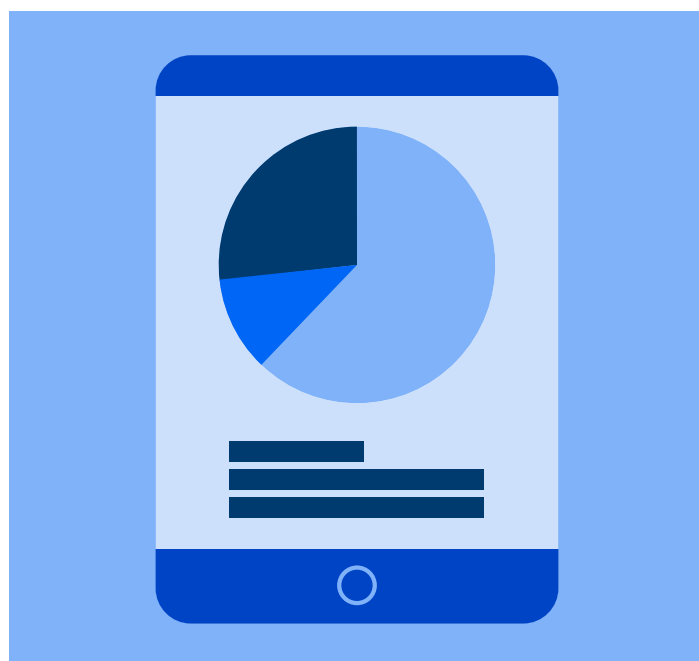
Our health equity focus areas

Health equity is ingrained in our business operations, from our organizational strategy to our population health insights. Our core areas of focus are reflective of the specific areas where we can make significant headway to address long-standing disparities.

Health Equity Data and Analytics

We are leveraging data to drive population-level insights both within our company and across the health system. We are using those insights to set goals and inform our business strategy. For more than 30 years, we have used findings from America's Health Rankings reports, along with additional data and insights from our 350,000 employees, to devise and deliver targeted, meaningful solutions that address America's health disparities — in health care, insurance, clinical expertise and financial support.

We are also working with partners across the health care system to improve data transparency and address social determinants of health. Our diversity, equity and inclusion strategy is informed by the workforce and leadership data across the organization.



Organizational Strategy

Our commitment to advancing health equity is embedded in our mission and supported by senior leaders across the organization, including the Board of Directors. Our chief sustainability officer oversees our health equity agenda, which is informed by data and supported by enterprisewide collaboration and our strategic focus on comprehensive, value-based care delivery, pharmacy services, health benefits, health technology and health financial services.

Community Partnerships

We seek to improve the health of underserved communities by collaborating with community partners and organizations that understand distinct, local population health needs. We are working to assemble partners through grant partnerships overseen by the United Health Foundation, and we are convening like-minded organizations to contribute expertise, knowledge, data and insights that can reduce health care disparities.

Programmatic Response

Our large-scale philanthropic efforts combined with long-standing programs to improve health outcomes seek to address some of the most pervasive health disparities. Our work is focused specifically on access to care, health workforce diversity, social determinants of health and maternal health.

The United Health Foundation is making significant, targeted investments of \$100 million that will measurably advance health equity by 2033.

Building a more equitable future

Throughout this report, we have highlighted the specific ways we are helping advance health equity. UnitedHealthcare Catalyst is using data and community partnerships to develop sustainable solutions to meet local needs. We're caring for an increasingly diverse population in Medicare Advantage, providing in-home assessments and connecting them to support services. We're working to build a health workforce reflective of the communities we serve, both through philanthropic giving and our own diversity, equity and inclusion strategy. Our work to decarbonize our business and the health care sector reflects the fact that certain populations are disproportionately impacted by our changing climate, exacerbating existing health inequities.

Over the last two decades, we have led hundreds of local and national initiatives, and invested millions of dollars in partnerships with like-minded change-making organizations, making advancing health equity part of the fabric of our enterprise. From the development of our clinical policies, to the organizations we partner with across the country, to building a more diverse and inclusive health workforce well beyond our own walls, a drive toward health equity is embedded in who we are and how we operate as a company.



Our commitment

\$100 million to create a new philanthropic program and partnerships that will measurably advance a diverse health workforce by 2033

The United Health Foundation recently announced a \$100 million investment to deepen and scale our efforts in health workforce diversity to achieve meaningful and sustained progress in addressing health disparities and advancing health equity.

Through this commitment we will provide scholarships and support to 10,000 underrepresented current and future clinicians.

Research shows that eliminating health care access disparities for underserved populations is estimated to result in a demand for up to 145,500 additional physicians by 2033. Our investment in a more diverse clinical workforce that better reflects our society and is prepared to provide culturally competent care to all patients can help reduce disparities in health conditions, experiences and outcomes.

Achieving better health outcomes

UnitedHealth Group is committed to improving health outcomes and reducing the burden of disease.

We provide a holistic approach to care for those with chronic, complex or behavioral health conditions that require more coordinated care.

We are helping to achieve better health outcomes by:

- Delivering comprehensive behavioral health services with health benefits that treat the whole person with high-quality, supported care.
- Addressing social determinants of health with data-driven insights and community-based partnerships designed to reduce health disparities.
- Managing chronic disease with personalized pharmacy services and a whole-person approach to care management.





Comprehensive behavioral health care

An estimated 1 in 4 American adults are affected each year by mental health disorders. There has been a clear and growing need for more comprehensive behavioral health care amid the COVID-19 pandemic, with 1 in 3 adults reporting symptoms of anxiety or depression, compared to 1 in 10 in 2019, and 13% of adults reporting new or increased substance use to manage stress.

UnitedHealth Group is addressing behavioral health challenges by delivering wraparound health benefits that treat the whole person with high-quality, supported care. Clinical and behavioral care are addressed in coordination with support from virtual, pharmacy and in-person services.

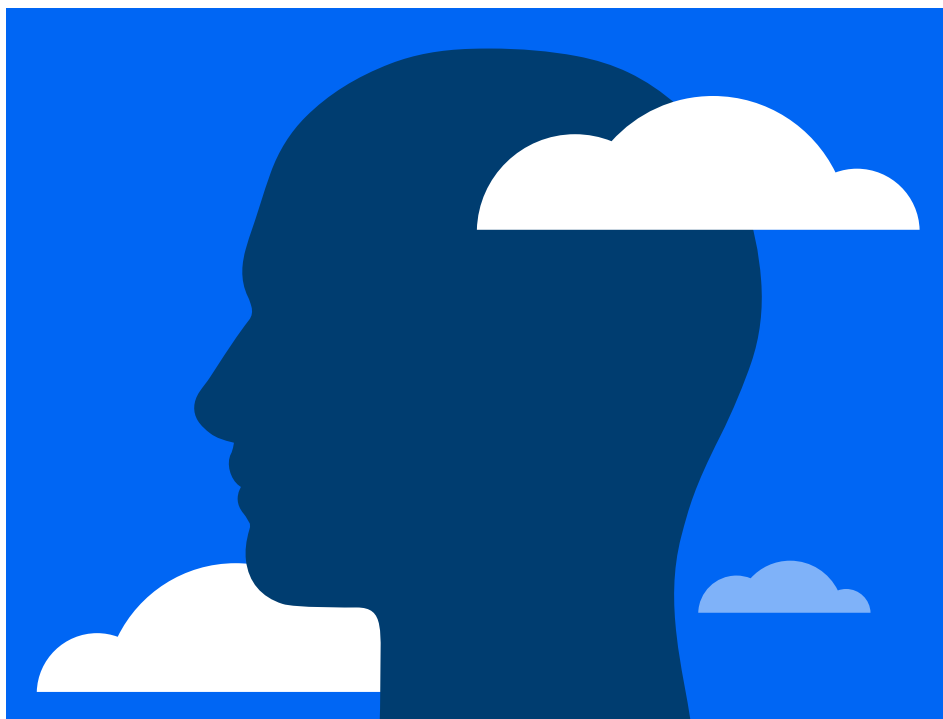
Our network of 300,000 behavioral health providers serves 37 million individuals, with additional support through on-demand clinical capabilities and digital self-care tools.

12%

increase in behavioral health providers since 2020.

15M

behavioral virtual visits in 2021.



Our integrated approach to medical and behavioral care is demonstrated through more than 600 clinically integrated community pharmacies co-located within community mental health centers that work to bridge the gap between behavioral and medical care to better serve individuals with mental illness, substance use disorders and other complex conditions.



“I now have 19 medications for my daughter, a stroke victim, from four different doctors and a certified nurse practitioner. [The pharmacists] recommended the pill pack due to the difficulty of correctly taking a large number of pills at various times of the day. This has been an answer we needed to solve a real problem.”

Family member of a community pharmacy patient, Wentzville, Missouri.

In addition to pharmacy, these facilities provide access to a range of services and can include primary care, labs, imaging and support from social workers who can connect patients with food banks, transportation and other community support services. Community pharmacies have driven better outcomes for underserved populations, with higher medication adherence, while significantly reducing emergency room visits and hospitalizations.

Beyond care delivery, we are helping achieve better behavioral health outcomes by investing nearly \$30 million in more than 20 states and Washington, D.C., since 2019. These strategic philanthropic grants and community partnerships are designed to improve access to behavioral health services, including substance abuse treatment, and to grow and diversify the behavioral health workforce pipeline.

Children and teens in particular have struggled with mental health challenges, according to the 2021 Health of Women and Children Report by America's Health Rankings that showed a 21% increase in the number of children reporting anxiety and a 26% increase in teen suicide.

To meet the growing need, we partnered with local organizations like Valle del Sol in Arizona to establish mobile medical units providing psychiatry, behavioral health and primary care services to nearly 11,000 children at local schools and foster homes over the next three years. In Wisconsin, our partnership with Children's Wisconsin established a crisis response team in the emergency department available 24/7 for children with acute mental and behavioral health needs.

We have partnered with the University of San Francisco and the University of San Diego to build a diverse pipeline of child and adolescent psychiatrists by creating new educational opportunities and providing students with financial support, which enables them to pursue a career to address the distinct mental health needs of children and young people.

Community pharmacy impact

90%

medication adherence.

18%

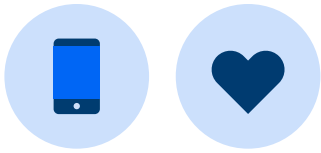
fewer emergency room visits for behavioral health patients.

Behavioral health partnership impact

13%

fewer repeat ED visits for behavioral health issues through Children's Wisconsin partnership.





Addressing social determinants of health

Social determinants of health (SDOH) are factors that influence a person's health and well-being, including housing, food and transportation. Too often, underserved communities have limited resources in these areas to provide a supportive environment for a healthy population. Connecting those communities to the right social services can help address health disparities by closing gaps in care.

Collaboration with community partners is vital to addressing community needs, improving health outcomes and reducing health disparities. UnitedHealthcare's Catalyst initiative is a distinctive community partnership model that works with the Council of Large Public Housing Authorities, public housing agencies, federally qualified health centers and local community-based organizations to improve health outcomes and reduce health inequities.

UnitedHealthcare and its partners analyze claims, health care utilization and local data to identify communities with large racial and health disparities and challenges. Working together, UnitedHealthcare and its partners develop common goals and collaborative interventions that enable each organization to leverage its capabilities to address local health challenges.

Alicia,
UnitedHealthcare member,
Phoenix, Arizona



80%

of a person's health is influenced by what happens outside a clinical setting.

92M+

people in the U.S. live with incomes 200% below the federal poverty level.

UnitedHealthcare Catalyst impact

22

communities participating — 10 with public housing authorities.

40

community partners engaged.

1.5M

Medicaid members reside in counties where community partnerships were launched.

SDOH impact

61M+

pounds of food distributed
in 2021.

\$800M

invested in affordable housing since 2011.

1.9M+

individuals served through
food programming in 2021.

“Optum and UnitedHealthcare worked with me and advocated for close to four years to finally help me get housed with services to help me live independently, which I did not think I would ever be able to do.”

Adam Burns, a member who received psychological, social services and housing coordination help through Optum and UnitedHealthcare

710K+

people referred to social
services through community-
based partnerships in 2021.





Managing chronic disease

Treatment of chronic conditions accounts for more than \$1 trillion in direct health care costs each year, and the prevalence of chronic disease continues to grow. We are helping patients with complex needs achieve better outcomes by taking a whole-person, integrated approach to care management.

Beginning in 2021, UnitedHealth Group, including the United Health Foundation and UnitedHealthcare, is investing \$4.5 million to increase access to health care, improve health outcomes and advance health equity in communities across Oklahoma, a state that ranks 42nd in the U.S. in access to primary care providers, and 43rd in multiple chronic conditions, particularly among Native Americans, according to America's Health Rankings. Local partnerships are providing integrated services for people with diabetes and comprehensive geriatric care for Native Americans, and supporting people experiencing trauma, food insecurity and social isolation.



Impact in Oklahoma

80%

of the 3,800 patients served now have controlled diabetes.

1.6K+

patients 65+ screened for depression in 2021.

100K

meals provided in 2021.

Medication management is a critical part of caring for people with complex or chronic conditions, as they often require multiple drugs or treatments for rare diseases. To help consumers manage complex medication regimens, our personalized multidose packaging solutions support adherence and better health outcomes. These solutions are integrated into Optum Rx's home delivery operations and have seen a meaningful increase in medication adherence.

For people prescribed high-cost medications for complex conditions, such as cancer and diabetes, our specialty pharmacy business provides access to limited-distribution drugs, a supportive care provider experience and disease-area expertise. Through Optum Infusion Pharmacy, our network of more than 1,100 nurses delivers infusion therapy in patient homes as well as community infusion suites, providing patients with easier, more convenient access to therapies that typically treat chronic or serious disease. We use advanced analytics to ensure drugs are administered at the most appropriate and cost-effective site of care.

Our commitment

Close 600 million gaps in care for our members by the end of 2025.

Our progress

110M

600M

In 2021, we closed approximately 110 million gaps in care toward our commitment to close 600 million gaps from 2021 through 2025. Overall gap closure rates were impacted by the reduced level of preventive care during the pandemic. We worked to mitigate this by increasing in-home visits and member outreach activities.

The 600 million gap closure target was based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) measures established by the National Committee for Quality Assurance (NCQA).

Home delivery outcomes for consumers taking multiple medications

~90%

adherence rates for 30-day prescriptions compared to 60%-70% at retail pharmacies.

17%

higher savings compared to retail.

12%

higher NPS.

Expanding access to care

UnitedHealth Group is committed to helping ensure every person has access to high-quality, affordable care that meets their unique health care needs and financial means.

We are expanding access to care by:

- Maintaining a commitment to achieve universal coverage in the United States by building on existing, proven coverage platforms.
- Building seamless, integrated care models that combine virtual, primary, specialty, behavioral and post-acute care.
- Bringing care into the home with in-home assessments, drug delivery and post-acute care planning.
- Connecting people to care through virtual services that can lead to better health outcomes.





A seamless system of integrated care

Our integrated care models that bring together primary, specialty, behavioral, post-acute and home-based care enable us to provide individuals with the services they require when and where they need them.

With more than 60,000 dedicated physicians, Optum Health's care delivery businesses serve nearly 20 million patients with a wide range of services including primary, specialty, urgent and surgical care. Primary care physicians are the anchor point for all patient care and are empowered with the latest information, insights and best practices to help them efficiently coordinate care, manage referrals and identify higher-quality, lower-cost options. This approach strengthens the critical provider-patient relationship and streamlines access to care.

Through its Dual Special Needs Plans (D-SNP), UnitedHealthcare provides services for nearly 1.3 million Medicare and Medicaid members, who often have multiple chronic conditions and limited incomes. Members benefit from our clinical programs that support the whole person by taking an integrated approach to care management based upon a comprehensive view of a person's needs, ensuring any medical, behavioral, pharmacy, social and environmental support needs are addressed.

D-SNP benefits include dental, hearing and eye care, in-home clinical care and social services, behavioral health consultations, and access to up to \$225 per month for covered over-the-counter products and groceries, such as vitamins, first-aid items and healthy foods.

UnitedHealthcare's provider network

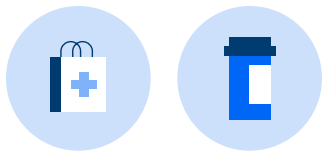
1.5M

physicians and health
care professionals.

7K

hospitals.





Home and community care

Increasingly, expanding access to care means bringing personalized care into the home, particularly for patients with complex medical, behavioral and social needs. Shifting care into the home can drive better health outcomes, access and experiences, particularly for vulnerable members with physical limitations and those who live in rural and underserved areas.

For people in our Medicare Advantage plans, HouseCalls is a key element of our approach to primary care delivery, providing comprehensive in-home clinical health and wellness assessments by advanced practice clinicians to identify health conditions and close gaps in care. The ability to engage patients in their home provides better visibility into members' diagnoses, medications and overall health.

Available across the nation, HouseCalls provides Medicare Advantage members with an in-home annual medical exam that includes a complete health history, a physical exam, the identification of health risks and gaps in care, and the development of an individualized care plan that is shared with the member's primary care physician. Members are also assessed and referred to social services for needed assistance with determinants of health, including food, medication and housing affordability, transportation issues and employment assistance.



HouseCalls impact

“[The HouseCalls team] has come in and made it a lot easier for us to maintain our health. They’re able to write prescriptions for us right from [home] and we don’t have to call our PCP or a specialist. It’s made life a lot easier for us.”

Daniel Parker, HouseCalls patient with multiple chronic health conditions



99%

satisfaction rate.

2M+

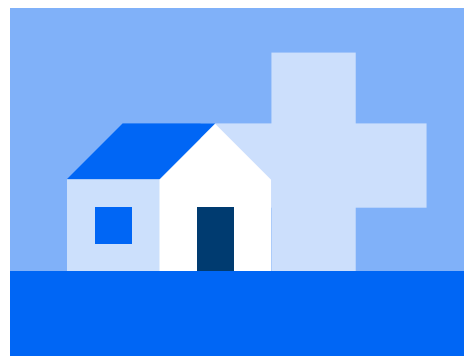
in-home clinical visits
in 2021.

76%

of members who have an in-home visit have a physician's office visit within 90 days.

323K+

social determinants of health
referrals completed.



For those transitioning home from the hospital, our post-acute care planning and coordination works to bring together physician advisory services, hospital medicine, emergency medicine and transition care to help individuals recover faster. Nearly 10 million people benefit from post-acute care planning that provides personalized care for their physical, mental and social needs.

Our whole-person approach to home-based care delivery includes diagnostic testing and pharmaceutical services. Recognizing that early detection and preventive care drive better health outcomes, UnitedHealthcare's Medicare business brings members in-home testing for hepatitis C and prediabetes, two diseases that lead to poorer outcomes if not detected and treated early.

Real-time results from in-home testing allow our nurses to immediately connect members to the appropriate resources or follow-up care, with approximately three-quarters of those with a positive test visiting their primary care provider within 180 days.

Our pharmacy services strategy extends the most common health care touch point into the home. Through pharmacy home delivery, we're providing seamless prescription refills and personalized multidose packaging solutions that help consumers manage complex regimens of medications, supporting medication adherence and better health outcomes.



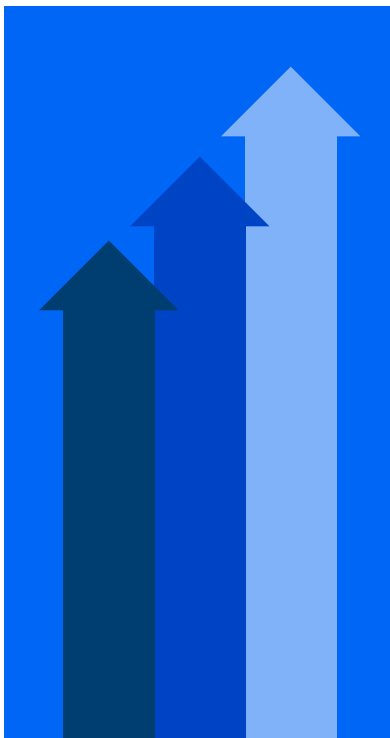
Post-acute care planning impact

90%

member satisfaction.

25%+

reduction in costs.



In-home testing impact

1M

members offered in-home tests
for prediabetes and hepatitis C.

28%

screened in the prediabetic range.

Pharmacy services impact

60M+

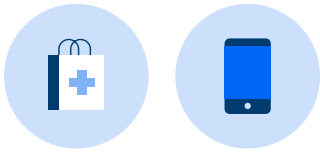
members eligible for home
delivery pharmacy benefits.

75+

consumer NPS score for
multidose packaging.

330K+

home infusion visits per year.



Connecting people to care

UnitedHealth Group is developing and advancing technology to help connect people to care where and when they need it. Our integration of virtual and in-person services provides a more accessible, personalized and seamless care experience.

Our Optum virtual care platform enables patients to connect with their own care provider from anywhere. It facilitates telehealth capabilities and broad access to Optum's physicians, community-based clinics, pharmacies and home health services in all 50 states.

UnitedHealthcare's virtual-first health plan empowers members to connect with Optum's virtual-based care team for help with everything from urgent care to primary and behavioral health care services. Care team support is provided 24/7 via message, chat, phone or video.

Fully integrated, connected care must address behavioral health, and today we deliver nearly two-thirds of our behavioral services in a virtual setting. We support individuals with structured, measurement-based mental health care through a suite of virtual solutions supported by licensed clinical social workers and coaches to help members with mild to complex behavioral health needs. Similarly, our self-guided app offers on-demand digital treatment support for stress, anxiety and depression, providing clinically validated techniques and tools to more than 150,000 monthly active users.

15M

virtual visits to address behavioral health needs in 2021.

94%

of virtual visits provided by local providers.

Our commitment

85% of our members will receive preventive care services annually by 2030

Our progress

69%

85%

In 2021, 69% of our members received preventive care services. Consistent with national trends, preventive care declined from 2019 as the COVID-19 pandemic disrupted care patterns. We took many steps during the pandemic to ensure people were able to access the care they needed, such as expanding telehealth access, increasing provider incentives to complete preventive care and increasing access to in-home care.

We continue to enhance our digital tools and navigation support to help people identify the screenings and care providers they need. We are accelerating the shift to value-based care arrangements with providers where there is strong alignment to coordinate and prioritize preventive care services.

We expect the level of preventive care services to rise in 2022, 2023 and beyond.

Improving health care affordability

UnitedHealth Group is committed to helping reduce health care costs at an individual and system level.

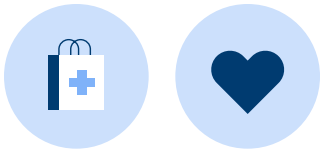
With health expenditures expected to reach \$6.8 trillion by 2030, we are collaborating across the health system to make health care more affordable for everyone.

We are improving health care affordability by:

- Advancing value-based care models designed to improve care coordination, drive better outcomes and lower the total cost of care.
- Optimizing site of service with transparent tools that help consumers access the right care at the right time and place.
- Lowering drug costs — particularly high-cost specialty drugs — with comprehensive and transparent pricing and by building a better, more affordable experience across medical and pharmacy benefits.



We have the opportunity to address today's challenges through the impact of our work across UnitedHealth Group and our mission to help people live healthier lives and help make the health system work better for everyone — not just for the 147 million people our company serves, but for anyone who interacts with the health care system.



Advancing value-based care delivery

Our work to improve health care affordability begins with advancing a value-based system that incentivizes providers to deliver high-quality, coordinated care — improving outcomes and experiences and lowering costs.

UnitedHealth Group's care delivery business is focused on advancing an aligned, reliable organization that puts clinical quality and patient safety at the center of everything we do. It starts with a commitment to a sustainable, engaged, high-performing workforce that is continuously learning and improving. We are also working to leverage new insights, best practices and innovation to help improve value and total cost of care, and to achieve our goal of a best-in-class quality care model for our members and patients.

Through the combined capabilities of UnitedHealthcare and Optum, we're helping care providers move toward a truly value-based system of care so they can focus on what's most important: their patients' health.

Optum Health is at the center of accelerating that transformation from a fee-for-service to a value-based system of care delivery. Optum Health serves more than 2.2 million people through value-based care arrangements, where providers are paid based on the quality of care they deliver rather than the volume of services. By integrating primary, specialty, urgent, post-acute, behavioral and ambulatory care, Optum physicians care for the whole person, leading to 25% fewer hospital readmissions.

Our work to lower the cost of care is particularly impactful in the Medicare Advantage program, which serves an increasingly diverse and clinically complex population, where more than half of older adults live on less than \$24,500 per year. Studies show that older adults in Medicare Advantage save 40% in out-of-pocket costs compared to fee-for-service Medicare, with better health outcomes. Additionally, Medicare Advantage provides comparable benefits to fee-for-service Medicare at over 20% lower medical costs. In our highest performing Medicare Advantage markets, medical costs are more than 30% lower than fee-for-service Medicare.

111%

growth among diverse populations in Medicare Advantage enrollment since 2013.

Compared to fee-for-service, Medicare Advantage members served by Optum Health physicians in value-based arrangements saw

33%

fewer days in the hospital.

40%

less emergency department use.

35%

lower costs.

Our work to accelerate the shift to a value-based system of care extends beyond UnitedHealthcare and Optum. By partnering with more than 119,000 providers and nearly 900 hospitals in our accountable care organizations (ACOs), UnitedHealthcare is lowering costs for Medicare, Medicaid and commercial members, while putting the consumer at the center of the health care experience. Those partnerships seek to incentivize behaviors that will drive better outcomes and reduce the total cost of care, supported by technology that provides member-specific recommendations and refers patients to high-quality, cost-effective care providers.

Overall, more than 14.4 million UnitedHealthcare members access care from physicians in value-based arrangements designed to manage health care costs and improve the patient experience.



**ACO member outcomes
(compared to those not
served in an ACO)**

16%

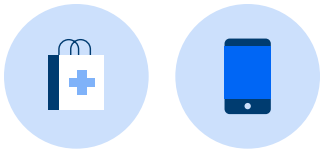
more preventive breast, cervical
and colorectal cancer screenings
among commercial ACO members.

70%

higher rates of annual primary care
visits among Medicare ACO members.

15%

fewer emergency room visits among
Medicaid ACO members.



Optimizing site of service

Part of our work to advance a value-based system of care is rooted in the meaningful opportunity to drive better outcomes and greater affordability for consumers and the health system by helping people access high-quality care in a low-cost setting.

Our research shows that shifting routine outpatient procedures from a hospital outpatient department to a lower-cost ambulatory surgery center (ASC) would reduce costs by 59% on average and save consumers \$684 per procedure. Simply shifting appropriate care from hospital outpatient departments to ASCs could [save the health system \\$75 billion](#) over the next decade.

Optum Health's integrated direct care delivery platform is focused on optimizing site of service at more than 2,000 primary, specialty, urgent and surgical sites. More than 60,000 physicians provide care through an integrated national care delivery network that includes 24/7 virtual care as an extension of our physical care delivery locations.

Integrating real-time patient information into the physician workflow is one way to help patients access lower-cost care options and identify potential care opportunities.

More than 637,000 health care professionals use UnitedHealthcare's Point of Care Assist, which integrates site of service cost data into existing electronic medical records. Clinicians can instantly see member-specific price estimates for specialty, lab and radiology services, giving patients more insight into decisions that can affect their out-of-pocket costs.

Point of Care Assist impact

637K+

providers use Point of Care Assist.

120M+

transactions in 2021.



Our commitment

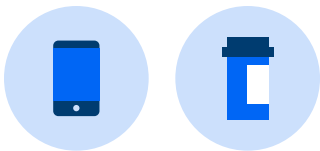
55%+ of outpatient surgeries and radiology services among our members will be delivered at high-quality, cost-efficient sites of care by 2030

Our progress

50% 55%

In 2021, close to 50% of outpatient surgeries and radiology services among all domestic people served were delivered at high-quality, cost-efficient sites of care. The percentage of care delivered at these sites for our commercial fully insured and self-funded members increased, while the percentage for members served through government programs remained relatively stable.

We continue to increase the penetration and capabilities of our physician point-of-care tools to help guide patients to the most appropriate high-quality, low-cost care setting. We are also enhancing our consumer transparency digital tools to help members identify these settings and understand the relative cost impacts.



Lowering drug costs

Nearly two-thirds of U.S. adults take at least one prescription medicine, making the pharmacy the most frequently used touch point in all of health care. Three in 10 Americans say they haven't taken their medicine due to costs.

We understand drug costs matter to everyone — from those taking a generic medication to manage a chronic condition, to individuals accessing a novel therapy. We are actively working to reduce those costs across the system for consumers, employers and governments.

Specialty drugs used to treat patients with complex conditions make up more than half of all drug costs and are projected to reach \$505 billion in annual spending by 2023. Optum Rx is helping providers identify the best treatment regimen, weighing clinical and financial information to help customers have a better, more affordable experience across their medical and pharmacy benefits.



Optum Specialty Fusion offers a first-of-its-kind specialty medication management solution to simplify care for patients with complex conditions and lower the cost of expensive specialty drugs by allowing care providers to compare dozens of clinically appropriate, lower-cost options. Selecting a lower-cost, therapeutically equivalent immunosuppressive drug, for example, could save an average of \$700 per prescription.

A growing pipeline of new therapies has the potential to change medical care for individuals with rare diseases and few or no treatment options. We seek to organize and develop solutions to help patients access life-changing medications using capabilities such as outcomes-based contracting, utilization management, networks, distribution solutions and risk management.

Beyond specialty medications, we are investing in solutions that provide consumers with simpler, more transparent information at the pharmacy counter. Actionable, real-time health information makes it easier for patients and their physicians to make the best possible care decisions. Transparency tools at the point of care provide patients and prescribing physicians with access to information about which drugs are covered by a patient's health plan, how much it will cost at the pharmacy counter, or if a lower-cost alternative is available.

Members benefit from better drug pricing transparency through Optum's PreCheck MyScript tool, which delivers real-time, personalized prescription information to lower costs for consumers. Nine in 10 prescribing providers have access to PreCheck MyScript, which instantly shows providers how much a drug will cost and recommends equally effective, lower-cost alternatives, leading to better medication adherence rates for those with diabetes, high cholesterol and hypertension.

MyScript Finder puts similar information into the hands of consumers through the Optum Rx mobile app, providing clinically appropriate, less expensive options with exact cost information. Members can also see different pricing options for home delivery and individual retail locations. We provide the same transparency and affordability to those without health benefits via a cash card that provides prescription drug discounts at more than 64,000 pharmacies.

Optum Specialty Fusion impact

17%

medical and pharmacy savings through Optum Specialty Fusion.

\$700

average drug savings per prescription on immunosuppressive drugs.

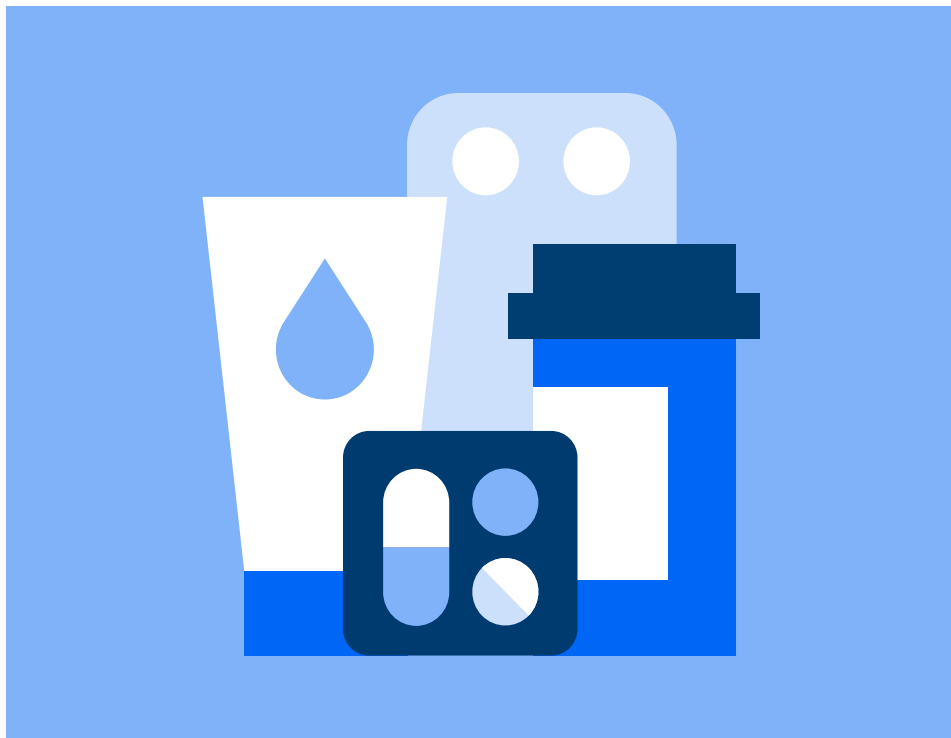
PreCheck MyScript impact

70%

year-over-year increase
in provider usage.

90%

of prescribing providers
have access.



MyScript Finder impact

\$38

average savings per
prescription among members.

\$19M

in plan savings when
members switch to a
lower-cost alternative.

\$10M

member savings when switching
to a lower-cost alternative.

Enhancing the health care experience

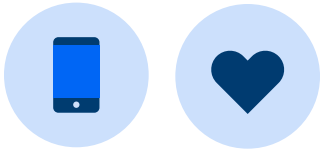
UnitedHealth Group is working to build a simpler, less stressful health care experience that is more accessible, more affordable and easier to navigate, enabling people to live healthier lives.

We are dedicated to creating a seamless system for those who experience, provide and pay for care by offering distinctive tools and services to help people navigate and interact with a complex health system.

We are enhancing the health care experience by:

- Designing a system that is easier to navigate, with seamlessly integrated direct-to-consumer offerings and personalized support for those with complex health conditions.
- Partnering with health systems to improve community health, creating greater efficiencies and allowing providers to focus on high-quality patient care.
- Simplifying health care payments for consumers and providers with modern technology that seeks to transform how people and organizations save, spend, invest and pay for health care.





Designing a system that's easier to navigate

We strive to offer a consumer-focused, seamless experience for those accessing care, whether through an annual well-visit or complex surgery.

In 2021, we launched a centralized, direct-to-consumer marketplace, available to all Americans, that combines a cash pharmacy, virtual visits, diagnostics and more, to address pharmaceutical, behavioral and clinical care needs.

Through our online marketplace, people can access a same-day visit with an Optum virtual care provider for as little as \$55, or bundle mental health subscriptions to manage depression and anxiety for as little as \$9 per month. Users can find upfront, consistent pricing for more than 900 prescription medications, receive free shipping and save up to 78% on the most commonly used medications.

Once people have accessed care, they often need support to navigate the system, access health care information and make decisions. More than 15 million people nationwide are supported by UnitedHealthcare's Advocate4Me model, which leverages data and technology to provide a simpler, personalized health care experience.

Members are matched with an advocate equipped with real-time data that provides a 360-degree view of the person's health. Artificial intelligence tools quickly review individual plan documents and provide more accurate and comprehensive information. Predictive analytics proactively identify members with social needs, allowing advocates to connect them to low- or no-cost community resources.

Advocate4Me impact

91%

member satisfaction.

50%+

of members accepted social services support.



Trustworthy care families can depend on

People with complex or specialized health care needs require even more support in navigating the health system and coordinating care. UnitedHealthcare's Special Needs Initiative and Complex Care Concierge were created for children and adults who need the most support, including those with Down syndrome or rare genetic diseases such as cystic fibrosis, muscular dystrophy and inherited types of cancer. More than 163,000 families have been paired with a trusted care advisor who coordinates care to create a seamless experience.



Rachel (center), a member with cystic fibrosis, with her family and **Jodie** (left), their UnitedHealthcare family advisor, Special Needs Initiative

Improving clinician wellness and reducing burnout

Nearly half of U.S. physicians reported feeling burned out last year across all specialties. High rates of emotional exhaustion, depression and anxiety have been reported among health care workers after more than two years of responding to the COVID-19 pandemic.

UnitedHealth Group is focused on improving the provider experience by supporting the mental well-being of clinicians.

- Optum is working to reduce burnout and improve the provider experience by automating processes, investing in clinical platforms that remove administrative barriers, and simplifying workflows at the point of care. As a result, Optum clinicians experience a 12% lower burnout rate than national averages.
- Through a partnership with the American Nurses Foundation, the United Health Foundation has helped build a virtual support system to recognize nurses' contributions to fighting the pandemic. Grant funding has also helped support mental health programming for more than 154,000 nurses.





Simplifying health care payments

Improving the health financial services sector by streamlining payments for providers, payers and consumers is fundamental to reducing friction in the health system. By focusing on health financial services, we are working to improve health and financial well-being, transforming how people and organizations save, spend, invest and pay for health care.

Optum Financial supports consumers with more than 8 million health savings accounts and has relationships with more than 2 million care providers. With out-of-pocket health care expenses expected to reach nearly \$480 billion by 2024, our capabilities are designed to help consumers pay for care with health savings and spending accounts, advanced financial education tools and consumer engagement and payment services, and self-service tools that make it easier to manage and save money.

UnitedHealthcare's Care Cash, a reloadable debit card, helps guide consumers to eligible care, including virtual visits, physicians that meet quality and cost-efficiency standards, and primary and urgent care.



For UnitedHealthcare members, the newly released UCard combines the health plan ID, over-the-counter benefits, healthy food benefits and rewards into an all-in-one member card that can be used to check into the doctor, shop for healthy food and spend reward dollars. More than 6 million Medicare Advantage members are expected to have the UCard by 2023.

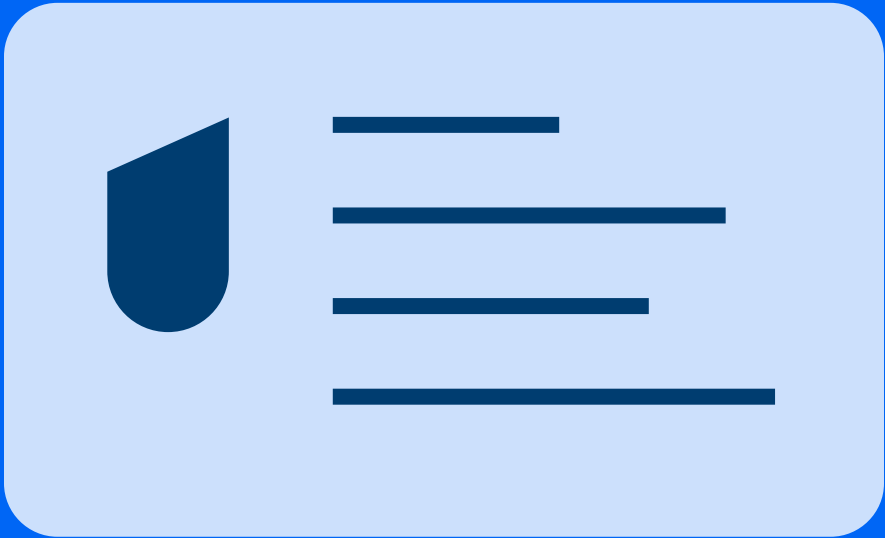
The same bias for simplicity extends to providers. We believe integrating the end-to-end health banking and payments experience will help providers be paid accurately more often, faster and with less administrative burden, making payments simpler, more convenient and more affordable for consumers.

Optum Financial is building a frictionless health payment system to give providers more time and resources to care for their patients. Optum Pay accelerates claims payments, improves accuracy and reduces administrative work.

Optum Pay impact on providers

83%
reported improved cash flow.

79%
reported improved administrative
and office efficiencies.



Building healthier communities



At UnitedHealth Group, we combine our knowledge, experience and compassion — as a company and as individuals — to support the communities where we live and work. To help ensure every person, regardless of race, gender, sexuality, age, location or income, can receive the care they need when they need it, we partner with like-minded organizations on efforts to transform our health system and remove barriers to good health.

Through our business and foundations, we have provided over \$1.2 billion in charitable donations since 2000. We do this through philanthropic grants, in-kind contributions and disaster relief efforts, and by supporting our employees who contribute their resources and volunteer their time to important causes around the world.

Our philanthropic giving and charitable commitments span UnitedHealth Group, Optum and UnitedHealthcare, as well as our charitable organizations, the United Health Foundation and the UnitedHealthcare Children's Foundation.



Hurricane Florence Aid, Wilmington, North Carolina



Polar Plunge, Special Olympics

3.7M

United for Giving employee
volunteer hours in 2021.

\$47M

United for Giving contributions —
employee match and giving rewards
in 2021.



United for Each Other

\$122M

contributed in 2021.



YMCA Distribution

\$1.2B

contributed since 2000.

Our impact on communities

Our social responsibility strategy is guided by core areas of focus, including expanding access to care, building and shaping the health workforce, and using data to provide health disparities insights and deliver better health outcomes.

Expanding Access to Community-Based Care

We believe health care happens locally, and improving the health of any community means partnering with and supporting the local organizations that know their communities best. We also know much of what influences care happens outside the doctor's office and medical clinic, contributing to health disparities we see today. In 2021, UnitedHealthcare supported local programs in 18 states and the District of Columbia with Empowering Health grants to help people access healthy food, improve health knowledge and connect to behavioral health care.

Our partnerships also extend into communities that require targeted population health interventions, often for those who have historically faced challenges accessing high-quality care.

In underserved areas of Washington, D.C., facing high rates of child poverty, asthma and obesity, the United Health Foundation and Children's National Hospital Foundation are collaborating on a new, innovative approach to reducing barriers to care and advancing health equity. We are connecting more than 3,000 children and their families to services, bringing together school nurses, behavioral health specialists and mobile medical capabilities to provide well-child visits, vaccinations, and behavioral health and developmental screenings.

Improving Access to Maternal Health Care

The realities of the COVID-19 pandemic have underscored the need for greater attention to the health of women of reproductive age and children, especially women and children of color.

Since 2017, UnitedHealth Group has invested \$14 million in ongoing partnerships in 12 states and Washington, D.C., including nearly \$9 million in new grants in 2021 to address maternal and infant health issues across the country. These philanthropic programs are designed to target at-risk populations and improve access to care with a focus on prenatal and perinatal health, infant health, workforce development, and mental and behavioral health.

Annually, an estimated 500 underserved perinatal women in Brooklyn are receiving screenings, breastfeeding support and newborn care services through our partnership with CAMBA Inc., which deploys community health workers to family shelters and public housing developments. In Louisiana, UnitedHealthcare is partnering with community organizations to expand access to prenatal and postpartum education, as well as access to transportation, healthy food and housing.

Empowering Health impact

\$40M

grants since 2018.

53M

meals in 2021.

6M

people reached in 28 states plus Washington, D.C., since 2018.

Building and shaping the health workforce

UnitedHealth Group is building and shaping the health workforce with initiatives to advance diversity and cultural competency, develop the health care talent pipeline, improve existing workforce capacity and support skills development for the health workforce of the future.

Promoting Equity and Diversity in the Workforce

We are building a 21st century health workforce equipped to provide culturally competent care to underserved populations. Since the inception of the Diverse Scholars Initiative in 2007, the United Health Foundation has provided more than \$25 million in funding to support over 3,300 scholarships for students of color pursuing careers as primary care health professionals, particularly in underserved communities.

Our work to build a diverse health workforce includes the growing field of health informatics and bioinformatics, where Black, Hispanic and Native American people account for only 7.1% of the workforce. To improve the pipeline for students of color pursuing careers in this field, the United Health Foundation is partnering with Harris-Stowe State University to create a bioinformatics program for undergraduate students at the historically Black university located in St. Louis, Missouri.

Since launching in 2018, Project ENABLE has created an online master's degree program in health informatics with over 50 students currently enrolled, and engaged more than 200 undergraduate students from local Historically Black Colleges and Universities (HBCUs) in in-person and virtual summer training programs.

Improving Existing Workforce Capacity

Research shows that increased access to primary care is associated with better health outcomes, a higher likelihood of receiving preventive care such as immunizations and screenings, early disease detection and treatment, and better chronic disease management. However, more than 25% of Americans do not have a primary care physician, and projected physician shortages underscore the ongoing need to identify new and innovative ways for people to access primary care at a location convenient for them.

Through the United Health Foundation's partnership with the University of Nevada Las Vegas (UNLV) School of Medicine, we have established an integrated training program for medical students to meet the health care demands of a growing and aging population in southern Nevada.

Recognizing the shortage of mental health workers, we are partnering with organizations to grow a diverse pipeline of new clinicians. Our partnership with the Colorado Center for Nursing Excellence is helping 43 currently employed rural Advanced Practice Registered Nurse Behavioral Health Fellows earn a Psychiatric Mental Health Nurse Practitioner (PMHNP) certificate. The partnership will support an estimated 3,000 to 12,000 rural Colorado patients annually, increasing rural clinics' behavioral health care services capacity by approximately 25%.



Meet a UNLV scholar



As a first-generation college student who grew up in an immigrant family, Mayra's goal is to increase access to care for the Hispanic/Latino community, and she is interested in family medicine, pediatrics, or OB/GYN. For Mayra, it's personal: "I intend to improve community health by breaking down the same barriers my parents and I faced."

Mayra Repetto

Providing relief to communities around the world

Recognizing the impact that natural disasters, COVID-19 and geopolitical crises can have on the health of a community, UnitedHealth Group is dedicated to supporting communities around the world during times of need.

Following the devastating impact of Hurricane Ida in September 2021, the United Health Foundation provided \$1 million to help Louisiana residents recover and rebuild. The funds were distributed among four community-based organizations to help local residents with immediate needs like access to food and water, and to support longer-term recovery and rebuilding efforts.

To address the ongoing global impact from the COVID-19 pandemic, the United Health Foundation provided \$1 million in response to the coronavirus crisis in India, which was experiencing an unprecedented public health emergency with record-breaking surges in cases and deaths in May 2021. This donation builds upon the company's global commitment to fighting COVID-19, including a previous donation of \$1.5 million to India. The contribution helped fund the procurement of 2,500 oxygen concentrators, as well as other critical medical equipment essential for treating severe COVID-19 infections.

To support relief efforts in Ukraine, the United Health Foundation provided \$1 million in March 2022, helping children and families access food, water, hygiene kits and psychosocial support, and supporting the Ukrainian Ministry of Health with emergency medical supplies and equipment.

Insights to improve our nation's health

We leverage data that provides valuable insights on the nation's health to drive advancements in the health system.

America's Health Rankings, produced by the United Health Foundation, is the longest-running state-by-state analysis of the nation's health. The data provides an objective measurement of each state's strengths, areas of opportunity, and important insights into health differences among populations, including adults 65 and over, women of reproductive age, infants and children, and those who have served in the U.S. armed forces. This distinctive platform has garnered support from the American Public Health Association and the CDC Foundation, among others, and has been used by policymakers, community leaders and health officials to better understand the specific health concerns in their own communities.

In 2021, AHR released its inaugural Health Disparities Report to document the breadth, depth and persistence of health disparities across the nation, and to provide objective national and state data to inform action for advancing health equity. Building on 31 years of data and reporting, the report highlights the constant and changing contours of disparities across educational attainment, gender, geography, race and ethnicity.

“The America's Health Rankings Health Disparities Report provides a unique, data-driven analysis that identifies disparities not only according to race and ethnicity, but also gender, geography and education level. Through new analyses, this report provides public health officials and lawmakers with state-specific findings on their state's largest disparities so they can plan better strategies to address them.”

Judy Monroe, MD, president and CEO,
CDC Foundation



Helping our employees impact their communities

The people of UnitedHealth Group are passionate about supporting their communities. We support that passion by providing dedicated opportunities for team members to give back and make a tangible impact, either through charitable giving or volunteering.

Employee giving is enabled through our year-round United for Giving program. We support our employees and the causes they are most passionate about by matching their contributions — dollar for dollar — to the community organization of their choice. In 2021, the United for Giving program expanded to include nearly 36,000 eligible employees of companies recently acquired by UnitedHealth Group.

Employee volunteering is another important feature of our United for Giving program. We encourage, support and reward employee community volunteer service by awarding employees who volunteer 30 hours per year with a \$500 grant to the community organizations of their choice.

\$47M

donated in 2021.

18K+

community organizations globally received support in 2021.

3.7M

hours volunteered in 2021.

40%+

employee volunteerism rate.



Youth Farm Grant, Minneapolis, Minnesota



Environmental Health

At UnitedHealth Group, we understand the important role the environment plays in the health of every community. We believe the environment is a key part of what makes the communities in which we live and work sustainable, viable and healthy.

352K

square-foot WELL-certified campus in San Antonio, Texas, phase one scheduled to open in 2022.

A growing body of research shows how closely climate change is tied to human health. Air pollution increases the risk of respiratory infections, heart disease and lung cancer. Extreme heat is linked to increased hospital admissions for cardiovascular, kidney and respiratory disorders. Intensifying wildfires can lead to an increase in emergency department visits for respiratory conditions like asthma or bronchitis.

A healthy planet is the foundation for a healthy society, down to the water we drink and the air we breathe. While every person is impacted by the health of our environment, the impacts of climate change are distributed unequally among disadvantaged populations in the U.S. and around the globe. Communities of color, low-income populations and older adults are among those most likely to feel the impact of climate change, further exacerbating existing health inequities.

Our businesses touch nearly every facet of health care as we work to build a modern, high-performing health system. We have the opportunity to contribute to a stable climate and improve planetary health while building a better health care system for future generations.

What we're focused on

- Committing to the Science Based Targets initiative (SBTi) Net-Zero Standard.
- Leading a coordinated effort to reduce the carbon footprint of the U.S. health system.
- Reducing our paper usage and advocating for the reduction of paper across the health system to the greatest extent possible over the coming years.
- Diverting waste from landfills.
- Ensuring efficient use of water.

Our path to net-zero operations

Recognizing the risks climate change poses to human health, we are committed to setting net-zero science-based emission reduction targets through the SBTi to ensure our actions are based on current climate science.

Over the next 24 months, we will be working with the SBTi to validate near-term and long-term targets. In parallel, we will pursue near-term targets consistent with reductions required to limit global warming to 1.5°C.

Our approach to achieving net-zero operations will rely on direct mitigation of global emissions with minimal reliance on carbon offsets. Specifically, we are focused on:

- Completing an assessment and measurement of our entire footprint.
- Improving energy efficiency in our buildings.
- Investing in the transition to renewable energy.



Our commitments

We believe the environment is a key part of what makes the communities in which we live and work sustainable, viable and healthy. We are minimizing our impact on the environment through long-term commitments that reduce our carbon footprint.

- Commit to the SBTi's Net-Zero Standard.
- Reach operational net-zero emissions by 2035.
- Achieve a 60% reduction in scope 1 and scope 2 emissions by 2030.
- Invest in and source 100% of our global electricity demand with renewable sources by 2030.

Measuring our footprint

For 22 years, UnitedHealth Group has measured its greenhouse gas footprint, and since 2011 we have set emissions reduction goals. We are further advancing our emissions measurement and we are proud to release our first-ever comprehensive scope 1 and 2 inventory, located in the data tables of this report. Our reported emissions have increased in 2021 due to the following drivers:

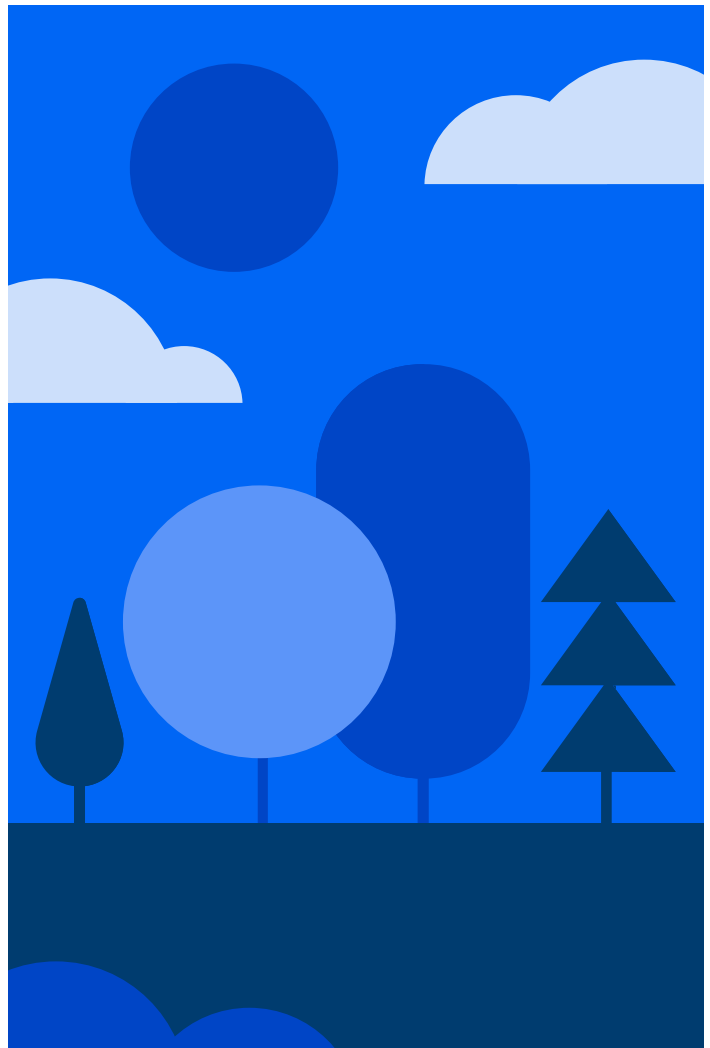
- **Change in boundary:** We reported all our global businesses' and fleet data within our operational control for the first time.
- **Change in methodology:** Sites that were previously reported as scope 3 moved to scope 1 and 2.
- **Portfolio growth:** Through business combinations.

We are currently assessing our scope 3 footprint, which we intend to complete in 2022. We plan to share our most significant categories of scope 3 data in our 2022 Sustainability Report.

In previous years, we disclosed scope 3 categories of waste generated in operations, business travel and employee commuting. Our deeper assessment in 2021 identified our most significant categories as:

- Purchased goods and services
- Capital goods
- Upstream transportation and distribution
- Waste
- Investments

The calculation of our scope 3 footprint combined with the updated scope 1 and 2 greenhouse gas (GHG) footprint will give us a comprehensive baseline, allowing us to commit to setting a net-zero science-based target and make meaningful GHG reductions in the years to come.



Improving energy efficiency in our buildings



To meet our operational net-zero commitment, we are scaling solutions that reduce energy consumption in our entire real estate footprint — ranging from data centers and pharmaceutical distribution centers, to clinical care facilities. This approach includes new construction projects, renovations, collaboration with landlords and simple employee behavior programs.

For example, we are finalizing the construction of phase 1 of a two-building, 352,000-square-foot administrative campus in San Antonio, Texas. Phase 1 is scheduled to open in 2022. It represents what will be the first WELL-certified campus in our portfolio, an industry-recognized attestation measuring a facility's health and human experience attributes through building design and operations. We plan to leverage this experience to inform future construction.

Additionally, we continue to invest in energy efficiency projects, including LED fixture upgrades, HVAC system replacements and Building Management Systems installation.

Supporting the transition to renewable energy



A significant part of our commitment to operational net-zero includes identifying and scaling our reliance on renewable energy sources, which will directly decrease greenhouse gas emissions and improve the health of the communities where we operate.

We are currently evaluating the sourcing of renewable energy across our operations, including on-site and off-site renewable energy production, virtual power purchase agreements and other renewable purchasing options. Examples of renewable energy sourcing could include deploying on-site solar systems on parking garages and rooftops at targeted core facilities, investing in off-site renewable solar and wind development, and other renewable purchasing options available through our utility partners. Our approach provides an opportunity to shift the broader demand for renewable energy in the communities where we operate.

Leading systemic change across the health system

The U.S. health care system is [responsible for 8.5%](#) of U.S. carbon emissions stemming from health care facility operations, energy consumption, and the supply chain of goods and services.

Recognizing the critical need to reduce the carbon footprint of the U.S. health care system, UnitedHealth Group is proud to be part of the National Academy of Medicine's Action Collaborative on Decarbonizing the U.S. Health Sector, co-chaired by our CEO.

This public-private collaborative with leaders from the federal government, pharmaceutical and hospital industries, and health professionals, seeks to address the health sector's environmental impact by focusing on four key areas.

The collaborative seeks to mobilize the health care sector by establishing shared decarbonization goals and evidence-based solutions to protect human health globally and build a more equitable health system.



1. Health care supply chain and infrastructure



2. Health care delivery



3. Health professional education and communication



4. Policy, financing and metrics

Minimizing the use of paper in the consumer and provider experience

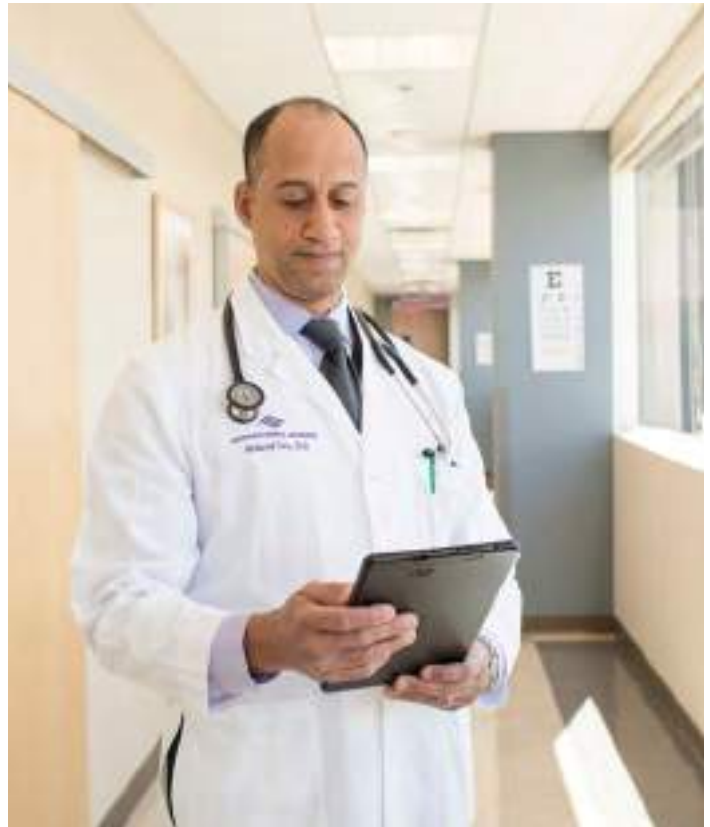
In an increasingly digital world, the average consumer's health care experience too often involves paper. UnitedHealth Group uses 2.8 billion sheets of paper annually to communicate with members.

Beyond the environmental impact, the paper-based experience is often more time-consuming and cumbersome for members. Members are asked to review and return documents by mail or fax, or by scanning and emailing. Paper creates inefficiencies that slow down decision-making for members who expect timely answers about their health.

We are working with a diverse set of stakeholders, including employers, consumers, providers, health equity advocates and the health care industry, as well as regulators and government partners. Of all the paper we generate, we estimate roughly 40% is related in some way to regulatory direction and requirement. Collaboration with government, regulators and others will be critical to reduce or eliminate as much of this usage as possible and create digital solutions and alternatives for paper-based processes.

We are committed to reducing our paper usage and advocating for the reduction of paper across the health system to the greatest extent possible over the coming years. We are working toward providing paperless experiences for consumers and providers — a dual-purpose goal designed to minimize use of energy, water and raw materials while creating a better consumer experience.

Reducing paper usage would also improve the speed and simplicity of our member communications by replacing paper-based communications with digital tools.



Dr. Orr, Optum, Nevada

Diverting waste from landfills

We are dedicated to finding innovative ways to manage waste through prevention, reuse, recycling and disposal.

Our multidimensional approach to minimizing our environmental impact includes ongoing management of our various waste streams, including municipal, construction, electronic, hazardous and regulated medical and pharmaceutical waste.

With our scope 3 enterprisewide waste-associated carbon emissions inventory underway in 2022, our focus on waste reduction remains an important part of our sustainability strategy. Additionally, we are considering an enterprise diversion rate goal for 2023, to be informed by our ongoing comprehensive inventory assessment and several pilots.

- In the Asia-Pacific region, we removed all single-use plastic and paper products in 2021, preventing over 68,000 pounds of waste in a landfill annually.
- Our Optum Technology team manages a successful electronic waste recycle/reuse program that avoided 600,000 kilograms of waste in 2021 by repurposing or recycling electronics, including over 100,000 notebooks and PCs.

In 2022, we plan to implement new solutions to improve efficiency and reduce waste, including:

- Increasing the medication pack sizes carried by Optum Rx home delivery pharmacies, which could lead to the disposal of 546,000 fewer plastic bottles and caps per year.
- Piloting the use of insulated mailers to ship medications that require refrigeration, which could eliminate an estimated 1 million gel packs per year.
- Piloting a reusable, closed-loop medication cooler for pharmacy deliveries that measures the temperature and location of the package, allowing for retrieval and reuse of coolers multiple times per month and reducing the number of reshipments.



Water efficiency and reduction

Water scarcity is an emerging concern in parts of the world, making water conservation a critical but often overlooked global health issue.

Since 2019, we have worked to ensure our facilities use water as efficiently as possible. We conducted a phased U.S. administrative portfolio review in 2018 using LEED water efficiency guidelines to evaluate interior water use and the EPA's WaterSense tool to evaluate exterior water use, incorporating the U.S. Drought Monitor to identify water-sensitive areas. We will be refreshing this study in 2022.

Following that review, we sought to upgrade legacy water fixture systems for more efficient fixtures and fittings, and we continue to evolve our standard project guidelines to water systems that are increasingly more efficient. For example, we saw an 8.6% reduction in water use at legacy U.S. administrative sites that received our touchless water fixture deployment in 2020. We currently deploy water-efficient touchless fixtures in all our construction projects, including our new campus under construction in San Antonio, Texas, which will be WELL-certified.

UnitedHealth Group developed and implemented a holistic water-tracking program for our India real estate portfolio, a region where 91 million people lack access to safe water. We made investments in 2021 to install technology-enabled digital water meters at 14 sites to remotely measure, monitor and influence water usage. The digital water meters measure freshwater and recycled water (used for the flushing of water closets) and will be key in developing future water efficiency goals in this water-stressed geography.

For more information, see our [Environmental Impact Statement](#).



72%

of our managed U.S. administrative square footage met indoor water efficiency measures (using LEED water efficiency guidelines). We plan to conduct this analysis again in 2022 to account for our growing portfolio.

Our People and Culture



Celebrating our people, ideas and experiences and advancing diversity, equity and inclusion



100%

rating in the Human Rights Campaign Foundation's 2021 Corporate Equality Index.

36K

culture ambassadors in 2021.

We are a global team of 350,000 — including doctors, nurses, technologists, data scientists, care advocates, administrators, researchers and more — united by our culture and values: integrity, compassion, relationships, innovation and performance. We strive to create an inclusive and engaging environment in which people can do their life's best work, enabling healthier lives and working to build a modern, high-performing health system through improved access, affordability, outcomes and experiences.

At UnitedHealth Group, we know the extraordinary happens when we value, include and learn from diverse people and perspectives. To ensure our people flourish, we take a data-driven, science-based and human-centered approach to attracting, developing and retaining the world's best diverse talent.

70%

of participants in our Disability Inclusion Internship program converted to employees over the last two years.

What we're focused on

- Advancing a diverse, equitable and inclusive environment where all team members feel welcomed, valued and heard in order to reach their full potential.
- Improving employee health and well-being by making it easier for all team members to pursue better health and by using our expertise and resources to move toward healthier together.
- Developing and growing our talent with our employee-centered culture, transparency and mobility, and a comprehensive approach to talent stewardship aligned to our business strategy.

Advancing diversity, equity and inclusion

At UnitedHealth Group, we celebrate our people, ideas and experiences — creating a culture where all team members are appreciated, valued and able to contribute to their full potential.

We join together as individuals, forming a team as diverse as the people we serve, one person at a time.

We are committed to building an innovative culture where diversity is celebrated, equity is realized and inclusion is embraced.

We formed the Global Diversity, Equity and Inclusion (DEI) Office in 2021, composed of subject matter experts, internal consultants and organizational advisers. The Global DEI Office leads the enterprise strategies for diversity, equity, inclusion and associated learning resources.

We created a strategic framework to advance our long-standing commitment to diversity and inclusion. We started by elevating and adding “equity” as a strategic focus, which shares our commitment to building solutions that meet the diverse needs of our people and patients we are honored to serve.

Our diversity, equity and inclusion framework is anchored by three overarching pillars: people, workplace and marketplace. We seek to create a workforce reflective of the communities we serve. We want all team members to feel a sense of belonging and inclusion and we are committed to growing our business and improving the diversity of our suppliers and health care professionals.

Our diversity, equity and inclusion strategy is enhanced through our integrated approach of improving our leadership, systems and culture.



Leadership accountability and transparency

At UnitedHealth Group, we approach diversity, equity and inclusion like any other business priority, with transparency, leadership accountability and a data-driven approach to setting priorities and measuring progress.

We monitor our progress by listening to our people. In 2021, we launched a new Inclusion Index in our employee surveys to help us better measure and understand employee sentiment related to fairness, affirmation, safety, identity and connection. We leverage these insights to improve hiring and developing, engaging and retaining our talent.

For the second year, we published our recently filed consolidated EEO-1, prepared in accordance with the U.S. Equal Employment Opportunity Commission's categories for reporting race, ethnicity and gender data.

We established an Advancing Diversity, Equity and Inclusion Board made up of members of our senior executive team, who meet quarterly to hold us accountable for making progress. We partner with our diversity business councils and employee resource groups to better understand how to integrate diversity, equity and inclusion into our leadership, systems and culture.



Improving talent strategies, systems and processes

We seek to understand the lived experiences of our diverse team members to help them reach their full potential and deliver innovative solutions. As part of our commitment, we are reviewing our talent systems and processes through the lens of diversity and inclusion. Starting with recruiting, at our most senior-level roles, we set goals to ensure the pool of talent is inclusive of underrepresented groups.

We are advancing our efforts to increase diversity in our workforce, anchored by successful programs that recruit team members and leaders who are women, people of color, military members and veterans, LGBTQ+, people of all ages and people with disabilities.

Our DEI partnerships

We are enhancing our diversity partnerships with a broad range of organizations to support the development and mentorship of diverse talent pipelines and connect new sources of talent to career opportunities in our workforce.

Through a partnership with Prospanica, an organization that empowers Hispanic professionals, UnitedHealth Group was recognized with the 2021 Brilliante Award for Corporate Excellence, based on our contributions to the educational, economic and social well-being of the Hispanic community. The award honors corporations with a proven track record of success in the recruitment and retention of a diverse workforce.



DEI partners:

- Association of Latino Professionals for America (ALFPA)
- Black Enterprise
- Executive Leadership Council (ELC)
- HBCU Initiative — Morehouse School of Medicine
- INROADS
- National Black MBA Association (NMBAA)
- National Association of Asian American Professionals (NAAAP)
- National Black Nurses Association (NBNA)
- National Association of Hispanic Nurses (NAHN)
- Prospanica — National & Chapters

We support and cultivate future talent success through our partnerships:

- Out For Undergrad helps LGBTQ+ undergraduates reach their full potential.
- Rewriting the Code supports women in tech.
- National Academy Foundation (NAF) prepares high school students for college or a career.
- Genesysworks provides pathways to career success for high school students in underserved communities.
- INROADS provides students with professional tools, planning and access to career immersion activities.
- We also have a robust strategy with historically Black colleges and universities.

We support the LGBTQ+ community by partnering with organizations that support LGBTQ+ equality, and by offering benefits like [Pride365+](#), an online resource hub that features resources to educate and support LGBTQ+ community members and allies in creating open, safe and respectful working and living environments. We partner with Proud to Work to develop employment equity for everyone, and Reaching Out MBA (ROMBA) to educate, engage and develop our workforce.



Our Disability Inclusion Internship Program is a 12- to 15-week internship that provides meaningful employment opportunities to individuals of all disabilities. This program resulted in a 70% conversion rate into permanent employment over the last two years. The Disability Equality Index® recognized UnitedHealth Group as one of the best places to work for disability inclusion in 2021.

We recruit transitioning service members, veterans and military spouses through programs such as the UnitedHealth Group Military Fellowship Program, which provides career skills, training and workforce reintegration to transitioning U.S. military service members in partnership with the Department of Defense SkillBridge Program. In 2021, UnitedHealth Group ranked among the top 10 in the nation on the [Military Friendly® Employers list](#), the highest award an organization can receive, which is reflective of our focus on hiring and retention efforts.

Through our Pro Bono Program, we partnered with MERIT Health Leadership Academy to create a program expansion plan to replicate their model in other cities. As a result, 250 health care and STEM students in Baltimore were impacted. MERIT educates and empowers students from underrepresented backgrounds to become health professionals and change agents who advance equity.



Our Diversity, Equity and Inclusion Learning System serves as a primary self-service resource for individual and team development. These learning experiences are designed to build inclusive leadership behaviors, develop personal awareness, examine bias, promote allyship, and grow resilience and resourcefulness. We promote education, ongoing dialogue, connection and awareness to mitigate the effects of unwelcome bias, and we support an environment where every employee can bring their authentic self to work.

Our culture



74%

of all employees globally responded to our employee experience survey in 2021.

5K+

employees participated in 66 learning webinars on diversity, equity and inclusion, core values and commonly used principles.

Our United Culture program is supported by culture ambassadors and more than 120 leaders throughout the enterprise who serve as culture facilitators, working to ensure our values are understood and demonstrated across the organization. This volunteer culture community creates and leads culture and engagement activities and learning experiences that underscore our commitment to diversity, equity and inclusion; social responsibility; and well-being.

Culture leadership workshops and foundational learning provide key building blocks for sharing and reinforcing cultural messages and aspirations for employees.

Supporting pay equity

We are committed to and continue to prioritize [pay equity](#) for all employees. Fair and equitable compensation practices within a pay-for-performance framework support our culture and are critical to achieving our mission.

We continue to work with independent, third-party experts to perform reviews of our compensation practices and evaluate pay equity in several respects, including by gender, ethnicity and race.

A 2021 review of our integrated workforce — including our global operations — indicates women earn \$1 for every \$1 men earn performing similar work at similar levels. In addition, employees of color in the U.S. earn \$1 for every \$1 white employees earn performing similar work at similar levels.

To prevent pay inequities at hire, we do not ask candidates in the U.S. about salary history during the hiring process. This practice helps us remove any bias that can come from crafting initial compensation packages based on salary history.

Employee health and well-being



Through our collective efforts, we foster and sustain a healthy, high-performing culture in which our team members feel energized and empowered to do their life's best work.

Improving health and well-being

At UnitedHealth Group, we aim to make healthy living easier by providing all employees with choice, flexibility and a simplified work experience.

Fostering Employee Health and Well-Being

- Our next-generation, modern way of working includes three work models to promote a collaborative and inclusive culture while balancing the needs of the business with the increased preference for flexible working arrangements and flexible working hours.
- Stride, UnitedHealth Group's well-being program, gives employees access to resources on fitness, nutrition, financial support and stress management.
- Adoption assistance, including reimbursement of up to \$10,000 for full-time employees and \$5,000 for part-time employees for eligible expenses for each adopted child.
- Our expanded paid parental leave provides both primary and non-primary caregivers up to six consecutive weeks of paid leave upon the birth of a child or placement of a child for adoption/ foster care. This benefit can be used flexibly to support a continuous full-time leave, supplement a short-term disability claim, allow a reduced work schedule, and/or extend a leave beyond FMLA requirements.
- Paid caregiver leave offers two weeks of paid time off to care for a child, parent, spouse or domestic partner who has a serious mental or physical health condition.
- Part-time working options for UnitedHealth Group employees, including when returning from leave.
- Support for nursing mothers, which includes access to private lactation spaces while on site, time off during the day to pump, and no-cost access to Milk Stork for mothers traveling on company business.
- Family support benefits, which offer employees center- and home-based child care or elder care, subsidized by UnitedHealth Group, to use when regular care arrangements fall through or are unavailable.
- Tuition reimbursement for employees who work 20 hours or more per week. They are qualified for up to \$5,250 per calendar year for job-related coursework in accredited programs.
- On-site employee clinic services offering convenient health and wellness care at many locations.



Rewarding healthy actions

As part of our commitment to the health and well-being of our employees and their families, our Rewards for Health Program makes it easy for our employees to take actions to invest in their health while earning incentives. Rewards for Health recommends personalized activities based on each employee's unique health indicators.

Rewards can be used to offset medical premiums, deposited into a health savings account (HSA) or put into a Stride Rewards Account to be used for health and well-being purchases. Some employees can earn enough rewards to cover their entire premium cost for the year.

Changes to the program in 2021 resulted in increased engagement in healthy activities, particularly by employees with higher health risks.

108.2K

users completed a health survey.
▲ 103% from 2020.



44.4K

participated in a
biometric screening.
▼ 13% from 2020.



9.6K

enrolled in a weight loss program.
▲ 128% from 2020.



31.7K

engaged in wellness coaching.
▲ 970% from 2020.

32.4K

engaged in a Healthy
Activity Challenge.
▲ 57% from 2020.

Mental health and resilience

We ensure employees and their families have access to a variety of mental health resources. The full spectrum of resources to support team members and their families ranges from caregiving and financial help, to mental health counseling and solutions to prevent burnout.

Key actions taken during the COVID-19 pandemic over the last two years include:

- Enhancing Live and Work Well — our employee assistance program (EAP) — to provide a simpler and improved employee experience. Our EAP provides a wide range of support, including 24/7 access to a life coach and a variety of online resources. EAP services include parenting resources, work/life concierge, backup child and elder care, access to a money coach and free in-person counseling sessions.
- Providing 24/7 access to virtual behavioral coaching — an eight-week digital program that offers personalized support with a dedicated coach to help manage symptoms of depression, stress and anxiety.
- Establishing an internal burnout coalition, composed of leaders from across the enterprise, to collaborate on combating the increasing issue of employee burnout and working to ensure a systemic approach is prioritized to support UnitedHealth Group employees.
- Offering additional clinician support through programs such as Joy in Practice, created by the Center for Clinician Advancement, with the goal of promoting a healthy and joyful work environment.
- Creating employee resource groups, such as Working Parents United, to build community and peer support.



Developing and growing our talent

Helping to build a modern, high-performing health system requires a workforce that is constantly learning and innovating.



Career pathing needs to start early, with robust onboarding and digital tools for self-assessment, learning and development planning to help our team members grow their careers at UnitedHealth Group.

Our talent practices reflect our employee-centered culture and promote transparency, mobility and a modern approach to talent stewardship that is aligned to our business strategy and values. In addition, our practices promote a diverse, equitable and inclusive culture.

Our talent development initiatives provide employees with self-assessment tools, learning experiences, and both formal and informal education. We invest in mentoring, coaching and sponsorship to provide stewardship and remove roadblocks. As we grow our key talent segments, we evolve rotational programs to grow skills and careers in critical jobs.

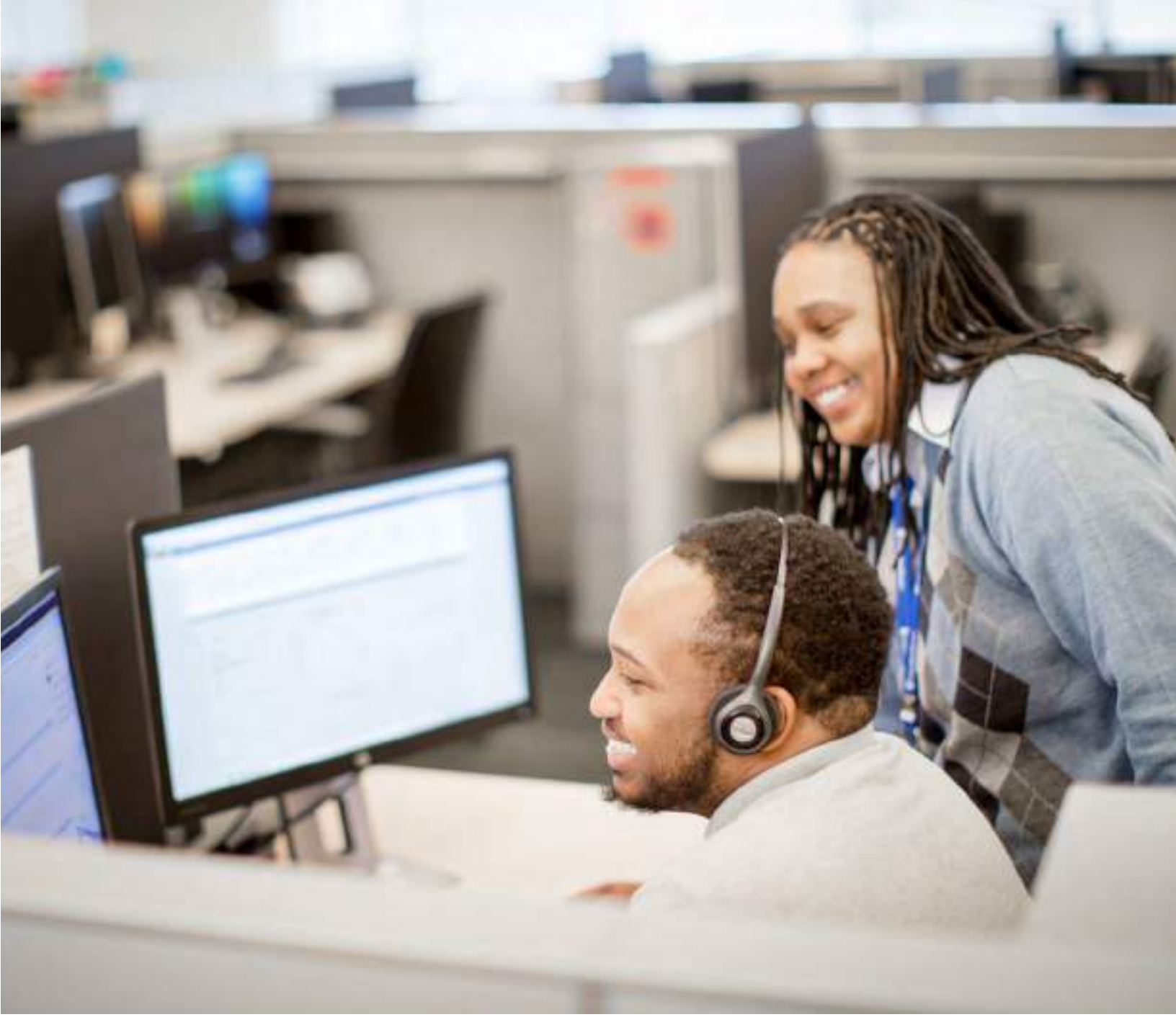
People leadership programs equip our leaders with tools, resources and an aligned vision so they can deliver the best experience for our employees, which in turn enables them to deliver the best experience for our customers. We introduced a People Leader Goal to set clear expectations for leaders to create authentic connections, a sense of belonging and a commitment to our mission. We listened to our talent, leveraging natural language processing to explore more than 300,000 comments from employee surveys to evolve and bolster our leadership culture.

This People Leadership Initiative yielded strong adoption throughout the executive population and will scale across the enterprise in 2022 for deeper and broader impact.

Our talent management initiatives support a workplace where employees are included and visible, and have a clear understanding of their strengths and capabilities to guide their career journeys.

We enhanced technology platforms to organize talent data, working across teams and stimulating mobility across the enterprise. We maintain talent momentum through a consistent rhythm cycle of high-potential identification, development planning, talent reviews and succession planning in order to remove succession gaps and facilitate talent movement based on development and succession plans. Our talent management programs promote a culture invested in and accountable to building a diverse workforce by ensuring diverse talent is identified and included in all succession plans.

Responsible Business Practices



More than 40 years developing strong and effective governance practices.

UnitedHealth Group's management structure and responsible business practices, developed for over 40 years, supports our ability to help build a modern, high-performing health system.

Our principles of ethics and corporate governance outline the behaviors and responsibilities that provide the foundation for our actions, how we protect entrusted data, and the expectations we set for our suppliers. These practices ensure we are working to achieve our mission consistent with our values and those of society at large.



What we're focused on

- Maintaining strong and effective corporate governance to drive sustained shareholder value and respond to the interests of our shareholders.
- Adhering to our values through compliance and ethics principles that guide our behavior and help us remain a trusted partner.
- Maintaining data privacy and cybersecurity, recognizing our obligation to build and maintain the trust and confidence of our stakeholders and customers and ensuring we can protect the information of all those we serve.
- Partnering with suppliers to maximize value in our supply chain to ensure we buy the right goods and services from the right suppliers for the right price, in a timely manner.
- Committing to supplier diversity by developing a supplier base that reflects the communities and customers we are privileged to serve.
- Utilizing machine learning and artificial intelligence to ensure technology is developed, deployed and monitored ethically and responsibly, and is aligned with our mission.

Corporate governance

Strong and effective governance practices are essential to UnitedHealth Group's long-term value creation.

Upon the election of the 2022 director nominees, the average tenure of our board will have dropped from 12.6 years to 6.6 years since our 2021 annual meeting.

2021

12.6 years

2022

6.6 years

Our board has enhanced governance policies over time to align with best practices, drive sustained shareholder value and respond to the interests of our shareholders.

The Board of Directors Governance Committee reviews corporate governance practices at least annually and recommends modifications to the board for approval to strengthen our governance. Additional information on our corporate governance policies and board committees is available in our [proxy statement](#) and on our [Corporate Governance webpage](#).

Board composition

We believe an effective board consists of a diverse group of individuals who bring a variety of complementary skills and a range of personal and business experience to their positions. The collective experience of our directors covers a wide range of geographies and industries, including health care and clinical practice, insurance, consumer products, technology, capital markets and financial services, and roles in academia, corporate governance, government, intergovernmental organizations and business leadership.

The board's diversity is considered in the director nomination process and assessed annually when the board evaluates overall effectiveness. We are committed to actively seeking women and racially/ethnically diverse director candidates. Upon the election of the 2022 director nominees, our board will be 25% female independent directors and 38% racially/ethnically diverse independent directors. Our directors may serve on three other public company boards and our CEO may serve on one other public company board.

We strive to maintain a balance of tenure on the board. Long-serving directors bring valuable experience with our company and familiarity with the successes and challenges the enterprise has faced over the years, while newer directors contribute fresh perspectives.

Independent board leadership is another important component of our governance structure. We separate the positions of CEO and chair, and our bylaws require the company to have either an independent chair of the board or a lead independent director.

Shareholder rights

We value and respect the rights of our shareholders and have implemented strong shareholder practices. Our directors are elected annually by a majority vote of our shareholders. UnitedHealth Group does not have a dual-class share structure and no supermajority shareholder approval provisions, as each share of common stock is entitled to one vote.

We do not allow shareholders the right to purchase additional shares at a discount in the event of a takeover attempt. Shareholders can call a special meeting and act by written consent. Our bylaws also contain proxy access with standard market provisions. Directors are subject to a conflicts of interest policy and tender an irrevocable offer to resign if they do not receive majority support. From there, the board will accept, absent a compelling reason.

Say on Pay

Having received a 72% “For” vote on our annual Say on Pay proposal last year, as compared to an average of over 95% support from 2011 through 2020, we sought feedback from shareholders to better understand what motivated their votes and what actions we could take to address topics relating to our executive compensation program.

We were pleased to hear shareholders indicate their strong support of the overall design of our executive compensation program as well as the company’s overall pay-for-performance philosophy. To be responsive to shareholder feedback, we took a set of responsive actions to concerns raised by shareholders, which can be found in the [proxy statement](#).

Compliance and ethics

At UnitedHealth Group, we understand our tremendous responsibility to do what is best for the health and well-being of the millions of people we are privileged to serve.



Our values – integrity, compassion, relationships, innovation and performance – guide our behavior and help us maintain the trust that comes with this responsibility.

By adhering to our values, we are well-positioned to achieve our mission to help people live healthier lives and help make the health system work better for everyone.

Our [Code of Conduct](#) provides guidelines that help us sustain the highest possible standards of ethical behavior. The Code of Conduct is published and available to employees in one of the official languages of every location where we operate, including Brazilian Portuguese, continental Portuguese, Spanish and English. The code sets expectations for ethical conduct across our company, including but not limited to:

- Integrity
- Accountability
- Fair Competition and Fair Dealing
- Privacy and Information Security
- Our Assets and the Environment
- Government Interactions
- Communications
- A Safe and Supportive Working Environment

The expectations set forth in our Code of Conduct provide a clear guide for our employees to navigate potentially challenging ethical situations, including corruption and bribery, discrimination, confidentiality of information, conflicts of interest and anti-competitive practices. The code describes how to report misconduct, whistleblower legal protections, reporting confidentiality and help line contact information, how the company reports violations (including termination and possible legal action), non-retaliation principles, fair dealing, and the protection and proper use of personal information and company assets.

The Code of Conduct applies to all employees, contractors and subsidiaries. Our entire global workforce, including independent contractors and part-time employees, receives periodic training on our code and other ethical standards. New team members complete training on the code as part of their onboarding, and employees confirm annually they have read the code and adhere to its principles. UnitedHealth Group's policy is to provide a respectful work environment that is free from all forms of harassment, including sexual harassment.

Governance

Senior leadership oversees our Compliance and Ethics program and provides regular reports to the Audit and Finance Committee of the UnitedHealth Group Board of Directors that detail performance on key compliance and ethics indicators. UnitedHealth Group's Internal Audit department provides objective audit and advisory services that identify and mitigate risks throughout the company, including periodic audits of the Compliance and Ethics program. UnitedHealth Group's Compliance and Ethics Office maintains our code, reviewing it regularly to ensure continued support of our commitment to integrity and good corporate conduct.

96% of employees agreed that the compliance and ethics training provided them with adequate information to operate in compliance with the policies, laws and regulations associated with their job.

96%

Compliance and ethics policies and related documents

Compliance and Ethics Assessment

Periodically, UnitedHealth Group engages external consultants to assess the enterprise Compliance and Ethics program against government compliance guidance, regulatory expectations and industry practices to evaluate program effectiveness.

In addition, UnitedHealth Group, UnitedHealthcare and Optum conduct regular assessments consistent with the Department of Health and Human Services Office of Inspector General and Centers for Medicare and Medicaid Services requirements, Department of Justice guidance and other applicable regulatory requirements.

In 2022, our Compliance and Ethics team began building an interactive cloud repository to automate input from our business partners and aggregate results, reaching a broader group of individuals who provide insight.

UnitedHealth Group maintains internal policies at the enterprise, business segment and department levels that provide more specific direction beyond the core elements of the Code of Conduct.

Examples of key compliance and ethics policies include:

- Anti-Corruption Policy
- Anti-Kickback Policy
- Antitrust Policy
- Conflicts of Interest Policy
- Economic Sanctions and Sanctions Monitoring Policy
- False Claims Acts Compliance Policy
- Gifts and Entertainment Policy
- [Human Rights Policy](#)
- [Environmental Health and Safety Policy](#)
- Insider Trading Policy
- Interactions with Pharmaceutical, Medical Device or Biotech Manufacturers, Wholesalers or Distributors
- Non-Discrimination Policy
- Non-Retaliation Policy
- Personal Information Privacy and Data Protection
- Reporting Misconduct
- [Political Contributions Policy](#)
- Outside Directorships Policy
- [Related-Person Transactions Approval](#)
- Social Media Policy and Guidelines
- [Statement of Ethical Marketing](#)
- Travel and Expense Management Policy
- U.S. Federal Government Contracting Policy

Human rights

UnitedHealth Group believes supporting human rights is core to advancing our mission to help people live healthier lives and help make the health system work better for everyone. We are committed to a company culture that embraces inclusion, diversity, innovation and growth while upholding the highest ethical standards in how we operate internally and externally. One way we demonstrate this commitment is to require all employees to complete either a manager or employee training course covering sexual and other harassment and discrimination.

In keeping with the spirit of the United Nations Guiding Principles for Business and Human Rights and the International Labor Organization's Declaration on Fundamental Principles and Rights at Work, our commitment extends to respecting the human rights of all those with whom we engage and employ. See our [Human Rights policy](#) for more details.

We engaged a third party to conduct a Human Rights Impact Assessment in 2022. This work helps us understand the human rights impact associated with our operations, value chain and business relationships. We will engage stakeholders to prioritize our impact and develop a plan for ongoing monitoring.

Whistleblower protection

We strongly and broadly encourage employees to raise compliance and ethics concerns, including concerns about accounting, internal controls, auditing, and ethical, legal, regulatory and policy matters. We offer several channels for employees and third parties to report compliance and ethics concerns or incidents, including contacting a reporting manager and compliance officers, and dedicated phone lines and email addresses controlled by our Compliance and Ethics Office and our Compliance and Ethics HelpCenter (EthicsPoint).

Individuals may choose to remain anonymous in jurisdictions where anonymous reporting is permissible. Once an investigation concludes, the Compliance, business, Human Capital and Legal leads associated with the case discuss potential disciplinary actions, if necessary, to determine whether disciplinary action is consistent with similar cases across the enterprise and ensure uniformity in disciplinary decisions.

We prohibit retaliatory action against any individual who, in good faith, raises concerns or questions regarding compliance and ethics matters, reports suspected violations, or cooperates in an investigation. We train all employees annually, and periodically remind them regarding how they may report possible ethics or compliance issues and their affirmative responsibility to report any issues.

Third party due diligence

Due diligence is required prior to engaging third parties that provide goods or services to UnitedHealth Group outside the U.S. The level of due diligence required will depend on the risks presented by each third party. The following reviews are performed for all prospective third parties that will provide goods or services to UnitedHealth Group outside the U.S.:

- All third parties are screened through World Check, the company's current online screening tool, to determine if there is a match with a person or entity in the World Check database.
- Third Party Red Flag Considerations are reviewed to determine whether any red flags are present.
- Whether the third party will interact directly or indirectly on behalf of UnitedHealth Group with public officials or public entities.

The following additional requirements apply to Higher Risk Third Parties:

- The UnitedHealth Group International Compliance group determines whether the third party being considered is a Higher Risk Third Party. When making its determination, UnitedHealth Group International Compliance may consider other available information, such as the nature and value of the services or products to be provided, and the reputation for corruption or bribery of the country in which the services or products will be provided.
- The engagement of the third party cannot proceed without the written approval of UnitedHealth Group International Compliance. This approval may include conditions upon which the engagement may proceed.

Ethical marketing and communications

Our communications with customers, members, employees, clinicians and other stakeholders reflect our values and commitment to high standards of personal and institutional integrity. Our sales and marketing activities serve our business objectives, foster enduring relationships with our stakeholders and build trust one person at a time. Our reputation stands upon the relationships we maintain with the public, the media and those who interact with our company.

We review all marketing materials to ensure accuracy, clarity and compliance with applicable laws and regulations, such as the Medicare Communications and Marketing Guidelines established by the U.S. Centers for Medicare & Medicaid Services. These materials seek to provide straightforward descriptions of services offered so our members can make informed decisions about their health care.

Supply chain management

UnitedHealth Group partners with suppliers integral to helping us achieve our mission.

UnitedHealth Group purchases pharmaceuticals and health care products through our direct suppliers and other goods and services through our indirect suppliers.

Our procurement departments collaborate with our business segments to identify, engage and manage our supplier base to meet business objectives, enable growth and mitigate risk for UnitedHealth Group and the individuals we serve. We maximize value in our supply chain by creating competitive markets for our internal business needs to ensure we buy the right goods and services, from the right suppliers, for the right price, in a timely manner.



Risk management

UnitedHealth Group has an enterprisewide Supplier Risk Management Program governed by an Enterprise Vendor Risk Committee. This group oversees the Supplier Risk Management Program with common standards, including regulatory and compliance requirements, applicable to suppliers participating in the health care value chain.



Sustainable procurement

We are committed to addressing the negative impact the changing environment has on human health, including in the supply chain. For that reason, we have made climate risk a key component of our ongoing sustainable procurement activities. We collaborate with the CDP (Carbon Disclosure Project) to retrieve qualitative and GHG emissions data from targeted suppliers to establish a baseline from which future reduction goals will be developed. The targeted suppliers represented roughly 35% of our centrally managed procurement spend in 2021 and account for a material basis of GHG emissions across our spend categories. We will use this data to inform our GHG scope 3 inventory baseline measurement in 2022 and engage our suppliers on climate risks and opportunities going forward. See [page 62](#) for a further discussion.

In parallel with establishing our scope 3 inventory, we engaged a third party to conduct a supply chain ESG risk assessment to strengthen collaboration with key suppliers and manage sustainability risks. This assessment includes ESG and modern-day slavery criteria to assess our suppliers and inform our sustainable procurement program refinement in 2022.

Our expectations

UnitedHealth Group recognizes that we play an important role in advancing responsible environmental and social sustainability practices across our supply chain. We expect our suppliers to comply with our Supplier [Code of Conduct](#), which touches on various social and environmental items and references requirements within our standard procurement contract language.

Because UnitedHealth Group is entrusted with the protection of individuals' most sensitive and personal health data, we place the utmost importance on protecting our data and information systems. We require suppliers with access to our information systems, customer data, or health plan member data to have the appropriate security controls when doing business with us, including maintaining their HITRUST certification or an acceptable third-party validated assessment.

Measuring supplier performance

We ensure key suppliers meet our performance expectations through a systematic Supplier Performance Management Program that monitors compliance with our Code of Conduct and monthly performance of contractual Service Level Agreements related to service delivery, quality and value delivery.

Data-driven supplier performance scorecards are shared quarterly with executive leadership to identify performance trends and areas of opportunity to drive improvement plans for underperforming suppliers. Suppliers are evaluated on criteria such as financial stability, cybersecurity and regulatory compliance, organization resiliency, diversity participation and Net Promoter Score.

Annually, we review the sustainability practices of critical suppliers to identify policies, practices and goals for waste and carbon reduction, recycling and other sustainability measurements. In 2021, we reviewed suppliers' sustainability performance representing 29% of our Enterprise Sourcing & Procurement program spend.

Supplier diversity

UnitedHealth Group's supplier diversity program seeks to proactively integrate businesses from underrepresented communities into our supply chain, which creates a multiplier effect, including job creation and income for people in underserved communities.

That value creation extends beyond our businesses to positively impact the communities we serve and extends our societal impact beyond our members and customers.

We conduct an annual community impact assessment of our diverse supplier spending to better understand how our efforts are supporting local communities.

Supplier Diversity Partnerships and Recognized Certifications

- National Minority Supplier Development Council and 23 Regional Affiliates
- Women Business Enterprise National Council and 14 Regional Partner Organizations
- U.S. Department of Veterans Affairs
- National Veterans Business Development Council
- Disability:IN
- National LGBT Chamber of Commerce
- National Association of Women Business Owners
- Diversity Alliance for Science

UnitedHealth Group's supplier diversity program had its strongest year in 2021, driven by core metric improvement and maturing our key business processes and stakeholder engagement. Implementing effective control, enhancing reporting and process measurement, and broadly communicating the program's culture and objectives helped grow Tier 1 spend with certified diverse suppliers by 17% from 2020 to 2021.

\$3.8B

spent with diverse suppliers
over the past decade.

**In 2021, our supplier diversity
program supported**

9K+

local community jobs.

\$473M

in employee wages.

Our process

We recognize the importance of supplier diversity and are committed to ensuring diversity is an integral part of our strategic sourcing and procurement processes.

Every request for proposal (RFP) managed by the Enterprise Sourcing & Procurement (ES&P) team targets the inclusion of at least one diverse supplier, where available. We evaluate RFPs through a balanced scorecard that considers diversity alongside other key factors, including cost, quality and service delivery. Additionally, we build supplier diversity into ES&P category plans, and growth objectives are developed and tracked annually to ensure continued progress.

In 2021, we expanded our Tier 2 program efforts deeper into our supply chain by inviting more prime suppliers to participate in the program. Prime suppliers provide diverse vendors with opportunities to participate in subcontracts awarded in connection with UnitedHealth Group business. In 2021, our identified Tier 2 spending increased 36% year over year.

Supplier definitions

Tier 1 (Prime Supplier)

Submits invoices to the final customer, e.g., major corporation or government agency.

Tier 2 (Subcontractor)

Submits invoices to the prime supplier.

Building capacity of diverse suppliers

In 2021, we hosted our Diverse Supplier Summit, which brought more than 100 diverse and prime suppliers together with executives from UnitedHealth Group's Diversity, Equity and Inclusion Office, UnitedHealthcare, Optum and other corporate functions. The summit offered our suppliers insights on our strategic priorities and the role diverse suppliers have in helping us move our business and the health care industry forward. In addition, our leaders shared ways diverse suppliers can develop sustainable strategic partnerships with UnitedHealth Group business partners.

In 2020, we developed a pro bono accelerator model to help build the capability of diverse suppliers to grow their business with us and other companies. We piloted the program with a minority and woman-owned consultancy focused on clinical research in minority populations and health disparities.

In 2021, we expanded the program to five suppliers across several different demographic groups. Each supplier was paired with a project team as a mentor to assist in developing targeted capabilities, as defined by the supplier. We are actively working with the diverse suppliers to capture the impact of the accelerator program on their business.

Dragonfli Group

Dragonfli Group is a disability-owned business enterprise (DOBE) that participates in UnitedHealth Group's accelerator program. Glenn Ballard, Dragonfli's CEO, founded the cybersecurity firm in 2008. He engaged UnitedHealth Group to gain a fresh perspective from experts who have "been there" and who could share lessons learned from successes and failures.

Glenn was specifically looking for assistance in creating a new outreach and recruitment program to reach underserved populations while engaging current employees to assist in their upskilling and professional development.

"The mentor team at UnitedHealth Group has been incredibly helpful in working with us to identify practical solutions that expand our team's versatility and expertise while considering the unique components of this industry. The program helped turn some of our ideas into action by helping us navigate the challenging course of talent recruitment in a very competitive market."

Glenn Ballard, Dragonfli CEO

Data privacy and security

We believe health care data and related information should be used solely to improve individual health, advance health system performance and aid in new health care discoveries.

UnitedHealth Group receives personal information from or about individuals (such as health plan members, patients, customers, employees, or other persons whose information is provided to or received by UnitedHealth Group or its business partners) as part of our day-to-day business activities. While health care data and information are critical to our ability to serve our customers and the health system, we recognize this information is highly sensitive and personal.

As a result, we must build and maintain the trust and confidence of our customers and stakeholders, ensuring we can protect the information for all those we serve. We are required to safeguard personal information reasonably and appropriately and to use or disclose such information only as authorized by the individual or in compliance with all applicable laws. Primary tools used to fulfill these obligations are cybersecurity and data privacy programs.



Governance

UnitedHealth Group's chief information officer, chief compliance and ethics officer, chief privacy officer and chief information security officer are responsible for administering our data privacy and security programs at the executive management level. The Audit and Finance Committee of the Board of Directors reviews and assesses the effectiveness of UnitedHealth Group's policies, procedures and resource commitments in the areas of compliance, ethics, privacy and cybersecurity. The committee receives regular updates covering critical issues related to one or more of the following topics: our information security risks, cybersecurity strategy and business continuity capabilities.

In 2021, we established a Cybersecurity Leadership Council (CLC) to enable aligned executive ownership and delivery of information security initiatives across UnitedHealth Group. The chief information officer of each line of business or a chief information security officer will sponsor each initiative and lead implementation. The CLC will oversee analysis, risk tolerance, policy, funding and implementation of information security initiatives, and the transition to standard operating processes to ensure sustainability.

UnitedHealth Group manages cybersecurity and data protection through a robust framework that provides our team members with training and resources that support their day-to-day activities, assesses the risks our company faces, and establishes policies and safeguards to protect our systems and the information of those we serve.

Programs and resources

UnitedHealth Group's data protection policy applies to all lines of business and subsidiaries. Data is assigned a classification based on its sensitivity level and protected by security requirements defined by the policy. Data sent externally must meet security requirements outlined by our enterprise data-sharing processes such as management approval and strong encryption.

Our [Code of Conduct](#) outlines our commitment to protecting the information entrusted to us. Supported by a comprehensive set of principles, our policies and programs describe appropriate uses of data and the safeguards that protect the confidentiality and integrity of our systems, including:

- Enterprise information security policies.
- An enterprise resiliency and response program.
- An incident management program that encompasses cybersecurity, privacy and compliance obligations.
- Privacy and data protection policies, including guidance on information handling.
- An enterprise data governance program, including related policies.
- Enterprise risk management and information risk analysis programs.
- The Safe and Secure with Me employee training and awareness program – required annually for employees who handle Protected Health Information.

Program evaluation

We regularly evaluate the security maturity of our systems. This includes vulnerability assessments and penetration tests conducted by our internal team and qualified external assessors. These efforts allow us to identify operational and design risks and vulnerabilities in our systems. We use these tests to help us identify opportunities to address emerging security threats and improve system security as we work to enhance our ability to protect information and data.

UnitedHealth Group's IT infrastructure and information security management systems have been audited by internal and external auditors in the last fiscal year. These audits have resulted in certifications from industry-recognized certifying organizations such as HITRUST, International Organization for Standardization (ISO), System and Organization Controls (SOC) and the Payment Card Industry (PCI).

UnitedHealth Group manages a robust Information Security Risk Management and Privacy Program that improves its ability to make risk-informed decisions by conducting systematic and structured reviews of information security risks. Its protocols are based on industry practices and applicable regulatory obligations such as the Health Insurance Portability and Accountability Act (HIPAA), Gramm-Leach-Bliley Act (GLBA), European Union General Data Protection Regulation (GDPR), California Consumer Privacy Act (CCPA), and other requirements decreed by state, federal and international authorities.

Our Internal Audit team is engaged to advise on strengthening compliance with applicable laws and regulations. The team leverages a combination of auditing and security frameworks to evaluate how best practices are applied throughout our enterprise. This approach gives us the ability to address risk from multiple perspectives and implement layered remediation strategies. Furthermore, our Internal Audit team independently assesses security controls against enterprise policies to evaluate whether compliance is maintained. The results of internal audits are communicated to executive leadership and presented to the Audit and Finance Committee of the Board of Directors quarterly.

Audit findings are tracked in the form of action plans and managed within an enterprise governance, risk and compliance tool. Owners are assigned, remediation timelines are established and progress is regularly reported to senior management.

Risk assessment

Annually, we conduct an enterprise information risk assessment (EIRA) in conjunction with UnitedHealth Group's overall enterprise risk management assessment. In the EIRA, we complete a comprehensive review of internal and external threats and evaluate changes to the information risk landscape to inform the investments and program enhancements we will make in the coming year.

There continues to be heightened risk caused by sophisticated enhancements to ransomware and the creation of criminal networks and affiliates that extend the reach and skill of attackers. We continue to engage with our suppliers and internal development teams to remediate known vulnerabilities and are keeping a close eye on upgrades that can be leveraged to mitigate future risk.

UnitedHealth Group continues to monitor cyber threats and invest accordingly across our systems. We are investing in new capabilities to ensure rapid response and recovery from potential attacks, including system rebuild and recovery protocols to ensure key systems are restored fully and rapidly, a step beyond the current protocols of data center failover. Business continuity exercises are prioritized and focused on technology interruption due to ransomware.

Responsible use of artificial intelligence and machine learning

UnitedHealth Group uses artificial intelligence (AI) and machine learning (ML) in support of our mission to help people live healthier lives and help make the health system work better for everyone. We are committed to helping ensure that AI is developed, deployed and monitored ethically and responsibly across our company.

How artificial intelligence and machine learning is used

When developed and used responsibly, AI/ML can empower people with the information they need to make personal health choices, provide physicians with insights to assist their decision-making, and enhance the performance of the health care system. AI/ML can augment human tasks, assisting with disease progression management, including tailoring care decisions to individuals, identifying emerging risk of disease early, improving engagement and adherence, and improving efficiency and consistency of administrative processes.



Our principles

The health care industry as a whole is in the early stages of implementing AI/ML. As AI/ML solutions continue to evolve, it is important to ensure they are used responsibly by continuously assessing and improving our governance processes. We adopted the following principles as guideposts to develop, deploy and monitor our AI/ML solutions.

Mission-driven

Foster development and deployment of AI/ML and governance processes consistent with our mission.

Trust

Employ methods to test and monitor AI/ML integrity and reliability.

Fairness

Create procedures to assess AI/ML performance for possible bias.

Accountability

Establish measures and be prepared to act swiftly to address and remediate misuses or adverse outcomes.

Transparency

Enable reviews of data and AI/ML outputs.

Privacy

Safeguard data privacy in the design, deployment and use of AI/ML.

Governance

We established a governance structure consisting of leaders across UnitedHealth Group, UnitedHealthcare and Optum to provide oversight on strategy development and guidance for investments and capability development of AI/ML. This governance established foundational principles for the responsible use of AI/ML and a Responsible Use of ML program. The program is designed to provide a holistic and structured approach to using AI/ML responsibly.

In 2022, we will integrate the Machine Learning Review Board as a key component of the Responsible Use of ML program. The board will proactively review AI/ML models for bias and similar issues and advise analytics teams. The program will provide guardrails in the application of innovative solutions that advance the health care system.

As we move forward, we will supplement our foundational principles with a guide for all analytics teams to support consistent practices to responsibly develop and use AI/ML. The Responsible Use of ML program will make this guide available to all employees, along with training. We will develop a technology framework that standardizes and automates AI/ML quality checks for use across our enterprise.

Finally, we are engaging with industry and academic partners to review our best practices and to co-research and publish leadership for the benefit of the health industry.

We recognize that the use of AI/ML can have unintended consequences, including consequences that can arise from bias in the health care system, data or algorithms. We take steps throughout the design, development, deployment and monitoring of AI/ML to help mitigate bias. These steps include forming a team with a range of expertise to help identify potential issues, assessing the data and model for potential sources of bias and developing cross-discipline mitigation approaches to mitigate bias. We are developing processes for situations where bias or risks to health equity are found that may include suspending or delaying release of AI/ML until the risks are addressed through a mitigation plan.

Public policy

UnitedHealth Group engages in efforts to help shape and inform public policy decisions that ensure all people have access to high-quality, affordable health care. Our participation — including making bipartisan political contributions — is designed to improve the health care system and positively impact all of our stakeholders.

Our engagement

Our public policy engagement is focused on addressing the most pressing health care challenges and opportunities in the communities where we live and work. Public policy efforts are led by UnitedHealth Group's External Affairs organization, with engagement and partnership across UnitedHealth Group, including the Optum and UnitedHealthcare businesses.

We engage government officials at the federal, state and international levels, serving as a trusted and solutions-oriented voice in the important discussions about health care reform and modernization.

Our key areas of focus include:

- Developing and advancing public policy solutions.
- Conducting internally generated research to provide key insights on the most pressing issues facing the health system.
- Partnering with leading academic institutions to work jointly on health care research and data analysis efforts.
- Fostering strategic partnerships with key stakeholders on policy and advocacy initiatives.

Our priorities

We believe every person — regardless of race, gender, sexuality, age, location or income — deserves to be healthy. We are committed to helping ensure every person has access to high-quality, affordable health care that meets their unique health care needs and financial means. We support solutions that build on the strengths of today's health system and leverage innovative, proven, private-sector approaches and successful public-private partnerships.

Our U.S. policy priorities include:

Achieving universal coverage by strengthening and expanding existing coverage options and public-private partnerships. We believe that the 29 million uninsured individuals in the U.S. can be covered through Medicaid, exchanges and the individual market.

Improving health care affordability with the goal of reducing health care costs for consumers, employers, governments and the broader health care system. We believe this can be accomplished through a series of solutions, including transitioning to value-based care, addressing the high cost of prescription drugs and delivering more care at lower-cost sites of service with better clinical outcomes.

Enhancing the health care experience by expanding the use of secure digital tools that deliver personalized, actionable cost and quality information, streamlining and standardizing quality measurement and increasing workforce capacity by amending state and federal scope of practice laws.

Achieving better health outcomes by improving care quality to reduce the burden of disease. We believe improved health outcomes can lower health care costs by 40% by compensating providers for cost-effective, high-quality care, promoting evidence-based clinical approaches to care delivery and improving health literacy.

Political contributions

Political contributions are part of our efforts to advance solutions intended to ensure all people have access to high-quality, affordable health care. Our Political Action Committee is managed by a long-established governance process, which includes thorough review and approval of each contribution, and public disclosure of contributions in accordance with our political contributions policy, including publishing semi-annual political contribution reports on our website.

Our board's Governance Committee, which oversees our overall strategy on ESG policies and practices, has oversight of our advocacy and lobbying processes and activities, including key trade association and coalition memberships, as well as for the review of political contributions made by the company and its Political Action Committee.

UnitedHealth Group is recognized as a "Trendsetter" in the 2021 Center for Political Accountability-Zicklin Index of Political Accountability.

Governance

The Governance Committee of the UnitedHealth Group Board of Directors oversees the company's political contributions policy. The Health and Clinical Practice Policies Committee of the UnitedHealth Group Board of Directors oversees the company's policies, positions and practices concerning broad public policy issues, including those that relate to health care policy and regulatory issues.

UnitedHealth Group files federal lobbying disclosure reports quarterly with the U.S. Congress, and state lobbying disclosure reports with the appropriate state governing agencies and in compliance with applicable laws. Additional information on our public policy priorities can be found in [The Path Forward](#).

Performance Data



Performance Data

The following data tables provide an additional level of detail to fully describe UnitedHealth Group's sustainability performance. We continue to expand the number of key performance indicators (KPIs) we report, demonstrating our commitment to transparency.

Our People and Culture¹

		2019	2020	2021
Global Workforce	Global Workforce	325,000	330,000	350,000
	Employee Experience	71%	76%	72%
	Employee Volunteer Hours	2.6M	2.6M	3.7M
	Hours of Training per Employee	28	19	37
	Spend on Training and Development per Employee	\$1K	\$950	\$1K
Workforce Diversity	% Female (Global Workforce)	69%	70%	70%
	% Female (U.S. Workforce)	73%	75%	75%
	% People of Color (U.S. Workforce)*	40%	41%	42%
Gender Leadership Diversity	% Female in Management Positions	55%	56%	57%
	% Female in Junior Management Positions	62%	62%	64%
	% Female in Top Management Positions ²	36%	37%	38%
	% Female in Revenue-Generating Positions	62%	63%	65%

		2019	2020	2021
People of Color Leadership Diversity (U.S. Workforce)	% People of Color in Management Positions*	27%	29%	29%
	% Asian*	8%	9%	9%
	% Black/African American*	8%	8%	8%
	% Hispanic/Latino*	8%	9%	9%
	% Two or More Ethnic Groups*	2%	2%	2%
	% All Other Races*	1%	1%	1%
	% People of Color in Junior Management Positions*	34%	36%	37%
	% Asian*	5%	5%	5%
	% Black/African American*	12%	13%	13%
	% Hispanic/Latino*	13%	14%	15%
	% Two or More Ethnic Groups*	3%	3%	3%
	% All Other Races*	1%	1%	1%
	% People of Color in Top Management Positions ²	11%	11%	16%
	% Asian ²	5%	6%	8%
	% Black/African American ²	2%	2%	4%
	% Hispanic/Latino ²	3%	2%	3%
	% Two or More Ethnic Groups ²	1%	1%	1%
	% All Other Races ²	<1%	<1%	<1%
	% People of Color in Revenue-Generating Positions*	27%	28%	29%
	% Asian*	6%	6%	6%
	% Black/African American*	9%	9%	9%
	% Hispanic/Latino*	9%	10%	11%
	% Two or More Ethnic Groups*	2%	2%	2%
	% All Other Races*	1%	1%	1%
Workforce Generational Diversity	% Traditionalists (Before 1943)	<1%	<1%	<1%
	% Baby Boomers (1943-1960)	9%	8%	7%
	% Generation X (1961-1981)	46%	45%	43%
	% Generation Y (1982-2000)	45%	47%	49%
	% Generation Z (2001+)	<1%	<1%	<1%

		2019	2020	2021
Hiring and Turnover	Total Number of New External Employees Hired (Global Workforce)	48,395	45,621	68,565
	% External Female Hired (U.S. Workforce)	72%	74%	76%
	% External People of Color Hired (U.S. Workforce)*	53%	52%	54%
	% Asian*	8%	7%	8%
	% Black/African American*	21%	20%	22%
	% Hispanic/Latino*	19%	20%	19%
	% Two or More Ethnic Groups*	4%	4%	4%
	% All Other Races*	1%	1%	1%
	% Open Positions Filled by Internal Candidates (Global Workforce)	26%	24%	27%
	% Total Voluntary Turnover (Global Workforce)	14%	12%	18%
Retention	% Female Retained (U.S. Workforce)	85%	87%	81%
	% People of Color Retained (U.S. Workforce)	83%	85%	79%
	% Asian	89%	91%	87%
	% Black/African American	79%	83%	74%
	% Hispanic/Latino	83%	85%	77%
	% Two or More Ethnic Groups	79%	82%	75%
	% All Other Races	84%	85%	81%

Our most recently filed Federal Employer Information Report [EEO-1](#), representing U.S.-based integrated employees as of December 2021, is available for download.

Responsible Business Practices

			2019	2020	2021
Corporate Governance	One Share One Vote		Yes	Yes	Yes
	Proxy Access		Yes	Yes	Yes
	Say on Pay Frequency		Annual	Annual	Annual
	Directors on Board		11	10	10
	Independent Directors		9	8	8
	Female Directors		3	3	3
	Racially & Ethnically Diverse Directors		2	2	3
	Average Director Tenure		12.5	13.1	12.6
	Separate CEO/Chair		Yes	Yes	Yes
	Lead Independent Director or Chair		Yes	Yes	Yes
	Majority Voting for Directors		Yes	Yes	Yes
Supplier Diversity	Tier 1	Diverse Suppliers	670	627	510
		Average Spend/Diverse Supplier	\$780K	\$894K	\$1M
		Total Spend with Diverse Suppliers	\$523M	\$561M	\$659M
	Tier 2	Participating Suppliers	60	78	98
		Total Spend with Diverse Suppliers	\$94M	\$156M	\$212M
	Economic Impact	Jobs Created and Sustained through our Supplier Diversity Program ³	7,672	8,221	9,479
Supplier Sustainability	Supplier Assessments Performed for Sustainability Programs & Practices		433	491	443

Environmental Health⁴

Explanation of our energy and emissions data: As part of our commitment to environmental health, we have measured a subset of sites and sources of energy consumption and greenhouse gas (GHG) emissions for two decades, increasing the breadth of measurement over time. In 2021, in order to establish a baseline for our operational net-zero target, we performed a comprehensive analysis of our energy usage and scope 1 and 2 emissions footprint. As a result of this analysis, we updated our GHG accounting methodology to include the data collection and estimations for all our facilities and fleets for all our controlled entities around the world. This update expanded upon the previously reported energy and emissions. Under the updated methodology, the 2021 energy and scope 1 and 2 emissions data accounts for 100% of UnitedHealth Group-controlled operations.

See [page 62](#) for more information about the drivers of the change in 2021 total energy and emissions.

		2019	2020	2021
Energy (MWh)	Total Energy Consumption*	375,673	381,692	1,151,438
	Non-Renewable Energy Use*	367,457	362,045	1,068,336
	Renewable Energy Use*	8,216	19,647	83,102
	Change in Energy Consumption*	+2.9%	+1.6%	+201.7%
	Energy Intensity (per USD revenue, billions)*	1,551.37	1,484.37	4,003.65
Carbon Emissions (mtCO₂e)	Scope 1*	17,709	24,487	97,537
	Scope 2 (Location-Based)*	153,004	156,751	322,472
	Scope 2 (Market-Based)*	149,418	148,741	290,463
	Scope 3*	429,812	213,495	88,465
	Total (Scope 1+2 Location-Based)*	170,713	181,238	420,009
	Total (Scope 1+2 Location-Based + 3)*	600,524	394,733	508,474
	Change in Emissions (Scope 1+2 Location-Based) (%)*	+1.8%	+6.17%	+131.7%
	Emissions Intensity (Scope 1+2 Location-Based) (per USD revenue, billions)*	704.97	704.82	1,460.41
	Carbon Offsets			3,596
Water (Mio. m3)	Municipal Water Use*	0.65	0.56	0.86
Waste (Metric Tonnes)	Total Waste Used/Recycled*	7,964	6,709	7,099
	Waste Disposed*	7,398	7,658	10,478
	Confidential Paper Recycling (U.S. tons)*	6,415	4,888	4,854
Environmental Operations (Square Feet, millions)	LEED Certified Facilities*	2.1	2.7	2.7

* Denotes metrics that have been externally assured.

Please see our [Assurance Statement](#).

1. Our social indicators (e.g., our people and culture data) cover over 75% of our revenue and represent the end of year 2021 population.
2. This is a restatement from the 2020 report due to aligning with the internal performance management definition.
3. Applies to Tier 1 Diverse Supplier Spend only. Economic impact modeling developed by Supplier.IO, based on an analysis of data provided by UnitedHealth Group and information from additional sources. This report is based on an analysis of data provided by the customer and information from the following sources: US Government Revenues: www.usgovernmentrevenue.com/total_2014USrt_17rs1n; IMPLAN (implan.com); United States GDP: www.tradingeconomics.com/united-states/gdp; RIM II User Guide - An essential tool for regional developers and planners: www.bea.gov/sites/default/files/methodologies/RIMSII_User_Guide.pdf; Input-Output Models for Impact Analysis: Suggestions for Practitioners Using RIMS II Multipliers www.bea.gov/system/files/papers/WP2012-3.pdf.
4. Please see UnitedHealth Group's Environmental Impact Statement for detailed footnotes regarding this data.

Sustainability Accounting Standards Board (SASB) Index

The Sustainability Accounting Standards Board (SASB) is an independent, standards-setting organization that has developed voluntary industry-specific standards for companies to disclose consistent and decision-useful environmental, social and governance (ESG) information for investors.

We have expanded our reporting of sustainability performance this year by aligning our disclosures to the SASB framework. The table below is UnitedHealth Group's SASB Index, which includes disclosures in the three SASB industry standards that are most relevant to our business: Managed Care, Health Care Delivery, and Professional and Commercial Services.

Managed Care

Topic	Code/Metric	UnitedHealth Group Disclosure																																	
Activity Metric	HC-MC-000.A Number of enrollees by plan type	<p>Form 10-K Table summarizes the number of individuals (in thousands) served by our UnitedHealthcare businesses as of December 31, 2021, by major market segment and funding arrangement, page 30.</p> <table> <tr> <td>Commercial</td><td>Risk-based</td><td>7,985</td></tr> <tr> <td></td><td>Fee-based</td><td>18,595</td></tr> <tr> <td></td><td>Total</td><td>26,580</td></tr> <tr> <td>Medicare Advantage</td><td></td><td>6,490</td></tr> <tr> <td>Medicaid</td><td></td><td>7,655</td></tr> <tr> <td>Medicare Supplement (Standardized)</td><td></td><td>4,395</td></tr> <tr> <td></td><td>Total Community and Senior</td><td>18,540</td></tr> <tr> <td></td><td>Total UnitedHealthcare – Domestic Medical</td><td>45,120</td></tr> <tr> <td>Global</td><td></td><td>5,510</td></tr> <tr> <td></td><td>Total UnitedHealthcare – Medical</td><td>50,630</td></tr> <tr> <td>Supplemental Data</td><td>Medicare Part D Standalone</td><td>3,700</td></tr> </table>	Commercial	Risk-based	7,985		Fee-based	18,595		Total	26,580	Medicare Advantage		6,490	Medicaid		7,655	Medicare Supplement (Standardized)		4,395		Total Community and Senior	18,540		Total UnitedHealthcare – Domestic Medical	45,120	Global		5,510		Total UnitedHealthcare – Medical	50,630	Supplemental Data	Medicare Part D Standalone	3,700
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Customer Privacy and Technology Standards	HC-MC-230a.1 Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	<ul style="list-style-type: none"> 2021 Sustainability Report: Responsible Business Practices — Data privacy and security, page 94. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, page 7. Audit and Finance Committee Charter. 																																	
	HC-MC-230a.2 (1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI	<ul style="list-style-type: none"> We promptly investigate data privacy complaints and report required data breaches to the U.S. Department of Health & Human Services (HHS) — Office for Civil Rights (OCR). Refer to the U.S. Department of Health & Human Services — Office for Civil Rights website. 																																	
Access to Coverage	HC-MC-240a.1 Medical Loss Ratio (MLR)	<ul style="list-style-type: none"> Form 10-K Denoted as "Medical Care Ratio," page 28. 82.6% for the 12 months ending December 31, 2021. 																																	

Topic	Code/Metric	UnitedHealth Group Disclosure
Improved Outcomes	HC-MC-260a.2 Total coverage for preventive health services with no cost sharing for the enrollees, total coverage for preventive health services requiring cost sharing by the enrollee, percentage of enrollees receiving Initial Preventive Physical Examinations (IPEE) or Annual Wellness Visits (AWV)	<p>UnitedHealthcare covers certain medical services under the preventive care services benefit. The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain "recommended preventive services" as identified by PPACA under the preventive care services benefit, without cost sharing to members when provided by network providers.</p> <p>Non-Grandfathered Plans</p> <ul style="list-style-type: none"> Non-grandfathered plans provide coverage for preventive care services with no member cost sharing when services are obtained from a network provider. Under PPACA, services obtained from an out-of-network provider are not required to be covered under a plan's preventive benefit and may be subject to member cost sharing. Refer to the member-specific benefit plan document for out-of-network benefit information, if any. <p>Grandfathered Plans</p> <ul style="list-style-type: none"> Plans that maintain grandfathered status under PPACA are not required by law to provide coverage for these preventive services without member cost sharing, although a grandfathered plan may choose to voluntarily amend its plan document to include these preventive benefits. Except where there are state mandates, a grandfathered plan might include member cost sharing, or exclude some of the preventive care services identified under PPACA. 2021 Sustainability Report: A Modern, High Performing Health System — Preventive Services Long-Term Commitment, page 36. <p>Approximately 69% of our members received preventive services in 2021.¹</p> <p>1. Preventive health services defined in accordance with AMA guidelines as required by the PPACA, including wellness visits, preventive visits and vaccinations.</p>
	HC-MC-260a.3 Number of customers receiving care from Accountable Care Organizations or enrolled in Patient-Centered Medical Home programs	<ul style="list-style-type: none"> 14.4 million UnitedHealthcare members access care from physicians in value-based arrangements. 2021 Sustainability Report: Helping to Build a Modern, High-Performing Health System — Improving Health Care Affordability, page 37.
Climate Change Impacts on Human Health	HC-MC-450a.1 Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographic incidence, morbidity, and mortality of illnesses and diseases are incorporated into risk models	<ul style="list-style-type: none"> CDP 2020 Questionnaire: Section C2.2 Process(es) for identifying, assessing and responding to climate-related risks and opportunities, pages 9-12; Section C2.3a Risks identified with the potential to have a substantive financial or strategic impact on the business, pages 17-25; Section C2.4a Opportunities identified with the potential to have a substantive financial or strategic impact on the business, pages 25-33. 2021 Sustainability Report: Environmental Health, page 59. Environmental Impact Statement.

Health Care Delivery

Topic	Code/Metric	UnitedHealth Group Disclosure
Energy Management	HC-DY-130a.1 (1) Total energy consumed, (2) percentage grid electricity, (3) percentage renewable	<ul style="list-style-type: none"> 2021 Sustainability Report: Performance Data (Total energy consumption, and non-renewable and renewable energy use [MWh]), page 106. Environmental Impact Statement. CDP 2020 Questionnaire: Section C8 Energy, page 65.
Patient Privacy and Electronic Health Records	HC-DY-230a.2 Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	<ul style="list-style-type: none"> 2021 Sustainability Report: Responsible Business Practices — Data privacy and security, page 94. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, page 7. Audit and Finance Committee Charter.

Professional and Commercial Services

Topic	Code/Metric	UnitedHealth Group Disclosure
Data Security	SV-PS-230a.1 Description of approach to identifying and addressing data security risks	<ul style="list-style-type: none"> 2021 Sustainability Report: Responsible Business Practices — Data privacy and security, page 94.
	SV-PS-230a.2 Description of policies and practices relating to collection, usage and retention of customer information	<ul style="list-style-type: none"> 2021 Sustainability Report: Responsible Business Practices — Data privacy and security, page 94. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, page 7. Audit and Finance Committee Charter.
Workforce Diversity and Engagement	SV-PS-330a.1 Percentage of gender and racial/ethnic group representation for (1) executive management and (2) all other employees	<ul style="list-style-type: none"> 2021 Sustainability Report: Performance Data, page 102.
	SV-PS-330a.2 (1) Voluntary and (2) involuntary turnover rate for employees	<ul style="list-style-type: none"> 2021 Sustainability Report: Performance Data, page 104.
	SV-PS-330a.3 Employee engagement as a percentage	<ul style="list-style-type: none"> 2021 Sustainability Report: Performance Data, page 102.
Professional Integrity	SV-PS-510a.1 Description of approach to ensuring professional integrity	<ul style="list-style-type: none"> 2021 Sustainability Report: Responsible Business Practices — Compliance and ethics, page 84.

About this report

UnitedHealth Group's Sustainability Report provides an overview of our ESG commitments, as well as progress against certain key ESG targets.

Boundary and Scope

Boundaries for this report extend to all global operations, with a focus on our U.S. operations. Our social indicators (e.g., our people and culture data) cover over 75% of our revenue. Data contained in this report covers activities that occurred in fiscal year 2021 (January 1-December 31, 2021), unless otherwise noted.

Disclosure and Assurance

The structure of this report reflects our sustainability framework, which consists of four areas that are the highest priority for our business, align with our mission and create shared value. These four priority areas are (1) Helping to Build a Modern, High-Performing Health System, (2) Environmental Health, (3) Our People and Culture, and (4) Responsible Business Practices.

The metrics and goals in this report are established through a rigorous review process involving internal subject matter experts, finance functions and leadership. The report was submitted to the Governance Committee of the Board of Directors for review, and was reviewed and approved by members of UnitedHealth Group's senior management.

The report also includes our first Sustainability Accounting Standards Board (SASB) Index, providing disclosures against relevant SASB Standards.

Select environmental and social data has been externally verified by Upstream Sustainability Services, Jones Lang LaSalle IP, Inc. We will continue to expand our third-party data verification.

Feedback

This report is intended to enhance lines of communication with our stakeholders, creating opportunities to better respond to emerging areas of interest. Please reach out to us at sustainability@UnitedHealthGroup.com with any thoughts, feedback or questions.

Forward-Looking Statements

Forward-looking comments will also be provided to help show the trajectory of our work. All statements in this report that are not historical — including goals, projections of future results, the expected execution and effect of our sustainability strategies and initiatives, and the amounts and timing of their expected impact — constitute forward-looking statements that are based on current societal, market, competitive and regulatory expectations. These forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions, known or unknown, which could cause actual results to vary. These statements speak only as of the date they are made and UnitedHealth Group undertakes no obligation to update publicly any forward-looking statement included in this report, whether as a result of new information, future events, changes in assumptions or otherwise. Please see UnitedHealth Group's latest Form 10-K and subsequent SEC filings for a discussion of risk factors as they relate to forward-looking statements.