



Driving Health Ownership

Reap the benefits of higher productivity, improved population health and lower medical spend





Health ownership reaps dividends for everyone

For too long, consumers have been disconnected from the everyday management of their health care. You, as an employer, have had to fill that void — at a growing cost to your bottom line and employee productivity. Health ownership re-establishes the connection between your employees and their health care, to help you create a culture of health.

The result? A healthier and more productive workforce and lower health care costs for your business.

Did you know?

Over 70% OF NEXT YEAR'S
medical costs will be driven
by your LAST YEAR'S
low-cost CLAIMANTS¹

Key Insight: Cost drivers are hard to predict year to year. You need a health management program that engages your entire population.





Four paths to advancing health ownership

When it comes to taking ownership of their health, most employees fall into one of three categories. They don't know, they don't know how, or they don't care. We partner with employers to help employees overcome these barriers and become more accountable for their health-related choices.



ENGAGEMENT

Inspire employees to take control of their health

Health ownership starts by motivating employees to actively engage in their own health and wellness. We use advanced analytics and a proven behavior change model to drive higher engagement. Our unique approach focuses on capturing consumer attention, helping employers to build an ongoing culture of health and wellness, and rewarding consumers for behaviors that support health.

Capturing attention to motivate behavior change

Optum goes beyond demographic and traditional health behavior approaches. We use a proprietary attitudinal segmentation model to gain insight into consumers' health status and perceptions, so we can reach them with personalized messaging relevant to their situation. Our propensity to engage tools help you determine who's most likely to engage, and the best method and frequency to make contact with them.

« More Healthy ————— Less Healthy »

Did you know?

NEARLY TWO THIRDS OF THE ESTIMATED

71 Million
adults with high cholesterol

DON'T HAVE IT UNDER CONTROL.²

Key Insight: *People need relevant health management programs and a culture that motivates behavior change and supports them in sustaining it.*

Building a Culture of Health

To create a healthier workforce and control health care costs, companies must build a strong culture of health and wellness that supports healthy outcomes. Through onsite and virtual strategies, we help you link industry best practices and insights to engage employees in new and existing programs and increase utilization across high- and low-risk populations. Whether through an Onsite Health Specialist, a Population Health Consultant or Onsite Challenges, Optum can help motivate your employees to commit to a healthier lifestyle.

Reward Employees for Owning Their Health

Optum brings insights, industry knowledge and expertise to help you determine the best approach to reward your employees for owning their health. Our approach:

FEATURED WHITE PAPER:

Reinventing the Traditional Health Assessment: Optum's Total Health Profile

The Total Health Profile is the next-generation consumer-centric health assessment. Learn how this tool drives employee health ownership and provides employers with revolutionary insights about employee health and wellness.



WHITE PAPER: Influencing Health Decisions at Work

Insights for employers from behavioral economics and consumer marketing.

CASE STUDY: Raising the Bar for Employee Health

A national employer links financial incentives to biometrics results to motivate behavior change and reduce risk factors.

HEALTH SAVINGS CHECKUP: Health Care Costs Calculator

Estimate retirement health care expenses and get actionable tips for spending less and saving more while staying healthy.

ENGAGEMENT Drives Results

Our advanced modeling has proven successful. Not only does it motivate more people to enroll, but it takes fewer marketing dollars to achieve that enrollment, and we get consumers to enroll faster.

241% INCREMENTAL LIFT in enrollment through predictive analytics.⁴

INCENTIVE TRANSACTIONS facilitated by Optum each year.⁵

BIOMETRIC SCREENINGS conducted by Optum annually.⁵

completed Optum **HEALTH ASSESSMENTS** delivered annually to clients.⁵

TOTAL POPULATION ACTIVATION STRATEGIES⁶

INCREASE in the number of members calling 1-800 number.

INCREASE in engagement in health management programs.

INCREASE in the number of care gaps closed by members.

IMPROVEMENT in Medex savings and long-term avoided costs from 2011 to 2012.

FEATURED WHITE PAPER:

Jump-start Health Management Program Engagement with Predictive Analytics

Learn about the Optum Propensity to Engage Index (PEI), a proprietary predictive analytics model that helps employers increase enrollment in health management programs by identifying and prioritizing employees who are more likely to engage.



GUIDANCE

Better decisions lead to better health

Optum makes it easier to be a “smart consumer of health care.” Our focus on data enables us to go beyond reactive support to provide proactive and even predictive service. Data-driven insight, combined with personalized support, enables consumers to make more confident health care decisions that ultimately lead to better health outcomes, lower medical expenses and increased productivity.

Did you know?

When faced with a health decision,
the consumer makes

A LESS THAN OPTIMAL CHOICE

46% OF THE TIME⁷

Key Insight: *Consumers are frustrated and often confused with the health care system. Employees need support to make better decisions.*



Data-driven advocacy model builds trust

Our advocacy model allows us to intelligently route consumers to the right resources, the right answers and the right care. Synchronized data helps to engage consumers and inform advocates.

AVAILABLE AS NEEDED

MULTI-CHANNEL, 2-WAY COMMUNICATION

PROACTIVE FOLLOW-UP

Scope of service »

- Benefits resource
- Claims support
- System navigation
- Clinical management
- Health & well being

Advocate »

- Single point of contact
- Holistic view of entire family
- Anticipates consumer needs
- Works across vendors and carriers
- Accountable for resolving issues



TEAM OF SPECIALISTS

- Benefit Partners
- Pharmacists
- Emotional Health
- Clinical And Wellness

Advise & Connect

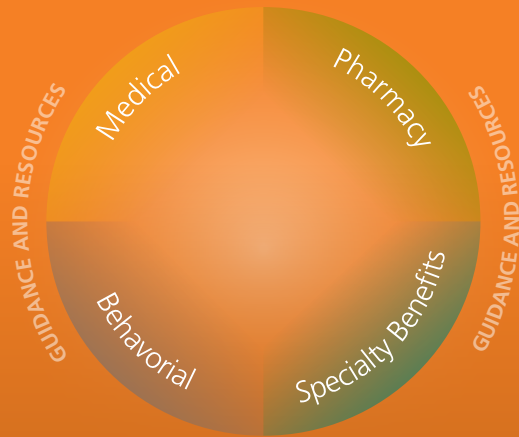
GUIDING EMPLOYEES TO BETTER DECISIONS

We simplify the consumer experience by providing a single point of entry to navigate the health care system. From a traditional NurseLine to our unique advocacy model, we offer a single, highly-trained and motivated resource to provide personalized support, follow-up and fast issue resolution. Advocacy extends across the health care spectrum—covering medical, behavioral, pharmacy and specialty benefits.

Supporting End-to-End Health and Benefit Needs

Clear confusion
and answer
questions

Find the
right care



Understand
costs and
benefits

Make informed
decisions

GETTING STARTED: HEALTH ADVOCACY

An Optum Health Advocate helps an employee take the first steps toward improved health and wellness.



DECISION SUPPORT

Predictive outreach programs and innovative online tools give your employees access to information they need to make more informed decisions.

GUIDANCE Drives Results

Through online transparency tools, employee counseling and referral services, unique care models and other resources, Optum facilitates consumer access to information and care.

INCREASE in treatment shifts resulting in
\$116,000 IN SAVINGS.⁸

We drive referrals
to **591 COMPLEX MEDICAL
CONDITION CENTERS
OF EXCELLENCE.**

**EMPLOYEE NEEDS ARE
RESOLVED** within the Optum EAP
without referral to additional behavioral
health services.⁹

FEATURED WHITE PAPER:

Treatment Decision Support

A new study demonstrates the value of treatment decision support programs across multiple conditions to reduce the delivery of unnecessary care.



FEATURED CONTENT:

Guidance through Employee Assistance Program

Our employee assistance program (EAP) and self-directed WorkLife services address personal, emotional and workplace issues.



HEALTH MANAGEMENT

Healthier employees can lead to healthier profits

The ultimate goal of any health and wellness strategy is to create healthier consumers while controlling medical expense. We deliver holistic care through integrated services to help employers reduce cost trends and improve population health.

Managing care holistically through our eSync PlatformSM

Optum has the broadest portfolio of integrated services in the industry. Our population health management approach supports members at all stages of health by providing the right level of engagement from self-help resources, to coaching support, to coordinated intervention.

Self Help

Support

Intervention

Did you know?

Annual health costs

FOR A FAMILY OF FOUR
ARE NOW HIGHER THAN A

year of groceries¹⁰

Key Insight: *Synchronized health management is the way to improve population health and control medical expense.*

Covering the full continuum

OPTUM ASSETS TO ACHIEVE HEALTH MANAGEMENT

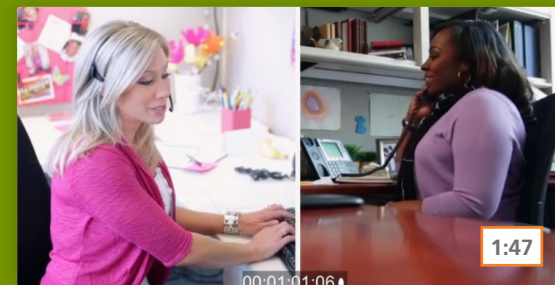
Optum supports employers with services that cover the full continuum of health improvement. We own rather than outsource the assets that support you in improving health and financial well-being across your population, an advantage that brings greater flexibility and scalability to your business.

Our Suite of Health Management Capabilities



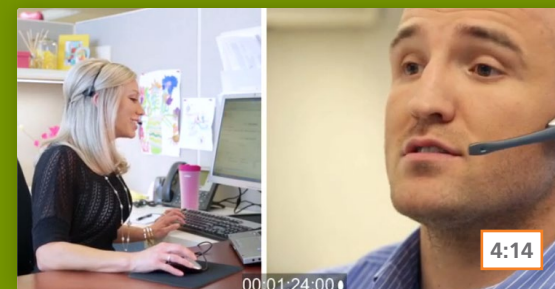
LIVING WITH CHRONIC DISEASE

An Optum Registered Nurse guides an employee in finding health resources to help her manage her chronic diabetes.



ON TRACK TO WELLNESS

An Optum Nurse and Wellness Coach team up with an employee with diabetes to deliver a holistic solution for her health, fitness and lifestyle.



HEALTH MANAGEMENT Drives Results

Our care management solutions focus on identifying and closing gaps in care. By helping members achieve lasting health improvements, we ultimately help employers realize significant medical costs savings.

Optum **CUSTOM CARE MANAGEMENT** Program produced average annual savings of

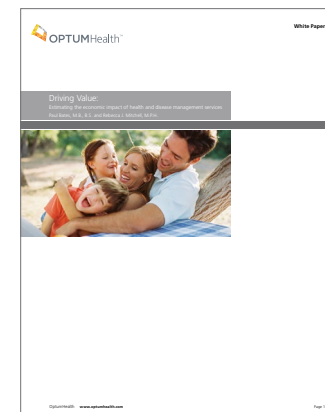
of medication consults by an Optum Pharmacist identified **IMMEDIATE COST SAVINGS OPPORTUNITIES.**¹²

Our medical-behavioral outreach program targets members with undetected behavioral issues in primary care delivering **43% DEPRESSION REMISSION RATE** for program participants.¹³

FEATURED WHITE PAPER:

Driving Value: Estimating the Economic Impact of Health and Disease Management Services

Purchasers of health and disease management services have had limited insight into cost savings of specific clinical activities that create value for their employees or members. Learn how Optum addresses the issue with our Real-Time Performance Management solution.



PROVIDER PARTNERSHIPS

Applying data and knowledge at the point of care

Optum is working at the point of care delivery to address issues before they occur. We place case management nurses onsite at hospitals around the country to focus on reducing readmission rates. We also offer post-acute care follow-up programs for high-risk patients. These valuable services help fill the gaps between providers' in-office care and patients' ability to care for themselves.

Partnering to support health ownership

We partner with providers to enhance the consumer experience, elevate standards of care and improve affordability.

Did you know?

NEARLY **1 in 7 patients**

HOSPITALIZED FOR A MAJOR SURGICAL PROCEDURE IS
readmitted within 30 days

AFTER DISCHARGE¹⁴



Who we are

Optum helps people live healthier lives by making the health care system work better for individuals, employers and providers. We help doctors give better care. We help hospitals and health plans run more efficiently. We help employers drive health ownership. And most importantly, we help people get and stay healthy.

We accomplish this by driving simplification and integration in the health care industry. Our scale and breadth of integrated assets allow us to influence the system in a way no one else can.

We are:

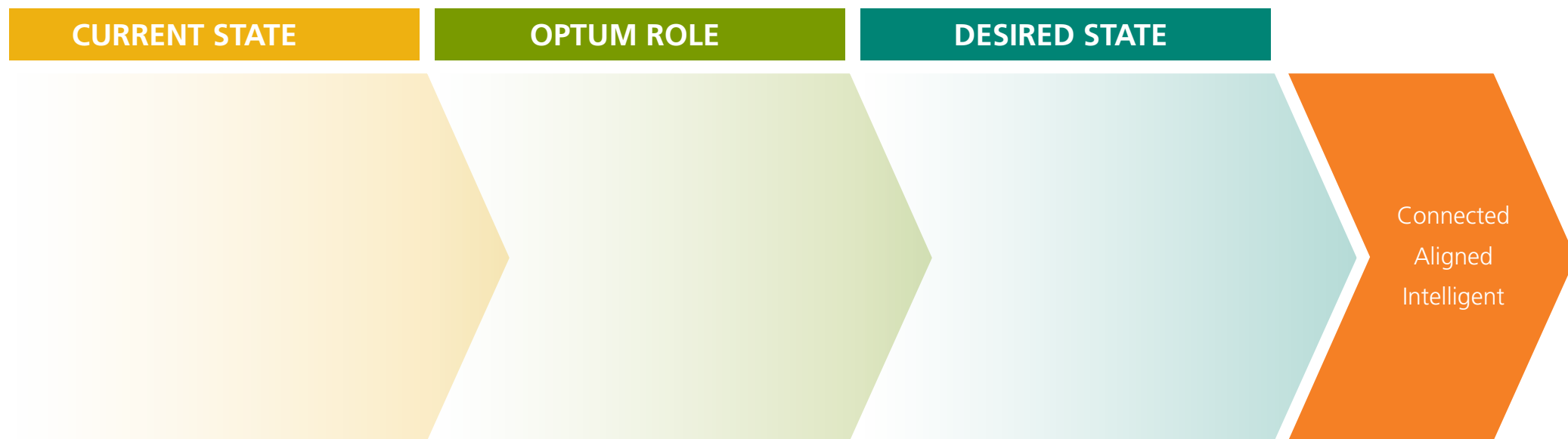
- » **One of the largest** health information, technology and consulting companies in the world
- » The leader in **population health management** serving the physical, mental and financial needs of both individuals and organizations
- » The **pharmacy management** leader in service, affordability and clinical quality

Good for the System:

- » Optum provides health and information services to **nearly 1 in 7 Americans**
- » Optum is the **No.1 health savings account (HSA) provider** in the country with more than 1 million HSAs and \$2 billion in assets*
- » The Optum pharmacy benefits manager touches over **500,000 individuals each day** and meets the needs of more than 12 million Americans

*2012 Devenir HSA Research Report: Year-End Market Statistics & Trends (1/29/13).
HSAs are offered through Optum Bank, Member FDIC.

Optum serves **MANY ROLES** in making the system work better for everyone



In its simplest form, Optum:

- » Makes health care services more accessible and affordable for customers
- » Improves the quality and coordination of health care services
- » Helps individuals and their physicians make more informed health care decisions



Innovation: Shaping the future of health care

Today's increasingly complex health and technology landscape calls for new ideas to deliver better care. At Optum, innovation is deeply embedded in our DNA. We have a rich history of introducing industry-leading products, services and systems that drive better outcomes and lower costs, and we continue to invest in innovation to make health care more accessible and affordable.



**FOUR PATHS
TO ADVANCING
HEALTH OWNERSHIP**

We use our experience, resources and expertise to foster innovation

DIVE DEEPER

As a health care leader, Optum partners with employers to advance health ownership in the workplace, help reduce medical expense and drive stronger business results. Explore these resources to learn more.



DOWNLOADS

Resources

White Papers

Case Studies



VIDEOS



WEBSITES



REFERENCES

¹ Based on 2010 vs. 2011 high-cost claimants exceeding \$100k UHC book of business. Total membership exceeds 20MM.

² Heart.org; National Heart, Lung and Blood Institute, <http://www.nhlbi.nih.gov/health/health-topics/topics/hbc>, accessed November 2011

³ Health savings accounts (HSAs) are the product of Optum Bank, Member FDIC. They are individually owned bank accounts designed to help people save for current and future qualified medical expenses. HRAs, FSAs and HIAs are administered by OptumHealth Financial Services, Inc.

⁴ Inbound call and enrollment activity from 4/11/2013 – 8/30/2013. Integrated Clinical User Experience (ICUE)

⁵ Optum record-keeping

⁶ Best in Class ROI analytics and 2012 Real-Time Leading Indicator Data

⁷ UnitedHealthcare® book of business analysis, 2010 claims data. Based on our analysis of 25 million decisions. A less optimal health care decision is defined as one in which for the member there was at least one alternative decision that could have potentially resulted in improved health results over time.

⁸ Leading indicator results from SprintAlive! pilot. Baseline is 7/17/2011 – 12/31/2011. Actual is 7/17/2012 – 12/31/2012

⁹ Based on our 2012 book of business for our 5-visit EAP

¹⁰ 2013 Milliman Medical Index

¹¹ Optum book of business results for 20,000 Employees

¹² Pilot of 11 customers and 175,000 members conducted from June 2011 – June 2012

¹³ (3 month average). Depression remission results among 1,078 LifeSolutions program participants with two or more PHQ-9 depression assessments completed in 2010. Remission is defined by a PHQ-9 score of 4 or less at follow-up

¹⁴ For adults with medical (non-surgical, non-maternal) admitting diagnosis