

A close-up photograph of a young girl with long blonde hair, wearing a red and white striped shirt, blowing bubbles. The bubbles are in various stages of being blown, some are large and clear, others are smaller and more colorful. The background is a soft, out-of-focus green, suggesting an outdoor setting. The overall mood is bright and hopeful.

A New Era in Health Care

New Opportunities to Serve

2010 Summary Annual Report



UnitedHealth Group®

UnitedHealth Group Overview

UnitedHealth Group is a diversified health and well-being company offering an array of integrated products and services. Our 87,000 employees serve more than 75 million individuals, 6,200 hospital facilities, 246,000 health care professionals or groups, all 50 states and federal and international governments.

At our core are three competencies:

Technology. Applying advanced technology to enable interactions on enormous scale and manage data across the complex health system.

Information. Unmatched health data, the capacity to translate data into information and then into intelligent action.

Clinical expertise. Deep, practical know-how in care management and coordination, in clinical resource use, access and cost, combined with skills in both consumer and care provider engagement.

We apply these competencies in two broad and growing domains—Health Benefits and Health Services.

UnitedHealthcare, our Health Benefits platform, includes three distinct businesses that share systems, networks and one unified brand name to offer customers broad access to high-quality, cost-effective health care at the local level. UnitedHealthcare Employer & Individual serves the health benefit needs of employers of all sizes, public sector clients, students and individuals. UnitedHealthcare Medicare & Retirement delivers health and well-being benefits in partnership with AARP to individuals age 50 and older. And UnitedHealthcare Community & State manages health care benefit programs on behalf of state Medicaid and community programs.

Optum, our Health Services platform, includes three diversified information and technology-enabled services businesses, serving the broad health care marketplace. OptumHealth is focused on health management and wellness, clinical services and financial services. OptumInsight, formerly Ingenix, specializes in technology, intelligence, consulting and business outsourcing solutions. OptumRx, formerly Prescription Solutions, is among the largest pharmacy benefit management organizations.

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Dear shareholder:

In 2010, the elevated focus on the U.S. health care system—both its greatness and its shortcomings—was striking.

There is a growing national will to address core issues in the health care system to make it work better for everyone. Recognition of the need for fundamental change makes this a time of significant challenge and opportunity for the modernization of health care. We see new markets opening, new opportunities to serve and new growth for our enterprise.

For three decades, we have worked to develop innovative, practical and financially responsible ways to make higher quality health care more accessible and affordable for more people. We focus on making it easier for people to get the care they need, personalizing and simplifying their health care experience, strengthening the bonds between patients and physicians, modernizing technology to improve

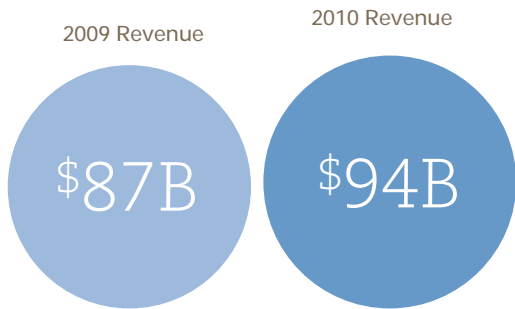
consistency and connectivity among all the participants in health care and finding new ways to improve quality while controlling the rising costs of health care.

In 2010, this approach to serving people in health care enabled us to exceed our growth goals. Our revenue grew by 8 percent, or \$7 billion, reaching \$94 billion in 2010. We met our financial commitments for 2010 and introduced a meaningful dividend to our shareholders.

Our Health Benefits businesses are growing.

In 2010, our benefits businesses were privileged to serve a million more people than in 2009. They also transitioned smoothly and successfully to a single, unifying brand name, UnitedHealthcare.

Our benefits platform has strong growth capacity, across geographies, products and benefit sponsors. Millions more people will be entering the market for health benefits over the next several years and the UnitedHealthcare brand and its capabilities will make it simple and easy for all our customers to understand the value we offer through every stage in life.



Our Health Services businesses, under the new Optum brand name, are growing. OptumInsight, OptumHealth and OptumRx delivered combined revenue growth of 15 percent year-over-year. Expanding benefit coverage, increasing government oversight and new legislation are creating needs we can meet for connectivity, expanded care capacity, clinical accountability and transparency, and more consumer affordability. Greater cost pressures are impacting the entire health care system. In 2010, we aligned our Health Services businesses more closely to better serve this huge emerging market among governments, care providers, payers and other participants in the care system.

Health Services will not focus on the domestic market alone. Our broad services capabilities are also the leading edge of our company's continuing international expansion.

In 2010, we continued to focus, as we have over the last several years, on consistent fundamental execution. As a result, UnitedHealth Group's measures of service and responsiveness were high and continued to trend upward. Our care provider relationships and clinical programs have never been more consistent, more integrated or offered greater economic value. Our cost and capital management disciplines, strong integration and modernization efforts, and our growth, distribution and market engagement programs have never been more mature. The time is right to begin to tell our story. We launched *Health in Numbers*, an image and reputation campaign for UnitedHealth Group, and the initial response has been strongly positive.

Our growing role in making the health care system work aligns with our growing and deeper involvement in people's health and health care. That relationship, in such a socially and personally sensitive part of their lives, must be built on trust. We are committed to putting ourselves in the shoes of the people we serve, delivering not only high performance, but compassion and dependability properly matched to the enabling role we will play in the future of this nation's health care.

Within each of our businesses, we are redoubling our efforts to develop and promote innovative thinking, along with the processes to efficiently translate new



Initial response to UnitedHealth Group's image and reputation campaign, *Health in Numbers*, has been very positive.



UnitedHealth Group is building new relationships to help reach and serve people from different perspectives, like our collaboration with Sesame Street.

ideas into scalable reality. The results are new product designs and network and payment approaches, new ways to engage people in their health and health care and drive better consumer choices, and the application of new technology to simplify the health care experience end-to-end for both consumers and care providers. We are building new relationships to help us reach and serve people from different perspectives, like our collaborations with Sesame Street, the YMCA, LPL Financial, the National Restaurant Association, National Football League's New England Patriots franchise, Walgreens and Cisco. This report highlights a number of the innovations we introduced in 2010.

Our forward momentum is strong and we are optimistic as we enter 2011 and begin to prepare for continued growth in 2012 and beyond. The next wave of growth opportunities will come to those who fundamentally help make the health care system work better, in a more sustainable way. We believe UnitedHealth Group is well positioned to meet that challenge.

We serve people—we support the health care needs of more than 75 million people in the United States and around the globe and help enable the 14 million people who work in the U.S. health system to do their jobs more effectively, every day. As we address the needs of the people we serve—better and more consistently than other market alternatives—we diversify and grow.

UnitedHealth Group has never been better prepared, more engaged or more committed to help people live healthier lives and to advance a positive health care agenda in the United States and worldwide.

I would like to thank the people of UnitedHealth Group for their outstanding performance this year in serving our customers. We offer our thanks to you, our shareholders, for your continuing support.

Sincerely,

Stephen J. Hemsley
President and Chief Executive Officer

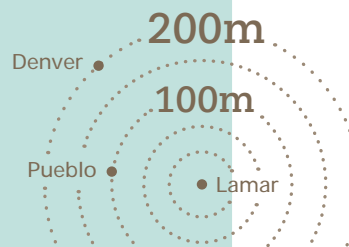



“It was an eye-opening experience. It felt like the doctor was right there in the room with me. This is something Lamar has needed for a long time.”

Gale Garrison

Garrison's pulmonologist is 200 miles away from Lamar in suburban Denver, while the nearest cardiologist is based 100 miles away in Pueblo.

colorado





The health care system is under increasing pressure to provide affordable care for more people. **To make the best use of health resources and get people the care they need when they need it, no matter where they are, we are entering new markets with innovative products and services.**

There are not enough primary care doctors in America, especially in rural areas. Our advances in telemedicine make access to health care easier.

Within 10 years, the U.S. health system is expected to need an additional 45,000 primary care physicians. Many areas of the nation and a number of medical specialties are already reporting a scarcity of physicians, according to the American Association of Medical Colleges. The effects of this shortage are perhaps most acute in rural areas. While approximately 20 percent of the U.S. population lives in rural areas, only 9 percent of U.S. physicians practice in these communities.

In collaboration with Cisco, UnitedHealth Group has introduced high-resolution teleconferencing technology and digitalized diagnostic equipment to establish the first national telehealth network to enable physicians to see and diagnose patients face-to-face when in-person visits are not feasible.

For example, together with the state of Colorado and Centura Health, a large hospital system, we are expanding physicians' reach into underserved communities across the state.

"I just said it can't be possible," recalls Gale Garrison, 59-year-old resident of rural Lamar, Colorado, who has worked all his life on livestock feed lots in Colorado and Nebraska. "It just really doesn't make sense, does it? How could someone hundreds of miles away tell you what's going on with you?"

After his first visit with a pulmonologist who was sitting 200 miles away in suburban Denver, Garrison became a believer. "It was an eye-opening experience," says Garrison. "It felt like the doctor was right there in the room with me. This is something Lamar has needed for a long time."

Like most of Lamar's 9,000 residents, Garrison faced challenges accessing specialty care. In the early 1990s, he was diagnosed with chronic obstructive pulmonary disease. To see a lung specialist, Garrison had to make

a three-hour drive to Colorado Springs. The distance, hassle and expense of the trip kept Garrison from seeing a pulmonologist for three years—until his Connected Care visit in fall 2010.

Using Connected Care, Garrison was treated by Dr. Thomas Bost of Critical Care, Pulmonary & Sleep Associates in suburban Denver. Dr. Bost says his first visit with Garrison resembled many such visits via Connected Care.

“The first visit is almost always emotional, witnessing faces of patients who walk in skeptics and walk away believers in the ability of this technology to open access to care in a way they never would have imagined,” said Dr. Bost. “Gale was no exception.”

Garrison also suffers from heart problems. Today, the nearest cardiologist is based 100 miles away from Lamar in Pueblo, and Garrison makes monthly trips to see him. Encouraged by his experience with Connected Care to treat his lung condition, Garrison is planning to start using the technology to manage his heart disease.

Connected Care is also proving to be a popular professional tool for physicians. For the past year, Dr. Randy Taylor and other physicians in his Denver-area practice have used Connected Care to see patients in Lamar and another rural town, Del Norte. The majority of their patients are Mexican-Americans, many struggling with poverty and the language barrier in accessing health care, in addition to the challenge of their remote locations.

“It’s an empowering experience for the patient who has never had such convenient access to quality specialty care before,” said Dr. Taylor, an ear, nose and throat specialist. “But it’s just as empowering for us to be able to help patients we could not reach before.”

In Lamar, Garrison now spends his days looking after his eight grandchildren, who he says will have better access to care than he did growing up—in large part because of Connected Care.

“It gives me hope knowing I can see a doctor when I need to,” Garrison says. “And that these children will, too.”



Health Care Goes Mobile



NowClinic

With NowClinicSM online care, a computer with Internet access turns any location into a doctor's office. Our NowClinic online care service uses digital technology and the Internet to bring health care directly to consumers on their desktop or laptop computers.

This online health care model from OptumHealth provides patients with immediate, real-time remote access to licensed physicians and other health care providers in their state, regardless of insurance coverage. It facilitates secure, live chats over the Internet that can, in many cases, also allow patients and doctors to see each other via webcams. You can talk to a doctor, clinician or specialist like you would in an exam room, and share your symptoms, receive a diagnosis, and even get a prescription, if clinically appropriate.

In the workplace, whether it's an office or a construction site, NowClinic online care can help balance personal and business needs, reducing the costs and the time lost to travel and waiting room delays. In the near future, NowClinic will connect patients and physicians via computer access in retail settings like shopping malls, national chain stores and from the comfort of the patient's home.

DocGPS

UnitedHealthcare was first to develop a smart-phone application that makes finding doctors and hospitals as simple as a series of taps. The app locates nearby UnitedHealthcare physicians and care providers, along with simple touch-screen access to 23 kinds of health and urgent care facilities and 58 types of medical specialties, putting quality care right at people's fingertips.

Search results indicate UnitedHealth Premium[®]-designated doctors and health care facilities, helping plan participants find physicians and health care facilities that provide higher-quality, cost-effective care. Users can specifically search for urgent care centers, making it easier to locate an alternative to the local emergency room for routine illnesses or injuries. And users can limit their searches to a specific mile radius from their current location based on the GPS signal, or by ZIP code.

DocGPS maps the chosen doctor's location with detailed directions, and allows users to call the doctor's office they've chosen with a single tap. The app makes it easy to find care right where and when it's needed, whether for families on vacation or regular business travelers on the road. DocGPS has had approximately 20,000 downloads.

Medication Reminders

Many patients, particularly older people with multiple health issues, have trouble remembering when to take their medications. Careful adherence to patients' treatments and medications plays an important role in supporting better health.

OptumRx, our pharmacy benefits management organization, introduced a new mobile device application for people who use our prescription services that makes it easier for people to remember to take their medications, as well as to refill or transfer a prescription to mail service. It's called "My Medication Reminder."

The text message program offers two dosage reminder options: a daily reminder that can be set for any hour of the day to remind a patient to "Take your medications today;" and prescription-specific reminders. Patients who select this option receive a list of all the active drugs (including over-the-counter medications) in their personalized OptumRx account profiles. They can then designate the drugs for which they would like to receive reminders.

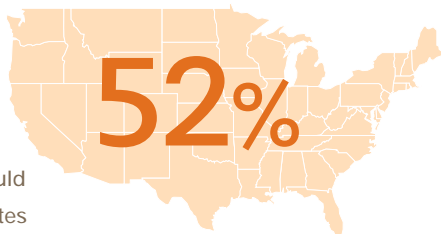
OptumRx also offers reminder services via e-mail or telephone. In addition, customers can access their personal prescription profile, refill their mail service medications and check the status of their mail order prescriptions, directly from their mobile phones.



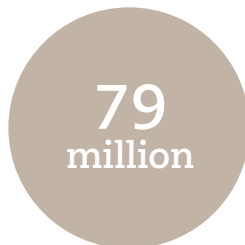
“To learn I was prediabetic was a shock. If I don’t get active and eat the right things, that’s the direction I’m going. I need to be around for my kids.”

Todd Hopkins

By 2020, 52 percent of U.S. adults could have prediabetes or diabetes.



24 million adults in the United States are affected by type 2 diabetes. Another 79 million Americans are affected by prediabetes.



Serving people's health care needs is both our business and social mission. **Our advances in health care coordination and management are opening new opportunities to engage people more actively in their own health and well-being.**

An epidemic of type 2 diabetes is sweeping the United States. We can help stop the progression of the disease and control its life-threatening consequences.

Todd Hopkins, 43, is the father of five children, ranging in age from 8 to 19 years old. Hopkins recalls, "My doctor said I was 'morbidly obese.' My good cholesterol was low. My bad cholesterol was getting higher. A glucose test showed I was heading toward diabetes. To learn I was prediabetic was a shock. If I don't get active and eat the right things, that's the direction I'm going. I need to be around for my kids."

Type 2 diabetes is a chronic and disabling disease that affects nearly 24 million adults in the United States. Another 79 million Americans are affected by prediabetes, the precursor of diabetes, and the vast majority of them don't even know they are in danger.

By 2020, if current trends continue, more than half of the U.S. population could be affected by diabetes or

prediabetes with the nation spending \$3.4 trillion on diabetes-related care. At the core of the epidemic is the rising number of overweight and obese people.

Yet, well-established clinical trials sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention (CDC) have proven that lifestyle intervention and modest weight loss can prevent conversion from prediabetes to diabetes. And documented community studies support the fact that education programs significantly reduce medical complications for people who already have diabetes.

UnitedHealth Group is spearheading the Diabetes Prevention and Control Alliance to bring these scientifically proven effective approaches to managing prediabetes and diabetes to broad scale through a unique collaboration with the YMCA of the USA, the CDC and Walgreens.

To help prevent diabetes, we are working with the YMCA to offer a 16-session lifestyle intervention program staffed by Y lifestyle coaches rigorously

trained by CDC-supported master trainers. The evidence-based course is aimed at teaching people to prevent diabetes through healthy eating, increased physical activity and other lifestyle changes. To help control diabetes, UnitedHealth Group has introduced a program designed to encourage people with the disease to better understand their condition and the importance of their often complex medication strategies through education and support from trained community pharmacists, like those at Walgreens.

UnitedHealth Group also provides advanced analytics and technology support, as well as funding outreach and consumer marketing and reimbursement for the services delivered under the program.

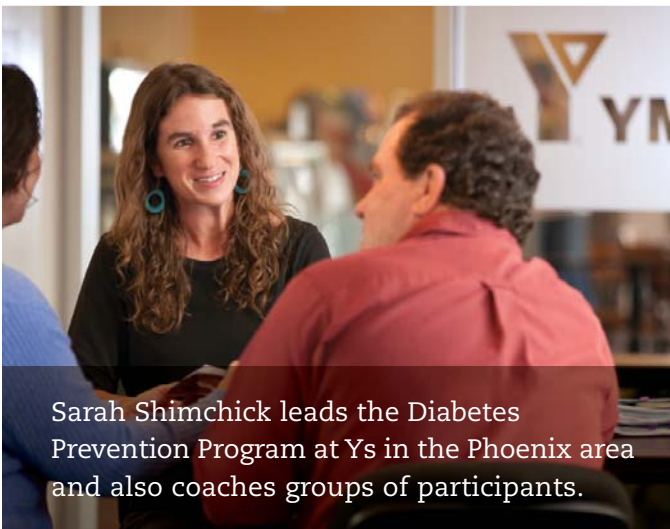
Hopkins' employer-sponsored health benefits from UnitedHealthcare offered the diabetes prevention program at no cost, and he joined the Y's classes near his home. He says, "It's all about making better life choices. Over the last 16 sessions, I've changed a lot of the ways I eat, a lot of the foods I eat. I'm eating

more fruits and vegetables, less of the high fat, high cholesterol stuff.

"People at work say, 'You're losing weight. You're looking great. What diet are you on?' I'm not on a diet. I just have to decide how much to eat and make the healthy choices along the way. But one of the benefits for me was that it really has been a great weight loss program. The first class, I weighed 305 pounds. At last Monday's class, I weighed in at 272.

"Your health gets a whole lot better. I'm more active. I've got much more energy than I did just three months ago. My oldest son at home who's a junior in high school says, 'I've got to get in shape, because Dad can catch me now.'"

Hopkins says he still has more personal goals to meet. "My wife and I have our 21st wedding anniversary coming up and we're going away together for a week. My goal is to be at 265 before we leave for that trip. It's an overall lifestyle change that I'm trying to make consistent in my life."



Sarah Shimchick leads the Diabetes Prevention Program at Ys in the Phoenix area and also coaches groups of participants.

"If you want people to be successful in the program and sustain the changes they make throughout their lifetime, you really have to listen to what is going to work for them." She said, "I raise issues and offer support and guidance, but then I step back and let the group work out the problems and challenges—that's when the program is most beneficial. Maybe I'm biased, but I really enjoy my group, because they are really embracing the change and are ready to do whatever it takes. They are so willing to support one another."

Helping People Get Healthy and Stay Healthy



Personal Rewards

According to the Centers for Disease Control and Prevention (CDC), 50 percent of a person's health status is a result of behavior—choices made each day with respect to physical and emotional well-being. CDC studies also show that nearly half of the health care decisions people make are “sub-optimal,” meaning an alternative choice may have led to a better clinical and/or financial outcome.

UnitedHealth Personal Rewards is a wellness program that offers financial incentives to people in an employer-sponsored health plan who pursue a healthy lifestyle and who get regular care when living with an illness. Each participant has a customized Personal Rewards scorecard that serves as a guide to his or her goals for better health, including annual physical exams, regular cancer screenings and, as appropriate, weight management, disease management and smoking cessation programs. The more goals a person meets, the greater the rewards for the participant. The program encourages healthy choices, tallies the financial incentives and offers access to ongoing support.

By connecting specific actions with meaningful incentives, we are motivating healthier behaviors. In 2010, UnitedHealth Group began offering this program to our employees and family members.



Health Impact

Most of the \$1 billion spent annually on care management programs in the United States supports treatment for people already diagnosed with difficult-to-manage chronic conditions, like diabetes, colorectal cancer and others. Often, by the time a person is diagnosed with a chronic illness, it is too late to reverse the disease and it is expensive to treat.

UnitedHealth Group's OptumInsight information, technology, services and consulting business developed Health Impact to help predict and prevent disease by identifying risk factors *before* an illness begins to develop or progress. By analyzing historical, de-identified medical data, the tool pinpoints the underlying precursors to disease with high accuracy among at-risk individuals.

For example, Health Impact has identified not only the standard precursors for diabetes, such as metabolic syndrome, but as many as 93 other potential flags for diabetes. Early warnings of emerging health issues give people time to make critical lifestyle choices and behavioral changes that can delay or even prevent illness and significantly reduce the costs of care. Health Impact was recognized for its breakthrough potential in *The Wall Street Journal's* Annual Technology Innovation Awards for 2010.



Healthy Habits for Life

Our initiative, *Food for Thought: Eating Well on a Budget™*, under our *Healthy Habits for Life* partnership with Sesame Workshop, the nonprofit educational organization behind Sesame Street®, is a bilingual educational outreach program that helps low-income families make food choices that are affordable, nutritional, and set the foundation for lifelong healthy habits.

Our partnership and the *Food for Thought* initiative offers support and resources for families with children between the ages of 2 and 8 to cope with “food insecurity” —defined by the U.S. Department of Agriculture and U.S. Department of Health and Human Services as “households where there is a lack of access to enough food to fully meet basic needs at all times due to lack of financial resources.” There is growing concern that food insecurity could contribute to childhood obesity. Over the past three decades, the rate of childhood obesity in America has tripled. Nearly one in three children is overweight or obese, putting them at risk for lifelong chronic illnesses including hypertension, heart disease and diabetes.



“CareTracker gives me the time I need to provide more patient care.”

Dr. Ruth Yoon

U.S. patients receiving primary care in small practices



75%

Small practices using an electronic health record



12%

Our enterprise is meeting the challenges of making health communities more connected, transparent, efficient and accountable. **We are experiencing growth by providing tools and new approaches that help deliver quality, evidence-based, patient-centered care.**

The majority of physicians' practices still use paper-based systems. Our Physician Model Office project makes adoption of health IT easier, helping doctors spend more time with patients.

While 75 percent of people in the United States receive primary care in small physician practices, only about 12 percent of these practices use an electronic health record (EHR). Working with the American Medical Association (AMA), OptumInsight is helping to make health IT implementations faster, easier and minimally disruptive—and ultimately more successful. Over the next few years, hundreds of thousands of physicians who are currently dependent upon paper-based, manual systems for administration and patient records, are expected to make the change to electronic systems and processes.

The Physician Model Office is building a blueprint for the effective, efficient deployment of health

IT in small physician practices. The AMA helped identify physicians to participate in the program and is coordinating resources and expertise for the project. Physician Model Office practices receive free implementation and access to CareTracker, a Web-based practice management and EHR system developed by OptumInsight.

Dr. Ruth Yoon is a family doctor with a small practice in Okemos, Michigan, who sees 15 to 20 patients daily. She says, "We were using paper patient charts and we realized how many charts we were pulling every day." In fact, she and her staff sometimes found themselves distracted from some aspects of patient care by this kind of administrative work. "There are only so many hours in the day, so that cuts into patient care," says Dr. Yoon. In joining the program, the doctor wanted to put in place the necessary components to provide a patient-centered medical home, including converting her practice's operating systems to more comprehensively address her patients' overall medical needs.

Working closely with OptumInsight consultants, Dr. Yoon and her staff had CareTracker up and running in a matter of hours. CareTracker saves time for physicians and staff by helping them access and use important clinical knowledge and patient medical information right at the point of care. The system links to thousands of labs, hospitals, pharmacies and commercial and government sponsors of benefits. It also connects with all the operational functions of a physician's practice. It simplifies administrative tasks such as billing, claims management, scheduling, prescriptions, lab and hospital interactions and other documentation.

The U.S. government recognizes health IT's potential to help reduce health care expense and improve medical outcomes. This is underscored by the \$27 billion included in the 2009 American Recovery and Reinvestment Act to provide incentives for hospitals and physicians to promote the introduction and use of interoperable electronic health records.

According to Dr. Yoon, "Since CareTracker has been in our office, I can see the future coming. The American Recovery and Reinvestment Act requires the usage of EHR 80 percent of the time for patient care to give us funding for health IT. With scheduling, seeing patients, planning and follow-up, I do believe I am already there, because I'm using it from beginning to end." Her staff members are more available for patients' tests and other care. And Dr. Yoon says, "It gives me the time I need to provide more patient care. That is my goal, to provide better care for my patients—not only for their medical problems, but also their mental, emotional and family problems. That is my passion."

Feedback from physicians participating in the Physician Model Office program is providing a constructive look at the transition hundreds of thousands of doctors and other care providers will complete over the next several years. UnitedHealth Group will use this insight and experience to continue to better serve the rapidly growing market for technology that connects, informs and aligns health care more closely around patient needs and population health.



CareTracker saves time for physicians and staff by helping them access and use important clinical knowledge and patient medical information right at the point of care.

Helping Make Health Care Work Better



New Payment Approach to Fight Cancer

We are introducing new approaches to health care payment and provider reimbursement. This year, working with five medical oncology groups across the nation, UnitedHealthcare is advancing a first-of-its-kind cancer-care payment model aimed at improving the quality of care for patients with breast, colon and lung cancers—among the most common cancers in the United States, according to the National Cancer Institute.

Under the current system, oncologists recommend a specific treatment program that commonly includes chemotherapy drugs and administers them to the patient. The oncologist then bills the patient's health insurance plan or payer for the retail price of the drugs, plus a charge for administering the drugs.

This new reimbursement model pays a new patient care fee for a patient's total cycle of treatment—it represents the profit margins oncologists made from the drugs. It will remain the same no matter what chemotherapy drugs are given, but the drug cost is always reimbursed. The new program, in effect, separates the oncologist's income from drug sales while preserving his or her ability to maintain a regular visit schedule with the patient.

This innovative approach reimburses the oncologist upfront for an entire cancer treatment program, shifting away from the current "fee-for-service" approach, which rewards volume regardless of health outcomes. This program also promotes better, more patient-centric, evidence-based care with no loss of revenue for the physician.



Growing Our Health Services Offerings

OptumInsight applies health intelligence, technology and connectivity to help physicians, hospitals and clinics optimize clinical performance, improve quality of care and reduce costs. In 2010, OptumInsight acquired the following companies—Picis, Executive Health Resources and Axolotl—that add important new capabilities to our services offerings.

The most critical areas for care—and cost—in a hospital are the emergency department, surgical suites and intensive care units. Through Picis, OptumInsight offers information systems that provide second-by-second decision support, capture patient information and keep records of treatment for accurate billing and reimbursement.

New medical industry standards and regulation programs, medical necessity rules compliance and audit requirements demand organizational planning, new infrastructure, processes and expertise. Through Executive Health Resources, OptumInsight offers the leading physician guided solutions for medical necessity compliance.

Health information exchanges (HIE) are secure, intelligent, electronic networks that clinically connect care providers across a hospital system, within a region or across an entire state, pulling together all available patient data electronically. With a single click, this information is displayed to authorized users when it is needed most—at the point of care. Axolotl offers a leading HIE solution, used by nearly 30,000 physicians, 100,000 health care professionals, more than 200 hospitals, 20 regional health information organizations (RHIOs), and six statewide HIEs—touching the lives of more than 35 million patients.

Through its family of businesses, UnitedHealth Group provides a highly diversified and comprehensive array of health and well-being products and services.

The company serves more than 75 million individuals, 6,200 hospital facilities, 246,000 health care professionals or groups, all 50 states and the federal and international governments.

The enterprise has been developed around investment in and application of three core competencies: clinical care management; technology; and the use of data and information to improve health care performance.

These core competencies are focused in two market areas — Health Benefits and Health Services. UnitedHealth Group has more than two dozen distinct businesses that address specific end markets within the benefits and services sectors. Each of these

business units focuses on the key goals in health and well-being: access, affordability, quality and simplicity as they apply to their specific market.

UnitedHealth Group has achieved marketplace leadership through a sustained focus on advancing health and well-being; a commitment to operational excellence; product and service innovation; advancement of practical technology applications to engage consumers and simplify the health care experience; the analytic use of information to enhance service, quality and patient safety; support of science as the cornerstone of optimum health care delivery; diversification of businesses and product offerings; and, most importantly, the provision of value to its customers.

Our family of businesses serves:

75 million
individuals

6,200
hospital facilities

246,000
health care professionals

We coordinate care through a national network of:

5,300
hospitals

730,000 physicians
and other health care professionals



Health Benefits

UnitedHealthcare offers a comprehensive array of health benefits products and services for every life stage, across the employer-sponsored, Medicare and Medicaid, and individual benefits markets. The Health Benefits platform includes three distinct businesses that share systems, networks and one unified brand name—UnitedHealthcare—to offer customers broad access to high-quality, cost-effective health care at the local level.

UnitedHealthcare combines practical and measured innovation, consistently effective clinical care management, and scale—both geographic and technological—to continue to drive improved medical and operating cost positions, which are critical to the value provided to customers.

The business is closely aligned with the unique needs of the local communities it serves through the largest combined network of health care providers offered within a single enterprise.

UnitedHealthcare Employer & Individual

UnitedHealthcare Employer & Individual serves health benefit needs of employers ranging from sole proprietorships and small businesses to large, multi-site and national *Fortune 500* employers and public sector clients, as well as students and individuals.

UnitedHealthcare Employer & Individual has consistently promoted new and better ways to empower employers, clinicians and people with better information to make better health care decisions that lead to better health. When people make good health decisions, choose the right doctor or hospital, or get the right medicine, it also means reduced absenteeism, improved productivity and lower costs for our employer customers.

The company offers thoughtfully designed products and market-leading expertise in consumerism; the country's single largest care provider network, which could be conveniently accessed by 98 percent of the U.S. population; and award-winning customer and client service supported by highly sophisticated

technology and robust infrastructure. The company's innovative approach to health benefits has been recognized with *Fortune* magazine's 2010 No.1 ranking for innovation in the health insurance and managed care category.

UnitedHealthcare Medicare & Retirement

UnitedHealthcare Medicare & Retirement delivers health and well-being benefits to 9 million seniors in conjunction with AARP across all major product categories in virtually every key U.S. market.

Americans over the age of 50 represent the fastest growing market segment for health and well-being services. UnitedHealthcare Medicare & Retirement has a unique market position because of its multifaceted and national business scope dedicated to senior health care and Medicare, including experience with the frail elderly, the Medicare Supplement business, Medicare health plans, services for individuals with chronic conditions and prescription drug programs. The company's proprietary clinical care

models and software tools are designed to be effective in the community, at home, and in skilled and extended care facilities or other settings.

UnitedHealthcare Community & State

UnitedHealthcare Community & State serves more than 3.3 million people, including nearly 2 million children, who receive health coverage through Medicaid, Medicare and Children's Health Insurance Programs. The company is a leader in helping low-income adults and children and those with disabilities get access to quality, personalized health care benefits and services.

The company has a deep understanding of the challenges faced by people who are low-income or have special needs, and particular expertise in helping them overcome these challenges to improve their health and quality of life. UnitedHealthcare Community & State does this by working closely with community-based organizations to help address cultural or language barriers to members getting the preventive care or treatment they need.

UnitedHealthcare Community & State uses the Personal Care Model, an innovative approach that helps health plan members receive the right care, at the right time, in the right place. The Personal Care Model involves evaluating the unique health needs of members and using a collaborative support network of care managers, physicians and community-based organizations to coordinate their care with a focus on preventive services, early intervention and health education. This approach is particularly effective for those with serious and chronic illnesses and for high-risk expectant mothers—situations that require high-touch care.



Health Services

Optum, UnitedHealth Group's diversified information and technology-enabled services business platform, serves the broad health care marketplace and is dedicated to helping make the health care system work better for everyone. Optum's products and services can enable the 14 million people who work in the U.S. health system to do their jobs more effectively, every day, and can help the nearly 310 million people in America improve their health and well-being.

Optum's businesses work with care providers (hospitals, physicians, pharmacy and other health care professionals), plan sponsors (employers, health plans, governments), life sciences companies (pharmaceuticals, biotechnology, medical devices) and consumers to achieve a common goal of optimized health outcomes, care quality and cost-effectiveness. This goal is accomplished by helping connect health system participants and providing them actionable information at the points of decision-making.

Optum's products and services are among the best in class and can be deployed individually or as integrated solutions, and when connected end-to-end, enable the health care system to operate more efficiently and effectively. The breadth of our Health Services portfolio is distinctive and allows these businesses to positively impact key activities within the health care system.

OptumHealth

OptumHealth is a national leader in population health and wellness services. Employers, health insurance and benefits payers and public sector organizations use OptumHealth's behavioral health solutions, clinical care management and financial services. OptumHealth educates consumers, helping them navigate the health care system, finance their health care needs and better achieve their health and well-being goals.

The company is recognized for its work in wellness, disease and care management programs, care advocacy and decision support services, complex condition management, mental health and substance abuse management, and employee assistance programs. OptumHealth is also a provider of consumer health information, private health portals and consumer engagement services and health banking services for consumers and care providers.

OptumInsight

OptumInsight is a leading health care information, technology, services and consulting company, providing software and services to major participants in the health care industry. Its clients include physicians, hospitals and other care providers, governments, health insurers and benefits payers and life sciences companies.

OptumInsight products and services are purchased by 6,200 hospital facilities, 246,000 health care professionals or groups, 2,000 payers and intermediaries, more than 2,200 life sciences companies and hundreds of government entities including all 50 U.S. states.

OptumRx

OptumRx is one of the largest pharmacy benefits managers in the United States based on total claims volume, meeting the pharmacy needs of more than 12 million Americans. OptumRx provides retail pharmacy network claims processing, mail order pharmaceuticals and specialty pharmaceuticals management, processing nearly 350 million adjusted retail, mail service and specialty drug prescriptions annually.

The company also provides retail network contracting, rebate contracting and management and clinical programs, such as step therapy, formulary management and disease/drug therapy management programs that assist customers in achieving a low-cost, high-quality pharmacy benefit.

Optum's products and services can enable the 14 million people who work in the U.S. health system to do their jobs more effectively.

UnitedHealth Center for Health Reform & Modernization

Through our Center for Health Reform and Modernization we are committed to helping tackle the toughest health challenges facing the nation. Supplementing the resources and experience of our enterprise with leading research groups and academic teams, the Center assesses and develops innovative policies and practical solutions and seeks to share information with policymakers and the public.

In 2010, the Center contributed three major research reports, which can be downloaded from our website at unitedhealthgroup.com/reform:

Coverage for Consumers, Savings for States: Options for Modernizing Medicaid. The report shows how states and the federal government could save an estimated \$366 billion over the next decade by modernizing Medicaid. (April 2010)

U.S. Deficit Reduction: The Medicare and Medicaid Modernization Opportunity. A new study offers practical solutions to reduce the growing U.S. budget deficit through Medicare and Medicaid reform, including practical ways federal and state governments could save taxpayers about \$3.5 trillion over the next 25 years. (October 2010)

The United States of Diabetes: Challenges and Opportunities in the Decade Ahead. Research indicates that more than 50 percent of Americans could have diabetes or prediabetes by 2020 at a cost of \$3.4 trillion over the next decade. This report offers practical solutions that could improve health and life expectancy, while also saving up to \$250 billion over the next 10 years. (November 2010)

UnitedHealth Group Community Activities in 2010

United Minnesota. The company's "United Minnesota" initiative is a 10-year, \$100 million philanthropic program to create sustainable improvements in health, education and well-being in Minnesota. Among other activities in 2010, UnitedHealthcare contributed \$17.5 million to enhance trauma care for children across the region by supporting the creation of a Level I Pediatric Trauma Center at Children's Hospitals and Clinics of Minnesota in Minneapolis.

Make-A-Wish Foundation®. In 2010, UnitedHealth Group renewed its commitment to help bring hope, strength and joy to children with life-threatening medical conditions by pledging \$3 million to the Make-A-Wish Foundation over the next three years. UnitedHealth Group is one of the Foundation's largest national sponsors.

American Heart Association. UnitedHealthcare, in 2010, committed \$1.95 million over three years to the American Heart Association to help establish walking paths throughout the country.

United Volunteers. UnitedHealth Group employees participated in more than 11,900 volunteer community projects with an estimated in-kind value of \$4 million, an increase of \$1.5 million over 2009.

Annual Employee Giving Campaign. UnitedHealth Group's annual nationwide giving campaign solicits employee donations to community charities of their choice. Employee pledges and the company-matching pledge totaled \$14 million for 2010, our highest amount to date, up 11 percent over 2009.

Please see our 2010 Social Responsibility Report for more information: unitedhealthgroup.com/SR

United Health Foundation

The United Health Foundation is a not-for-profit, private foundation that provides actionable information to support decisions that lead to better health outcomes and healthier communities. Established by UnitedHealth Group in 1999, the Foundation has committed more than \$187 million to improve health and health care. Following are examples of its initiatives:

The United Health Foundation's America's Health Rankings® is an annual state-by-state assessment of the nation's health. In collaboration with the American Public Health Association and Partnership for Prevention, for more than two decades America's Health Rankings has provided communities and individuals with data that has spurred innovative thinking and action to strengthen our nation's health.

To increase access to health care for underserved communities, the Foundation's Community Health Centers of Excellence initiative supports community clinics that are part of our nation's health care safety net in New Orleans, Miami, New York City and Washington, D.C.

The Foundation's Diverse Scholars initiative supports hundreds of low-income minority students pursuing degrees in the health field. The goal of the initiative is to increase the number of qualified, yet under-represented, college graduates entering the health workforce.

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

www.unitedhealthfoundation.org

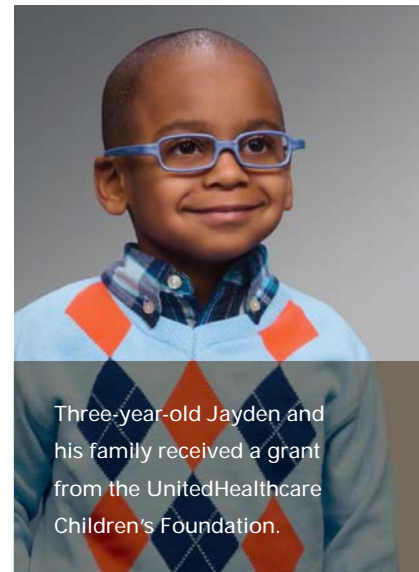
UnitedHealthcare Children's Foundation

Children who have medical needs sometimes lack comprehensive insurance that covers all of their medical treatments. There are few places their families can turn for additional funds.

As a result, far too many children risk going without necessary treatment, or they receive needed care while their families are burdened with large financial obligations. The UnitedHealthcare Children's Foundation provides medical grants, up to \$5,000, to help meet this need.

Jayden, a 3-year-old from South Carolina, was diagnosed with three types of congenital heart defects at birth. He had heart surgery a few months ago, is recovering quickly and his energy level has soared.

"This grant has meant so much to our family and has allowed us to focus on the recovery of our son," says Jacqueline, Jayden's mom.



Three-year-old Jayden and his family received a grant from the UnitedHealthcare Children's Foundation.

In 2010, the UnitedHealthcare Children's Foundation provided 787 medical grants, 75 percent more than 2009. The medical grants are made possible by our generous contributors, which include more than 8,000 UnitedHealth Group employees, UnitedHealth Group and individuals and corporations who believe in this mission. www.uhccf.org

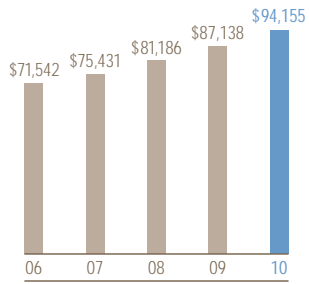
UnitedHealth Group Highlights

- UnitedHealth Group revenues increased \$7 billion, or 8 percent from 2009, to \$94.2 billion in 2010, with four business units posting revenue increases of more than 10 percent year-over-year.
- UnitedHealth Group achieved business growth across each of its reporting segments and generated earnings from operations of \$7.9 billion.
- Cash flows from operations reached nearly \$6.3 billion, representing 135 percent of 2010 net earnings.
- Diluted net earnings per common share were \$4.10.
- The Board of Directors moved the company to a quarterly dividend payment cycle and raised the annual dividend rate to \$0.50 per share in May 2010.

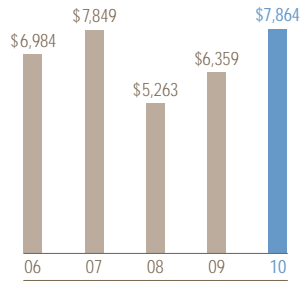
The 2010 financial results on pages 22 through 25 should be read together with the consolidated financial statements and notes in the 2010 Annual Report on Form 10-K. The 2010 Annual Report on Form 10-K is an integral part of this Summary Annual Report.

| In millions, except percentages and per share data | For the Year Ended December 31, | | | | |
|---|---------------------------------|-----------|-----------|-----------|------------------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Consolidated operating results | | | | | |
| Revenues | \$ 71,542 | \$ 75,431 | \$ 81,186 | \$ 87,138 | \$ 94,155 |
| Earnings from operations | 6,984 | 7,849 | 5,263 | 6,359 | 7,864 |
| Net earnings | 4,159 | 4,654 | 2,977 | 3,822 | 4,634 |
| Return on shareholders' equity | 22.2% | 22.4% | 14.9% | 17.3% | 18.7% |
| Basic net earnings per common share | \$ 3.09 | \$ 3.55 | \$ 2.45 | \$ 3.27 | \$ 4.14 |
| Diluted net earnings per common share | 2.97 | 3.42 | 2.40 | 3.24 | 4.10 |
| Common stock dividends per share | 0.030 | 0.030 | 0.030 | 0.030 | 0.405 |
| Consolidated cash flows from (used for) | | | | | |
| Operating activities | \$ 6,526 | \$ 5,877 | \$ 4,238 | \$ 5,625 | \$ 6,273 |
| Investing activities | (2,101) | (4,147) | (5,072) | (976) | (5,339) |
| Financing activities | 474 | (3,185) | (605) | (2,275) | (1,611) |
| Consolidated financial condition (As of December 31) | | | | | |
| Cash and investments | \$ 20,582 | \$ 22,286 | \$ 21,575 | \$ 24,350 | \$ 25,902 |
| Total assets | 48,320 | 50,899 | 55,815 | 59,045 | 63,063 |
| Total commercial paper and long-term debt | 7,456 | 11,009 | 12,794 | 11,173 | 11,142 |
| Shareholders' equity | 20,810 | 20,063 | 20,780 | 23,606 | 25,825 |
| Debt-to-total-capital ratio | 26.4% | 35.4% | 38.1% | 32.1% | 30.1% |

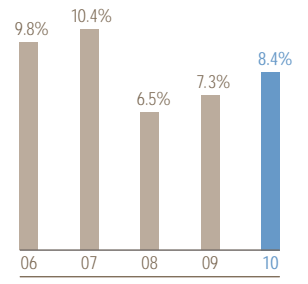
Revenues
(in millions)



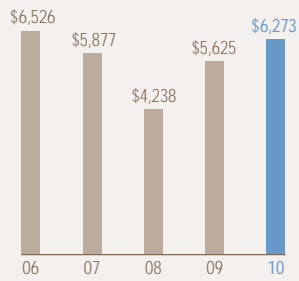
Earnings from Operations
(in millions)



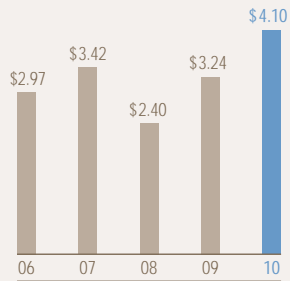
Operating Margin



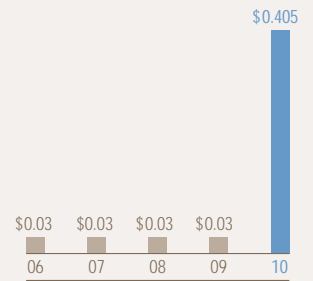
Cash Flows from Operations
(in millions)



Diluted Earnings per Share



Cash Dividend per Share of Common Stock



UnitedHealthcare Highlights

(includes UnitedHealthcare Employer & Individual, Medicare & Retirement and Community & State)

- For full year 2010, UnitedHealthcare revenue of \$87.4 billion increased \$6.1 billion, or 8 percent, year-over-year. The UnitedHealthcare businesses provided services to more than 37 million people at year-end, a net increase of 1.2 million people during the year.
- UnitedHealthcare Employer & Individual revenues of \$41.2 billion grew by 1 percent in 2010. This business grew to serve 24.8 million individuals in 2010, an increase of 185,000 people during the year.
- UnitedHealthcare Medicare & Retirement revenues of \$35.9 billion increased 12 percent compared to 2009, driven by an increase of 600,000 customers in UnitedHealthcare's primary senior market offerings—including growth of 280,000 seniors in Medicare Advantage products, 90,000 in active Medicare Supplement offerings, and 230,000 in stand-alone Part D prescription drug plans. At year-end, the company served 9 million seniors.
- UnitedHealthcare Community & State revenues of \$10.4 billion in 2010 increased by \$2 billion, or 24 percent, year-over-year primarily due to strong organic growth in individuals served. The business grew its risk-based Medicaid programs by 420,000 individuals and served more than 3.3 million people in 24 markets at year-end.

Optum Highlights

The Optum businesses—OptumHealth, OptumInsight and OptumRx—increased their combined revenues by 15 percent to \$25 billion in 2010.

OptumHealth

- OptumHealth revenues of \$5.8 billion increased \$321 million, or 6 percent, over 2009 primarily due to new business development in large scale public sector care management and behavioral health programs, and increased sales of benefits and services to external employer markets, partially offset by a decline in revenues from the sale of internal commercial products and the loss of some smaller specialty benefits customers.
- OptumHealth Financial Services grew its connectivity network to more than 540,000 physicians and care providers in 2010 and electronically transmitted more than \$43 billion in medical payments to them, a year-over-year increase of 22 percent. Assets under management in health-linked savings and investment accounts reached \$1.1 billion, an increase of 28 percent over 2009.

OptumInsight

- OptumInsight provided services in more than 70 countries and serves virtually every category of participant in the U.S. health system.
- Revenues for OptumInsight increased \$518 million, or 28 percent, during 2010 to \$2.3 billion primarily due to acquisitions and organic growth in health information technology offerings and services focused on cost and data management and regulatory compliance. OptumInsight operating margin was 3.6 percent (12.1 percent* excluding goodwill impairment and business line disposition charges related to certain i3 branded clinical trial service businesses).
- The OptumInsight contract revenue backlog grew by 57 percent during 2010 to \$2.8 billion, driven by acquisition-related backlog expansion and organic growth. The backlog does not include approximately \$500 million for the portion of the i3 business that is being divested.

OptumRx

- OptumRx 2010 revenues of \$16.8 billion grew \$2.3 billion, or 16 percent, year-over-year due to strong growth in consumers served through Medicare Part D prescription drug plans.
- During the year, OptumRx processed nearly 350 million adjusted scripts for 12.3 million individuals.
- Generic prescriptions reached 73.2 percent of all scripts filled by OptumRx by the fourth quarter 2010, an increase of 350 basis points year-over-year. The expanded use of generics increases the affordability of health care and also increases earnings from operations at OptumRx.

*See page 26 for a reconciliation of adjusted operating margin, which is a non-GAAP financial measure, to operating margin.

| | Revenues <i>(in millions)</i> | Earnings From Operations <i>(in millions)</i> | Operating Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|---|------------------|----|----------|----|----------|----|----------|----|----------|----|----------|--|------|----------|----|---------|----|---------|----|---------|----|---------|----|---------|---|------|--------|----|-------|----|-------|----|-------|----|-------|----|--------|
| UnitedHealthcare | <table border="1"> <tr><th>Year</th><th>Revenue</th></tr> <tr><td>06</td><td>\$67,817</td></tr> <tr><td>07</td><td>\$71,199</td></tr> <tr><td>08</td><td>\$75,857</td></tr> <tr><td>09</td><td>\$81,341</td></tr> <tr><td>10</td><td>\$87,442</td></tr> </table> | Year | Revenue | 06 | \$67,817 | 07 | \$71,199 | 08 | \$75,857 | 09 | \$81,341 | 10 | \$87,442 | <table border="1"> <tr><th>Year</th><th>Earnings</th></tr> <tr><td>06</td><td>\$5,860</td></tr> <tr><td>07</td><td>\$6,595</td></tr> <tr><td>08</td><td>\$5,068</td></tr> <tr><td>09</td><td>\$4,788</td></tr> <tr><td>10</td><td>\$6,636</td></tr> </table> | Year | Earnings | 06 | \$5,860 | 07 | \$6,595 | 08 | \$5,068 | 09 | \$4,788 | 10 | \$6,636 | <table border="1"> <tr><th>Year</th><th>Margin</th></tr> <tr><td>06</td><td>8.6%</td></tr> <tr><td>07</td><td>9.3%</td></tr> <tr><td>08</td><td>6.7%</td></tr> <tr><td>09</td><td>5.9%</td></tr> <tr><td>10</td><td>7.6%</td></tr> </table> | Year | Margin | 06 | 8.6% | 07 | 9.3% | 08 | 6.7% | 09 | 5.9% | 10 | 7.6% |
| Year | Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$67,817 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$71,199 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$75,857 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$81,341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$87,442 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$5,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$6,595 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$5,068 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$4,788 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$6,636 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 8.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 9.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 6.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 5.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 7.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optum (combined) | <table border="1"> <tr><th>Year</th><th>Revenue</th></tr> <tr><td>06</td><td>\$9,382</td></tr> <tr><td>07</td><td>\$19,474</td></tr> <tr><td>08</td><td>\$19,350</td></tr> <tr><td>09</td><td>\$21,803</td></tr> <tr><td>10</td><td>\$24,966</td></tr> </table> | Year | Revenue | 06 | \$9,382 | 07 | \$19,474 | 08 | \$19,350 | 09 | \$21,803 | 10 | \$24,966 | <table border="1"> <tr><th>Year</th><th>Earnings</th></tr> <tr><td>06</td><td>\$1,124</td></tr> <tr><td>07</td><td>\$1,430</td></tr> <tr><td>08</td><td>\$1,310</td></tr> <tr><td>09</td><td>\$1,571</td></tr> <tr><td>10</td><td>\$1,228</td></tr> </table> | Year | Earnings | 06 | \$1,124 | 07 | \$1,430 | 08 | \$1,310 | 09 | \$1,571 | 10 | \$1,228 | <table border="1"> <tr><th>Year</th><th>Margin</th></tr> <tr><td>06</td><td>12.0%</td></tr> <tr><td>07</td><td>7.3%</td></tr> <tr><td>08</td><td>6.8%</td></tr> <tr><td>09</td><td>7.2%</td></tr> <tr><td>10</td><td>4.9%</td></tr> </table> | Year | Margin | 06 | 12.0% | 07 | 7.3% | 08 | 6.8% | 09 | 7.2% | 10 | 4.9% |
| Year | Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$9,382 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$19,474 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$19,350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$21,803 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$24,966 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$1,124 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$1,430 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$1,310 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$1,571 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$1,228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 12.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 7.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 6.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 7.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 4.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OptumHealth | <table border="1"> <tr><th>Year</th><th>Revenue</th></tr> <tr><td>06</td><td>\$4,342</td></tr> <tr><td>07</td><td>\$4,921</td></tr> <tr><td>08</td><td>\$5,225</td></tr> <tr><td>09</td><td>\$5,528</td></tr> <tr><td>10</td><td>\$5,849</td></tr> </table> | Year | Revenue | 06 | \$4,342 | 07 | \$4,921 | 08 | \$5,225 | 09 | \$5,528 | 10 | \$5,849 | <table border="1"> <tr><th>Year</th><th>Earnings</th></tr> <tr><td>06</td><td>\$809</td></tr> <tr><td>07</td><td>\$895</td></tr> <tr><td>08</td><td>\$718</td></tr> <tr><td>09</td><td>\$636</td></tr> <tr><td>10</td><td>\$610</td></tr> </table> | Year | Earnings | 06 | \$809 | 07 | \$895 | 08 | \$718 | 09 | \$636 | 10 | \$610 | <table border="1"> <tr><th>Year</th><th>Margin</th></tr> <tr><td>06</td><td>18.6%</td></tr> <tr><td>07</td><td>18.2%</td></tr> <tr><td>08</td><td>13.7%</td></tr> <tr><td>09</td><td>11.5%</td></tr> <tr><td>10</td><td>10.4%</td></tr> </table> | Year | Margin | 06 | 18.6% | 07 | 18.2% | 08 | 13.7% | 09 | 11.5% | 10 | 10.4% |
| Year | Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$4,342 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$4,921 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$5,225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$5,528 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$5,849 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$809 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$895 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$718 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$636 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$610 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 18.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 18.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 13.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 11.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OptumInsight | <table border="1"> <tr><th>Year</th><th>Revenue</th></tr> <tr><td>06</td><td>\$956</td></tr> <tr><td>07</td><td>\$1,304</td></tr> <tr><td>08</td><td>\$1,552</td></tr> <tr><td>09</td><td>\$1,823</td></tr> <tr><td>10</td><td>\$2,341</td></tr> </table> | Year | Revenue | 06 | \$956 | 07 | \$1,304 | 08 | \$1,552 | 09 | \$1,823 | 10 | \$2,341 | <table border="1"> <tr><th>Year</th><th>Earnings</th></tr> <tr><td>06</td><td>\$176</td></tr> <tr><td>07</td><td>\$266</td></tr> <tr><td>08</td><td>\$229</td></tr> <tr><td>09</td><td>\$246</td></tr> <tr><td>10</td><td>\$84</td></tr> </table> | Year | Earnings | 06 | \$176 | 07 | \$266 | 08 | \$229 | 09 | \$246 | 10 | \$84 | <table border="1"> <tr><th>Year</th><th>Margin</th></tr> <tr><td>06</td><td>18.4%</td></tr> <tr><td>07</td><td>20.4%</td></tr> <tr><td>08</td><td>14.8%</td></tr> <tr><td>09</td><td>13.5%</td></tr> <tr><td>10</td><td>12.1%*</td></tr> </table> | Year | Margin | 06 | 18.4% | 07 | 20.4% | 08 | 14.8% | 09 | 13.5% | 10 | 12.1%* |
| Year | Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$956 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$1,304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$1,552 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$1,823 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$2,341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$266 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$229 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$246 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 18.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 20.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 14.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 13.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 12.1%* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OptumRx | <table border="1"> <tr><th>Year</th><th>Revenue</th></tr> <tr><td>06</td><td>\$4,084</td></tr> <tr><td>07</td><td>\$13,249</td></tr> <tr><td>08</td><td>\$12,573</td></tr> <tr><td>09</td><td>\$14,452</td></tr> <tr><td>10</td><td>\$16,776</td></tr> </table> | Year | Revenue | 06 | \$4,084 | 07 | \$13,249 | 08 | \$12,573 | 09 | \$14,452 | 10 | \$16,776 | <table border="1"> <tr><th>Year</th><th>Earnings</th></tr> <tr><td>06</td><td>\$139</td></tr> <tr><td>07</td><td>\$269</td></tr> <tr><td>08</td><td>\$363</td></tr> <tr><td>09</td><td>\$689</td></tr> <tr><td>10</td><td>\$534</td></tr> </table> | Year | Earnings | 06 | \$139 | 07 | \$269 | 08 | \$363 | 09 | \$689 | 10 | \$534 | <table border="1"> <tr><th>Year</th><th>Margin</th></tr> <tr><td>06</td><td>3.4%</td></tr> <tr><td>07</td><td>2.0%</td></tr> <tr><td>08</td><td>2.9%</td></tr> <tr><td>09</td><td>4.8%</td></tr> <tr><td>10</td><td>3.2%</td></tr> </table> | Year | Margin | 06 | 3.4% | 07 | 2.0% | 08 | 2.9% | 09 | 4.8% | 10 | 3.2% |
| Year | Revenue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$4,084 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$13,249 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$12,573 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$14,452 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$16,776 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Earnings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | \$139 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | \$269 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | \$363 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | \$689 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | \$534 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | Margin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | 3.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 2.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 | 2.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | 4.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 3.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*See page 26 for a reconciliation of adjusted operating margin, which is a non-GAAP financial measure, to operating margin.

Non-GAAP Reconciliation

UNITEDHEALTH GROUP

Reconciliation of Non-GAAP Financial Measures

OptumInsight Results Excluding Special Items

(in millions, except percentages)

| | Year Ended December 31, 2010 | | |
|---------------------------------------|------------------------------|--------------------------------|--|
| | Consolidated GAAP Reporting | Non-GAAP Reconciling Items (a) | Operating Results Excluding Non-GAAP Reconciling Items |
| OptumInsight Earnings from Operations | \$ 84 | \$ 200 | \$ 284 |
| OptumInsight Operating Margin | 3.6% | 8.5% | 12.1% |

(a) Includes a total of \$200 million in goodwill impairment and business line disposition charges.

2010 OptumInsight earnings from operations and operating margins excluding special items as used in this Summary Annual Report are not calculated in accordance with GAAP and should not be considered substitutes for or superior to financial measures calculated in accordance with GAAP. Management believes that the use of non-GAAP financial measures improves the comparability of our results between periods. These financial measures provide investors and our management with useful information to measure and forecast our results of operations, to compare on a consistent basis our results of operations for the current period to that of prior periods, and to compare our results of operations on a more consistent basis against that of other companies in the health care industry.

These non-GAAP financial measures have limitations in that they do not reflect all of the special items associated with the operations of our business as determined in accordance with GAAP. As a result, one should not consider these measures in isolation. We compensate for these limitations by analyzing current and future results on a GAAP basis as well as non-GAAP basis, disclosing these GAAP financial measures, and providing a reconciliation from GAAP to non-GAAP financial measures.

Forward-Looking Statements

This Summary Annual Report may contain statements, estimates, projections, guidance or outlook that constitute “forward-looking” statements as defined under U.S. federal securities laws. Generally the words “believe,” “expect,” “intend,” “estimate,” “anticipate,” “plan,” “project,” “should” and similar expressions identify forward-looking statements, which generally are not historical in nature. These statements may contain information about financial prospects, economic conditions, trends and uncertainties and involve risks and uncertainties. We caution that actual results could differ materially from those that management expects, depending on the outcome of certain factors.

Some factors that could cause results to differ materially from the forward-looking statements include: our ability to effectively estimate, price for and manage our medical costs, including the impact of any new coverage requirements; the potential impact that new laws or regulations, or changes in existing laws or regulations, or their enforcement or application could have on our results of operations, financial position and cash flows, including as a result of increases in medical, administrative, technology or other costs resulting from federal and state regulations affecting the health care industry; the ultimate impact of the Patient Protection and Affordable Care Act, which could materially adversely affect our financial position and results of operations through reduced revenues, increased costs, new taxes and expanded liability, or require changes to the ways in which we conduct business or put us at risk for loss of business; uncertainties regarding changes in Medicare, including potential changes in risk adjustment data validation audit and payment adjustment methodology; potential reductions in revenue received from Medicare and Medicaid programs; failure to comply with restrictions on patient privacy and data security regulations; regulatory and other risks and uncertainties associated with the pharmacy benefits management industry; competitive pressures, which could affect our ability to maintain or increase our market share;

the potential impact of adverse economic conditions on our revenues (including decreases in enrollment resulting from increases in the unemployment rate and commercial attrition) and results of operations; our ability to execute contracts on competitive terms with physicians, hospitals and other service professionals; our ability to attract, retain and provide support to a network of independent third party brokers, consultants and agents; events that may negatively affect our contracts with AARP; increases in costs and other liabilities associated with increased litigation, government investigations, audits or reviews; the performance of our investment portfolio; possible impairment of the value of our intangible assets in connection with dispositions or if future results do not adequately support goodwill and intangible assets recorded for our existing businesses or the businesses that we acquire; increases in health care costs resulting from large-scale medical emergencies; failure to maintain effective and efficient information systems or if our technology products do not operate as intended; misappropriation of our proprietary technology; our ability to obtain sufficient funds from our regulated subsidiaries to fund our obligations; the potential impact of our future cash and capital requirements on our ability to maintain our quarterly dividend payment cycle; failure to complete or receive anticipated benefits of acquisitions; potential downgrades in our credit ratings; and failure to achieve targeted operating cost productivity improvements, including savings resulting from technology enhancement and administrative modernization.

This list of important factors is not intended to be exhaustive. A further list and description of some of these risks and uncertainties can be found in our reports filed with the Securities and Exchange Commission from time to time, including the cautionary statements in our annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. Any or all forward-looking statements we make may turn out to be wrong. You should not place undue reliance on forward-looking statements, which speak only as of the date they are made. We do not undertake to update or revise any forward-looking statements.

Officers and Leaders

Stephen J. Hemsley
President and
Chief Executive Officer

Gail K. Boudreaux
Executive Vice President,
UnitedHealth Group
and Chief Executive Officer,
UnitedHealthcare

G. Mike Mikan
Executive Vice President,
UnitedHealth Group
and Chief Executive Officer,
Optum

William A. Munsell
Executive Vice President

Don Nathan
Senior Vice President and
Chief Communications Officer

John S. Penshorn
Senior Vice President,
Capital Markets Communications
and Strategy

Eric S. Rangen
Senior Vice President
and Chief Accounting Officer

Larry C. Renfro
Executive Vice President

Jeannine M. Rivet
Executive Vice President

Simon Stevens
Executive Vice President
and President,
Global Health

Lori K. Sweere
Executive Vice President,
Human Capital

Reed V. Tuckson, M.D.
Executive Vice President
and Chief of Medical Affairs

Christopher J. Walsh
Executive Vice President
and General Counsel

Anthony Welters
Executive Vice President

David S. Wichmann
Executive Vice President
and Chief Financial Officer,
UnitedHealth Group
and President,
UnitedHealth Group Operations

Mitchell E. Zamoff
Executive Vice President
and General Counsel

Board of Directors

William C. Ballard, Jr.
Former Of Counsel,
Greenebaum Doll &
McDonald PLLC

Richard T. Burke
Non-Executive Chairman,
UnitedHealth Group

Robert J. Darretta
Retired Vice Chairman
and Chief Financial Officer,
Johnson & Johnson

Stephen J. Hemsley
President and
Chief Executive Officer,
UnitedHealth Group

Michele J. Hooper
President and
Chief Executive Officer,
The Directors' Council

Rodger A. Lawson
Retired President
and Chief Executive Officer,
Fidelity Investments –
Financial Services

Douglas W. Leatherdale
Retired Chairman
and Chief Executive Officer,
The St. Paul Companies, Inc.

Glenn M. Renwick
President and
Chief Executive Officer,
The Progressive Corporation

Kenneth I. Shine, M.D.
Executive Vice Chancellor
for Health Affairs,
The University of Texas System

Gail R. Wilensky, Ph.D.
Senior Fellow,
Project HOPE

Audit Committee

William C. Ballard, Jr., Chair
Robert J. Darretta
Glenn M. Renwick

Nominating and Corporate Governance Committee

Michele J. Hooper, Chair
William C. Ballard, Jr.
Douglas W. Leatherdale

Compensation and Human Resources Committee

Douglas W. Leatherdale, Chair
Robert J. Darretta
Gail R. Wilensky, Ph.D.

Public Policy Strategies and Responsibility Committee

Gail R. Wilensky, Ph.D., Chair
Michele J. Hooper
Kenneth I. Shine, M.D.

Market price of common stock

The following table shows the range of high and low sales prices for the company's common stock as reported by the New York Stock Exchange, where it trades under the symbol UNH. These prices do not include commissions or fees associated with purchasing or selling this security.

| | <i>high</i> | <i>low</i> |
|---|-------------|------------|
| 2011 | | |
| First Quarter (through February 9, 2011) | \$44.09 | \$36.37 |
| 2010 | | |
| First Quarter | \$36.07 | \$30.97 |
| Second Quarter | \$34.00 | \$27.97 |
| Third Quarter | \$35.94 | \$27.13 |
| Fourth Quarter | \$38.06 | \$33.94 |
| 2009 | | |
| First Quarter | \$30.25 | \$16.18 |
| Second Quarter | \$29.69 | \$19.85 |
| Third Quarter | \$30.00 | \$23.69 |
| Fourth Quarter | \$33.25 | \$23.50 |

As of February 4, 2011, the company had 17,563 shareholders of record.

Shareholder account questions

Our transfer agent, Wells Fargo Shareowner Services, can help you with a variety of shareholder-related services, including:

- Change of address
- Lost stock certificates
- Transfer of stock to another person
- Additional administrative services

You can write to them at:

Wells Fargo Shareowner Services
P.O. Box 64854
St. Paul, Minnesota 55164-0854

Or you can call our transfer agent toll free at (800) 468-9716 or locally at (651) 450-4064.

You can e-mail our transfer agent at:
stocktransfer@wellsfargo.com

Investor relations

You can contact UnitedHealth Group Investor Relations to order, without charge, financial documents such as the Annual Report on Form 10-K and the Summary Annual Report.

You can write to us at:

Investor Relations, MN008-T930
UnitedHealth Group
P.O. Box 1459
Minneapolis, Minnesota 55440-1459

You can also obtain information about UnitedHealth Group and its businesses, including financial documents, online at www.unitedhealthgroup.com.

Annual meeting

We invite UnitedHealth Group shareholders to attend our annual meeting, which will be held on Monday, May 23, 2011, 10:00 a.m. Pacific Time at the following location:

Anthony Marlon Auditorium
UnitedHealthcare, a UnitedHealth Group company
2700 North Tenaya Way
Las Vegas, Nevada

You will need to bring your admission card with you to the annual meeting in order to be admitted.

Common stock dividends

In May 2010, our Board of Directors increased our cash dividend to shareholders and moved us to a quarterly dividend payment cycle of \$0.125 per share. Declaration and payment of future quarterly dividends is at the discretion of the Board and may be adjusted as business needs or market conditions change. Prior to May 2010, our policy had been to pay an annual dividend of \$0.030 per share.

Our Mission

Our mission is to help people live healthier lives. Our role is to help make health care work for everyone.

We seek to enhance the performance of the health system and improve the overall health and well-being of the people we serve and their communities.

We work with health care professionals and other key partners to expand access to quality health care so people get the care they need at an affordable price.

We support the physician/patient relationship and empower people with the information, guidance and tools they need to make personal health choices and decisions.

Our Culture

The people of this company are aligned around basic values that inspire our behavior as individuals and as an institution:

Integrity. We are dedicated to the highest levels of personal and institutional integrity. We make honest commitments and work to consistently honor those commitments. We do not compromise ethics. We strive to deliver on our promises and we have the courage to acknowledge mistakes and do whatever is needed to address them.

Compassion. We try to walk in the shoes of the people we serve and the people we work with across the health care community. Our job is to listen with empathy and then respond appropriately and quickly with service and advocacy for each individual, each group or community and for society as a whole. We celebrate our role in serving people and society in an area so vitally human as their health.

Relationships. We build trust through cultivating relationships and working in productive collaboration with government, employers, physicians, nurses and

other health care professionals, hospitals and the individual consumers of health care. Trust is earned and preserved through truthfulness, integrity, active engagement and collaboration with our colleagues and clients. We encourage the variety of thoughts and perspectives that reflect the diversity of our markets, customers and workforce.

Innovation. We pursue a course of continuous, positive and practical innovation, using our deep experience in health care to be thoughtful advocates of change and to use the insights we gain to invent a better future that will make the health care environment work and serve everyone more fairly, productively and consistently.

Performance. We are committed to deliver and demonstrate excellence in everything we do. We will be accountable and responsible for consistently delivering high-quality and superior results that make a difference in the lives of the people we touch. We continue to challenge ourselves to strive for even better outcomes in all key performance areas.



UnitedHealth Group®

UnitedHealth Group Center
9900 Bren Road East
Minnetonka, Minnesota 55343

unitedhealthgroup.com

100-10349 4/11