

UNITEDHEALTH GROUP

Our Mission in Action

2023 Sustainability Report



Marie Kharifene,
a community health
worker at Optum,
connects patients to
the support they need.



Marie Kharifene

As a community volunteer coordinator at WellMed, Marie visits the homes of patients in the greater Houston area recently discharged from the hospital. Often, they are in rural parts of the state and in need of social services. Marie is their connection to the support they need and a real life example of our mission in action.

[Read more](#)

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2023 CEO letter

In a constantly evolving and increasingly connected world, UnitedHealth Group is uniquely positioned to deliver value for the people it serves. Doing so requires agility, innovation and an unwavering dedication to a core mission.

The people of UnitedHealth Group – clinicians, engineers, researchers, scientists, care advocates and more – come in pursuit of that singular mission: to help people live healthier lives and help make the health system work better for everyone. As health care continues to play a pivotal role in people's lives, they see the opportunity to make a tangible impact.

Importantly, a changing world does not come without its challenges, as we experienced firsthand this year during a malicious and unprecedented cyberattack on America's health system and Change Healthcare. The incident underscored the importance of strengthening health care's cybersecurity resiliency to evolving threats.

A single event does not distract from the long-term opportunities that lie ahead. People want a simple, seamless health system that prioritizes their long-term health and well-being. It's why we're helping to lead a system wide transition to value-based care that focuses on keeping people healthy rather than just treating them when they're sick. As consumers demand more from their health care experience, we're fundamentally changing the way people engage with the system, helping them access the care they need, when they need it and at a price they can afford.

Our five growth priorities – value-based care, health benefits, health technology, health financial services and pharmacy services – are helping us deliver on those ambitions. But progress doesn't happen in a vacuum. It requires industrywide collaboration and a willingness to partner with like-minded organizations with the same goal: to make the health system better for the people who use it.

The impact extends beyond just the people we serve. A diverse workforce – both inside our company and across health care – will help us meet the needs of consumers both now and into the future. Reducing, and eventually eliminating, our carbon emissions will contribute to a healthier planet and a healthier society. Strong governance practices are foundational to all our work, anchoring us through a rapidly shifting world.

As this report shows, sustainability and resilience are not separate endeavors – but core to our mission, ingrained in our business strategy and at the heart of our culture. They're made possible by the people who work here. Their tenacity, restlessness and compassion drive our ability to build a better health system for everyone, both now and in the future.



Andrew Witty

Chief Executive Officer
UnitedHealth Group

2023 CSO letter

Purpose and progress. Those are the tenets of sustainability at UnitedHealth Group, represented in the interactions we have every day with the people, partners and communities who entrust us with their health and well-being.

The pages of this report show the progress we are making. Last year, we closed more than 148 million gaps in care and helped more of our members access preventive care. We supported an initial cohort of more than 1,300 current and emerging health professionals as they take the next step in their careers. We're carving out our own path to net-zero emissions by investing in renewable energy sources and reducing our energy consumption.

It doesn't happen overnight. Every day, UnitedHealth Group colleagues across the globe work to help people live healthier lives and help make the health system work better for everyone.

Embedded within that mission is the pursuit of health equity. It is the core of our sustainability work, the common thread connecting our sustainability pillars, from a modern health system to a healthy environment. It means cleaner air to breathe, no matter where you call home and access to high-quality health care, no matter how much money you have in the bank. It's a pantry full of nutritious food, a ride to a checkup, and a care team made up of compassionate, culturally aware clinicians.

We approach sustainability with the recognition that overlapping challenges have interwoven solutions. A health workforce more representative of the communities it serves fosters not just diversity and inclusion but health and wellness. Replacing paper with digital solutions saves forests of trees while enabling more responsive, intuitive health care experiences. Building a health care model oriented around disease prevention benefits patients, providers and the planet.

At its core, sustainability is about confronting challenges with innovation, optimism and determination. The pages of this year's report contain the fingerprints of our UnitedHealth Group community – a diverse team that is restless in the pursuit of positive change. I am honored to be among them and energized by what we can achieve together.



Patricia L. Lewis
Chief Sustainability Officer
UnitedHealth Group

About UnitedHealth Group

Our mission

Help people live healthier lives and help make the health system work better for everyone.

UNITEDHEALTH GROUP

A health care and well-being company with two distinct and complementary businesses working to help build a modern, high-performing health system.

Optum

Combines clinical expertise, technology and data to empower people, partners and providers with the guidance and tools they need to achieve better health.

Optum Health

Care delivery

Optum Insight

Technology-enabled services

Optum Rx

Pharmacy care services



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

Employer & Individual

Supporting working-age individuals and families

Medicare & Retirement

Serving older adults

Community & State

Caring for economically disadvantaged Americans

~400K

employees worldwide in 2024.

>152M

unique individuals served.

>\$370B

total revenues.

Our core values

Integrity

We do the right thing and follow through on our shared commitment to quality.

Inclusion

We welcome, value, respect and hear all voices and diverse points of view.

Compassion

We listen, advocate and act with urgency for those we serve and our colleagues.

Relationships

We work together to deepen connections and collaboration for better outcomes.

Innovation

We invent a better future by learning from the past.

Performance

We strive for high-quality results in everything we do.

Who we serve

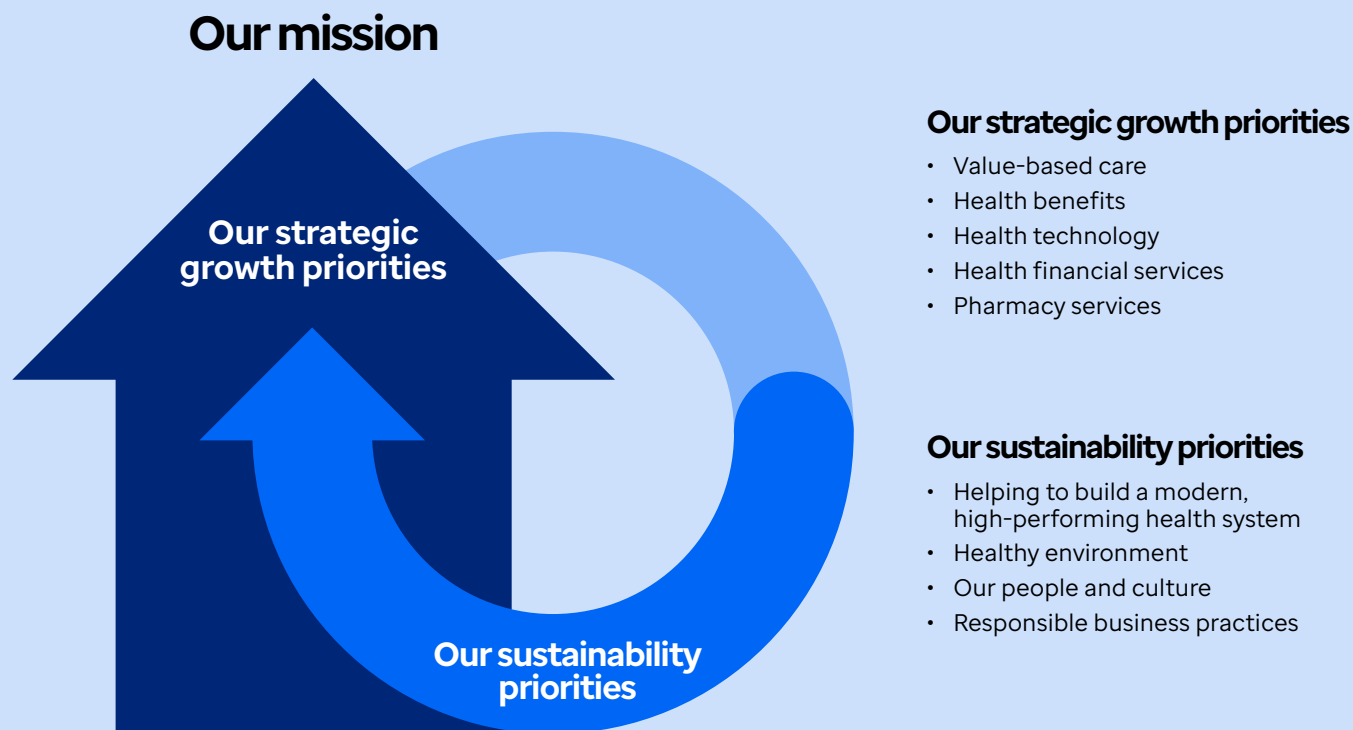
- Consumers
- Employers
- Governments
- Care providers
- Patients
- Health plans

Sustainability at UnitedHealth Group

Sustainability is our inspiration for long-term growth – a foundation to fulfill our mission and deepen our societal impact by improving the health and well-being of the people we serve.

At UnitedHealth Group, sustainability is embedded in our businesses and intrinsically linked by a common mission to help people live healthier lives and help make the health system work better for everyone. The ultimate success of our company is the creation of enduring, long-term value for both our shareholders and society at large.

Our four sustainability priorities are informed by [our stakeholders](#) and reflect contemporary challenges, including social inequities, climate change and access to affordable, high-quality medical care. These priorities align with our five growth pillars, representing the ways we seek to help every person who interacts with the health care system every day.



Our strategic growth priorities

Value-based care

We are strongly positioned to help providers and payers transition from fee-for-service to value-oriented models designed to achieve higher-quality outcomes at lower cost.

Health benefits

We continue to prioritize making coverage more affordable, simplifying the member experience and incentivizing high-quality, supported care.

Health technology

We play a vital role in using clinical data and intelligence to help redesign, automate and deploy new technologies to simplify administrative processes and clinical decision-making.

Health financial services

We believe streamlining payment processes for consumers and providers is a fundamental aspect of a modern health system.

Pharmacy services

We continue to innovate as one of the industry's largest pharmacy benefit managers, strengthening our direct-to-consumer offerings and seamlessly integrating our medical, pharmacy, behavioral and community health capabilities.

Our sustainability priorities

Helping to build a modern, high-performing health system

Our core business is committed to building a simpler, more consumer-oriented health system to help ensure everyone has access to high-quality, affordable health care. Through partnerships and our core growth strategies, we are working to deliver a more sustainable health system for this generation and the next.

Healthy environment

Recognizing the impact climate change has on human health, we are working to minimize our footprint to help people live healthier lives. Our commitment to net zero reflects our belief in a healthy planet as the foundation of a healthy society.

Our people and culture

The people who come to work at UnitedHealth Group are drawn to our mission and dedicated to building a modern, high-performing health system to better serve society. Our commitment to build a diverse, equitable and inclusive culture is critical to our success as a company where innovation and compassion fuel our impact on the people and communities we serve.

Responsible business practices

Our more than 40-year history of strong and effective corporate governance is foundational to our ability to grow and operate ethically as we work to improve the health and well-being of those we serve. Our commitment to protect data and privacy, effectively manage our supply chain and help ensure the responsible use of artificial intelligence and machine learning are foundational to our ambitions as a leading health care company.

Sustainability governance

UnitedHealth Group has a long-standing commitment to sustainability supported by our senior leaders and Board of Directors. Our Board of Directors – including its four committees – provides formal oversight and strategic direction for our sustainability agenda, including review and approval of key sustainability priorities, policies, performance and annual reports.



Stakeholder engagement

We value our stakeholders' unique perspectives and use them to inform our evolving sustainability strategy. In 2023, we continued to enhance our efforts to engage a diverse group of key stakeholders. These engagements provide our stakeholders with the opportunity to share feedback and participate in robust dialogue on our ongoing efforts to achieve our commitments.

Stakeholder	Our engagement	Select examples from 2023
Consumers and patients	<ul style="list-style-type: none"> Active listening, surveys and ongoing tracking to understand emerging needs and sentiment. Net Promoter Score, including broad and targeted surveys. Ethnographic research (in-person interviews, social media listening and focused listening). 	<ul style="list-style-type: none"> Collected consumer feedback through Net Promoter Score surveys across Optum and UnitedHealthcare consumers and patients. Conducted focus groups among Dual Special Needs Plan members and caregivers to gather input on care coordination, health equity and access to care.
Employees	<ul style="list-style-type: none"> Recurring employee sentiment analysis. Formal employee work experience surveys. Regular all-company forums and communications. Employee Resource Groups (ERG). 	<ul style="list-style-type: none"> Partnered with a third-party research organization to assess diversity, equity, and inclusion. Facilitated eight ERG fireside chats across the enterprise, leading to more than 3,000 new ERG members.
Customers	<ul style="list-style-type: none"> Ongoing outreach with key customers through forums and advisory councils. One-on-one meetings with leaders from UnitedHealth Group, Optum and UnitedHealthcare. 	<ul style="list-style-type: none"> Facilitated sustainability session at UnitedHealthcare Annual Customer Forum. Developed a sustainability discussion tool to facilitate conversations around the UnitedHealthcare commitment to advancing health equity with key customers.
Health care professionals	<ul style="list-style-type: none"> External conferences and local advisory councils. Recurring engagement through nearly 50 medical, specialty and industry societies. Monthly forums on health plan topics. 	<ul style="list-style-type: none"> Participated in the American Public Health Association Annual Meeting and Expo and engaged with public health leader attendees. Participated in nonprofit agency CAMBA 2023 Summit focused on addressing Black maternal health.
Suppliers	<ul style="list-style-type: none"> Conferences, outreach events and capacity-building initiatives. Supplier benchmarking sessions to share best practices. Annual sustainability assessments. 	<ul style="list-style-type: none"> Held a sustainable procurement summit, attended by ~200 participants. Advanced the UnitedHealth Group Diverse Supplier Mentoring Program.
Policy stakeholders	<ul style="list-style-type: none"> Meetings with federal, state and international policymakers and their staff. Advocacy activities. Participation in key trade associations. 	<ul style="list-style-type: none"> Continued to advocate for policy solutions outlined in A Path Forward, including transitioning to default paperless health care communications to improve the consumer experience and reduce environmental impacts.
Shareholders	<ul style="list-style-type: none"> Investor conferences and events attended by management. Quarterly financial updates and earnings reports. Recurring one-on-one engagement meetings attended by management. 	<ul style="list-style-type: none"> Held the UnitedHealth Group annual Investor Conference attended by investment bank research analysts as well as equity and credit shareholders. Launched our inaugural Sustainability Investor Event in June 2023 with major shareholders.
Community-based partners	<ul style="list-style-type: none"> Recurring one-on-one and small-group meetings with partners. Volunteer efforts. Ongoing engagement with more than 100 partners to implement public health interventions in 25+ communities. 	<ul style="list-style-type: none"> Hosted a roundtable discussion to address key findings from the America's Health Rankings® Mental and Behavioral Health Data Brief. Hosted a convening with nonprofit partners who provide multiyear scholarships through the Diversity in Health Care Scholarship program to discuss opportunities to help advance a more diverse health workforce.

2023 sustainability highlights



Building a modern, high-performing health system

>\$1B

invested in affordable housing since 2011, a key social driver of long-term health.

22

UnitedHealthcare plans awarded Health Equity Accreditation by National Committee for Quality Assurance.

399M

gaps in care closed since 2021.



Healthy environment

On track

to achieve a 60% reduction in scope 1 and 2 emissions by 2030.

First

virtual power purchase agreement, adding 250MW of renewable energy, enough to power more than 53,000 U.S. homes per year.

>220K

or 14% driving miles saved in 2023 due to route optimization for home care clinicians.



Our people and culture

>19K

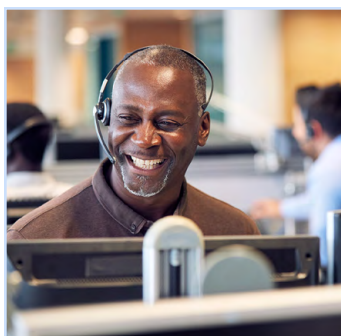
leaders engaged in development programs.

40%

top management positions held by females.

22K

charities supported by employee donations.



Responsible business practices

~9K

local community jobs supported through our supplier diversity program.

Established

an artificial intelligence and machine learning internal executive council and an external advisory board.

30%

female independent directors.

Building a modern, high-performing health system



UnitedHealth Group and our distinct, complementary businesses of Optum and UnitedHealthcare are helping create a consumer-first health system that delivers high-quality outcomes and better experiences at an affordable cost.



Our focus

- Advancing health equity.
- Helping people live healthier lives.
- Helping the health system work better for everyone.

>4M

people served under fully accountable value-based care arrangements.

52M

people served in commercial and government health benefits programs.

>1.5B

adjusted prescriptions managed annually.

>45M

people accessed behavioral health services through our network in 2023.

Building a modern, high-performing health system is the foundation of our business. We use our distinct capabilities, strong partnerships and ability to scale technologies and programs to create significant improvements across the health system and drive long-term, sustainable growth for our company. In 2023, we continued to help build a more equitable, high-performing and sustainable health system by aligning our efforts around two core areas:

Transitioning to value-based care

We believe moving health care from a volume-oriented, transaction-based system to one that rewards high-quality, comprehensive and proactive care can deliver better outcomes at a lower cost and keep people healthier over their lifetimes. Our long-term ambition is to enable as many people as possible to move into fully accountable value-based care models, which incentivize personalized care coordination through a team of care providers supported by real-time, evidence-based clinical insights.

Empowering the health care consumer

We are committed to meeting consumer expectations for greater simplicity, connectivity and transparency in health care, and we are working to fundamentally change the way people engage with the health system. Through digital tools, innovative benefit structures and integrated, real-time payments, we meet evolving consumer expectations while improving outcomes, access, affordability and efficiency across the health system. We accomplish these things with support from our valued partners and by focusing on our five strategic growth pillars: value-based care, health benefits, health technology, health financial services and pharmacy services.

Our long-term commitments

Building a modern, high-performing health system

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



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



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



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



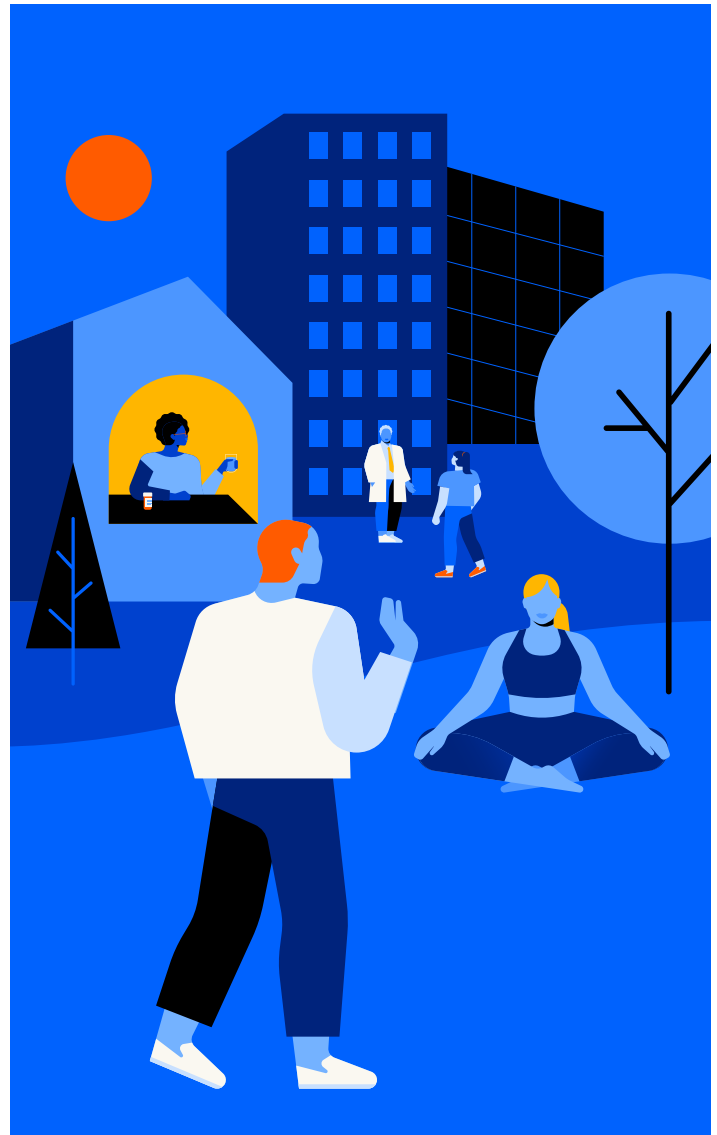
Advancing health equity

Enabling and delivering equitable care that reduces health disparities and improves health outcomes.

Health equity is a state in which all people are able to live their healthiest lives. We work with communities, providers and partners to address the barriers that result from the circumstances in which people are born, live, learn, work and age, enabling the health system to work better for everyone. We continue to make progress in our six health equity focus areas:

- Behavioral and mental health
- Care access and affordability
- Care experience and workforce
- Chronic condition management
- Mortality and life expectancy
- Social drivers of health

Our health equity strategy impacts all key stakeholders, including consumers, customers, communities and the health care workforce.



Workforce

Diversity in Health Care Scholarship program

The [United Health Foundation](#) has committed \$100 million over 10 years to help build a diverse health care workforce by providing scholarships and support to 10,000 current and future clinicians by 2033. Through the [Diversity in Health Care Scholarship program](#), the foundation is helping to grow a culturally competent health workforce that can help provide high-quality care for everyone. In 2023, the foundation funded scholarships for an initial cohort of more than 1,300 health professionals and students from diverse backgrounds who furthered their studies in fields such as medicine, nursing and mental health.

>1.3K

health professionals and students
from diverse backgrounds
supported in 2023.

Health Equity Value-Based Care program

We are working to reduce bias within the broader health care system through our value-based care models. The United Health Networks Health Equity Value-Based Care program rewards primary care physicians who reduce market-specific health disparities – such as increasing preventive care and wellness visits – among Medicaid members. This program is now live in over 55% of our Medicaid markets and covers over 3,000 unique provider practices with continued expansion planned in 2024. The goal of the program is to facilitate improvement in preventive and wellness visit measures in certain racial or ethnic populations. We are evaluating similar provider incentive models for our Medicare and commercial businesses.

MindIgnite!

Launched in 2023, MindIgnite! helps inspire youth from socially vulnerable communities to consider health care as a career choice. More than 1,500 students in fourth to eighth grade across California, Massachusetts and Texas have participated in the program which includes more than 290 UnitedHealth Group volunteers who are licensed health care professionals.

Meet Andres

Andres Ramos' connection to his Native American heritage shaped his life from a young age. He grew up on a reservation for part of his childhood, accessing medical care through the Indian Health Service, where he saw the positive impact of culturally competent care firsthand.

Andres initially considered a career in pharmacy, but switched paths, seeking more patient interaction. After completing his undergraduate degree at Northern Arizona University, he worked as a medical scribe at an orthopedic clinic close to a Navajo reservation where he saw how orthopedic interventions could improve patients' quality of life.

With support from the United Health Foundation Diversity in Health Care Scholarship program, Andres is now pursuing a medical degree at the University of California, Davis. Ultimately, he hopes to serve Native American communities as an orthopedic surgeon.



“Patients feel more at ease when someone on the care team comes from a similar background.”

Consumers

As part of our efforts to expand access to care and address health disparities, we are connecting people to services that will improve their health and well-being. In 2023, we screened more than 6.8 million people for health-related social needs, referred more than 1.1 million people to social needs support and confirmed nearly 980,000 had their needs met. Food, transportation and housing insecurity remain key issues for many of the people we serve.

We've built wraparound programs to directly help consumers navigate complex health care journeys. When someone is diagnosed with a less-common yet particularly difficult health condition – including physical and cognitive disabilities and conditions like sickle cell disease, epilepsy or Down syndrome – or when someone has complex care needs, a care advisor is assigned to help the entire family. Our care advisors have closed over 2 million administrative and clinical gaps in supporting their care for over 290,000 UnitedHealthcare members.

>6.8M

people screened for health-related social needs in 2023.

22

UnitedHealthcare plans awarded Health Equity Accreditation by NCQA.

Customers

We are also working toward health equity at the customer level, helping ensure employer, retirement and community health plans are built with appropriate services to address health disparities.

In 2023, we offered perinatal doula services for Medicaid members in 18 community health plans, which increased rates of prenatal and postpartum care and lowered rates of neonatal-intensive care admissions and preterm births, particularly for people in underserved communities. These learnings have informed our approach to the maternal health benefits we offer, and they have helped shape programs for our state and employer customers.

Our efforts have been recognized by the National Committee for Quality Assurance (NCQA), a private, nonprofit organization that accredits and certifies a wide range of health care organizations. Twenty UnitedHealthcare Community Plans and two UnitedHealthcare commercial plans have received NCQA Health Equity Accreditation for meeting or exceeding rigorous requirements for health equity.

>\$1B

invested in affordable housing since 2011.

>\$95M

in philanthropic support in 2023.

Communities

In addition to contributing more than \$95 million in philanthropic support in 2023, we have invested more than \$1 billion in affordable housing since 2011 and committed nearly \$100 million in social-impact investments since 2020. Our most recent investments include \$25 million in the Equitable Health Fund to help expand access to health care, create jobs and revitalize communities by financing the construction, rehabilitation and operation of health facilities in low-income areas that primarily serve Native American, Black and Hispanic patients.

In 2023, we collaborated with over 100 community-based partners in more than 25 diverse communities through our [UnitedHealthcare Catalyst™ program](#) to develop multiyear, data-driven, evidence-based interventions that address health-related disparities at the community level.

Kansas City, Missouri

A three-year partnership with Samuel U. Rodgers Health Center and Northland Health Care Access to improve maternal health care is informing the design of maternal health benefits and disparity-focused programs in four additional cities.

Program impact (2020-2023):**245%**

increase in dental screenings.

11%

increase in depression screenings.

66%

reduction in low-birth-weight prevalence.

52%

increase in postpartum care engagement.

Maui, Hawaii

A three-year partnership with Mālama I Ke Ola Health Center to identify patients living with diabetes or at risk of developing diabetes is delivering boxes of fresh fruits and vegetables from sustainable local agriculture that produces food for a highly diverse population.

Program impact:**30%**

of program participants improved blood pressure and A1c levels.

>1K

pounds of kalo was harvested, which is used to make poi, a key staple of the Hawaiian diet.

Helping people live healthier lives

Advancing value-based care to help build a health system that is simpler, more connected and able to deliver higher-quality outcomes at a lower cost.

More than 152 million people rely on UnitedHealth Group to meet their health care needs, whether through innovative benefits, clinical care or tools and information to achieve better health. Our ambition is to serve not just those people but the entire health system by making value-based care a reality for all providers and patients.

Working with more than 100 health plan partners and supported by extensive care capabilities in primary, specialty, post-acute, behavioral, pharmacy and home care, we are leading the transformation away from a transaction-based health system toward a system incentivized to provide proactive, coordinated and holistic care that delivers better outcomes at a lower cost to patients and the system.

Today, Optum serves more than 4 million people in fully accountable value-based care arrangements, which deliver better health outcomes and a better patient experience at a lower cost to people and the health system. We are deepening our presence in communities where we already have Optum capabilities, while continuing to expand to new geographies and further integrating care for patients along every step of their journey – ensuring they can receive care where and when they prefer.

This transition to value-based health care is an ambition that is good not only for our business but for the people who use the U.S. health system. A systemwide transition to value-based care equates to \$3 trillion in health care costs moving away from activity-based payments and toward an outcomes-based system that emphasizes quality, coordination and preventive care. Primary care providers working in value-based clinics have more touch points with their patients, and care teams have more time to focus on addressing their patients' holistic health needs. Altogether, value-based care aligns with our objective to deliver higher-quality care and a more coordinated experience at a lower cost.

~900K

new patients added to fully accountable arrangements in 2023.

~2X

more patients served in fully accountable arrangements since 2021.

Value-based care benefits all health care stakeholders



Patients

- Simplifies the health care experience.
- Focuses on whole-person health.
- Connects patients to high-quality care when and where they need it.
- Enables better outcomes.



Providers

- Creates greater capacity for patient care.
- Ensures physicians have the time, tools and insights they need to focus on keeping patients healthy.
- Ensures a more reliable cash flow and decreased administration burden.



Payers

- Makes every health care dollar go farther by making high-quality care more accessible and affordable.
- Makes it easier to keep chronic conditions in check.



U.S. health system

- Lowers overall health care costs.
- Decreases administrative costs and burden.
- Ensures health care dollars translate to better patient health.
- Improves population health.

Meet Dr. DeFilippo

As a mom of three, a practicing primary care physician and the senior medical director for adult primary care and population health at the Optum Hudson Valley physician practices, Dr. Caroline DeFilippo describes her life in one word: Juggling.

That includes caring for more than 20 patients on any given day while managing the administrative demands of building and expanding value-based care models that can more effectively treat patients who need anything from chronic disease management to palliative care. Dr. DeFilippo cares for patients in both value-based and fee-for-service models and sees the benefits of focusing on preventive care that provides wraparound services, additional screenings and better patient outcomes.

Born and raised in New York's Hudson Valley, Dr. DeFilippo now cares for some of the same people she's known her whole life. Her background in population health forces her to think critically about how value-based care models can provide better outcomes both for the person sitting in front of her and the community at large.



“I see myself as the person trying to balance all these opportunities both for individual patients and the broader populations we’re trying to serve more holistically.”

Delivering high-quality care when and where patients need it

Our patient-centered care capabilities serve communities nationwide by enabling high-quality, fully accountable value-based care. We use our clinical expertise, digital tools and advanced technologies to simplify the patient experience, empower care providers and integrate a broad range of care services.

Pharmacy care

We serve more than 62 million people, seamlessly connecting patients to a full spectrum of pharmacy services that integrates pharmacy, medical and behavioral care, delivering access to affordable medications and helping people manage complex care needs.

Program impact:

>1.5B

adjusted prescriptions managed annually.

770

community and infusion pharmacies serving some of the most vulnerable populations, improving access for thousands of people across the U.S.

Integrated care delivery

We provide primary, specialty and ambulatory surgical care in clinics, in homes and virtually. This enables us to serve patients where, how and when they need us most.

Program impact:

2.7K

sites of care.

103M

unique consumers served through Optum Health.

Behavioral health

We are advancing the integration of physical and behavioral health care by expanding our network of care providers and integrating new tools and services directly into our primary care clinics and home-based settings. In 2023, we added 45,000 therapists, psychiatrists and other behavioral health professionals to our national provider network, which serves more than 45 million people.

Program impact:

>430K

behavioral health professionals in network.

Home care

We continue to strengthen and connect our care delivery capabilities to serve the most complex and vulnerable patients in their homes, focusing on clinical visits, care transitions and complex care management. Our growing home care capabilities – when combined with our post-acute health services, community- and facility-based services, and palliative care – enable us to provide medical, behavioral and social services to our most complex patients through one integrated delivery system.

Program impact:

>10M

home visits completed in 2023.

Meet Deb

Through Deb Long's decades-long career in health care, quality has been the central theme, first as a nurse and then while serving in the Army nurse corps. Quality care remains one of her top priorities today as she guides more than 20 UnitedHealthcare health plans through the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation process.

NCQA accreditation serves as external validation of the work UnitedHealthcare does to address health disparities, close gaps in care, promote a diverse workforce, build an inclusive culture and identify opportunities to improve care for the people we serve. Working alongside a broader team, Deb reviews accreditation requirements, helps to standardize policies and processes, establishes measurements and identifies opportunities to close gaps. The accreditation provides a competitive advantage in states that are looking for evidence of an insurer's commitment to health equity.



“It’s really operationalizing our mission. If we want to make the health system better for everyone, this is how that happens at a deeper level.”

Helping people manage diabetes

Diabetes is the nation's eighth leading cause of death and accounts for an estimated \$413 billion in medical costs and lost productivity. When poorly controlled, it can lead to amputation, blindness, cardiovascular disease and kidney failure.

Brent is one of the more than 75,000 adults with diabetes who benefited from a [\\$2.5 million grant partnership](#) between the United Health Foundation and the Texas Association of Community Health Centers. When Brent first arrived at East Texas Community Clinic in May 2022, he had just been hospitalized for uncontrolled diabetes and was in danger of losing his leg.



“My biggest hurdle was changing my eating habits. The course I took ... it changed everything for me.”

Fortunately for Brent, he had the opportunity to participate in a diabetes education program that helped him reduce his A1c levels from 13.6 to 7.9 over the course of a year. The partnership focused on reducing the number of Texans living with poorly controlled diabetes. Those who received care at the Texas Association's 11 health centers made important improvements to their health.

Since launching in 2020, the partnership reduced the percentage of participating adults with poorly controlled diabetes from nearly 36% to 31%, while also reducing patients' A1c levels by about 10%. By focusing on staff training and healthy eating, including matching dietary changes to people's culture, participating health centers achieved a more than three times greater improvement in A1c scores compared to other Texas health centers.

Caring for older adults and those with complex care needs

In 2023, more than 32 million seniors – about half of all who are eligible – chose a Medicare Advantage plan because of the high-quality, coordinated care and extra benefits available through these plans. Overall, older adults in Medicare Advantage plans spend 45% less out of pocket each year than those in Medicare fee-for-service, which is particularly important for the more than 50% of Medicare Advantage members who live on an annual income of less than \$25,000. The 9.2 million consumers who chose UnitedHealthcare Medicare Advantage or Dual Special Needs Plans receive additional benefits, such as vision and dental coverage, and have no copay for hundreds of the most prescribed drugs. Many of them save additional money through health plans with a \$0 monthly premium and have better health outcomes under our value-based care models.

Medicare Advantage patients who receive care from Optum providers in fully accountable value-based care arrangements have better outcomes than those in Medicare fee-for-service. They are 44% less likely to be admitted to the hospital for chronic obstructive pulmonary disease or asthma and 14% less likely to have an avoidable emergency department visit.

Optum Health Medicare Advantage patients have higher rates of wellness visits and preventive screenings for conditions such as colorectal cancer compared to patients in Medicare fee-for-service. Optum patients in value-based arrangements also have better diabetes control than fee-for-service patients. In fact, a third of patients in our diabetes program improved their A1c by at least one percentage point. For most adults, a normal A1c is below 5.7%, and an A1c of 6.5% or higher generally indicates diabetes – so a 1% improvement has a meaningful impact on people's long-term health and quality of life.

Medicare Advantage outcomes:

31%

higher rates of annual wellness visits among Medicare Advantage patients in Optum value-based care vs. fee-for-service.

45%

lower out-of-pocket costs for Medicare Advantage members vs. beneficiaries enrolled in Medicare fee-for-service.

Caring for people in their homes

Our home-based medical care model is designed to serve patients with complex care needs across the care continuum, starting with preventive care and continuing through episodic, chronic, highly complex and palliative care. We've spent the past several years building a home care capability centered around the key elements of improving clinical visits, coordinating better care transitions and adding more support for people with complex care needs.



Clinical visits

Delivered in the home and designed to identify and address medical care needs and social drivers of health.



Care transitions

Coordinating care for patients, their families and care providers as people move between the home and other care settings.



Complex care

Individualized support for people with the most complex needs and multiple chronic conditions who often lack the economic resources and family support to help coordinate between multiple sites of care.

In 2023, we conducted more than 2.7 million in-home visits through our [HouseCalls](#) program, completing approximately 200,000 tests for diabetes and hepatitis C, which are consistently under-diagnosed conditions. Within 90 days of a visit from a HouseCalls nurse, about 75% of older adults receive additional primary care in a clinic. Overall, those who use home health services after a hospital admission have a 36% lower 90-day readmission rate compared to those who do not use our home health services.

Visiting patients in the home also provides the opportunity to identify unmet social drivers of health, such as food insecurity and lack of reliable transportation. Each year we screen millions of people in their homes and help connect them to necessary resources.

Our Dual Special Needs Plans (D-SNPs) provide holistic home care along with coordination between providers and community partners, delivering value-based care that helps our most medically complex individuals continue living independently. Our Optum at Home program is a 24/7 support model for both Medicare and D-SNP members to reduce inpatient admissions and adverse health events, lower health care costs and enable people to live their lives with fewer interruptions due to poor health and hospitalizations.

For patients being discharged from the hospital, the Optum Transitions of Care program has helped reduce readmissions by 21% compared to control groups. Patients in these programs are 23% more likely to access preventive care and 15% more likely to undergo a medication review compared to control populations – both of which are important steps for staying healthy in the long term.



Optimizing HouseCalls provider routes

Care providers in the UnitedHealthcare HouseCalls program often found themselves crossing paths while traveling to visit their patients. In some cases, they even ran into each other in the same building.

By using data to generate more efficient routes for care providers, we reduced their travel times and increased the number of patients they could serve, while accounting for patient preferences related to provider gender and appointment time. Optimized routes also led to less fuel usage and a lower emissions footprint for the program.

In 2023:

49K
visits reassigned to
reduce travel time.

12%
(290K minutes) less
driving time.

12%
(220K) fewer
miles driven.

Delivering maternal health care at home

When she became pregnant with her first child, Jasira realized she needed an advocate who could support her and her family, whether through coordinating services or offering advice on how to communicate with providers. Eunice, a nurse with the Texas-based family services organization, Any Baby Can, was the solution Jasira was looking for. Regular communication with Eunice was critical in helping Jasira and her husband feel confident as new parents. Eunice listened to their concerns, provided them with information and connected them to the right services.

Jasira and her family benefited from a \$2 million grant partnership between the United Health Foundation and Any Baby Can, designed to reduce [maternal mortality](#) due to preeclampsia and to support women suffering from perinatal mental health issues. Since 2020, the program has matched more than 1,000 first-time, at-risk mothers with a registered nurse to educate them on preeclampsia, monitor their blood pressure and identify mental health needs. The program has helped reduce complications for pregnant mothers and their children, with 82% of children born at a normal birth weight and 93% of infants maintaining up-to-date immunizations.

“Eunice has become family. Whenever my son sees her, he runs up to her because he’s known her since he was in my womb.”

Supporting clinical workflows and reducing clinician burnout

In 2023, Optum and UnitedHealthcare implemented a new program to help small- to mid-sized independent physician practices that were trying to implement value-based care but were struggling to find the right support. We expanded this program to reach more than 400,000 people enrolled in our commercial plans in 2024 after helping reduce medical costs by more than 10% for thousands of patients receiving care from this group of providers.

The transition to value-based care has also shown positive impacts on provider well-being. Optum providers who practice value-based care have a 21% lower rate of burnout than industry averages.

As more health care providers look to move into value-based arrangements, we are expanding our distinctive set of multipayer solutions to help deliver improved outcomes and free clinicians from some of the most monotonous administrative tasks. Powered by evidence-based guidelines, these safe and effective AI tools give time and resources back to providers and help facilitate higher-quality, higher-value care.

For example, our proprietary Clinical Language Intelligence service interfaces with emerging AI capabilities to interpret unstructured clinical notes, unlocking new levels of automation for providers and giving them more time with their patients. As is true with all our AI tools, our Clinical Language Intelligence service is grounded in continually updated standard-of-care guidelines based on the latest medical knowledge, helping to augment the expertise and decision-making of care professionals.

>140M

clinical decisions facilitated by Optum clinical technologies each year.

>36K

clinicians use Optum clinical-support tools.

>19M

patients served by Optum clinical-support tool users.

Helping the health system work better for everyone

Empowering consumers by delivering simpler health care experiences that provide easier access to care and cost less.

At UnitedHealth Group, we are committed to fundamentally changing the way people engage with the health system. By meeting rising consumer expectations for simplicity, connectivity and transparency, we are helping people more easily find, access and pay for care.

We remain focused on continually innovating to meet the needs of consumers by integrating our deep clinical expertise with technology and data analytics to deliver comprehensive care to the people and communities we serve. We're doing this by developing best-in-class digital capabilities, solidifying ourselves as a trusted source for expertise and information, and providing personalized support systems focused on helping consumers navigate a complicated and fragmented system.



Delivering a best-in-class consumer experience

Focusing on each person's individual experience is critical to ensuring we meet consumers' needs. We do this by addressing challenges as they arise, responding quickly when consumers encounter problems and using our distinct capabilities to implement and scale new solutions.

Launched in 2023, the UnitedHealthcare Consumer Resolution Center is uniquely positioned to resolve the most complex health care issues and prevent new problems from occurring. Working across the company, best-in-class resolution specialists address consumer issues including claims denials, provider changes and benefit eligibility questions.

Our specialized team of consultants identifies cases using a proprietary algorithm that accounts for more than 15 signals, including call volume, portal visits, appeals and sentiment scores. Consumers are assigned a single point of contact who is tasked with not only investigating and solving their issue, but also determining the root cause that may affect hundreds or thousands of other people.

When the root cause of a problem is identified, we focus on proactively fixing the issue for all, taking advantage of research- and data-based prioritization to find and implement better solutions, products, policies, processes and technologies.

>1M

consumers positively impacted by the UnitedHealthcare Consumer Resolution Center in 2023.

Meet Stacey

As a consultant with the Consumer Resolution Center, Stacey Martinez spends each day putting more than 30 years of customer service experience to work by helping individuals navigate some of the most challenging parts of the health system.

She serves as the single point of contact for members facing issues ranging from balance billing to coordinating benefits, often while dealing with stressful medical diagnoses. In addition to helping individuals, Stacey is tasked with working with every part of the business to identify and resolve potential pain points in the system that may be affecting others as well.

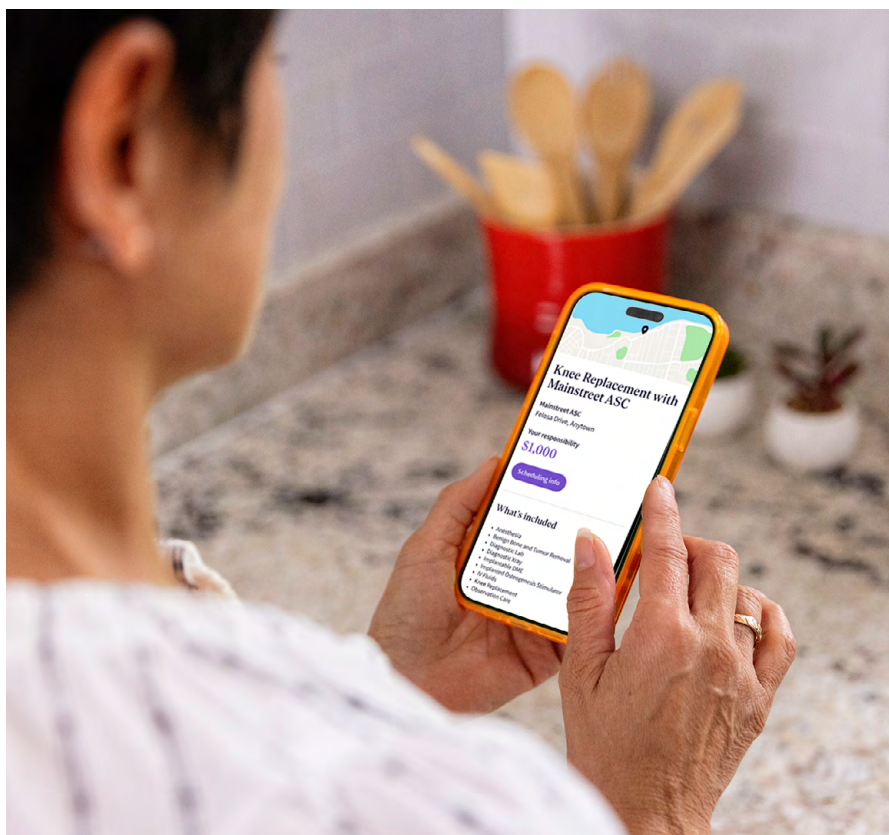


“You have the opportunity to break through barriers and create real change ... It’s something I never dreamed I’d be part of, and I never want to leave.”

Simpler, consumer-focused benefits

Innovative benefits from UnitedHealthcare provide people with simple, clear and cost-effective options.

[Surest™](#) one of our fastest-growing commercial health plans, features no deductibles and zero coinsurance. Instead, consumers can clearly and easily compare care providers and facilities – in advance of scheduling treatments – based on quality and value through a user-friendly digital experience. By integrating quality and safety data with upfront, out-of-pocket costs, users are more likely to access higher-value care and make decisions that are right for their physical and financial well-being.



The average Surest member saves more than \$400 in out-of-pocket costs annually compared to other employer-sponsored plans. The plan design uses a single copay to empower consumers to select higher-value care. More than 90% of the time, consumers choose care providers who demonstrate high quality, efficiency and overall effectiveness of care.

1. Based on a study conducted in 2022.

54%

lower out-of-pocket costs for Surest members compared to those of similar individuals in traditional health plans.¹

37

states offering Surest fully insured plans.

49

states where employers with self-funded plans can offer Surest to employees.

Our innovative benefit design helps enrollees improve and maintain their health by removing financial barriers to care, reducing price uncertainty and encouraging consumers to more frequently access preventive care. Compared to those enrolled in traditional plans, enrollees in Surest plans had 9% more physical exams, 15% more mammograms and 34% more colonoscopies.

More physician visits and fewer hospital visits

Surest helps enrollees get care when they need it from physician practices and urgent care centers, in person or virtually, so they require fewer emergency department visits and hospital admissions.

Compared to similar individuals in other plans, Surest enrollees had:

↑20%

more physician visits.

↑6%

more urgent care visits.

↑7x

more virtual provider visits.

↓6%

fewer hospital emergency department visits.

↓13%

fewer hospital inpatient admissions.

↓9%

lower cost per day for inpatient admissions.

Meet Karin

Whether as a substitute teacher, an office manager or a member services advocate, customer service has been a central part of Karin Heinecke's career. As a member advocate specialist for the UnitedHealthcare Surest health plan for the past four years, she handles the most complex cases with a singular goal of removing the member from complicated and stressful situations.

Often that means helping consumers navigate complex issues like resolving a high bill for someone whose baby was born prematurely or helping someone find a continuous glucose monitor for their spouse with diabetes. Sometimes, it's simply being a sympathetic ear on the other end of the phone and then helping the caller find an answer to a complicated question.



“Anyone we’re helping should feel like we’re wrapping a blanket around them so they feel like they’re being cared for.”

Artificial intelligence helps enable personalization and support

Artificial intelligence (AI) and machine learning (ML) can help make health care work smarter for our customers, patients, providers and consumers. Our teams are focused on developing and deploying tools that empower people with better insights, more timely information and better experiences – while keeping safety, privacy and transparency at the forefront of our thinking. At the same time, we seek to ensure that AI and ML models are used safely and responsibly to enable and support – but not replace – critical human decision-making.



We are focused on developing AI solutions that can:

- Empower people with better information by providing clinicians with powerful insights that enhance their clinical decision-making, leading to better, more proactive care.
- Deliver answers faster by closing the gap between when patients or providers need information and when they receive it.
- Create more seamless experiences by enabling simpler interactions for both patients and providers, offering more transparency while efficiently supporting people through the key touch points in health care.
- Maximize the potential of health care workers by empowering them to operate at the top of their profession, reducing administrative burden and enabling them to apply their expertise with greater impact.

We are in the initial stages of identifying ways our AI models can help people find and access care. For example, in 2023, more than 128 million people used our UnitedHealthcare member portals and the UnitedHealthcare mobile app. By connecting our provider search with claims information and advanced technology, we are delivering personalized search results on an immersive map, enabling people to find providers who are high quality, low cost, in network and nearby. People can also search for clinicians by specialty (e.g., dermatology) or by symptom (e.g., headache), or type their entire problem in simple language. This allows UnitedHealthcare members to easily find the right in-network specialist and comparison shop based on quality and cost information for almost 18,000 health care services spanning medical, vision, dental and behavioral health.

Powered by UnitedHealth Group data sets, AI/ML solutions can help reduce clinician burnout. For care providers, limited time and resources mean an increasing need for real-time clinical insights to manage proactive outreach and ensure thorough identification of potential health risks. AI can extract insights and actionable information that can help clinicians predict the onset and progression of disease, leading to better patient outcomes.

Early results from pilots and real-world studies show our models can help identify emerging or undiagnosed risk.

AI can also help facilitate a follow-up call from a provider for high-risk patients who visit the emergency room or are admitted to the hospital. This helps initiate referrals to behavioral care, member services and community services, which may lead to better recovery outcomes and reduced costs. Additionally, we are identifying unwieldy or repetitive steps within the administrative processes of health care, where technology can more effectively support people. Identifying and alleviating logistical tasks helps clinicians spend more time with patients and ensures administrative staff can focus on making more impactful decisions rather than on routine paperwork. Using AI, we can alleviate the burden of inbox management for clinicians and help clinicians transcribe notes and automatically draft patient record documentation following an exam.

More information on UnitedHealth Group's approach to AI/ML governance can be found on [page 68](#).

Meet Nikhil

Innovative solutions often emerge from collective expertise. That was the case when Nikhil Bhalerao (pictured), a pharmacist, and Colby Wright, an engineer, collaborated to further enhance the already 99.998% dispensing accuracy in our pharmacies.

Colby had been working on a prototype for nearly a year before connecting with Nikhil to develop and patent a new AI technology trained to analyze pill size, shape, color and markings, as well as see broken pills, foreign objects or anything else that should not be in the vial. The system then uses this information to appropriately send prescriptions to a pharmacist for verification. Now implemented in seven fulfillment centers around the U.S., the technology provides an even higher level of confidence that the correct medication is dispensed.



“Quality is on the mind of every pharmacist, so this technology resonates. They want it in every fulfillment center.”

Health care payments made simpler

Each year, more than \$4 trillion in health care financial transactions take place. But the payment experience too often includes pain points and complexity, creating friction for consumers, care providers and health plans.

Our [integrated benefits card](#) simplifies care for older adults by linking their health plan, pharmacy benefits, rewards and gym memberships to a single ID card. Because the benefits card can identify items at the SKU level, consumers can easily pay for items covered by their health benefits, [including groceries, over-the-counter medications and even utility bills](#) without using cash or saving a receipt.

Today the card is available to more than 6 million Medicare Advantage members nationwide, which has led to a nearly 10-point increase in Net Promoter Score. More than 15 million people used our card technology across multiple health plans in 2023, with card spend increasing nearly 140% year over year to nearly \$7 billion.

100M

transactions by Medicare Advantage UCard users in 2023.

>147M

consumer transactions on our Optum proprietary card technology across all payers in 2023.

Improving access to pediatric care in Washington, D.C.

To help address pediatric health disparities in Washington, D.C., the United Health Foundation partnered with Children's National Hospital through a \$3.4 million grant to improve health care access for school-age children. Since launching the partnership, Children's National Hospital has provided nearly 8,000 immunizations to at-risk children in under-resourced communities and conducted more than 800 well-child and acute care visits, with 95% patient satisfaction. The program brings together a team of school nurses in Washington D.C. public schools, community health workers and mobile medical services to improve access to care for children in parts of the district who face high rates of poverty, asthma, school absenteeism and obesity.

School nurses work alongside community health workers to connect children and families to mobile health services,

Children's National primary care locations and federally qualified health centers with the goal of reducing school absenteeism among chronically absent students.

In the case of one child, an eighth-grader with asthma who had not been receiving treatment, data sharing and communication between the teams uncovered a transportation hurdle stemming from a car accident involving his mother, according to Dr. Andrea Boudreaux, executive director of the Children's School Services team at Children's National. The child's mother had also recently lost her job, making focusing on care more difficult. The team was able to arrange for transportation to the Children's pulmonology clinic and shifted medication management to the school.

“This partnership allows us to really be innovative in how we support the community, meet the mission and meet the needs of the community.”

Dr. Andrea Boudreaux, Children's National

Digital documentation helps keep consumers informed

Today we have relationships with more than 152 million consumers across Optum and UnitedHealthcare. While a majority of our interactions with consumers (almost 70%) are already digital, we anticipate that number will continue to grow.

In the past year, we've seen a 35% increase in digital engagement. We also had 12 times as many chats with members in 2023, and more than 90% of the time we can resolve inquiries through chat. Across our digital channels, our NPS is up 65%. More members than ever are also opting into digital identification cards, which can be tied to mobile devices, increasing convenience and ease of use.

The UnitedHealthcare digital experience, which includes UnitedHealthcare member portals and the UnitedHealthcare mobile app, enables us to deliver innovative tools and services. In 2023, we launched a completely redesigned dashboard, improved navigation, new price and care experiences, and behavioral health and pharmacy integration in the app, along with other enhancements to help ensure people get the information they need when they visit.

35%

increase in digital engagement with consumers over the past year.

>1.7M

members received paperless ID cards in 2023.

Our UnitedHealthcare member portals and the UnitedHealthcare mobile app also feature a redesigned digital document center that reimagines how we interact with members, helping ensure they have fast, easy access to critical health care documents through a seamless experience. The document center makes it easy for people to access their health history – including explanations of benefits, health statements and other benefit communications – all in one place, anytime, anywhere.

All these initiatives are also helping us reduce paper use.

Additionally, in 2023, UnitedHealthcare made 94% of care provider payments electronically and processed 92% of claims electronically. Since 2022, our efforts to reduce paper have saved more than \$150 million.

We also continue to advocate, at both the state and federal levels, for policies that support e-delivery of key health care communications and illustrate the benefits of digital communication for commercial health plan members. We participate in a multistakeholder working group comprised of key advocates from employers, organized labor, environmental groups and health plan partners in support of expanding e-delivery flexibility of key health care communications.

We continue to gain momentum as we drive our consumer digital agenda forward, focusing on quality and experience from the perspective of our customers and incorporating it into paperless initiatives.

400K

reduction in calls following digital engagements.

>1.5B

pieces of paper saved since 2022.

60M

envelopes saved in 2023.

Insights to improve our nation's health

America's Health Rankings, produced by the United Health Foundation, is the longest-running state-by-state analysis of the nation's health, providing important insights into the health of various populations, including older adults, women and children, and veterans.

The [2023 Annual Report](#), produced in partnership with the American Public Health Association, provides a comprehensive look at the health of Americans across 87 measures, drawing on 28 data sources. The report found eight chronic conditions have reached their highest levels since *America's Health Rankings* began tracking, with stark disparities across nearly all demographic groups. Data from *America's Health Rankings* reports is used by policymakers, health officials and researchers to better understand the specific health concerns in their communities. This data also informs UnitedHealth Group's own programs and community investments.

“We in the public health community thrive on data, so having an independent entity to measure the health and wellness of a community, using these metrics, helps us align what we think we know with the actual facts on the ground.”

Georges C. Benjamin, MD, Executive Director of the American Public Health Association

Healthy environment



A healthy society depends on a healthy environment

Our commitments

Achieve a 60% reduction in scope 1 and scope 2 emissions by 2030. Reach operational net zero by 2035.



Invest in and source 100% of our global electricity demand from renewable sources by 2030.



Develop and release science-based targets to meet the Science Based Targets initiative (SBTi) Net-Zero Standard.



Climate change poses health risks. And the effects of a changing climate – worsening air quality, frequent and severe weather events, extreme temperatures – impact us all, but are felt most acutely by the communities least equipped to manage them. That makes climate change not just a health issue, but a health equity issue. Social drivers of health like clean air and access to clean water and stable shelter are made more challenging by climate change, while weather events like heat waves and flooding impact already struggling communities first and worst.

To face these challenges, we need a more resilient health system – one that can withstand the effects of climate change, reduce its impact on people and make high-quality care more accessible. Stakeholders across the health ecosystem are adapting to the effects of a changing climate while reducing their cumulative contribution to global greenhouse gas emissions.

Creating a responsible, resilient health system prepared for the future is the most important role we can play. It's about how we do business every day, and it's where we see the greatest opportunity for transformational change in efficiency, effectiveness and responsible use of resources.

Our focus

- Advancing our path to net zero.
- Reducing waste, water and paper.
- Adapting to a changing climate.



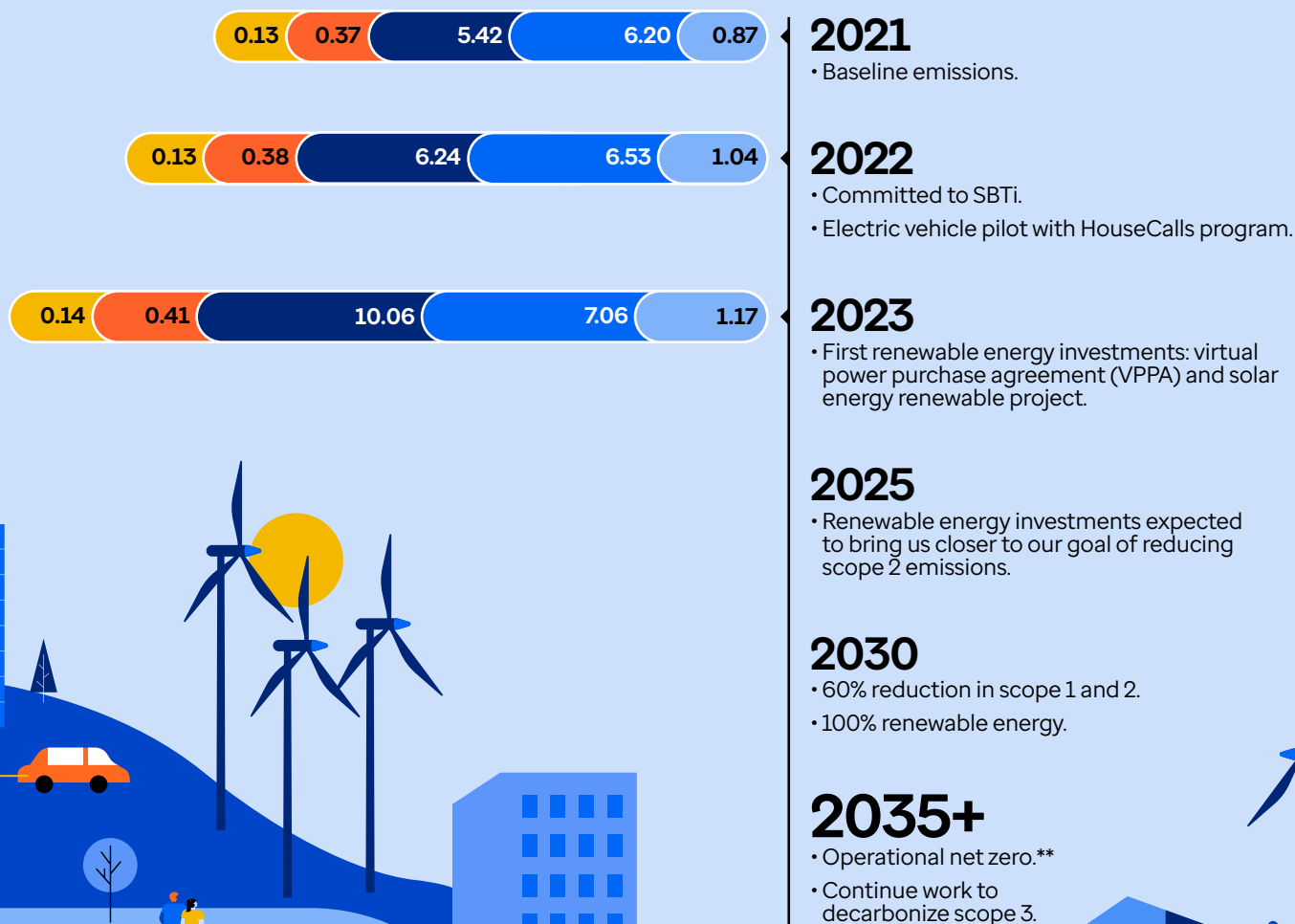
Optum's green roof project, completed in the fall of 2023, acts as a natural insulator to reduce energy usage, serves as a buffer for rainwater runoff and creates a thriving ecosystem for wildlife.

On the path to net zero

We are on a mission to help people live healthier lives while minimizing our own carbon footprint.

Carbon footprint measured in MMT CO₂e*

● Scope 1: Direct emissions
 ● Scope 2: Purchased electricity
 ● Scope 3: Investments
 ● Scope 3: Purchased goods and services
 ● Scope 3: Other value chain emissions



*Measured in million metric tons carbon dioxide equivalent.

**Includes scope 1 and scope 2 emissions.

A strategic, layered approach to decarbonizing our operations

Reduce

Decreasing our carbon emissions.

- With more employees choosing remote and hybrid work options, we eliminated approximately 8 million square feet of office space responsible for almost 44 thousand metric tons of carbon dioxide equivalent (MTCO₂e) from our real estate portfolio in 2023. For new buildings and renovations, a sustainable design standard is in development.
- Piloted in 2023, our Building Management System (BMS) can reduce energy consumption over previous disparate and stand-alone systems and provide enhanced operational reporting to drive future energy reduction. BMS has been installed in three sites and we are targeting additional deployments at more than 50 sites over the next three years.
- UnitedHealth Group has building efficiency project work under contract that will result in a carbon reduction of 3,288 MTCO₂e annually. We also completed 1,964 MTCO₂e of building efficiency project work in 2023 (e.g., lighting and HVAC upgrades), equivalent to taking 427 cars off the road each year.

Replace

Switching to lower emission alternatives and matching remaining energy use with renewable energy.

- In 2023, we made our first ever virtual power purchase agreement (VPPA). UnitedHealth Group's portion of the renewable energy project is 250 MW and is expected to power the equivalent of 53,611 U.S. homes for a year. We also invested in our first solar energy renewable project enabling renewable energy onto the grid. **Combined, these projects provide renewable energy certificates (RECs) equivalent to around 90% of our 2021 U.S. electrical load and will bring us significantly closer to reducing our scope 2 emissions.**
- Progress continues on our solar project at Optum headquarters in Minnesota, which is slated for completion in 2025 and is expected to generate enough electricity to meet 50% of the site's needs.

Innovate

Finding new ways to reduce emissions.

- We are engaged in [route optimization](#) for our Home and Community team, which enables our clinicians to see more patients and saves energy. In 2023, the pilot saved 220,000 driving miles, a 12% reduction.

Offset

Purchasing carbon offsets.

- We are purchasing carbon offsets to address unavoidable emissions in our value chain.²

² Though offsets will never be a cornerstone of our plan, we employ them as one lever of our net-zero strategy to counteract some areas where we are currently unable to eliminate emissions. We are also exploring supporting projects that remove carbon from the atmosphere as a way to help eliminate emissions beyond our own value chain.

Assessing our targets

We have been working closely with the SBTi to align our scope 1, 2 and 3 emission targets. We are reassessing our targets based on a recommended change in our target-setting standard received from the SBTi in late 2023. We remain committed to reducing our operational and value chain emissions and are actively taking steps to do this even as we reassess our targets.

Challenges

In 2023, our business continued to grow, and our overall emissions increased, especially in energy intensive areas like care delivery and pharmacy. We are considering the impact of our growth as we implement our decarbonization strategy and work toward net zero.

Additionally, a significant portion of our real estate, across 50 states and 12 countries, is leased – which means retrofitting for energy efficiency and on-site renewable energy is challenging within the lease term. And with a large and diverse supplier base across different businesses, we know our progress will not be linear. Nevertheless, we are committed to sustained improvement.

Decarbonizing our supply chain

In order to achieve our goals, it's important our suppliers understand and align with our commitments.

In 2023, we updated our supplier code of conduct to reflect our expectations of partnership in environmental sustainability. We encourage our suppliers to track, report and minimize their greenhouse gas emissions, set science-based reduction targets aligned with limiting global warming to 1.5 C above pre-industrial levels and engage with their own value chain partners on sustainability and climate-related issues to further broaden the scope of change. We are now including sustainability language in select requests for proposal and contracts, and [we're asking suppliers to disclose complete, assured emissions data through CDP](#) (formerly Carbon Disclosure Project) and set near-term science-based targets.

“Sustainability is a work of partnership. Collaboration is key. Climate change affects all of us – and combating it will take all of us as well.”

Darren Harmon, Vice President, Corporate Services ESG
Center of Excellence

Investing responsibly

We are working together with our external asset managers to help ensure our investment strategy supports our sustainability goals, particularly when it comes to identifying opportunities to finance the transition to renewable energy. Our investment process incorporates an active approach to integrating environmental data into our decisions. Our intent is to use this data to reduce risk and increase our investment portfolio resilience.

We are also focused on directly investing in the transition to a low-carbon economy. We have made direct investments in Tres Bahias, a 195 MW solar renewable energy project in Texas. Investments in renewable energy projects are consistent with our objective to invest through active ownership in projects that make a meaningful difference to reduce climate change. In addition, investments in renewable energy help us achieve our financed emission reduction targets.

Our diverse, high-quality investment portfolio is well-positioned to see declines in our financed emissions in the coming years.

National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector

The U.S. health care system is responsible for as much as [10% of the country's carbon emissions](#). Co-chaired by UnitedHealth Group CEO Andrew Witty, the National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector is a public-private partnership that leads collective action around reducing the health sector's environmental impact and enhancing its resilience.

Reducing waste, paper and water

In 2023, we discontinued single-use plastic bottle sales from our cafes and on-site stores within UnitedHealth Group control, eliminating an estimated 225,000 plastic bottles across 25 sites.

In 2023, we kicked off the process to transform two of our largest administrative campuses, accessed by almost 2,200 employees daily, into zero-waste sites. Becoming zero-waste includes making composting accessible throughout the building and providing reusable dining utensils and dinnerware, as well as centralizing trash collection, among other initiatives. Updated signage and volunteers raised awareness around waste reduction and educated employees about available composting and recycling options.



“Being a good steward of our resources and actively working to reduce waste is something everyone can get involved in, and it’s making an impact on the amount of materials sent to the landfill each day.”

Abbie Swenson, Associate Director, Environmental Sustainability and zero-waste program lead

Using 2023 data, we completed a Water Use Intensity study that identified sites in water-stressed regions that exceed Environmental Protection Agency (EPA) guidelines. Using this study, we will develop a water-reduction project pipeline, including water audits for select buildings, to better understand water consumption per building.

- 75% of our sites have a Water Use Intensity rating below EPA guidelines.³

As part of our endeavor to create a modern, high-performing health system, we have continued to eliminate paper wherever possible. In 2023, we reduced our paper use by an additional 588 million pieces a year.

Each year, over 23 million pill bottles are discarded in our pharmacies after they are rebottled with larger counts. We are actively collaborating with our suppliers to innovate and address this issue. We expect to share progress in 2024.

³ Includes integrated sites where water is tracked on utility bills.

Responding to the impacts of a changing climate

Weather hazards impact our employees and the communities we serve. Dangerous weather events are becoming increasingly severe, frequent and overlapping.⁴

Wildfires made 2023 a record year for unhealthy air quality across the U.S.⁵ Heat waves broke records in the U.S. and internationally.⁶ Warming oceans and rising sea levels have contributed to more intense storms, including damaging hurricanes.⁷

The Global Crisis Management Program prepares and responds to crises impacting UnitedHealth Group, ensuring continuity of care for our members while protecting our employees and operations.

Our resilient, integrated, multidisciplinary process of Business Continuity, Disaster Recovery and Global Crisis Management helps us identify, assess and manage risk and minimize disruption for the people who count on us when care is needed most.

In 2023, the Global Crisis Management team responded to natural disasters including Hurricane Idalia, Hurricane Hilary, ice storms in the southern central U.S. and wildfires in Hawaii. Member support efforts during these disasters included allowing early refills of prescription medications, waiving prior authorizations, facilitating early replacement of durable medical equipment, providing complimentary access to the Optum Emotional Support Line to impacted communities and arranging support for members in need during evacuation and facility transfers.

Climate scenario analysis

We monitor and assess climate risks using scenario analysis to evaluate the impact of climate risks over the short, medium and long term, including potential physical and transitional impacts. We will continue to monitor and assess climate risks annually.



4. Intergovernmental Panel on Climate Change (IPCC), *Climate Change 2023: Synthesis Report*

5. Climate Central, October 2023, "Wildfire Smoke: Nationwide Health Risk"

6. National Aeronautics and Space Administration (NASA), "NASA Announces Summer 2023 Hottest on Record"

7. Climate Central, September 2022, "Hurricane Intensity and Impacts"

Meet Karma

Karma Knutson, manager with Optum Advisory Services, has spent more than four years on the board of United for the Planet, an employee group focused on promoting environmentally sustainable action at the individual and organization level. In addition to hosting employee education events on sustainability topics like energy conservation, United for the Planet leaders partner with UnitedHealth Group's sustainability team in support of the enterprise's sustainability goals.

In 2023, the United for the Planet board hosted eight Share & Learn webinar events and published 12 community newsletters, highlighting topics including indoor air quality, the impacts of climate change on mental health and ideas for sustainable changes in the home. Across the globe, more than 1,900 UnitedHealth Group employees are members of United for the Planet.

Before joining Optum in 2017, Karma held internships in environmental sustainability, most recently with the United Nations Environment Programme in Geneva, Switzerland, focused on international environmental policy.



“I’ve always been eager to get involved in initiatives addressing the connection between climate, public health and health equity. When a colleague recommended United for the Planet in 2019, I was excited to join a community with that shared passion. I’m deeply grateful for this community and inspired by all we’ve accomplished together.”

Our people and culture



Our mission calls us, our values guide us, and our commitment to quality connects us. We are building a diverse culture that supports and develops our people and earns the best talent.

At UnitedHealth Group, our employee value proposition is a promise that when you come to work for us, we are committed to caring, connecting and growing together.

Our people and culture strategy is centered on knowing people want to be part of a purpose-driven organization that invests in career development. They want to be part of an organization in which inclusion matters – a place that welcomes, values and respects all voices and points of view. And, they receive a comprehensive total rewards package that offers opportunities beyond base pay including incentives, stock, benefits and well-being programs, depending on their role.

Our mission and cultural values – integrity, compassion, inclusion, relationships, innovation and performance – directly tie to our business goals to expand access to care, make care more affordable, enhance the care experience and improve health outcomes.

Our global team – including doctors, nurses, technologists, data scientists, care advocates, administrators, researchers and others – is connected by quality and guided by our mission to help people live healthier lives and help make the health system work better for everyone.

Our focus

- Advancing diversity, equity and inclusion.
- Employee health and well-being.
- Developing and growing our talent.
- Building healthier communities.

~400K

employees worldwide in 2024.

4.6M

applications to open UnitedHealth Group positions in 2023.

100%

rating in the Human Rights Campaign Foundation's 2023 Corporate Equality Index.

Recognition

Fortune 2023 World's Most Admired Companies.

Forbes' list of America's 500 Best Large Employers for 2023.

Recognized by the Civic 50, a Points of Light initiative, as one of the 50 most community-minded organizations.

No. 7 on the 2023 LinkedIn Top Companies List in the United States.

Named one of the best places to work for disability inclusion by the Disability Equality Index (four consecutive years).

Business Group on Health Best Employers Award for Excellence in Health & Well-Being (12 consecutive years).

A glimpse at our people



Marcus Robinson
CEO, Individual & Family
UnitedHealthcare

Marcus began his career at UnitedHealth Group as an intern. Twenty years later, he serves as CEO of Individual and Family Plans for UnitedHealthcare and chairs the UnitedHealth Group African American Leader Advisory Council, (LAC). The LAC consists of Black senior leaders who inform the company's work around addressing the needs of the Black community through health equity, social drivers of health and closing gaps in care related to life expectancy and maternal mortality.

"We're working to make this large and complex organization feel like home for our employees – a place where people are proud to work and where they can see a positive impact within their community and the people we serve."



Lori Mancini
Senior Project Manager,
Clinical Services
UnitedHealthcare

As someone working behind the scenes to help members navigate provider network disruptions, Lori has a singular mission: Make members' lives a little bit easier. Various roles over more than 12 years at UnitedHealthcare have led her to clinical services, where she works alongside network and clinical teams to ensure continuity of care for our members, particularly vulnerable populations and those managing complex conditions requiring multiple providers.

"When issues come up, our goal is to ensure our members are taken care of."



Freddie Garcia Dominguez
Care Advocate, Community & State
UnitedHealthcare

As a care advocate for Medicaid members in Kentucky, New Jersey and New York, Freddie talks with 20 to 30 members each day, helping them find a provider, schedule appointments, access social services and everything in between.

He uses those interactions to pick up on small clues about members and connect them to additional resources as needed, from housing and transportation to medical equipment.

"I treat each person like they are family because I know they are someone's family. I want them to know they don't have anything to worry about."



Avinash Gururaja, MD
Physician
Optum Health

Born and raised in Los Angeles, Dr. Gururaja first became interested in medicine as a child after seeing his uncle's roadside medical practice while visiting family in India.

As a family physician in Mission Hills, California, Dr. Gururaja sees as many as 18 patients each day, helping them manage their health and using data and analytics to inform his approach to clinical care. Outside of patient care, he established [MindIgnite!](#), a program designed to inspire middle school students in disadvantaged communities to consider a career in medicine.

"I'm glad to be working in a company where if I get an idea at 3 in the morning, I can see where it goes."

Advancing diversity, equity and inclusion

Celebrating our people, their voices and their experiences.

At UnitedHealth Group, we believe the only way to achieve our mission is to build a workforce reflecting the diversity of the communities we serve around the world.

Through our diversity, equity and inclusion (DEI) strategy, we work to retain and engage a workforce with diverse backgrounds and strive to build a more inclusive workplace equipped to address challenges both today and in the future.

In 2023, we added inclusion to our core values to emphasize all voices at UnitedHealth Group are welcomed, valued, heard and respected.

“We have made strides toward building a more inclusive workplace. While we celebrate what we have accomplished, we must go further and do better for each other, for those we serve and for the communities of which we are a part.”

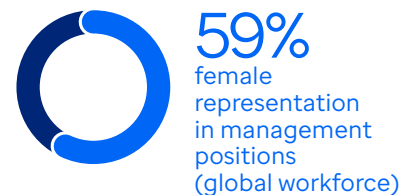
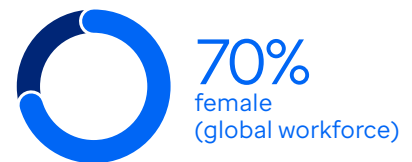
Joy Fitzgerald,

Chief Diversity, Equity & Inclusion Officer, UnitedHealth Group

Recognition

2023 Military Friendly® Employers list (seventh in the U.S.) and a Top Ten 2023 Military Spouse Friendly® Employer.

Human Rights Campaign Foundation 2023-2024 Equality 100 Award.



Building the workforce of tomorrow

Our workforce must reflect the diverse communities we serve. Our commitment to DEI is inspired by and grounded in our company values. Growing our business to better meet the needs of the people we serve means hiring and retaining the best talent with diverse and innovative perspectives, while creating a culture of belonging and inclusion.

To advance workforce diversity, we established a specialized DEI recruiting function focused on ensuring the inclusion of women, people of color and individuals from diverse backgrounds and lived experiences in candidate talent pools, as well as the selection process and interview panels.

In 2023, we partnered with an [external third-party organization](#) to further understand the lived experiences of our employees, reviewing our processes, policies and culture to identify ways to better serve people with diverse backgrounds. Overall, our employees report having a positive experience at our company, bolstered by their trust in management and teams. The findings also identified opportunities where we can expand our career development initiatives and improve cultural awareness among our workforce.

Key findings

Strengths

- Positive work experience.
- Strong performance culture.
- Trusted relationships with management and teams.
- Employees feel committed to the mission and purpose.

Opportunities

- Improve career development and navigation tools.
- Offer learning resources and cultural awareness training to foster inclusion.
- Increase employee visibility of impact of our DEI initiatives and accountability.

Early recommendations

- Expand talent management/learning strategy to focus on career management.
- Develop cultural capability and competency skills among our workforce.
- Increase visibility of DEI impact, including executive engagement and accountability.



Powered by these findings, we:

1. Launched two sponsorship programs and eight mentoring cohorts that matched talent with senior executives.
2. Nearly tripled our engagement of early career professionals with diverse backgrounds through strategic partnerships with AfroTech, Disability:IN, Prospanica, Out & Equal and more.
3. Developed self-paced DEI learning content to help our teams grow their knowledge of DEI.
4. Created inclusive networks for our people to connect and contribute ideas to advance our mission through the relaunch of our Employee Resource Groups and Leader Advisory Councils.

Our national DEI partners

- AfroTech
- Catalyst
- Disability:IN
- Executive Leadership Council
- Fair360
- Hispanic IT Executive Council
- Historically Black Colleges and Universities
- Human Rights Campaign
- INROADS
- Military OneSource
- Military Spouse Employment Partnership
- National Asian Pacific American Bar Association
- National Organization on Disability
- Out & Equal
- Twin Cities Pride
- Prospanica
- Thurgood Marshall College Fund
- Twin Cities Quorum
- Veteran Jobs Mission



40%

top management positions held by females.

36%

participants in our inaugural Executive Sponsorship Program saw an increase in talent mobility through lateral moves or promotions. Our second cohort launched November 2023 with 250 participants.

~308K

global employees can engage with our curated LinkedIn Learning courses on DEI topics, including unconscious bias, allyship, inclusive leadership and more.

>2.3K

professionals with diverse backgrounds joined our talent pipeline through our 55 national strategic partnerships.

>1.1M

people reached through our talent marketing activations.

Empowering our employees

The people of UnitedHealth Group fuel the innovations we deliver. Outstanding results are possible only if our employees can bring their best and authentic selves to work.

That's why in 2023 we relaunched our Employee Resource Groups (ERGs), focusing on four key pillars to bring the program closer to our business strategy of improving our employees' sense of belonging. Led by executive sponsors who represent the lines of business, ERGs foster collaboration and connections, including additional networking and mentorship opportunities, enabling team members to be heard, supported and valued through their unique contributions.

Career

Attracting, retaining and mentoring diverse talent while enhancing the employee experience.

Company

Developing strategies to support key initiatives and business objectives.

Community

Providing inclusive spaces for networking, fellowship and partnership.

Customers

Delivering innovative solutions that grow our business and better support the people we serve.

9.4K

people attended eight virtual, enterprise-wide fireside chat meetings between ERG members and their executive sponsors to deepen connections.

63%

attendance rate for live ERG Community Connection events across the United States to encourage in-office collaboration.



Our ERGs



Asians United

Brings together Asian, South Asian and Pacific Islander (AAPI) communities within UnitedHealth Group, offering career development, mental health support and allyship, while working to stop AAPI biases and stigmas.

Black Experience

Promotes cultural awareness and provides professional support and development through membership engagement, career development and initiatives related to equity, access to care and social responsibility.

Disability Inclusion

Seeks to build a sense of inclusion and belonging for individuals with disabilities by sharing stories, advancing information, and increasing education and awareness for allies of all demographics.

Military, Veterans & Spouses

Focused on recruiting and retention, supporting veterans experiencing homelessness, suicide intervention and veteran-led volunteering and social responsibility.

Native Voices United

Honors the diverse tribal nations across North America, working toward understanding and upholding the importance of tribal sovereignty, unique cultural values and the contributions of every distinct tribal community with whom we work.

PRIDE at UHG

Promotes the visibility and well-being of all LGBTQIA+ employees, their allies, their loved ones and the communities we serve.

Unidos

Brings together Hispanic/Latin communities who are richly connected culturally, ethnically, linguistically and socially, offering mentorship and programs supporting career development.

Women LEAD

Seeks to connect and empower women and their allies, working to promote an inclusive environment and foster a culture celebrating authenticity and bold actions.

Maintaining pay equity

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

We continue to work with independent, third-party experts to perform reviews of our compensation practices and evaluate pay equity in several respects, including by gender, ethnicity and race. The most recent review of our integrated workforce completed in 2023 – including our global operations – continues to indicate women earn \$1 for every \$1 men earn when performing similar work at similar levels. In addition, employees of color in the U.S. continue to earn \$1 for every \$1 white employees earn when performing similar work at similar levels.

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

Meet Najah

For more than a decade, Najah Qureshi has worked to optimize operations in UnitedHealthcare with a focus on delivering transformational health care solutions tailored to the diverse needs of our members – a skill set that is crucial to meeting the needs of our business. She currently works as vice president of consumer products at UnitedHealthcare.

Beyond her operational leadership, Najah is deeply committed to cultivating a diverse, equitable and inclusive organizational culture. She now serves as chair of the Asian American Leader Advisory Council (LAC), one of our eight LACs comprising leaders across the company focused on recruiting and retaining talent with diverse backgrounds, investing in the development of top-performing talent and advising on critical DEI conversations impacting our business. Her LAC leadership is not just rewarding; it's a crucial and fulfilling aspect of Najah's professional journey.



“There is nothing more rewarding than being able to serve others.”

Employee health and well-being

Making it easy for our people to care for themselves and those they love, build connections with others, and grow personally and professionally.

Delivering on our mission starts with our employees. We recognize that holistic well-being is about more than physical health – it's about having access to emotional support, feeling financially secure, enjoying time away from work and much more.

United Well-being

In 2023, we launched United Well-being – our new integrated approach to holistically supporting employees by helping them understand, navigate and access our wide array of benefits and resources, focusing on four pillars: **Life**, **Financial**, **Emotional** and **Physical**.

Life	Financial	Emotional	Physical
<ul style="list-style-type: none"> • Paid time off, holiday and leave programs • 15 backup child and elder care days • Caregiving support and two weeks paid caregiver leave • College coaching • Bereavement leave • Leadership development programs • Career coaching • Six weeks paid parental leave - ENHANCED • Employee Resource Groups - ENHANCED • MyLearning platform - NEW • Floating holiday (Implemented in 2024) - NEW 	<ul style="list-style-type: none"> • 401(k) match • Retirement planning tools • Employee Stock Purchase Plan • Company credit union • Adoption assistance • Commuter expense reimbursement • Continuing medical education • Flexible spending accounts for dependent and health care • Professional licensure and certification reimbursement • Stock plan awards - ENHANCED • Tuition reimbursement - ENHANCED 	<ul style="list-style-type: none"> • Happiness and meditation courses • Family counseling • Employee Assistance Program offering immediate support and connections to financial and legal support, child care and elder care referrals, mental health and household support • 10 free counseling sessions per person, per year • Online self-care tool - ENHANCED • Virtual behavioral coaching - ENHANCED • Child and family behavioral coaching - NEW 	<ul style="list-style-type: none"> • Health and prescription drug coverage • On-site employee clinics • On-site lactation spaces • 24/7 health benefits support • Nutrition, fitness and lifestyle coaching • Peloton and gym membership discounts • Support programs: diabetes, virtual physical therapy, cancer, alcohol and substance abuse, menopause, tobacco cessation • Pregnancy, postpartum and infant care • Incentives for healthy activities - ENHANCED • Weight management support program - ENHANCED • Fertility and family-building coverage and support - ENHANCED

Expanding support for women's health and family building

In 2023, we continued to invest in our women's health and family-building offerings to support our employees and their families at each stage of life.

>2.2K

participants enrolled in our menopause program in its first three months.

Fertility Solutions Plus – NEW

An inclusive, comprehensive fertility and family-building support solution designed to help our employees navigate various paths to parenthood – from preconception support to fertility preservation and IVF, adoption or surrogacy.

Menopause program – NEW

Provides inclusive, holistic and specialized support with 24/7 virtual access to providers who specialize in all stages of menopause and related symptoms, the latest clinically validated education resources and dedicated mental health support.

Parental leave policy – EXPANDED

In addition to providing six weeks of paid parental leave for new parents to use within the first 12 months following the birth of a child or placement with an employee of a child for adoption or foster care, in 2023 we expanded our leave policy to enable new parents to split their time away into two periods of two or more weeks, providing new parents additional flexibility.

Maternal health program

A comprehensive virtual pregnancy, postpartum and family health program for new and expecting parents, including 24/7 access to more than 30 types of specialists providing personalized support for pregnancy, postpartum, return-to-work and more through a child's first year of life.

52%

of eligible employees with a maternity admission in 2023 enrolled in our maternal health program.

“I have been so happy with the program. I didn't even realize how much I'd use it, but have relied on it so much through my pregnancy. The ability to have same-day appointments has been invaluable.”

Maternal health program participant

Note: "Women's health" and "maternity" are broader terms used to describe conditions, services or supportive programs and resources, not to describe those we support. We provide supportive resources for all eligible individuals, regardless of gender identity.

Connected care through every life stage

After 14 years at UnitedHealth Group, Tina McLane, a supervisor in clinical operations at Optum, understands how to help people navigate the health care system. When she started menopause, however, she felt ill-prepared and wasn't sure where to turn. That's why she enrolled in our new menopause program, which offers 24/7 virtual access to providers who specialize in all stages of menopause and related symptoms, the latest clinically validated education resources and dedicated mental health support.

Many women don't know what to expect when facing menopause. For Tina, the program provided information and resources to help her understand and manage her experience. Her dedicated care coordinator listened to her concerns and provided support. Dedicated support groups allowed her to connect to women going through similar experiences and provided a safe space to share her own.



“Women need care through all stages of life, and I’m grateful for this program.”

Increasing mental health support for families and children

We prioritize the mental and emotional well-being of our employees by providing access to programs, education, tools and resources to help reduce and manage stress, build resilience and obtain needed support.

Bend Health – NEW

In 2023, we launched a new pediatric mental health benefit connecting young people and their families to care and services. The collaborative care program includes access to a dedicated mental health coach at no cost, as well as access to therapists and psychiatric providers who work with children ages 1–17 to offer personalized care plans. Bend also includes access to customized resources for parents and unlimited secure chat messaging with the care team.

Virtual Behavioral Coaching

In 2023, we expanded virtual coaching to all U.S. integrated employees and their covered dependents (ages 18 and up) due to its high Net Promoter Score and proven impact. The program helps manage stress, anxiety and depression through a personalized action plan, digital tools and the support of a dedicated coach.

Employee Assistance Program (EAP)

Our EAP provides immediate, unlimited telephonic access to experts who connect employees to resources like counseling, financial and legal support, child and elder care referrals, mental health services and household support. Employees and their family members are eligible for 10 free in-person or virtual counseling sessions per person, per issue, per year with a licensed counselor.

“I have the EAP number saved in my phone and when something happens and I’m feeling overwhelmed or underappreciated or I need to release the words that are building up inside my head, I call. And an amazing voice on the other end just listens to what I have to say, helps me find why it may be making me feel that way and most importantly, doesn’t judge me.”

Ali Taylor, Sr. Data Analyst, UnitedHealthcare

~78K

children and teens had access to free pediatric and behavioral health coaching through Bend Health in 2023.

35%

increase in the number of individuals accessing EAP compared to 2022.

Promoting workplace health and safety

Our mission to help people live healthier lives and help make the health system work better for everyone extends to our workforce, and we are committed to protecting the health and safety of our employees, patients and the global environments in which we work. At UnitedHealth Group, we adhere to environmental and occupational health and safety rules, regulations and industry best practices to create and maintain safe and healthy working environments. We strive to continually enhance our processes and systems and promote safety excellence across our operations. Read more about our commitment [here](#).



Employees at the WellMed campus in San Antonio, Texas.

Rewarding healthy actions

Nearly 140,000 employees have earned rewards through our Rewards for Health incentive program, which offers personalized recommendations based on an employee's unique health indicators. This allows our employees and their families to earn incentives designed to improve their health and well-being.

Rewards can be used to offset medical premiums or deposited into a health savings account (HSA), if enrolled in an HSA-eligible plan. Some employees earn enough rewards to cover their entire annual premiums.

In 2023, we introduced new ways to earn rewards, including financial well-being education, menopause support and healthy lifestyle programs. Employees increased their average dollars earned by 28% compared with 2022.

90%

of eligible employees earned rewards through the Rewards for Health program.

33%

of employees earned their full reward, up 9 percentage points from 2022.

70%

of Medical Weight Loss participants achieved more than 5% weight loss after 12 months.

84%

of employees agreed UnitedHealth Group cares about their health and well-being in 2023.



Developing and growing our talent

Learning, building skills and developing leaders.

Whether someone just joined UnitedHealth Group or they have been with us for years, our goal is to show them we live up to the promise of our employee value proposition: Caring. Connecting. Growing together.

Our employees' voices shape our actions to support career growth. We provide access to learning and development tools, resources and opportunities to help employees build skills to advance their careers while supporting the needs of our business and those we serve. We also support employee growth by encouraging continuous performance discussions, promoting talent mobility across the enterprise and developing inclusive leaders.

“There is no limitation on what you can learn at your own pace that can prepare you for the next level in your career or a career change. Knowledge is power and MyLearning provides the knowledge needed to be powerful.”

Nathifa Hunte, Account Manager, UnitedHealthcare, on our new MyLearning platform

Listening to our people

We encourage our employees to share their feedback and ideas. Their input helps us assess opportunities for improvement and informs our programs, resources and benefits. In addition to leader listening sessions with two-way dialogue, we conduct employee experience surveys for all UnitedHealth Group employees, which measure job satisfaction, sense of purpose, happiness and stress levels, and more. In 2023, our average participation rate was 78%, up from 76% in 2022.

We added questions about safety culture to support our efforts in building a workplace where all feel welcomed, valued, respected and heard. We saw the strongest and most positive scores in measures relating to inclusion and manager effectiveness. Employees reported:

- They are treated fairly.
- They can express their honest opinions.
- Leaders care about their well-being.
- They feel their ideas and suggestions matter.

>310K

employees responded to the employee experience survey in 2023.

75%

positive employee experience score.

Building a culture of learning and development

People join UnitedHealth Group because we are a purpose-driven organization that invests in learning and development. We focus on helping our employees build the skills they need now, and in the future, to help them achieve their career goals and aspirations.

Expanding access to voluntary learning opportunities: In 2023, we launched MyLearning, our new enterprise platform, which offers thousands of courses, personalized recommendations and opportunities to connect and share with colleagues. MyLearning also allows us to create curated learning experiences on topics ranging from diversity, equity and inclusion to creating quality consumer experiences.

During the first seven months after the platform's launch, more than 82,000 employees engaged in voluntary learning to help build skills and grow their careers.

Building skills and capabilities: We are investing in building the core skills and capabilities for today's business needs and anticipating the skills needed for the future, including:

- **Clinical:** We offer medical and pharmacy-assistant apprentice programs, and we have mentor and leadership programs for clinicians to grow their skills and obtain access to continuing education.
- **Technology and consumer:** We have robust intern and early-career programs with more than 2,300 participants working on building technology and consumer-focused skills.
- **Leadership:** We offer an enterprise leadership development framework, providing opportunities for leaders at all levels.

In 2023, we also expanded our tuition reimbursement program, allowing U.S.-based employees, regardless of their current role, to take classes related to any role across UnitedHealth Group – from nursing to data analytics to finance.



>9.3M

employee hours dedicated to training, learning and development to build skills and grow careers.

>82K

employees engaged in voluntary learning to build skills and grow their careers.

>8.1K

unique courses voluntarily engaged by employees on a diverse range of topics.

Developing high-performing leaders for today and tomorrow

Managers and leaders are critical to delivering on our strategic priorities and ensuring teams feel valued and supported. Leaders help create an inclusive environment where people can be themselves, make a meaningful impact and achieve their career goals.

In 2023, we implemented an enterprise leadership-development framework to engage leaders at all levels with tools, resources and opportunities to continue growing and performing at a high level.

Scaling our leadership development opportunities: We dramatically scaled our signature leadership development experiences in 2023. More than 19,000 leaders took advantage of our signature development offerings and coaching services. Examples include:

- **Manager Development Conference:** The UnitedHealth Group biannual leadership development event is open to everyone looking to build their leadership skills. The virtual offering includes keynotes from executive leaders, panel discussions and interactive workshops. In 2023, more than 14,000 employees attended, dedicating nearly 60,000 hours to leadership learning.
- **Emerging Leaders Program:** A virtual, self-nomination development experience for high-performing people leaders and individual contributors. Over 18 weeks, participants spend two to three hours per week engaging in self-directed learning, on-the-job skills training, live sessions with senior leaders and small-group discussions. More than 1,900 employees completed the program in 2023.
- **Consumer-Centric Leadership Experience:** A full-time, two-year program for operations employees designed to build a consumer-oriented mindset, grow leadership skills and deepen business understanding. The program helps participants move into leadership roles, guiding teams to deliver great experiences for the people we serve. In 2023, approximately 80 people participated in this diverse program. Nearly 90% were women and more than 50% were people of color.

Early career programs: We also offer a variety of full-time, internship, apprenticeship and co-op programs worldwide to help us attract, develop and build our next generation of health care leaders. Programming is designed to accelerate learning and drive engagement, collaboration and impact across UnitedHealth Group.

- **Internship program:** The 2023 program included more than 1,100 people and had a full-time employment offer acceptance rate of nearly 80%.
- **IGNITION experience:** Brings together more than 550 early career employees from around the world for an immersive experience to build connections, learn from executive leaders and discuss solutions for some of our most pressing health care challenges. The 2023 experience received a Net Promoter Score of 80.

>19K

leaders engaged in development programs.

>14K

employees attended the biannual Manager Development Conference in 2023.

Encouraging career growth and talent mobility

Our talent management initiatives help employees gain a clear understanding of their strengths, as well as the skills needed to grow their careers, and the opportunities available at UnitedHealth Group. In 2023, we enhanced our talent-management processes by improving visibility to open opportunities and encouraging mobility across the enterprise. In early 2024, we launched a new enterprise performance management process that encourages a culture of continuous feedback and career development. We are also in the process of migrating our human capital management system to the cloud to deliver seamless quality experiences for our people.

We continue to expand our talent management programs to promote a diverse workforce at all levels through talent development and succession planning. We publish salary ranges for most roles in the U.S. for employees to understand what our company generally pays by job level.

Continuous feedback to drive high performance: In 2023, we encouraged more continuous, agile individual performance feedback throughout the year. We continue to focus on both team-based performance appraisal and multidimensional performance appraisal so employees and managers can ensure colleague feedback is included.

Addressing needs and promoting development through talent mobility: There are countless opportunities for growth and career advancement at UnitedHealth Group. As we continue to identify the skills we need and empower our people to build them, we also make it easier to grow into new roles across the enterprise. In 2023, we encouraged talent mobility by:

- Removing unnecessary education requirements from more than 10,000 roles.
- Ending a policy requiring 12 months in a role before transitioning internally.
- Providing career mobility training or coaching sessions for nearly 11,000 employees.
- Offering internal job mapping technology.
- Engaging our diverse ERGs through leader sessions and by sharing resources focused on growth, career navigation and mobility.

More than 35,000 employees changed roles across the company in 2023.



Building healthier communities

Providing employees with dedicated opportunities to make a tangible impact through giving and volunteering.

Employee giving and volunteerism

Our United for Giving program is helping employees make a bigger impact when donating time or money to the causes and communities they care about. In 2023, we enhanced our volunteer rewards, allowing employees to earn rewards starting with their first hour of volunteering.

- **\$1:\$1 match** on employee donations to eligible organizations.
- **\$10 in rewards** for each tracked volunteer hour, up to 50 hours.

Disaster relief support

We are dedicated to supporting our employees and communities around the world during times of need, including natural disasters and catastrophic events.

- Employees supported their colleagues in 29 states during a natural disaster or qualifying catastrophic event through our employee assistance fund, United for Each Other.
- The United Health Foundation donated \$1.5 million to support communities affected by wildfires in Hawaii and humanitarian efforts in the Middle East.

Optum G.I.V.E. 2023

Optum's third annual Geographically Inclusive Volunteer Event (G.I.V.E.) brought together employees in five countries and 16 U.S. states to give back to communities, with a focus on advancing health equity. Throughout October, Optum employees in locations across the globe engaged in volunteer activities focused on housing and homelessness, community development, food security, education and health and well-being.



Optum team members in Bengaluru, India, participating in one of the many G.I.V.E. 2023 events hosted in India.

*Volunteer hours are calculated using employee survey responses and giving site participation data.

\$50.4M

donated through United for Giving.

4M

employee hours volunteered.*

22K

charities supported through United for Giving.

Optum G.I.V.E.

~3K

volunteers.

48

organizations.

~7.5K

volunteer hours.

Responsible business practices



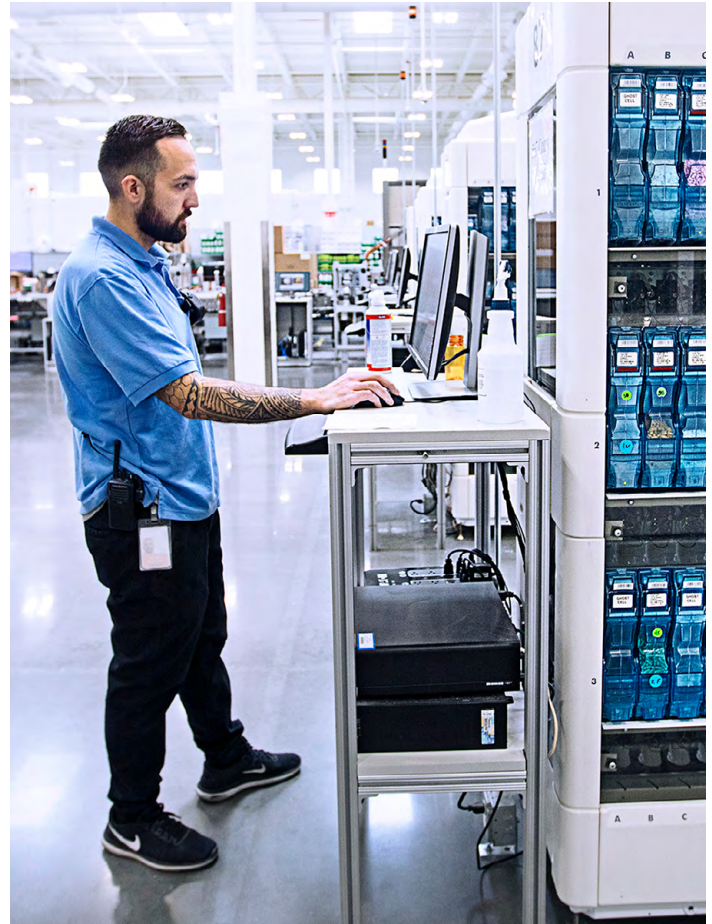
UnitedHealth Group governance practices support our mission and serve the needs of the communities in which we live and work.

Our focus

- Corporate governance.
- Data privacy and information security.
- Responsible use of artificial intelligence/machine learning (AI/ML).
- Supply chain management.
- Supplier diversity.
- Public policy.
- Compliance and ethics.

Our management structure and responsible business practices provide the foundation for our work and outline specific behaviors and responsibilities. These practices help ensure our actions and decisions are consistent and aligned with our values and the values of society at large.

Our governance approach also supports our strategic growth priorities. For example, as we deploy new technologies to better serve patients and providers, we are continually evaluating our policies and procedures to help ensure safety, privacy and equity. Similarly, we also review our supplier risk and performance management processes to help ensure our suppliers can meet our sustainability standards and deliver on our values.



An employee at an Optum Specialty Pharmacy facility in Las Vegas.

Corporate governance

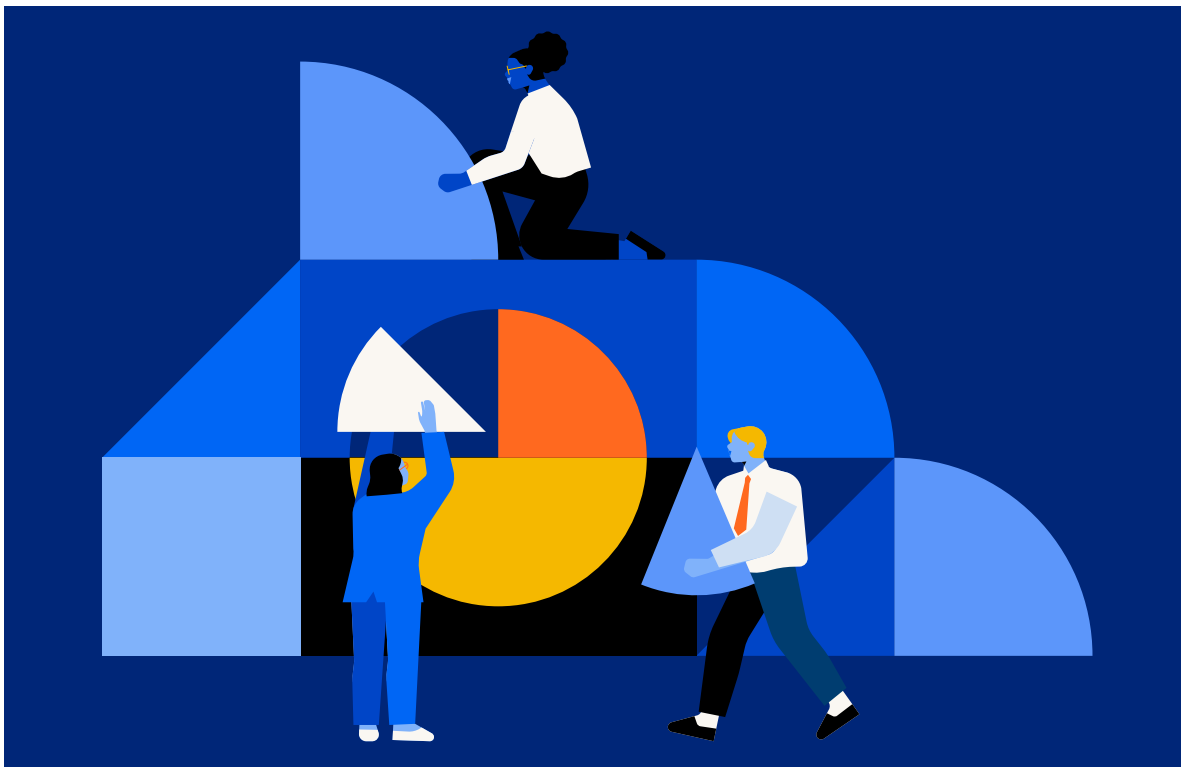
Strong and effective governance practices guide our actions to deliver long-term value.

The UnitedHealth Group corporate governance policies embody our commitment to implementing industry-leading governance practices. Our board has enhanced corporate governance policies over time to align with best practices, drive sustained shareholder value and respond to the interests of our shareholders.

Our Governance Committee reviews corporate governance practices at least once per year and proposes modifications for the board's approval to strengthen and contemporize our approach. Additional information on our corporate governance – including policies, board committees and approaches to enterprise-wide risk management – is available in our proxy statement and on our Corporate Governance [webpage](#).

Board composition

We believe an effective [board](#) consists of a diverse group of individuals who bring a variety of complementary skills and a range of both personal and business experiences to their positions. The board's diversity is considered in the director nomination process and assessed annually when the board evaluates its overall effectiveness.



Director nominees by skills and experience:

	Baker	Flynn	Garcia	Gil	Hemsley	Hooper	McNabb III	Montgomery Rice, M.D.	Noseworthy, M.D.	Witty
Corporate governance	●	●	●		●	●	●		●	●
Finance	●	●	●	●	●	●	●			●
Health care industry	●				●	●		●	●	●
Direct consumer markets		●	●	●			●		●	●
Social media/marketing	●			●			●		●	●
Diversity			●	●		●		●		
Large complex organizations	●	●	●	●	●	●	●	●	●	●
Technology/business processes	●	●	●	●	●	●	●		●	●
Clinical practice								●	●	
Political/health care policy/regulatory	●	●			●	●	●	●	●	●
Capital markets	●	●	●		●		●			●

Thirty percent of our director nominees are ethnically diverse, 30% are women and 20% are African American. Two female directors hold board leadership roles.

Our Governance Committee strives to maintain a balance of tenure on the board. Long-serving directors bring valuable experience with our company and familiarity with the successes and challenges the enterprise has faced over the years, while newer directors contribute fresh perspectives. The average tenure of our board members is approximately seven years.

Our Board of Directors believes having independent board leadership is an important component of our governance structure because independent leadership is vital in considering the needs of our business and long-term interests of our shareholders objectively. As such, our Bylaws require the company to have either an independent chair of the board or lead independent director. Our board separates the positions of CEO and chair of the board.



30%
female independent
directors on our board.



30%
racially/ethnically diverse
independent directors.

Shareholder rights

A shareholder or group of shareholders who have owned at least 3% of our common stock for at least three years, and who comply with specified procedural and disclosure requirements, may include in our proxy materials shareholder-nominated director candidates representing up to 20% of the board.

Our directors are elected annually by a majority vote of our shareholders. Each of our director nominees tenders an irrevocable offer to resign in case they do not receive a majority vote from shareholders, which the board must accept absent a compelling reason.

Say on Pay

Shareholders expressed strong support for our executive compensation program at our 2023 Annual Meeting of Shareholders, with 96% of the votes cast in favor of our Say-on-Pay proposal.

Read more about our approach to corporate governance in the [2024 Proxy](#).

- The company does not have a dual-class share structure. Each share of company common stock is entitled to one vote.
- No supermajority shareholder approval requirements.
- Shareholders hold the right to call a special meeting and to act by written consent.



Data privacy and information security

Prioritizing data stewardship to maintain trust and deliver quality to those we serve.

One of the ways UnitedHealth Group delivers quality to our health plan members, patients, customers, employees and other stakeholders is by adopting measures that are intended to protect the information they provide to our company and business partners. Health care data and personal information are critical to our ability to serve our customers and the health system.

We believe a culture of transparency is essential to building and maintaining the trust and confidence of our customers and stakeholders.

Governance

Our cybersecurity program is managed by our chief digital and technology officer and chief information security officer and our privacy program is administered by the UnitedHealth Group chief compliance and ethics officer. The Audit and Finance Committee of the Board of Directors has oversight of these programs and is responsible for reviewing and assessing the company's cybersecurity and data protection policies, procedures and resource commitment, including key risk areas and mitigation strategies. As part of this process, the Audit and Finance Committee receives regular updates from the chief digital and technology officer and chief information security officer on critical issues related to our information security risks, cybersecurity strategy, supplier risk and business continuity capabilities as well as updates on the effectiveness of our policies, procedures and resource commitments for the privacy program from the UnitedHealth Group chief compliance and ethics officer. In 2024, we decided to appoint an outside expert, Mandiant, as an advisor to the Audit and Finance Committee to participate in regular cybersecurity discussions.

Information security

UnitedHealth Group manages cybersecurity and data protection through a continuously evolving framework. The framework allows us to identify, assess and mitigate the risks we face, and assists us in establishing policies and safeguards to protect our systems and the information of those we serve.

The company's framework includes an incident management and response program that continuously monitors the company's information systems for vulnerabilities, threats and incidents; manages and takes action to contain incidents that occur; remediates vulnerabilities; and communicates the details of threats and incidents to management, including the chief digital and technology officer and chief information security officer, as deemed necessary or appropriate. Pursuant to the company's incident response plan, incidents are reported to the Audit and Finance Committee, appropriate government agencies and other authorities, as deemed necessary or appropriate, considering the actual or potential impact, significance and scope.

In February 2024, cybercriminals deployed a ransomware attack against Change Healthcare. We responded swiftly and forcefully to secure our systems and prevent broader impacts to the health system. The event demonstrates the growing need to fortify cybersecurity in health care, and we are committed to working with law enforcement, policymakers and partners across industries to collectively strengthen our ability to detect, prevent and intercept potential cyber-related threats.



Audits, risk assessments and certifications

To ensure that our program is designed and operating effectively, our infrastructure and information systems are audited periodically by internal and external auditors. We have obtained various certifications from industry-recognized certifying organizations as a result of certain external audits. We also perform regular vulnerability assessments and penetration tests to improve system security and address emerging security threats. Our internal audit team independently assesses security controls against our enterprise policies to evaluate compliance and leverages a combination of auditing and security frameworks to evaluate how leading practices are applied throughout our enterprise. Audit results and remediation progress are reported to and monitored by senior management and the Audit and Finance Committee. We also periodically partner with industry-leading cybersecurity firms to assess our cybersecurity program. These assessments complement our other assessment work by evaluating our cybersecurity program as a whole.

We complete an enterprise information risk assessment as part of our overall information risk management program, which is overseen by our chief information security officer. This risk assessment is a review of internal and external threats that evaluates changes to the information risk landscape to inform the investments and program enhancements to be made in the future to rapidly respond and recover from potential attacks,

including rebuild and recovery protocols for key systems. We evaluate our enterprise information security risk to ensure we address any unexpected or unforeseen changes in the risk environment or our systems and the resulting impacts are communicated to the company's overall enterprise risk management program.

Our internal audit team helps address potential risks and supports compliance with laws and regulations by evaluating how leading practices are applied throughout our enterprise. The results of internal audits are presented quarterly to the Audit and Finance Committee of the Board of Directors.

Third-party partners

We work to require our third-party partners and contractors to handle data in accordance with our data privacy and information security requirements and applicable laws. We regularly engage with our suppliers, partners, contractors, service providers and internal development teams to identify and remediate vulnerabilities in a timely manner and monitor system upgrades to mitigate future risk, and ensure they employ appropriate and effective controls and continuity plans for their systems and operations.

Employee security and privacy training and awareness

Mandatory cybersecurity and privacy training is provided to all employees upon hire and administered annually thereafter. Training materials are regularly updated to include information on how to protect against emerging threats. Our SAFE With Me program is an enterprise-wide cybersecurity training and awareness resource for our employees, including employees from recent acquisitions as they integrate into our enterprise environments. We offer this content in multiple languages and training formats, helping ensure content is distributed in a way that reflects individual training preferences.

In addition to formal online training, cybersecurity and privacy awareness materials are published in multiple formats. We operate security compliance programs with our employees to assess their understanding of our requirements and, if necessary, direct our employees to complete additional training.

Privacy

Our [Code of Conduct](#) outlines our commitment to protecting the information provided to us. Our Enterprise Privacy Office leverages privacy frameworks, including the National Institute of Standards and Technology (NIST), and is responsible for developing policies and training informed by our values. The Enterprise Privacy Office also defines our privacy responsibilities, which include information handling, incident reporting obligations and programs to monitor compliance.

We strive to use and collect the minimum necessary amount of personal information, and we retain and delete personal information in accordance with legal and contractual requirements. We notify customers about how their information may be used, obtain consent in compliance with applicable laws and communicate opportunities to opt in, limit or opt out of data collection. We observe the rights individuals have over their personal information, including the right to access information we maintain about them, request a correction to those records and request deletion of their data.

Enterprise privacy program responsibility



Key 2023 privacy initiatives

In 2023, we expanded our technologies to provide consumers with electronic notices about what information is collected about them and when it is shared with third parties. We are also continuing our efforts to simplify processes for our members and patients to direct us to share their health care data or personal information with authorized parties.

Responsible use of artificial intelligence and machine learning

Harnessing the potential of AI/ML in a way that is safe, ethical and equitable.

The use of AI/ML continues to evolve within the health care industry. Our approach to the responsible use of AI is centered around a comprehensive governance structure to help ensure solutions are designed and used fairly, ethically and safely.

AI/ML environment

The AI solutions we use vary widely, from something as straightforward as suggesting the optimal layout for Wi-Fi routers in an office building, to something as sensitive as identifying members of a health plan who are more likely to visit an emergency department or contract a disease and who could benefit from additional services. AI solutions may be used as inputs to clinical decision-making but cannot replace clinical judgment. Some more prevalent examples of AI use cases include:

- **Back-office operations.** UnitedHealthcare and its affiliates also use AI tools to support certain back-office operational processes, such as letter-generation tools, and tools that help our call center agents more quickly find relevant information.
- **Payment integrity/fraud, waste and abuse.** Payment-integrity analytics – historically a set of rules-driven processes – increasingly rely on AI to identify potentially inappropriate claims and aberrant provider behaviors compared to peers and norms. These tools are critical to identifying potential bad actors in the health care system and are proving to outperform rules-based methods to accurately identify unusual claims patterns.

- **Population health management.** AI models have become part of our process to help identify patients with unmet needs so that they can be offered additional support through population health programs. These types of predictive models can help identify, for example, those members most at risk of suffering a fall, having difficulty controlling blood pressure, struggling to adhere to medication regimens, more likely to require non-obstetric hospitalization in the next 12 months, and those who should likely be included in vaccine-outreach campaigns. We can then target specific populations with additional services or information.

The AI solutions we use may be developed internally by our technology and data experts or procured from third parties or used by third parties on our behalf under a service agreement. Our governance processes, described in greater detail below, apply to all of these scenarios.

Our AI models are powered by our data resources and the kinds of data used by AI models may vary widely, ranging from deidentified claims data to data related to social drivers of health to weather pattern data. Data is used both to train AI models and to be processed by AI models to produce results, such as predicting flu outbreaks. Whatever the case, the use of data by any AI model at UnitedHealth Group is subject to the same rigorous governance procedures and controls that apply to any other use of data across the enterprise. These procedures and controls are designed so that any data used in an AI model is used consistently with applicable permission, consents and regulatory requirements. Each AI model must demonstrate that it has met these requirements before approval by the Machine Learning Review Board under the mandatory governance process described below.

While AI/ML technologies are important and have the potential to positively impact health care, we believe they must be explainable, reliable and trustworthy; ensure patient privacy and security; be used responsibly; and be informed by inputs from clinicians, industry experts and academic partners. Our AI/ML governance process has been designed with these ideas in mind.

AI/ML governance

Our governance structure – consisting of clinical, technology, privacy and legal experts across UnitedHealth Group, Optum and UnitedHealthcare – provides oversight on our strategic development and investments in AI/ML. This governance structure extends from the Board of Directors down through operational groups in our technology and legal and compliance teams and is advised by both internal and external bodies of multidisciplinary experts.

Oversight begins with the Board of Directors, which plays a critical role in overseeing our use of AI. In 2023, the board amended the charters of our Audit and Finance Committee and the Health and Clinical Practice Policies Committee to expressly bring the oversight of AI governance and use under their respective purviews, which means:

- The Audit and Finance Committee has oversight of our AI framework, including oversight of our governance mechanisms to monitor, identify and mitigate potential risks associated with the deployment of AI. The Audit and Finance Committee also reviews reports on privacy and data security matters – including, as appropriate, those relating to AI systems or products. These reports include updates on our privacy program; risk management; and relevant legislative, regulatory and technical developments.
- The Health and Clinical Practice Policies Committee oversees the responsible and ethical application of AI in support of modernizing and improving the health care system.

The complementary roles of these board committees help to ensure that the board has oversight over all critical aspects of our development, governance, deployment and use of AI solutions.

At the operational level, our AI/ML program is governed by two foundational policies, including (1) the Responsible Use of Artificial Intelligence and Machine Learning Policy and (2) the Responsible Use of Generative AI Policy. These AI policies establish detailed procedures and requirements designed to mitigate potential risks associated with AI use, promote performance of AI for intended purposes and avoid unintended consequences, such as demonstrating biases in the results of our AI models. These AI policies require us to maintain an up-to-date inventory of all active AI models, including those developed internally, licensed from third parties or used by third parties on our behalf.

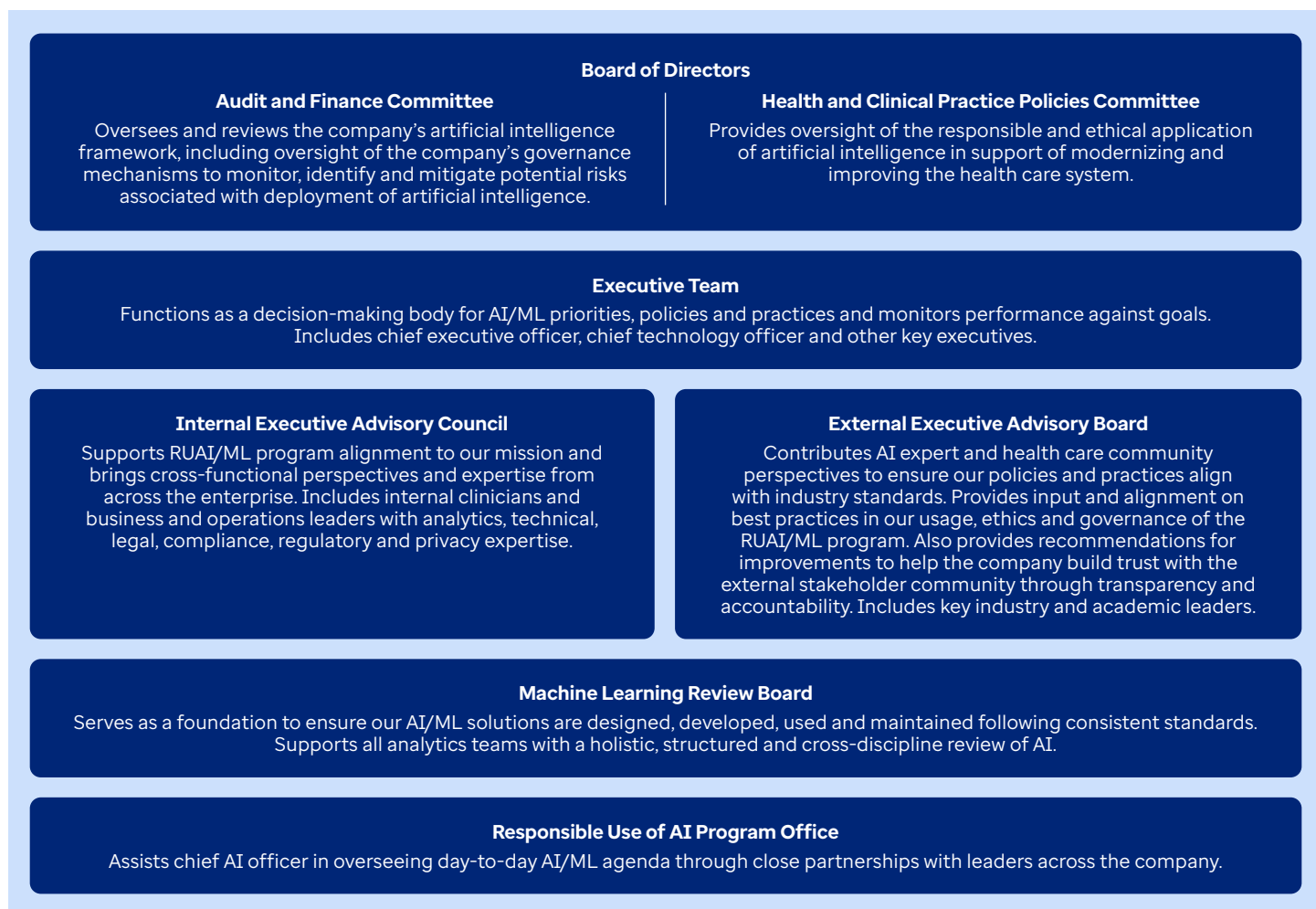
These policies are administered by the Responsible Use of AI Program Office, the organization responsible for the overall Responsible Use of AI program (RUAI). The Program Office duties include maintaining the AI model inventory and seeing that each of these models is reviewed by the Machine Learning Review Board and that any necessary corrective actions have been taken. The RUAI also maintains the Guide for Responsible Development and Use of AI/ML, which is intended to support UnitedHealth Group developers in sustaining the highest possible standards of consistent practice and compliance in the responsible development of AI/ML across the enterprise. The guide lays out the process by which developers and the RUAI program anticipate and mitigate risks associated with a given AI model and potential unintended consequences associated with AI models. The guide describes the activities expected of all AI developers and aligns this with enterprise policies, guiding principles and our enterprise values. It describes practice considerations from ideation and the balance of transparency, fairness, privacy, safety, bias, accessibility, reliability, robustness, performance and other indispensable parameters toward use, production, productization or market consumption. Overall, these practices, the enterprise guiding principles, enterprise policy compliances and Code of Conduct, the Responsible Use of AI program, and the teams that develop and use AI/ML anchor a collective responsible-development effort. In addition to the process laid out in the guide, AI developers are provided with a suite of tools to test for bias. Bias testing is required, and the results of bias testing are reviewed and evaluated by the Machine Learning Review Board (MLRB).

This MLRB serves as the key control in our overall AI governance program. The MLRB is an internal group comprised of company technologists, clinicians, medical ethicists, data scientists, security experts and privacy and legal professionals. MLRB members report up through a number of departments, which helps ensure board members' independence. The MLRB performs a risk-based review, confirms that appropriate and acceptable bias testing has been performed and that any identified issues are appropriately addressed. Bias testing methods and approaches vary by model type and data, and these methods include the use of industry standard tools, both proprietary and open source. The MLRB is also the forum in which the company evaluates the potential consequences of an AI model on key stakeholders, such as patients, members, providers and employees. The MLRB has the authority to approve AI models (including approvals conditioned on certain remedial corrective actions being taken) or require that AI models be removed from production use, either temporarily or permanently.

The controls and program requirements apply to both internally developed AI models and AI models and services procured from vendors. In the case of vendors, our Supplier Code of Conduct requires that all applicable vendors meet basic compliance requirements, and a subgroup of the MLRB reviews vendor AI solutions.

The RUAI program is advised by two groups of experts: the Internal Executive Advisory Council and the External Executive Advisory Board. The Internal Executive Advisory Council supports the overall alignment of the RUAI program with our mission and enables representation of cross-functional perspectives and expertise from across the enterprise. Members of the council leadership include clinicians, business and operations leaders with analytics, technical, legal, compliance, regulatory and privacy expertise to contribute insights to the program. Key participants include our chief medical officers, senior vice president for health equity strategy and chief innovation officer. The External Executive Advisory Board contributes AI expertise and health care community perspectives to ensure our policies and practices with respect to AI align with industry standards. The External Executive Advisory Board is comprised of experts and thought leaders representing a range of disciplines, including medical ethics, community health, AI fairness, AI development and AI in health care from community organizations and academic institutions. This group's duties include providing input and alignment on best practices in our AI usage, ethics and governance; making recommendations for improvements to help us build trust with the external stakeholder community; ensuring the RUAI program is transparent and accountable; providing crucial knowledge, expertise and critical-thinking on large-scale industry challenges; and providing recommendations that reflect the latest standards of thought and industry best practices.

Our AI governance structure



Principles and guidelines

Underpinning our AI policies, governance structure and practices are a set of guiding principles. These principles – reliability and quality, fairness, accountability, oversight, transparency, privacy and security and continuous improvement – provide rigorous criteria against which our AI models and use cases are measured. Complementing these principles are guidelines that help to set guardrails for our technology, business and clinical leaders. For example, neither Optum nor UnitedHealthcare use AI to make medical necessity determinations. AI tools and other technologies may be used to help gather information to streamline the clinical-review process and to allow coverage decisions – based on clinician review of the member’s condition, applicable clinical criteria and the terms of the member’s plan – to be issued more quickly. While AI tools may be used to help accelerate approvals, only medical directors or other appropriate clinical personnel are empowered to make final adverse medical-necessity determinations. Technologies, such as clinical decision support tools, merely serve to create efficiencies in that process. Human expertise takes precedence and acts as a critical safeguard.

UnitedHealth Group provides many ways to report ethical, legal, regulatory and policy concerns, including concerns relating to our use of AI tools, and any negative impact caused by those tools. The most important reporting mechanism is the Compliance & Ethics HelpCenter, which is available to employees and members of the public. All reports will be reviewed and, if necessary, investigated.

Our guiding principles

Reliability and quality: We believe AI/ML solutions should perform reliably. We will employ methods to test and monitor integrity, reliability and performance with a focus on oversight, designed to ensure that AI/ML solutions meet quality expectations and fulfill their intended uses.

Fairness: We believe AI/ML solutions should treat people fairly. We are committed to assessing the performance of our AI/ML solutions for potential bias and disparate impact on vulnerable groups and those who may be at risk of exclusion from the health system.

Accountability: We are accountable for the AI/ML solutions we implement. We will establish and execute processes, governance and monitoring of our AI/ML solutions that will enable swift remediation of emerging issues or unforeseen adverse outcomes. AI/ML solutions will not replace clinical judgment.

Transparency: We believe that transparency and explainability enable the responsible use of AI/ML. We will monitor our use of AI/ML across the enterprise and understand how our AI/ML models are used and how they operate.

Privacy and security: We will safeguard data privacy and security interests in the design, deployment and use of AI/ML solutions. We will incorporate our organization’s rigorous, long-standing privacy and security practices consistent with applicable laws, regulations and policy requirements.

Continuous improvement: We recognize the rapidly evolving AI/ML landscape and will continually improve our processes, including application of industry best practices and regulatory guidance.

Privacy and security protections

AI/ML solutions are subject to the same rigorous privacy and security requirements that apply to our software and information assets. Privacy and security are important components of an overall solution and are reviewed and verified as part of our overall AI governance process. Privacy and enterprise information security experts are included on the MLRB.

Independent assessment and continuous improvement

Laws and regulations governing AI are still being developed, and many of the standard touch points against which a governance program would typically be measured do not yet exist. Recognizing this, but also cognizant of the need to measure program effectiveness, in 2023, we engaged a leading advisory firm to perform an independent assessment of our Responsible Use of AI program (RUAI). The scope of the assessment encompassed four key workstreams: AI inventory management, AI governance, AI risk management, and the AI development lifecycle, which were assessed against the advisory firm's own Responsible AI Framework and relevant regulatory standards.

The independent advisory firm completed its assessment in January 2024, saying the RUAI program is performing especially well in several areas, including its centralized policies and procedures, comprehensive intake process, clear accountability and ownership for responsible AI, diversified composition of the MLRB, and consistent program execution. Together, these elements act as key building blocks to help ensure the future success of the program.

The assessment also noted that legal and regulatory standards and best practices – not to mention the technology itself – are rapidly evolving. The assessment included several recommendations to enhance the RUAI program, including: enhancing generative AI governance as part of the overall AI governance program, strengthening post-implementation processes for continuous risk mitigation and optimizing our operating model to enable further scalability and efficiency.

These recommendations, as well as insights from our internal and external advisory groups, are important inputs as the RUAI program continues to grow and evolve to meet these emerging standards.

Periodic independent assessments will be an important component of our overall commitment to continuous improvement in the RUAI program. In addition, we will continue to identify and implement best practices as the AI landscape evolves, helping ensure the RUAI program is transparent and accountable – while also providing crucial knowledge, expertise and critical thinking on industry standards, challenges and best practices.



Supply chain management

Working to integrate and advance sustainable practices across our supply chain.

We work with our suppliers to support healthier communities and advance sustainable practices across our supply chain. Our extensive supplier network consists of direct and indirect suppliers from whom we purchase pharmaceuticals, health care products and other goods and services.

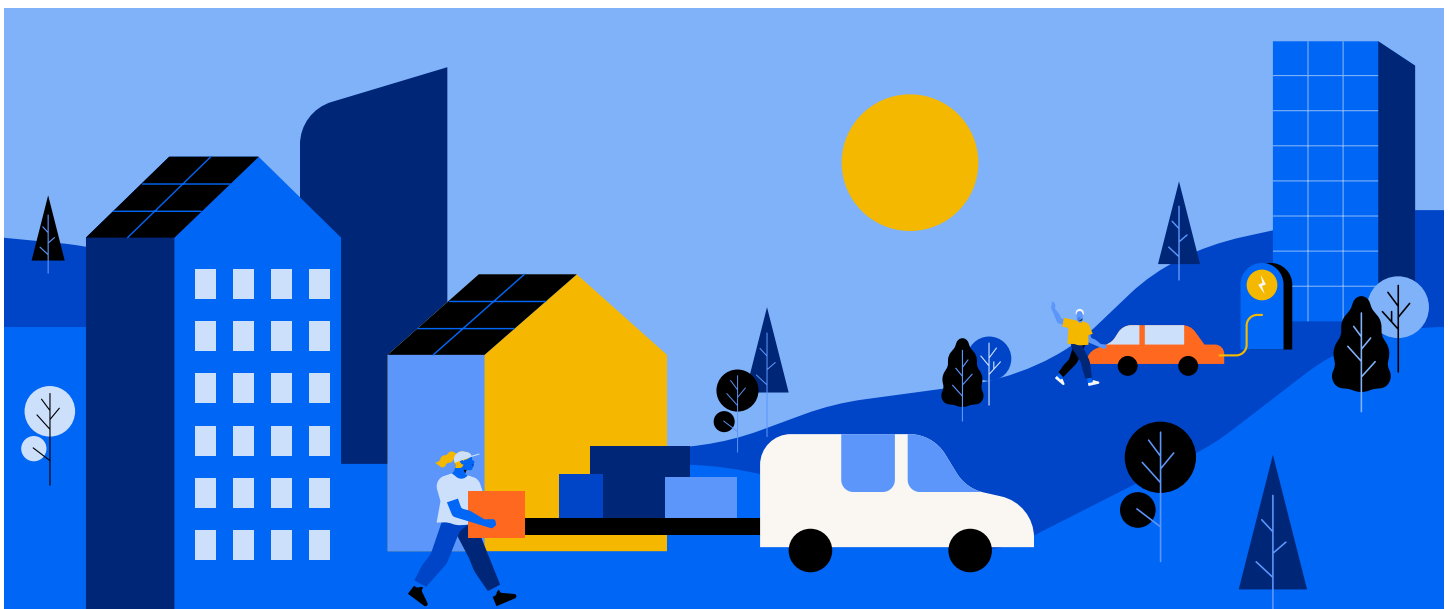
UnitedHealth Group suppliers are held to standards that affirm our values and mission. All suppliers are expected to comply with our [Supplier Code of Conduct](#), which was updated in 2023 to include additional requirements reflecting our climate ambition and our commitment to inclusion and human rights.

Our procurement departments collaborate with our business segments to identify, engage and manage our supplier base to meet sustainability objectives, enabling growth and mitigating risk for UnitedHealth Group and the individuals we serve.

Sustainable procurement

Key partnerships across our supply chain help us advance our sustainability priorities. Our purpose-driven sustainable procurement program builds resilience within our supply chain, minimizes our environmental impact, promotes human rights and supports underserved communities.

A third-party supply-chain sustainability risk assessment informs the way we manage our impact. This risk assessment includes sector-, country- and commodity-specific risks as well as modern-day slavery criteria. In 2023, we established the Sustainable Procurement Council, which consists of key executive leaders from across the enterprise who help support the integration of sustainable procurement practices across our global business units.



2023 Sustainable Procurement Summit



The UnitedHealth Group Sustainable Procurement Summit brought together about 200 attendees representing suppliers, employees and executives from our core business units. At the summit, attendees gained insights related to supplier sustainability and diversity programs, health equity initiatives and environmental sustainability projects.

We also gave suppliers an overview of our CDP (formerly the Carbon Disclosure Project) program, our updated sustainability requirements and our newly launched sustainable-procurement [website](#), which houses additional information and resources for suppliers.

We recognize that one key to mitigating our climate impact is through positive collaboration with our supplier base. We engaged with suppliers representing 80% of our 2021 base year emissions to help gather a variety of actionable data – including emissions data, which supplements our internal emissions-based calculations. In 2023, we included new suppliers who had not previously completed the CDP questionnaire and hosted a supplier training webinar to provide additional information on climate and our CDP program. Read more about our climate work on [page 37](#).

Supplier performance

We monitor the performance of our critical suppliers through our Supplier Performance Management Program, which helps us assess and review each supplier's level of adherence with critical performance indicators, including requirements in our Supplier Code of Conduct. We also perform monthly reviews

of contractual agreements based on quality, value and service, allowing our business leaders to make informed decisions regarding sourcing initiatives.

Supplier performance score cards are used to evaluate financial stability, cybersecurity, regulatory compliance, organizational resiliency, diversity participation, sustainability progress and Net Promoter Score. The score cards are shared with key stakeholders to review trends and create improvement plans for underperforming suppliers.

In addition, key suppliers are assessed annually on sustainability criteria, including policies, practices, waste and carbon-reduction goals, among others. In 2023, we reviewed our suppliers' sustainability-performance metrics, which corresponded with approximately 48% of our Enterprise Procurement program spend. These reviews helped us gather primary data to inform potential collaboration opportunities, reduce our environmental impact and monitor our suppliers' commitments to diversity and human rights.

Risk management

The Enterprise Vendor Risk Council manages the company's enterprise-wide Supplier Risk Management Program. The program uses regulatory and compliance requirements applicable to suppliers participating in the health care value chain to monitor risk.

As a health and well-being company, protecting our data and information systems is among our highest priorities. As part of the Supplier Risk Management Program, the Supplier Information Risk Governance team is accountable for assessing the information security risk of our supply chain, including alignment with industry certification standards such as HITRUST.

To protect against supply chain disruptions, we engage in resiliency planning, including the identification of suppliers critical to our business functions, specifically in patient care and customer commitments. We also developed a process for coordinating critical supplier assessments, which are integrated into a comprehensive supplier profile and status report, further helping us mitigate risks. Lastly, the Supplier Risk Management team has developed a heat map and automated dashboard to monitor the risk landscape of our critical suppliers.

Supplier diversity

Partnering with diverse businesses to build economic value in underserved communities.

Supporting diverse suppliers is an integral part of the UnitedHealth Group sourcing and procurement approach. We are committed to driving income and job creation in underserved communities through an inclusive supply chain. Leveraging our diverse supplier base helps us meet critical business needs, including efforts to close gaps in care.

For every request for proposal (RFP), we target the inclusion of at least one diverse supplier, when available. We evaluate RFPs through a balanced scorecard, which considers diversity alongside other key factors, including cost, quality and service delivery.

In 2023, our Tier 1⁸ diverse supplier spend increased by approximately 4% year over year. Our Tier 2⁹ program spend increased by 29%, driven by continued engagement with our participating prime suppliers and the addition of 15 new Tier 2 suppliers to the program. RFPs include formal requests for prime suppliers to track their diverse supplier spend. We also reinforce diverse supplier language in contracts and amplify best practices and policies in supplier forums. In 2024, we will continue to scale key partnerships and actively engage diverse businesses through targeted outreach programs and industry events.

\$5.4B

spent with diverse suppliers
over the past decade.

**In 2023, our supplier diversity
program supported:**

~9K

local community jobs.

Best-of-the-best for inclusion recognition

UnitedHealth Group was one of 50 top companies selected as Best-of-the-Best Corporations for Inclusion by the National Business Inclusion Consortium. The award is presented to leading businesses that demonstrate a commitment to diversity and inclusion across various segments.



\$665M

in employee wages.

8. Tier 1 (prime supplier): Submits invoices to the final customer e.g., major corporation or government agency.

9. Tier 2 (subcontractor): Submits invoices to the prime supplier.

Community outreach

Our expanded community outreach strategy helps build brand awareness and creates opportunities for diverse suppliers to connect with UnitedHealth Group. We also partner with government agencies and diverse business advocacy groups to identify qualified diverse suppliers and support various development initiatives.

In 2023, we participated in over 30 external events designed to engage new diverse businesses, cultivate relationships with existing suppliers, educate consumers, and share best practices with peers and customers who align with our diversity, equity, inclusion and belonging strategy. One highlight was sponsoring the Women's Business Enterprise National Council's annual conference, where we offered free health screenings.

Capacity building

Diverse suppliers face unique challenges in the marketplace, often due to a lack of resources. Our pro bono Supplier Diversity Mentoring Cohort uses the expertise of UnitedHealth Group employees to help suppliers develop technical knowledge and accelerate their growth. The program aims to provide in-depth knowledge and guidance catered to the needs of each partner business. Since 2020, we have worked with several certified diverse suppliers to strengthen capabilities. This year, two suppliers completed their mentoring cohort.

Supplier diversity partnerships and recognized certifications

- City, county or state municipalities
- Disability:IN
- Local and national chambers of commerce
- Metropolitan Economic Development Association
- National Association of Women Business Owners
- National LGBT Chamber of Commerce
- National Minority Supplier Development Council
- National Veteran Business Development Council
- Small Business Administration
- Women's Business Enterprise National Council

C70 Builders

C70 Builders is a certified minority-owned commercial construction business based in Minneapolis and a participant of the UnitedHealth Group 2023 Supplier Diversity Mentoring Cohort. During the program, subject matter experts from Optum and UnitedHealthcare spent 16 months redesigning the company's website and developing a construction estimation tool to better support C70's customers and improve their internet presence and reach.

"The technical knowledge we gained through the program will help us drive meaningful change in our communities."

Liam Cavin, CEO, C70 Builders



Public policy

Informing public policy decisions to improve the health care system and drive better outcomes.

Our priorities and engagement

We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system, helping to reduce disparities, improve outcomes and lessen the burden of disease. We outline a set of comprehensive and actionable policy solutions to advance these priorities in [A Path Forward](#).

Our public policy efforts are led by the External Affairs organization, with partnership from leaders across the UnitedHealth Group businesses. We engage government officials at the federal, state and international levels, serving as a trusted and solution-oriented voice in the important discussions about health care reform and modernization.

Our focus areas

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

Political contributions

Public policies have the potential to impact the people and communities we serve. We believe it is our responsibility to engage and inform policymakers, offering solutions to expand access to care, improve health care affordability and enhance the health care experience.

The company's political action committee, the UnitedHealth Group PAC, is funded by voluntary, personal contributions from eligible employees and individuals. The PAC makes contributions to federal and state candidates and political committees on a bipartisan basis. All PAC contributions are disclosed regularly to the Federal Election Commission and appropriate state agencies. We also disclose political contributions via semiannual reports on our website in accordance with our [Political Contributions Policy](#). Our bipartisan political giving comes with the understanding we may not agree with every position taken by each recipient of political contributions from the company on the many issues considered by policymakers and candidates for public office.

Trade association membership

We believe participating in industry and trade associations is important to advancing our mission and is in the best interest of the people and communities we serve, including our employees, shareholders and businesses.

We are committed to engaging our key trade association partners as we work to advance our public policy priorities. Our participation in these associations comes with the understanding that we might not always agree with all positions held by the organizations and that we are committed to communicating and aligning, as appropriate, on our public policy positions outlined in [A Path Forward](#). We routinely evaluate the effectiveness of our memberships. We list our key trade association memberships in our [Political Contributions & Related Activity Report](#).

Governance

Strong and effective governance practices are essential to our engagement in the policymaking process. The Governance Committee has oversight of public policy engagement and political contributions. Its responsibilities include reviewing and recommending to the board any changes to the Political Contributions Policy and overseeing the company's memberships in trade associations.

In compliance with applicable laws, UnitedHealth Group files quarterly federal lobbying disclosure reports with the U.S. Congress and state lobbying disclosure reports with the appropriate state governing agencies.



Compliance and ethics

Delivering on our mission and supporting those we serve while adhering to our values.

Our values – integrity, compassion, inclusion, relationships, innovation and performance – reflect how we approach our work and advance our mission to help people live healthier lives and help make the health system work better for everyone.

The [Code of Conduct](#) is available to employees in English, Spanish and at least one of the official languages of every location in which we have substantial operations. The Code of Conduct (Code), adopted by the UnitedHealth Group Board of Directors, sets expectations for ethical conduct across our company, including but not limited to:

- Integrity
- Accountability
- Fair competition and fair dealing
- Privacy and information security
- Our assets and the environment
- Government interactions
- Communications and marketing
- A safe and supportive working environment

The expectations set forth in our Code of Conduct provide a clear guide for our employees to navigate potentially challenging ethical situations, including corruption and bribery, discrimination, confidentiality of information, conflicts of interest, and anti-competitive practices. As the Code makes clear, UnitedHealth Group is dedicated to creating an inclusive environment, free of bias, discrimination, and all forms of harassment, including sexual harassment. The Code also describes the process to report potential misconduct, whistleblower protections, non-retaliation policies and principles, confidentiality in the reporting process, Compliance & Ethics HelpCenter contact information, the repercussions for violation of the Code (including termination and possible legal action), fair dealing expectations, and the protection and proper use of personal information and company assets. The Code is available on the company's website.

Any waiver of the Code for the company's executive officers, senior financial officers or directors may be made only by the board or a committee of the board. We will publish any amendments to the Code, as well as any waivers of the Code for an executive officer or director, on our website.

The Code of Conduct applies to all employees, directors, contractors and subsidiaries. Our entire global workforce, including independent contractors and part-time employees, receives periodic training on our Code and other key compliance policies. About 98% of employees¹⁰ attest annually to the Code of Conduct. New team members complete training on the Code as part of their onboarding, and all employees confirm periodically they have read the Code and adhere to its principles.

UnitedHealth Group periodically engages external consultants to assess aspects of the enterprise Compliance and Ethics program against government guidance, regulatory expectations and industry practices, helping us to evaluate the Compliance and Ethics program's effectiveness.

In addition, UnitedHealth Group, Optum and UnitedHealthcare conduct regular risk assessments, collecting and aggregating insights from a wide group of leaders throughout the enterprise. This is consistent with the U.S. Department of Health and Human Services Office of Inspector General and Centers for Medicare & Medicaid Services requirements, Department of Justice guidance and other applicable regulatory requirements.

10. Includes corporate services integrated business only. Corporate services non-integrated businesses are excluded. See definitions on page [93, About this report](#).

Governance

Senior leadership oversees our Compliance and Ethics program and provides regular reports detailing performance on key compliance and ethics indicators to the Audit and Finance Committee of the Board of Directors. The UnitedHealth Group internal audit team provides objective audit and advisory services to identify and help mitigate risks throughout the company, including periodic audits of the Compliance and Ethics program. The Compliance and Ethics Office maintains our Code of Conduct, reviewing it regularly to show our commitment to integrity and good corporate conduct.

Compliance and ethics policies and related documents

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

Examples of key compliance and ethics policies include:

- Anti-Corruption Policy
- Anti-Kickback Policy
- Antitrust Policy
- Conflicts of Interest Policy
- Economic Sanctions and Sanctions Monitoring Policy
- Environmental and Occupational Health & Safety Statement
- False Claims Acts Compliance Policy
- Gifts and Entertainment Policy
- [Human Rights Policy](#)
- [Environmental Policy](#)
- Insider Trading Policy
- Interactions with Pharmaceutical, Medical Device or Biotech Manufacturers, Wholesalers or Distributors
- Nondiscrimination Policy
- Non-retaliation Policy
- Personal Information Privacy and Data Protection
- Reporting Misconduct

- [Political Contributions Policy](#)
- Outside Directorships Policy
- Responsible Use of Artificial Intelligence and Machine Learning Policy
- Responsible Use of Generative Artificial Intelligence Policy
- [Related-Person Transactions Approval](#)
- Social Media Policy and Guidelines
- [Statement of Ethical Marketing](#)
- Travel and Expense Management Policy
- U.S. Federal Government Contracting Policy
- Use of Personal Communications Tools for Company Communications

Approximately 95% of employees¹¹ agreed the Compliance and Ethics training provided them with adequate information to operate in compliance with the policies, laws and regulations associated with their jobs. We continuously work to update and improve our training with the input of subject matter experts and feedback from employees.

95%



11. Includes corporate services integrated business only. Corporate services non-integrated businesses are excluded. See definitions on [page 93, About this report](#).

Human rights

We are committed to a company culture embracing inclusion, diversity, innovation and growth while upholding the highest ethical standards in how we operate both internally and externally. One way we demonstrate this commitment is by requiring all employees to complete either a manager or employee training course covering sexual and other harassment and discrimination.

In keeping with the spirit of the United Nations Guiding Principles on Business and Human Rights, as well as the International Labour Organization's Declaration on Fundamental Principles and Rights at Work, our commitment extends to respecting the human rights of all individuals with whom we engage and employ. We conducted a Human Rights Impact Assessment in 2022 which provides the foundation for our human rights work.

Read more about our approach to human rights in our [Human Rights Policy](#).

Whistleblower protection

We strongly and broadly encourage and train employees to raise ethics and compliance concerns, including concerns about accounting, internal controls, auditing, legal, regulatory or other policy matters. We offer several channels for employees and third parties to report ethics and compliance concerns or incidents, including by telephone or online. We also have dedicated phone lines and email addresses controlled by our Compliance and Ethics Office and our Compliance & Ethics HelpCenter (EthicsPoint) to receive reports of suspected retaliation. Individuals may choose to remain anonymous in jurisdictions where anonymous reporting is permissible.

We prohibit retaliation against anyone who, in good faith, raises concerns or questions regarding ethics and compliance matters, reports suspected violations or cooperates in an investigation. We educate all employees regarding how they may report possible ethics or compliance issues and their affirmative responsibility to report possible issues. All employees undergo annual training and are periodically reminded of their responsibility to report potential ethics or compliance issues and their affirmative responsibility, along with information on how and where to report possible issues.

Third-party due diligence

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

- All third parties are screened through an online tool leveraging a global database of risk profiles on individuals and entities to determine if there is a match with a person or entity who is subject to government sanctions, involved in various regulatory or legal enforcement actions, or presents other compliance risks.
- Positive matches within the database for an entity or individual will trigger an additional review process to address any potential issues posed by high risk third parties.

Ethical marketing and communications

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

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

Performance data



Performance data¹

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

Our people and culture

		2021	2022	2023
Global Workforce	Global Workforce ³	350,000	400,000	440,000
	Employee Experience ^{*3,4}	72%	75%	75%
	Employee Volunteer Hours ^{2,5}	3.7M	4.1M	4.0M
	Hours of Training per Employee ^{*2,6}	37 ⁹	40 ⁹	30
	Spend on Training and Development per Employee ^{*2,7}	\$1,000	\$1,120	\$1,039
Workforce Diversity*	% Female (Global Workforce) ³	70%	71%	70%
	% Female (U.S. Workforce) ³	75%	76%	76%
	% People of Color (U.S. Workforce) ^{2,10}	42%	45%	45%
Gender Leadership Diversity (Global Workforce)^{2,8}	% Female in Management Positions*	57%	59%	59%
	% Female in Junior Management Positions*	64%	67%	68%
	% Female in Top Management Positions*	38%	40%	40%
	% Female in Revenue-Generating Positions*	65%	66%	67%
	% Female in STEM Positions	60%	62%	62%

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. Our social indicators (e.g., our people and culture data) and environmental indicators (e.g., our healthy environment data) cover over 90% of our revenue. Use of estimates and estimation uncertainties: The company bases its estimates and methodologies on historical experience, available information and various other assumptions that it believes to be reasonable. Emissions data presented are subject to measurement uncertainties resulting from limitations inherent in the nature and the methods used for determining such data. The selection of different but acceptable measurement techniques can result in materially different measurements. The precision of different measurement techniques may also vary.

2. Includes corporate services integrated business only. Corporate services non-integrated businesses are excluded. See definitions on [page 93, About this report](#).

3. Includes corporate services integrated business and corporate services non-integrated businesses. See definitions on [page 93, About this report](#).

4. Measures the outcomes of employee commitment (employees' emotional connection to the vision and mission of the company) and employee belonging/effort (employees' daily experiences with their role, tasks and work environment) through voluntarily self-reported data/employee surveys administer multiple times a year to UHG employees. Employee experience results calculated by taking % of responses with a positive score divided by total number of eligible scores. Employees must have answered at least half of the index items to have an eligible index score.

5. Volunteer hours are calculated using employee survey responses and giving site participation data.

6. Duration for completed training on primary training platforms divided by the annual average global employee count.

7. Total training and development spend plus internal staff costs for training and development-related job codes divided by the annual average global employee count.

8. Position categories are defined as the following: Management: All people leaders who have direct reports. Junior Management: People managers in the first four supervisor grade levels. Top Management: Positions a maximum of three levels away from the CEO or comparable positions. Revenue-Generating: people managers who are in direct revenue-generating functions (e.g., sales); excludes support functions such as HR, IT, Legal, etc.

9. This prior year metric has been recast in the 2023 Sustainability Report to reflect improved data accuracy.

10. People of color defined as those who voluntarily self-reported as any of the following: Asian, Black/African American, Hispanic/Latino, Two or More Ethnic Groups and All Other Races. All Other Races includes: Native Hawaiian/Oth Pac Island and American Indian/Alaska Native.

		2021	2022	2023
People of Color Leadership Diversity (U.S. Workforce)^{*1,2,3}	% People of Color in Management Positions	29%	31%	31%
	% Asian	9%	10%	10%
	% Black/African American	8%	8%	8%
	% Hispanic/Latino	9%	10%	10%
	% Two or More Ethnic Groups	2%	2%	2%
	% All Other Races	1%	1%	1%
	% People of Color in Junior Management Positions	37%	39%	39%
	% Asian	5%	5%	5%
	% Black/African American	13%	13%	13%
	% Hispanic/Latino	15%	17%	17%
	% Two or More Ethnic Groups	3%	3%	3%
	% All Other Races	1%	1%	1%
	% People of Color in Top Management Positions	16%	17%	18%
	% Asian	8%	9%	10%
	% Black/African American	4%	4%	4%
	% Hispanic/Latino	3%	3%	3%
	% Two or More Ethnic Groups	1%	1%	1%
	% All Other Races	<1%	<1%	<1%
	% People of Color in Revenue-Generating Positions	29%	33%	33%
	% Asian	6%	7%	7%
	% Black/African American	9%	10%	10%
	% Hispanic/Latino	11%	12%	12%
	% Two or More Ethnic Groups	2%	3%	3%
	% All Other Races	1%	1%	1%
Workforce Generational Diversity (Global Workforce)^{*1}	% Traditionalists (Before 1943)	<1%	<1%	<1%
	% Baby Boomers (1943-1960)	7%	6%	5%
	% Generation X (1961-1981)	43%	41%	40%
	% Generation Y (1982-2000)	49%	52%	53%
	% Generation Z (2001+)	<1%	1%	2%

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. Includes corporate services integrated business only. Corporate services non-integrated businesses are excluded. See definitions on [page 93, About this report](#).

2. Position categories are defined as the following: Management: All people leaders who have direct reports. Junior Management: People managers in the first four supervisor grade levels. Top Management: Positions a maximum of three levels away from the CEO or comparable positions. Revenue-Generating: people managers who are in direct revenue-generating functions (e.g., sales); excludes support functions such as HR, IT, Legal, etc.

3. Data is defined as employees who have self-identified in the reported groups as most recently responded by the individual. People of color is defined as those who voluntarily self-reported as any of the following: Asian, Black/African American, Hispanic/Latino, Two or More Ethnic Groups and All Other Races. All Other Races includes: Native Hawaiian/Oth Pac Island and American Indian/Alaska Native.

		2021	2022	2023
Hiring and Turnover ^{*1}	Total Number of New External Employees Hired (Global Workforce) ³	65,000 ³	93,934	59,920
	% External Female Hired (U.S. Workforce)	76%	77%	76%
	% External People of Color Hired (U.S. Workforce)	54%	59%	56%
	% Asian	8%	9%	9%
	% Black/African American	22%	25%	21%
	% Hispanic/Latino	19%	20%	21%
	% Two or More Ethnic Groups	4%	4%	4%
	% All Other Races	1%	1%	1%
	% Open Positions Filled by Internal Candidates (Global Workforce) ³	28% ³	26%	25%
	% Total Voluntary Turnover (Global Workforce)	18%	18%	13%
	% Total Turnover (Global Workforce)	20%	20%	15%
Retention ^{*1}	% Female Retained (U.S. Workforce)	81%	82%	85%
	% People of Color Retained (U.S. Workforce)	79%	79%	83%
	% Asian	87%	87%	91%
	% Black/African American	74%	74%	80%
	% Hispanic/Latino	77%	79%	81%
	% Two or More Ethnic Groups	75%	76%	80%
	% All Other Races	81%	81%	83%
Promotion (U.S. Workforce) ^{*1,2}	% Female Promoted (U.S. Workforce)	12%	14%	8%
	% People of Color Promoted	12%	13%	7%
	% Asian	13%	13%	6%
	% Black/African American	10%	12%	7%
	% Hispanic/Latino	12%	14%	8%
	% Two or More Ethnic Groups	14%	15%	9%
	% All Other Races	11%	13%	7%

Our most recently filed Federal Employer Information Report [EEO-1](#), representing U.S.-based integrated employees as of December 2023, is available for download.

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. Includes corporate services integrated business only. Corporate services non-integrated businesses are excluded. See definitions on [page 93, About this report](#).

2. Reflects employees obtaining a job with greater responsibility and a job record change with an action of "promotion" during a 12-month period as a function of the average population. Measures the percent of employees promoted by category.

3. This prior year metric has been recast in the 2023 Sustainability Report to reflect improved data accuracy.

Responsible business practices

		2021	2022	2023	
Corporate Governance	One Share One Vote	Yes	Yes	Yes	
	Proxy Access	Yes	Yes	Yes	
	Say-on-Pay Frequency	Annual	Annual	Annual	
	Directors on Board	10	9	10	
	Independent Directors	8	7	8	
	Female Directors	3	3	3	
	Racially & Ethnically Diverse Directors	3	3	3	
	Average Director Tenure	12.6	<7	~7	
	Separate CEO/Chair	Yes	Yes	Yes	
	Lead Independent Director or Chair	Yes	Yes	Yes	
	Majority Voting for Directors	Yes	Yes	Yes	
Supplier Diversity	Tier 1 ²	Diverse Suppliers	510	464	527
		Average Spend/Diverse Supplier	\$10M	\$18M	\$16M
		Total Spend with Diverse Suppliers	\$659M	\$823M	\$852M
	Tier 2 ³	Participating Suppliers	98	98	113
		Total Spend with Diverse Suppliers	\$212M	\$249M	\$320M
	Economic Impact ⁴	Jobs Created and Sustained through our Supplier Diversity Program	6,872	7,748	8,988
Supplier Sustainability	Supplier Assessments Performed for Sustainability Programs & Practices	443	498	504	

1. This will be voted on at the Annual Meeting of Shareholders on June 3, 2024.

2. Prime supplier - submits invoices to the final customer, e.g., major corporation or government agency.

3. Subcontractor - submits invoices to the prime supplier.

4. Applies solely to Tier 1 diverse supplier spend. Economic impact modeling generated by Supplier.IO using Input-Output economic modeling, that utilizes multipliers derived from a comprehensive set of inputs, including 2021 business and employment data, as well as data provided by UnitedHealth Group and additional sources such as US Government Revenues, U.S. Bureau of Labor Statistics, IMPLAN, United States GDP, and Input-Output Models for Impact Analysis: Practitioners Using RIMS II Multipliers.

Healthy environment¹

Explanation of our energy and emissions data: When we committed to net-zero operations in late 2021, we communicated an intent to support the generation of new renewable energy. This translates to slow progress initially due to the time it takes to set up and integrate new solutions. Increases in energy and carbon emissions metrics are primarily due to company growth, largely through mergers and acquisitions of more energy intensive spaces (e.g., care delivery) and increases in building occupancy due to employees returning to offices. As we transition to higher-quality emissions reductions solutions, such as a virtual power purchase agreement (VPPA) and direct investment in renewable energy, we plan to rely less on some carbon reduction levers, including unbundled renewable energy credits (RECs), leading to short-term carbon emissions increases.

In 2022, we performed our first comprehensive assessment of our scope 3 emissions footprint. Climate issues, including progress toward decarbonization, are on the agenda of the Board of Directors quarterly.

See [page 35](#) for more information about our path to net zero.

		2020	2021	2022	2023
Energy (MWh)^{*1,2}	Total Energy Consumption ³	381,692	1,563,275	1,656,619	1,782,846
	Coverage Reported (%)	28%	100%	100%	100%
	Coverage Reported (M sq. ft.)	14.6	63.9	63.9	58.3
	Non-Renewable Energy Use ³	362,045	1,509,979	1,656,619	1,782,846
	Renewable Energy Use ⁴	19,647	53,296	0	0
	Self-Generated Renewable Energy Use	0	0	0	0
	Change in Energy Consumption ⁵	16%	309.6%	6.0%	76%
	Energy Intensity (per USD revenue, billions) ⁶	1,484.37	5,435.64	5,110.47	4,797.47

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. In 2021, we reported for the first time all energy and all associated scope 1 and 2 emissions within our operational control. UHG accounts for and reports its consolidated GHG data according to the operational control organizational boundary as presented by the GHG Protocol. Excluded operations include joint ventures in Peru and the U.S. The reporting methodology was updated in 2021 to shift assets previously reported under scope 3, category 8 – upstream leased assets to scope 1 and scope 2. All greenhouse gas emissions are calculated in accordance with the guidance set out by The Greenhouse Gas Protocol, developed by the World Resources Institute (WRI) and the World Business Council for Sustainable Development (WBCSD). UnitedHealth Group has the presence of CO₂, N₂O, and CH₄ gases in the current inventory in addition to HFC and HCFC emissions used in refrigerants. PFC, NF₃, and SF₆ gases are confirmed to not exist along UnitedHealth Group's supply chain. UnitedHealth Group does use Sustainable Aviation Fuel SAF to the extent possible but has opted not to disclose separately due to immateriality in the context of the inventory. UnitedHealth Group calculates relevant scope 1, 2, and 3 metrics utilizing Global Warming Potential (GWP) values as published the IPCC's Fourth Assessment Report (AR4).

2. In 2022, we aligned to the "fixed base year" and "all-year" approach for recalculating historical emissions, which includes acquisitions and divestitures. For the 2023 Sustainability Report, 2021 base year and all subsequent years' energy and associated scope 1 and 2 emissions have been updated to reflect these changes. Years prior to 2021 have not been updated. 2021 was selected as UnitedHealth Group's base year because it was the first year in which the organization reported 100% of its energy and associated scope 1 and 2 emissions within its operational control. Therefore, the 2021 GHG Inventory is representative of the UnitedHealth Group enterprise and provides an appropriate baseline for future reporting.

3. In 2020, total energy use and non-renewable energy use were calculated from natural gas, diesel, jet fuel, sulphur free gas oil (SFGO), propane, grid purchased electricity, and fuel oil No. 2. For 2021-2023, liquid petroleum gas (LPG), sustainable aviation fuel, and gasoline are also included.

4. In 2020, unbundled RECs through energy supply contracts supplied (41) facilities in the U.S. portfolio. In 2021, unbundled RECs through energy supply contracts supplied (57) facilities in the U.S. portfolio. Previously reported 2021 renewable energy use associated with operations in Portugal has been removed from this metric due to divestiture of Portugal operations in 2023. Starting in 2022, we are investing in higher-quality emissions reductions solutions, such as a virtual power purchase agreement (VPPA) and direct investment in renewable energy.

5. In 2021, the year-over-year increase for all energy reported is the result of (1) M&A activity; (2) change in boundary to incorporate all U.S. portfolio, Portugal, Brazil, Chile and Colombia business operations, and global vehicle fleets; and (3) a change in reporting methodology shifted assets previously reported under scope 3, category 8 – upstream leased assets to scope 1 and 2. In 2022, the year-over-year increase for all energy reported is the result of (1) M&A activity; and (2) increased administrative site occupancy post-pandemic. In 2023, the year-over-year increase for all energy reported can be attributed to an increase in energy intensive spaces (e.g. care delivery) and a reduction in less energy intensive spaces (e.g. administrative offices) in the portfolio.

6. The denominator for intensity metrics is total revenue as published in the annual UnitedHealth Group United States Securities and Exchange Commission Form 10-K.

		2020	2021	2022	2023
Carbon Emissions - Scope 1 & 2 (mtCO₂e)^{*1,2}	Scope 1 ³	24,487	131,593	134,165	139,361
	Scope 2 ⁴				
	Location-Based ⁵	156,751	389,057	383,084	413,101
	Market-Based ⁶	148,741	367,756	383,084	413,101
	Total (Scope 1+2 Location-Based)*	181,238	520,650	517,250	552,462
	Coverage Reported (%)	28.31%	100%	100%	100%
	Coverage Reported (M sq. ft.)	14.6	63.9	63.9	58.3
	Emissions Intensity (Scope 1+2 Location-Based) (per USD revenue, billions) ⁷	704.82	1,810.35	1,595.65	1,486.62
	Change in Emissions (Scope 1+2 Location-Based) (%) ⁸	6.2%	1873%	(0.7)%	6.8%

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. In 2021, we reported for the first time all energy and all associated scope 1 and 2 emissions within our operational control. UHG accounts for and reports its consolidated GHG data according to the operational control organizational boundary as presented by the GHG Protocol. Excluded operations include joint ventures in Peru and the U.S. The reporting methodology was updated in 2021 to shift assets previously reported under scope 3, category 8 – upstream leased assets to scope 1 and scope 2. All greenhouse gas emissions are calculated in accordance with the guidance set out by The Greenhouse Gas Protocol, developed by the World Resources Institute (WRI) and the World Business Council for Sustainable Development (WBCSD). UnitedHealth Group has the presence of CO₂, N₂O, and CH₄ gases in the current inventory in addition to HFC and HCFC emissions used in refrigerants. PFC, NF₃, and SF₆ gases are confirmed to not exist along UnitedHealth Group's supply chain. UnitedHealth Group does use Sustainable Aviation Fuel SAF to the extent possible but has opted not to disclose separately due to immateriality in the context of the inventory. UnitedHealth Group calculates relevant scope 1, 2, and 3 metrics utilizing Global Warming Potential (GWP) values as published the IPCC's Fourth Assessment Report (AR4).

2. In 2022, we aligned to the "fixed base year" and "all-year" approach for recalculating historical emissions, which includes acquisitions and divestitures. For the 2023 Sustainability Report, 2021 base year and all subsequent years' energy and associated scope 1 and 2 emissions have been updated to reflect these changes. Years prior to 2021 have not been updated. 2021 was selected as UnitedHealth Group's base year because it was the first year in which the organization reported 100% of its energy and associated scope 1 and 2 emissions within its operational control. Therefore, the 2021 GHG Inventory is representative of the UnitedHealth Group enterprise and provides an appropriate baseline for future reporting.

3. In 2020, scope 1 emissions were calculated from sources of stationary combustion (natural gas, diesel, sulphur free gas oil (SFGO), propane, mobile emissions (jet fuel), fugitive emissions (refrigerant leakage), and fuel oil No. 2). For 2021-2023, sources of stationary combustion (liquefied petroleum gas (LPG)); mobile emissions (sustainable aviation fuel, gasoline); and fugitive emissions (anesthetic gases and medical gases) are also included.

4. Where primary scope 2 consumption data is unavailable, estimation values are generated in accordance with data sets published in the EPA's 2018 Commercial Buildings Energy Consumption survey reports. Estimation values may be carried into the future utilizing a last-available-month primary data average consumption methodology.

5. Scope 2 (location-based) emissions sources include grid purchased electricity. In 2020, U.S. portfolio emissions were calculated using eGRID2018 (released 1/28/2020, revised 3/9/2020) emissions factors. Republic of Ireland, United Kingdom, India and Philippines portfolio emissions were calculated using IEA 2018 emissions factors. In 2021, U.S. portfolio emissions are calculated using eGRID2021 emissions factors. Republic of Ireland, Portugal, United Kingdom, India, Philippines, Brazil, Chile and Colombia portfolio emissions are calculated using IEA 2021 emissions factors. In 2022 and 2023, U.S. portfolio emissions are calculated using eGRID2022 emissions factors. International (non-U.S.) portfolio emissions are calculated using IEA 2021 emissions factors.

6. Scope 2 market-based emissions include scope 2 location-based emissions less purchased or self-generated renewable energy. In 2020, U.S. portfolio emissions were calculated using 2019 Green-e® Residual Mix Emissions Rates (2017 Data). In 2021, U.S. portfolio emissions were calculated using 2021 Green-e® Residual Mix Emissions Rates (2019 Data). Previously reported 2021 renewable energy use associated with operations in Portugal has been removed from this metric due to divestiture of Portugal operations in 2023. In 2022 and 2023, we relied less on some carbon reduction levers, including unbundled RECs; therefore, market-based and location-based scope 2 emissions are the same.

7. The denominator for intensity metrics is total revenue as published in the annual UnitedHealth Group United States Securities and Exchange Commission Form 10-K.

8. In 2020, the year-over-year increase for emissions reported is the result of (1) M&A activity; and (2) change in boundary to incorporate India business operations and reporting of integrated clinical operations in the U.S. In 2021, the year-over-year increase for emissions reported is the result of (1) M&A activity; (2) change in boundary to incorporate all U.S. portfolio, Portugal, Brazil, Chile and Colombia business operations, and global vehicle fleets; and (3) change in reporting methodology shifted assets previously reported under scope 3, category 8 – upstream leased assets to scope 1 and 2. In 2022, the originally reported year-over-year increase for emissions reported was the result of (1) M&A activity; and (2) increased administrative site occupancy postpandemic. The year-over-year decrease for emissions now seen can be attributed to the implementation of updated electricity emissions factors. In 2023, the year-over-year increase for emissions reported can be attributed to an increase in energy intensive spaces (e.g. care delivery) and a reduction in less energy intensive spaces (e.g. administrative offices) in the portfolio.

		2020	2021	2022	2023
Carbon Emissions - Scope 3 & Offsets (mtCO₂e)*	Scope 3 ¹	213,495	12,491,631	13,811,453	18,302,644
	Category 1 - Purchased Goods and Services ^{2,3}	NR ¹²	6,196,306	6,529,413	7,064,475
	Category 2 - Capital Goods ^{2,4}	NR ¹²	227,225	209,092	224,507
	Category 4 - Upstream Transportation and Distribution ^{2,5}	NR ¹²	556,008	552,094	683,913
	Category 5 - Waste Generated in Operations ⁶	24,354	32,684	51,757	41,879
	Category 6 - Business Travel ⁷	21,653	22,238	56,118	79,446
	Category 7 - Employee Commuting ⁸	65,007	33,543	169,286 ¹³	142,063
	Category 8 - Upstream Leased Assets ⁹	102,481	0	0	0
	Category 15 - Investments ¹⁰	NR ¹²	5,423,627	6,243,693	10,066,361
	Total Emissions (Scope 1+2 Location-Based + 3)*	394,733	12,975,241	14,328,702	18,855,106
	Carbon Offsets ¹¹	0	3,596	7,947	7,699

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. We completed our first-ever full assessment of scope 3 in 2022 using the "pro-rata" approach for recalculating historical emissions, which includes acquisitions and divestitures. All significant sources of greenhouse gas emissions are calculated in accordance with the guidance set out by World Resources Institute and World Business Council for Sustainability Development Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (Revised Edition), GHG Protocol Scope 2 Guidance, and Corporate Value Chain (Scope 3) Accounting and Reporting Standard (collectively, the "GHG Protocol"). Any excluded GHG scope 3 categories were found to be insignificant to our total emissions analysis and are considered immaterial to report.

2. Includes corporate services integrated business and corporate services non-integrated businesses. See definitions on page 90, About this report. Calculated using a spend-based methodology where total spend and categorizations were sourced from the general ledger on an accrual accounting basis and applying relevant secondary emissions factors in accordance with GHG Protocol Technical Guidance for Calculating Scope 3 Emissions. Expenses related to the provisioning of care through health insurance plans (e.g., claims and reimbursements, including retail pharmaceutical spend) are not included as these are external retailers claim reimbursements and not inventory purchases by UnitedHealth Group.

3. 2023 increase primarily due to additional purchase of goods and services of pharmaceuticals non-retail (costs of goods sold in the income statement).

4. 2023 increase due to other fixed assets and real estate year-over-year spending increases.

5. 2023 increase due to additional medical supplies and equipment (logistics) spend, which have an above average emissions factor.

6. The 2020 waste dataset represents U.S. administrative, integrated clinic, data center, and pharmaceutical-based municipal waste where primary data sources (e.g., invoices) are available. The 2020 waste dataset excludes sources of medical, pharmaceutical and electronic waste. In 2021, we added India and Philippines business operations to the waste dataset. In 2022, we added all remaining U.S., Republic of Ireland, Portugal, United Kingdom, Brazil, Chile and Colombia business operations, including municipal, construction, electronic, hazardous and regulated medical, and pharmaceutical waste. The datasets for municipal and construction waste include estimations where primary data sources are unavailable. Only primary data sources are utilized for electronic, hazardous and regulated medical, and pharmaceutical waste. Scope 3, Category 5 emissions are calculated using the waste-type-specific method. In 2023, the year-over-year decrease in emissions can be attributed to a reduction in construction waste, as well as a 1.9M square foot decrease in the total portfolio size.

7. The 2020-2023 datasets represent business travel (commercial air travel, rental cars and rail travel) for integrated U.S. and integrated non-U.S. employees. See definitions on [page 93, About this report](#). Scope 3, category 6 emissions associated with commercial air and rail travel are calculated using the distance-based method and emissions associated with rental car travel are calculated using a hybrid approach that employs both the distance-based and fuel-based methods.

8. The 2020-2023 datasets represent employee commuting for integrated U.S.-based employees. Estimation is based on all vehicles being an average sedan. Scope 3, category 7 emissions are calculated using a hybrid approach that employs both the distance-based and average-data methods.

9. In 2020, total upstream leased assets emissions were recalculated using eGRID2018 (released 1/28/2020, revised 3/9/2020) emissions factors. In 2021, a change in reporting methodology shifted assets previously reported under scope 3, category 8 - upstream leased assets to scope 1 and 2 to reflect emissions within our operational control.

10. In line with the Partnership for Carbon Accounting Financials (PCAF) standard, estimated emissions are composed of asset classes such as corporate bonds, loans, equities and sovereign debt and asset emission calculations specified in PCAF. Reported asset classes cover 39% of the total investment portfolio in 2021 and 2022 and 44% in 2023. 2023 increase came from \$5B in commercial loan investments, which we started including in calculations this year.

11. We purchased and subsequently retired the following offsets: In 2021, 1) 1,000 mtCO₂e forestry (UPM Blandin); 2) 1,500 mtCO₂e forestry (Minnesota); 3) 996 mtCO₂e forestry (Mai Ndombe REDD+ Project); and 4) 100 mtCO₂e cook stoves (Rwanda). In 2022, 1) 5,000 mtCO₂e forestry (UPM Blandin) and 2) 2,947 mtCO₂e forestry (Pungo River Forest Conservation Project). In 2023, 1) 7,699 mtCO₂e forestry (UPM Blandin)."

12. Not Reported (NR) data point indicates metric was not reported in the identified year.

13. This prior year metric has been recast in the 2023 Sustainability Report to reflect improved data accuracy.

		2020	2021	2022	2023
Water (Mio. m3)*	Municipal Water Use ¹	0.56	1.25	1.81	0.99
	Coverage Reported (%)	15.32%	24.78%	27.67%	24.93%
	Coverage Reported (M sq. ft.)	79	14.9	16.7	14.5
	Municipal Water Intensity (per USD revenue, billions) ²	0.002167	0.004356	0.005598	0.002656
	Total Water Discharged ³	0.018	0.406001 ⁸	0.497291 ⁸	0.434563
	Coverage Reported (%)	NR ⁷	18.06%	20.49%	17.99%
	Coverage Reported (M sq. ft.)	NR ⁷	10.9	12.3	10.5
Waste (Metric Tonnes)*	Waste Landfilled or Incinerated*	7,658	10,478	87,452	72,172
	Waste Recycled or Composted*	6,709	7,099	12,575	13,738
	Confidential Paper Recycling (U.S. tons)* ⁵	4,888	4,854	9,009	9,269
	Coverage Reported (%)*	17%	24%	100%	100%
	Coverage Reported (M sq. ft.)*	8.8	14.5	60.2	58.3
	Waste Diverted by Recycling Electronics	NR ⁷	917	759	989
Environmental Operations⁶ (Square Feet, millions)	LEED Certified Facilities*	21	27	32	50

* Denotes 2023 metrics that have been externally assured for the year ended December 31, 2023. Please see our [2023 Assurance Statement](#). For prior year assured metric details, please reference prior years' reports

1. Municipal water sources include indoor water (e.g., plumbing), fire line (e.g., emergency sprinkler systems), and irrigation (e.g., landscaping) from primary data sources (e.g., invoices). The 2020 municipal water data represents U.S. administrative, integrated clinic, data center, and pharmaceutical business operations as well as Republic of Ireland business operations. For 2021-2023, India and Philippines business operations are also included. In 2022, the year-over-year increase in municipal water use is the result of a 1.74M square foot increase in coverage reported. In 2023, the year-over-year decrease in municipal water use is the result of a 1.0M square foot decrease in coverage reported.

2. The denominator for intensity metrics is total revenue as published in the annual UnitedHealth Group United States Securities and Exchange Commission Form 10-K.

3. Water discharge sources include sites where stormwater and wastewater (sewer) flows are provided by the local utility company (e.g., invoices). The 2020 through 2023 water discharged datasets represent U.S. administrative, integrated clinic, data center and pharmaceutical business operations. The 2021 and 2022 total water discharged values have been restated this year to reflect a calculation correction related to units of measure (1.040776 mio. m3 originally reported in 2021 and 1.382586 mio. m3 originally reported in 2022).

4. The 2020 waste dataset represents U.S. administrative, integrated clinic, data center and pharmaceutical-based municipal waste where primary data sources (e.g., invoices) are available. Excludes sources of medical, pharmaceutical and electronic waste. In 2021, we added India and Philippines business operations. In 2022, we added all remaining U.S., Republic of Ireland, Portugal, United Kingdom, Brazil, Chile and Colombia business operations including municipal, construction, electronic, hazardous and regulated medical and pharmaceutical waste. The datasets for municipal and construction waste include estimations where primary data sources were unavailable. Only primary data sources were utilized for electronic, hazardous and regulated medical and pharmaceutical waste.

5. Paper recycling includes confidential paper shredding. The 2020 and 2021 datasets represent integrated U.S. administrative, clinic, data center and pharmaceutical operations. For 2022 and 2023, we added non-integrated U.S. business operations. See definitions on [page 93, About this report](#).

6. Created by the U.S. Green Building Council (USGBC), LEED (Leadership in Energy and Environmental Design) is the world's most widely used green building rating system. The 2020-2022 LEED datasets represent U.S. administrative, integrated clinic, data center and pharmaceutical; Puerto Rico; India; and Philippines business operations. The 2023 LEED dataset represents all U.S., EMEA and APAC integrated business operations. In 2023, the year-over-year increase for LEED certified facilities reported is the result of a LEED certified facility identification process improvement that led to the identification of 41 additional U.S. facilities that possess LEED certifications. Four additional LEED certified facilities in India were also added in 2023.

7. Not Reported (NR) data point indicates metric was not reported in the identified year.

8. This prior year metric has been recast in the 2023 Sustainability Report to reflect improved data accuracy.

Sustainability Accounting Standards Board (SASB) Index

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

The table below is UnitedHealth Group's SASB Index, which includes disclosures in the three SASB industry standards that are most relevant to our business: Managed Care, Health Care Delivery, and Professional and Commercial Services.

Managed Care

Topic	Code/metric	UnitedHealth Group disclosure																																	
Activity Metric	HC-MC-000.A Number of enrollees by plan type	<p>Form 10-K Table summarizes the number of individuals (in thousands) served by our UnitedHealthcare businesses as of December 31, 2022, by major market segment and funding arrangement, page 31.</p> <table> <tr> <td>Commercial</td><td>Risk-based</td><td>8,115</td></tr> <tr> <td></td><td>Fee-based</td><td>19,200</td></tr> <tr> <td></td><td>Total</td><td>27,315</td></tr> <tr> <td>Medicare Advantage</td><td></td><td>7,695</td></tr> <tr> <td>Medicaid</td><td></td><td>7,845</td></tr> <tr> <td>Medicare Supplement (Standardized)</td><td></td><td>4,355</td></tr> <tr> <td></td><td>Total Community and Senior</td><td>19,895</td></tr> <tr> <td></td><td>Total UnitedHealthcare – Domestic Medical</td><td>47,210</td></tr> <tr> <td>Commercial - Global</td><td></td><td>5,540</td></tr> <tr> <td></td><td>Total UnitedHealthcare – Medical</td><td>52,750</td></tr> <tr> <td>Supplemental Data</td><td>Medicare Part D Standalone</td><td>3,315</td></tr> </table>	Commercial	Risk-based	8,115		Fee-based	19,200		Total	27,315	Medicare Advantage		7,695	Medicaid		7,845	Medicare Supplement (Standardized)		4,355		Total Community and Senior	19,895		Total UnitedHealthcare – Domestic Medical	47,210	Commercial - Global		5,540		Total UnitedHealthcare – Medical	52,750	Supplemental Data	Medicare Part D Standalone	3,315
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Customer Privacy and Technology Standards	<p>HC-MC-230a.1 Description of policies and practices to secure customers' personal health data records and other personal data</p> <p>HC-MC-230a.2 (1) Number of data breaches, (2) percentage involving (a) personal data only and (b) personal health data, (3) number of customers affected in each category, (a) personal data only and (b) personal health data</p>	<ul style="list-style-type: none"> 2023 Sustainability Report: Responsible business practices - Data privacy and information security, page 65. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, pages 5-6 Audit and Finance Committee Charter. We promptly investigate data privacy complaints and report required data breaches to the U.S. Department of Health & Human Services (HHS) – Office for Civil Rights (OCR). Refer to the U.S. Department of Health & Human Services – Office for Civil Rights website. 																																	
Access to Coverage	HC-MC-240a.1 Percentage of total health care insurance premiums spent directly on medical claims and efforts to improve the quality of care	<ul style="list-style-type: none"> Form 10-K Denoted as "Medical Care Ratio," page 26. 83.2% for the 12 months ending December 31, 2023. 																																	
Improved Outcomes	HC-MC-260a.4. Discussion of initiatives and programs to maintain and improve enrollee health	<ul style="list-style-type: none"> >4M people served under fully accountable value-based care arrangements. 2023 Sustainability Report: Building a modern, high-performing health system, page 11. 																																	
Climate Change Impacts on Human Health	HC-MC-450a.1 Discussion of the strategy to address the effects of climate change on business operations and how specific risks presented by changes in the geographical incidence, morbidity, and mortality of illnesses and diseases are incorporated into risk models	<ul style="list-style-type: none"> CDP 2023 Questionnaire: Section C2.2 Process(es) for identifying, assessing and responding to climate-related risks and opportunities, pages 6-8; Section C2.3a Risks identified with the potential to have a substantive financial or strategic impact on the business, pages 8-9; Section C2.4a Opportunities identified with the potential to have a substantive financial or strategic impact on the business, pages 9-12. 2023 Sustainability Report: Healthy environment, page 33. 																																	

Health Care Delivery

Topic	Code/metric	UnitedHealth Group disclosure
Energy Management	HC-DY-130a.1 (1) Total energy consumed, (2) percentage grid electricity, (3) percentage renewable	<ul style="list-style-type: none"> 2023 Sustainability Report: Performance data (Total energy consumption, and non-renewable and renewable energy use [MWh]), page 87. CDP 2023 Questionnaire: Section C8 Energy, pages 39-42.
Patient Privacy and Electronic Health Records	HC-DY-230a.2 Description of policies and practices to secure customers' personal health data records and other personal data	<ul style="list-style-type: none"> 2023 Sustainability Report: Responsible business practices - Data privacy and information security, page 65. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, pages 5-6. Audit and Finance Committee Charter.

Professional and Commercial Services

Topic	Code/metric	UnitedHealth Group disclosure
Data Security	SV-PS-230a.1 Description of approach to identifying and addressing data security risks	<ul style="list-style-type: none"> 2023 Sustainability Report: Responsible business practices - Data privacy and information security, page 65. Form 10-K Privacy, Security and Data Standards Regulation, pages 5-6
	SV-PS-230a.2 Description of policies and practices relating to collection, usage and retention of customer information	<ul style="list-style-type: none"> 2023 Sustainability Report: Responsible business practices - Data privacy and information security, page 65. Code of Conduct. Form 10-K Privacy, Security and Data Standards Regulation, pages 5-6. Audit and Finance Committee Charter.
Workforce Diversity and Engagement	SV-PS-330a.1 Percentage of (1) gender and (2) diversity group representation for (a) executive management, (b) non-executive management, and (c) all other employees	<ul style="list-style-type: none"> 2023 Sustainability Report: Performance data, page 82.
	SV-PS-330a.2 (1) Voluntary and (2) involuntary turnover rate for employees	<ul style="list-style-type: none"> 2023 Sustainability Report: Performance data, page 82.
	SV-PS-330a.3 Employee engagement as a percentage	<ul style="list-style-type: none"> 2023 Sustainability Report: Performance data, page 82.
Professional Integrity	SV-PS-510a.1 Description of approach to ensuring professional integrity	<ul style="list-style-type: none"> 2023 Sustainability Report: Responsible business practices - Compliance and ethics, page 79.

About this report

UnitedHealth Group's Sustainability Report provides an overview of our sustainability approach and commitments as well as progress against certain key targets. The structure of this report reflects our sustainability framework, which consists of four areas that are the highest priority for our business, align with our mission and create shared value. Our four sustainability priorities are (1) Helping to build a modern, high-performing health system, (2) Healthy environment, (3) Our people and culture, and (4) Responsible business practices.

Boundary and scope

Boundaries for this report extend to all global operations, with a focus on our U.S. operations. The terms “we,” “us,” “our,” and “the company” refer to UnitedHealth Group and the two distinct but complementary businesses Optum and UnitedHealthcare.

Our social indicators (e.g., our people and culture data) cover over 90% of our revenue. Data contained in this report covers activities that occurred in fiscal year 2023 (January 1–December 31, 2023), unless otherwise noted.

Non-integrated entity refers to an organization that operates with separate and distinct business functions, processes, or systems that are not interconnected or integrated with UnitedHealth Group, Optum or UnitedHealthcare. Our performance data indicates via footnote when it excludes non-integrated entities. Classification of an entity as integrated or nonintegrated may vary between metrics depending on timing of integration or availability to incorporate an entity's data.

Disclosure and assurance

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

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

Select 2023 environmental and social data has been externally assured by Deloitte & Touche, LLP Limited as called out in the performance table footnotes. We will continue to expand our third-party data verification.

Third-party links

This report may contain links to third-party websites and resources on the internet. UnitedHealth Group has no control over the content on such sites and makes no warranties or representations of any kind regarding the information or content provided through third-party hyperlinks contained throughout this report.

Feedback

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

Forward-looking statements

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