



## A BETTER HEALTH CARE EXPERIENCE

For too many years, health care companies have told you what works for them. At UnitedHealthcare<sup>®</sup>, we think it's time a health care organization turned that around and asked employers and employees alike: “What works for you?”<sup>®</sup>

*What works for you?*<sup>®</sup>

UnitedHealthcare<sup>®</sup>

 A UnitedHealth Group Company

# a new attitude, a new approach

We take a different approach to health care coverage. UnitedHealthcare is committed to putting your employees at the center of their health and letting them define the approach that works best for them and their families. Our approach goes beyond the usual medical coverage and preventive services to **encourage them to access and use timely health information and take control of their own destiny.** Granted, this is a dramatically different approach, but we believe in it and we have organized our entire company around it. We are committed to improving the health care experience for everyone involved: the employers who purchase it, the physicians who deliver it and most of all, the employees who use it. We're taking concrete steps to meet these challenges and redefine the way the health care industry operates.

At UnitedHealthcare, **we use our distinctive data and information resources to enhance the quality and affordability of our products.** New health assessment tools help us understand the needs that you and your employees bring to their health care plan. Our ability to address health care needs allows us to focus on employees who need the most help. We recruit and work with great physicians and America's leading hospitals through our credentialing process. And our Physician Data Sharing program enables physicians to build upon their current expertise.

## WE ARE DRIVEN BY FIVE INSIGHTS:

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WE MUST MAKE EACH PATIENT EASIER TO TREAT.

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CONSUMERS WANT MORE THAN CHOICE. THEY WANT TO FEEL GOOD ABOUT EVERY CHOICE THEY MAKE.

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THE KEY TO CONTROL IS SIMPLICITY.

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THE DECISIONS CONSUMERS MAKE EVERY DAY IMPACT THEIR HEALTH.

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WE ENTER SOME PEOPLE'S LIVES AT COMPLEX TIMES.

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# keeping control where it belongs

UnitedHealthcare has a history of developing innovative programs to facilitate a better, more positive health care experience for both patients and physicians. We have organized our entire company around the fundamental understanding that **decision-making should be kept in the hands of physicians and their patients.** This philosophy is embodied in our Care Coordination<sup>SM</sup> approach. Launched nationally in November 1999, Care Coordination received enormous media attention throughout America. Regulators, politicians, physicians, the American Medical Association and the President of the United States praised Care Coordination as a major breakthrough for health care in America. Under Care Coordination, we have drastically reduced the need for physicians to call us for authorizations. Once patients and their doctors decide on a course of treatment covered by their benefit plan, in most cases they can simply proceed.

We also offer benefit plans that eliminate the need to seek referrals from primary care physicians in order to see specialists. Employees select a primary physician or specialist based on what is appropriate for them not the system.

UnitedHealthcare also gives your employees more control in choosing prescription medication. Our pharmacy program lets patients, in conjunction with their doctors, determine the proper medication and choose between brand-name drugs and less costly generic equivalents. We focus on providing coverage for the right medication at the right time, based on each person's need and personal preference. This tiered approach allows your employees to share the responsibility and cost of prescription drugs, especially in an era of aggressive drug marketing.

### **UnitedHealthcare**/care coordination success story

With Care Coordination, we work to make sure that medical facilities are used appropriately. We also want to keep people healthy and minimize hospital readmissions. But for an elderly man with a serious lung disease and four hospitalizations within a few months, that goal seemed unattainable, until Care Coordination took a closer look.

It appeared that the individual was on the right medications but they just didn't seem to be working. The nurse called the doctor to get more specific information on the prescriptions and then contacted the pharmacy to double-check the prescription. Although the doctor had written the prescription correctly, the information had been entered into the pharmacy computer incorrectly. The gentleman was getting the wrong prescription but with the help of the Care Coordinator that was soon corrected. He began improving and also received education and information about his disease from the Care Coordinator to help avoid future hospitalizations.

# getting involved in health care

Care Coordination<sup>SM</sup> isn't just the end of traditional utilization management, it represents a brand new proactive approach. Care Coordination nurses work to fill the gaps in care caused by a complex health care system. Sometimes these gaps are easy to fill, like making sure a family member is available to drive the patient home, or seeing that patients understand basic instructions after being discharged from the hospital. Other times, these gaps can be life-threatening, like identifying improper prescription drug use or harmful drug interactions.

Annually, we contact nearly 400,000 individuals through Care Coordination and we find that approximately one in six people have a significant gap in care. Because we can track the gaps, **we are able to tailor interventions for specific individuals** based on their personal needs and values. It's the coordination of the various parts of care that is often overlooked, but can make a difference for a speedy recovery.

## Satisfaction results show a dramatic improvement in the health care experience

since the introduction of Care Coordination at UnitedHealthcare. The frustration associated with prior authorization has been significantly reduced. Call volume between physicians and the company is down more than 26 percent since the advent of the program. This means that physicians are making 1.2 million fewer calls to UnitedHealthcare per year. People are recognizing the difference in the experience. Physicians from across America have mailed letters supporting the program and the positive impact it has had on their relationships with UnitedHealthcare. Others have called, written and e-mailed to praise the Care Coordination approach for providing help in their hour of need.

Customer surveys of people who received a Care Coordination call show that **86 percent of those surveyed agreed the call made it easier to get the care they needed**, while 87 percent reported satisfaction that Care Coordination helped them through the hospital experience. Care Coordination has had a positive impact on consumer satisfaction with UnitedHealthcare.

### GAPS IN CARE

A "gap" in care is an omission of care, service or information that may interfere with a patient recovering or reaching their optimum level of health.

### our data show that:

50%	ARE DUE TO LACK OF COMPLIANCE WITH DOCTOR'S MEDICATION PLAN
17%	ARE DUE TO A PATIENT'S LIMITED ABILITY TO PROPERLY MANAGE CARE AT HOME ("SELF-CARE")
13%	OCCUR BECAUSE OF FRAGMENTED CARE SOMETIMES DUE TO MULTIPLE PHYSICIANS
10%	ARE DUE TO BEHAVIORAL HEALTH ISSUES WHICH MAY COMPLICATE MEDICAL CONDITIONS
2%	ARE DUE TO SOCIOECONOMIC RELATED FACTORS
1%	ARE DUE TO OTHER FACTORS

## providing valuable information and support to participating physicians

For the past four years, UnitedHealthcare’s Physician Data Sharing program has succeeded in helping physicians who participate in UnitedHealthcare’s health plans deliver better quality medicine. Few, if any, industry competitors could deliver the quality and depth of information provided by UnitedHealthcare. Leveraging more than 50 million person years of clinical data and deploying robust technological support, **UnitedHealthcare provides physicians with meaningful and timely information related to key clinical care measures.** Every six months, doctors are able to review Clinical Profiles<sup>SM</sup> reports on their performance versus national averages and best practices as established by accredited

medical organizations. More importantly, they are armed with their own specific practice information to support them in working with their patients.

Applications have focused on the use of such therapies as beta blocker drugs to prevent second heart attacks, mammography rates, use of ACE inhibitor therapy in people with congestive heart failure, use of anticoagulant drugs in atrial fibrillation patients, glycated hemoglobin testing in diabetics and potassium level screening in people taking diuretics. These measures affect common conditions that, when optimally managed, can lead to an improved quality of life. This initiative demonstrates what UnitedHealthcare has long believed — that competent, caring physicians, when supported by specific clinical information, will make the right decisions.

### CLINICAL PROFILES<sup>SM</sup>

percentage of identified people who received recommended care or screening

	FALL 1998	SPRING 2001
ACE INHIBITOR THERAPY	65%	70%
ATRIAL FIBRILLATION	59%	65%
BETA BLOCKER THERAPY	72%	77%
GLYCATED HEMOGLOBIN TESTING	71%	82%
MAMMOGRAPHY SCREENING	76%	79%
POTASSIUM SCREENING	69%	81%

## improving administration for physicians

We've also taken steps to support doctors administratively. We encourage physicians and health care administrators to submit medical claims electronically and transact directly with us. Our new physician practice Internet site, [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com), makes it easier for physicians to submit claims electronically and also to check patient eligibility, claims status and view an online preferred drug list.

Another benefit we offer our physicians is the use of a common application process to become credentialed physicians in our network. By filling out one common application for multiple health organizations, **doctors spend less time on paperwork and more time delivering care to patients.**

## the path to good health has many branches

We understand that there is more than one way to achieve good health and that every person has unique needs. For example, expectant mothers can participate in our *Healthy Pregnancy*<sup>SM</sup> program, which helps educate mothers about healthy behaviors and warning signs of problems during pregnancy. Nurses are available to answer questions and facilitate the care between pregnant women and their doctors. We also offer general health guidelines on prenatal development and appropriate care during pregnancy, and information about the importance of prenatal appointments. After the birth of the baby, a nurse is available to answer questions and discuss normal infant development.

We also offer UnitedHealthcare Care24, staffed by nurses and counselors, to help with almost any personal, financial or legal problem, day or night. People can also access audio tapes and pamphlets on subjects ranging from diet and nutrition to sports injuries.

We are proud of our commitment to serve the unique needs of women through WomenUnited, a series of activities and events that **deliver relevant information and programs to help improve the health and well-being of women.**

Good medicine means different things to different people. So, we're taking a holistic approach to health care coverage. Where introduced, employees may receive discounts for acupuncture services, chiropractic care, massage therapy sessions and nutritional counseling. We will also provide discounts for vitamins, nutritional supplements and wellness products.

## making the health care experience easier

Every day, you make choices that affect your health — what you eat, how you deal with stress or how much you sleep. We provide people access to a wide variety of information when, where and how they want it. We believe communications should be easy to understand and user-friendly. So we asked elementary school teachers to review the language in our certificates of coverage. As a result, people understand their benefits better — what's covered and what's not. Our easy-to-use information handbook provides customers with a helpful guide to accessing their benefits.

Our consumer Web site, [www.myuhc.com](http://www.myuhc.com), provides convenient online services such as requesting a replacement ID card, checking the status of a claim, viewing benefits eligibility, or finding a physician. The site also offers live, interactive discussions with leading medical experts and links to hundreds of

health topics, so users can browse through topics that interest them any time of the day.

**Myuhc.com is a one-stop employee self-service site**, which reduces the amount of time you need to spend on routine administration.

Through [myuhc.com](http://myuhc.com) your employees also have access to our comprehensive pharmacy online service, [365 Well St.](http://365WellSt.com) **365 Well St. gives your employees convenient, confidential access to their pharmacy benefits and prescription histories**, plus the ability to get questions answered by a registered pharmacist. They also have the convenience of having prescription and over-the-counter medications, as well as other health and beauty products, sent right to their home. [365 Well St.](http://365WellSt.com) also promotes safe prescription drug use by checking prescription orders against the user's health and prescription history for potentially harmful drug interactions.

We deliver information by mail, too. Our national *Reminders* program advises people who may not have received recommended preventive screenings or therapies, such as pediatric immunizations, mammograms, Pap smears, breast and cervical cancer screenings, diabetic eye exams and flu shots. We also publish and deliver a newsletter to your employees called *Truly Yours<sup>SM</sup>* containing practical, useful articles on how to get the most out of their health plan.

[www.myuhc.com](http://www.myuhc.com)

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View eligibility and claim status

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Find a physician

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Request a replacement ID card

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Access health and well-being content

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Participate in live online discussions

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Access to 365 Well St. for prescription history, mail order prescriptions, and more

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# support for those who need it most

For people who have chronic problems, UnitedHealthcare offers coverage and assistance customized for their particular needs. We have discovered that people with chronic diseases often have a poor understanding of how to prevent complications and recurring episodes. As a result, chronic diseases are among the leading causes of emergency room visits, hospital admissions and lost business days in the United States.

UnitedHealthcare's sister company, Ingenix, has developed an information management program that helps us identify people who are likely to have future health care needs. It's called the Predictive Model <sup>SM</sup> system, and we use it to anticipate needs and close the gaps in health care that not only cause pain and suffering, but also increase costs for everyone in the system. Prevention is the key to keeping people healthy, and it is less costly than acute or inpatient care. Our proprietary Predictive Modeling system uses medical, pharmacy and behavioral health data to help us find the people who are at risk and facilitate care. Using historical claims data we can intervene and help identify a course of action.

Each year, we successfully contact more than 80,000 individuals who are likely to have a future health care need or who may have significant future health care costs. We have structured our operations to **allow UnitedHealthcare nurses to reach more people with greater consistency and truly make a difference.**

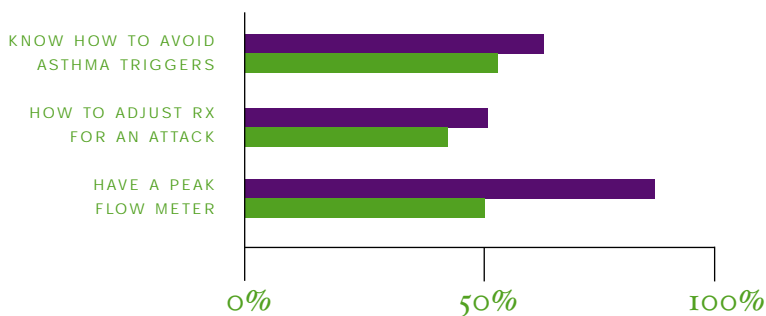
We have programs for people with chronic diseases like asthma. Suppose one of your employees has asthma. That employee would be invited to participate in a voluntary *Asthma Management* program. The primary physician treating your employee would help develop and support an individualized treatment plan based on nationally accepted guidelines. Nurses would provide education, consult with specialists, answer questions about medications and help identify and facilitate lifestyle changes that reduce the risk of an asthma attack.

The program is having an effect on productivity and quality of life. Inpatient admissions due to asthma are down by 21 percent. And, the number of parents who have missed more than one work day due to an asthmatic child has decreased 11 percent.

To date, we have identified more than 535,000 UnitedHealthcare participants in the United States with asthma. Similar programs help people with other chronic diseases. **By focusing our resources on people with chronic disease, we provide a better experience for individuals and contain costs for employers.**

## ASTHMA MANAGEMENT

changes behavior



12 MONTHS ■ This program helped high risk adult members take better care of themselves.  
BASELINE ■

## leaders in specialized services

Our companies are so successful that they actually sell their services to other health plans and employers. But we consider them so vital that we are working to include them in every program that we offer. With UnitedHealthcare, you have **one source for specialized health and well-being services with increased quality, efficiency and delivery.**

To help people with daily living concerns, UnitedHealthcare Care24 provides 24-hour access to master’s-level counselors and registered nurses who can help with almost any problem, ranging from health and family matters to financial, personal, legal and emotional needs. We also offer a full complement of vision, dental and life insurance products that work with our medical plans to provide a comprehensive package of benefits.

Through United Behavioral Health, we can provide employers of various sizes an array of customized and cost-effective employee assistance and managed behavioral health care services. These programs, which are provided to your employees confidentially, may reduce and sometimes prevent problems of absenteeism and lost productivity.

They also have access to our *Transplant Benefit Management* program offered through United Resource Networks. It gives people access to a network of transplant programs located at medical centers around the country, including some of the nation’s leading transplant facilities. Our program gathers and shares transplant program information, outcome data and patient satisfaction surveys to support the decision-making process for everyone involved.

## SPECIALIZED SERVICES AND PRODUCTS

Care24	TELEPHONE SUPPORT FROM NURSES AND COUNSELORS ACCESS TO A DATABASE OF MORE THAN 60,000 UNIQUE COMMUNITY RESOURCES
Vision Programs	COMPREHENSIVE VISION NETWORK EXAM BENEFITS AND DISCOUNTS ON FRAMES AND CONTACT LENSES
Dental Products	BROAD RANGE OF MANAGED INDEMNITY AND PPO PLANS DEDICATED CUSTOMER SERVICE
Life Insurance	LIFE AND SUPPLEMENTAL LIFE DEPENDENT LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT
United Behavioral Health	SERVICES TO COMBAT BEHAVIORAL PROBLEMS SUCH AS DRUG AND ALCOHOL ABUSE, DEPRESSION AND ANXIETY FROM A RECOGNIZED LEADER IN THE FIELD
United Resources Networks	TRANSPLANT SUPPORT AND REFERRAL SERVICES THE NATION’S LEADING TRANSPLANT NETWORK

## custom solutions for employers

UnitedHealthcare has set new standards of how health care organizations treat employees. But we're also improving the way health care organizations treat employers. Employers, like their employees, come in all sizes and with differing needs. Each employee is at a unique stage in life and health. Likewise, each company is at its own stage of growth and performance. Variables such as number and location of employees, industry type, proportion of active versus retired employees, funding, employee preferences and benefit program objectives can dramatically affect your company's health benefit design decisions. Clearly, one size does not fit all. Just as employees need customized solutions, so do employers. This is another feature that sets UnitedHealthcare apart from our competitors.

**We have the ability to match the right combination of funding preferences, pricing arrangements, benefit designs and integrated specialty care management services with the unique characteristics of your company.**

We provide coverage to more than 100,000 individual organizations ranging in size from two employees to nearly 5,000. And Uniprise, one of our sister companies, currently provides services for organizations with 5,000-850,000 enrollees, including more than 40 of the Fortune 100 companies. We offer a full range of services, including traditional HMOs, PPOs, POS plans, open access plans and specialty services.

If you have employees in multiple states, we can take the hassle out of dealing with many locations by providing multi-site solutions with one account manager and local service, one eligibility system, a consistent benefit plan design and broad networks, plus consolidated reporting and billing. For employers with employees living in other countries, we offer a Global Choice product in partnership with BUPA International, the world's largest insurer of expatriate citizens. We can provide seamless service to you and your employees, wherever they happen to be.

### **UnitedHealthcare** */predictive modeling at work*

The Predictive Model identified a 42-year-old woman who was diagnosed with breast cancer, and suffered from migraine headaches and depression. Our data showed that she had seen multiple doctors in the last year, but hadn't seen her psychiatrist in two years. Several physicians had prescribed multiple medications, including one used to treat depression and migraines, and another to treat migraines only. She was not taking either drug properly.

Seeing the data, the Care Coordination nurse had concerns that the patient's conditions and treatment were not well-managed or coordinated. The nurse planned a call to the patient to verify the information and understand the gaps. She will follow up with calls to the patient's doctors to focus on improving medication compliance, addressing emotional health needs and coordinating treatment.

## easing the administrative burden

We want our plans and services to work for you. That's why we customized our offerings for a variety of workplace needs. Working with us, you gain access to a range of electronic tools that simplify plan administration. We offer the convenience of going to a single site, [www.employereservices.com](http://www.employereservices.com), as a gateway to immediate, secure access to health benefits information.

Depending on your benefit plan, online services include electronic benefit administration, including verifying and changing participant eligibility and enrollment information, and adding or deleting beneficiaries. You can also exchange electronic messages with UnitedHealthcare contacts and check claim status.

### [www.employereservices.com](http://www.employereservices.com)

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Increase efficiency and accuracy

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View easy-to-read invoices and remit payments online

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Verify or change eligibility and enrollment information

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Check claim status

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Select or change Primary Care Physician

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Access benefit plan cost and utilization information

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Our online customer reporting solution offers employers, consultants and brokers comprehensive and user-friendly reporting tools.

**Employer eServices provides quick access to a wide variety of reports that help you identify trends, evaluate your group's health care experience and make more informed choices.**

Standard financial and statistical reports include premium, claim, membership and utilization data. Expanded ad hoc reporting functionality enables you to generate customized reports, and perform more detailed analysis of financial, medical, membership and network information. You get the information you need, when you need it, in an easily accessible format. The net result is improved quality, consistency and availability of data.

We are also using the Web to improve the way invoices are presented and processed.

Employer eServices gives you quick and accurate billing and invoicing solutions. You can view up to 12 months of invoices on the secure web site. They are even updated in real time if you change any subscriber information. Employer eServices also allows you to download invoices into Excel and remit payments and self-billed adjustments.

# outstanding customer service

With UnitedHealthcare, you and your employees will receive outstanding customer service. You'll be assigned to an account team who will provide you service from case installation all the way through your annual renewals. Your local account manager will be there to guide you every step of the way.

Your employees will have access to superior customer service through a variety of tools, from Internet self-service and Integrated Voice Response (IVR) to personal service from our call center service representatives. Recently, we have undergone a major upgrade to enhance our call centers, installing state of the art technology that helps with quick issue resolution.

These systems automatically route callers and manage call volume throughout a nationwide network, reducing waiting time for customers. Plus, integrated desktop, claims and employee information applications provide representatives with valuable historical customer information so they can **spend less time asking background questions and more time helping callers.** The structure of our nationwide call centers balances resources and helps our service representatives provide consistent, accurate information with shorter waiting times for customers.

**#1 RANKING**  
**among national managed care organizations\* for 46 categories measured, including:**

- OVERALL SATISFACTION WITH PLAN
- CHOICE OF PRIMARY CARE PHYSICIANS, SPECIALISTS
- QUALITY OF MEDICAL CARE BY PRIMARY CARE PHYSICIANS, SPECIALISTS
- CUSTOMER SERVICE (TIE)
- CONCERN FOR WELL-BEING (TIE)
- LIKELY TO RE-ENROLL
- LIKELY TO RECOMMEND
- EXPLANATION OF YOUR TREATMENT
- TIME PRIMARY CARE PHYSICIAN SPENDS WITH YOU
- ASSISTANCE IN MAKING MEDICAL DECISIONS
- INFORMATION FOR CHOOSING DOCTORS
- PROVIDING 24-HOUR TELEPHONE ASSISTANCE

# customer satisfaction

UnitedHealthcare recognizes our customers have a choice of health plans and that merely “satisfying” customers is not good enough. Last year, we began a radically different way of measuring customer satisfaction, known as the **Extreme Satisfaction Index (ESI)**. The ESI benchmarks a Health Plan’s performance to the highest possible customer satisfaction ratings. While other health plans use a standard measurement of customer satisfaction (NCQA\*), our Extreme Satisfaction Index limits the definition of satisfaction only to those who are “extremely satisfied.” The Extreme Satisfaction serves two important purposes. First, the Index provides an accurate way of measuring how well we are doing at exceeding our customers’ service expectations. Second, the Index helps us to continually improve our quality because it aims for a higher standard than the industry norm.

To determine a Health Plan’s ESI, we divide the “extremely satisfied” members (ratings of 10 on a scale of 0-10) by the “dissatisfied”

members (ratings of 0-6 on a scale of 0-10). Plans with an Index over 100 are considered dominated by extremely satisfied members.

Using the most stringent measure of customer satisfaction — only those rating satisfaction a 10 — the results for 2001 show 9 of 31 Plans surveyed an ESI over 100. Using the next most stringent measure — those rating satisfaction a 10 or 9 — the results for 2001 show 28 of 31 Plans have an ESI over 100. Clearly, our focus on this is working.

Another independent organization that evaluates a broad range of performance areas for the health care industry is CareData, the Health Care Division of J. D. Powers & Associates. **In their latest survey, UnitedHealthcare was cited for achieving the highest rating for overall customer satisfaction among leading national health plans.** Overall, UnitedHealthcare received a number one ranking in 46 performance categories evaluated by CareData.\*\*

## the extreme satisfaction index

A Health Plan’s ESI is determined by dividing “extremely satisfied” customer ratings (10 on a scale of 0-10) by dissatisfied and neutral customer ratings (0-6 on a scale of 0-10). Plans with an Index of 100 or above are considered dominated by extremely satisfied members.

10	09	08	07	06	05	04	03	02	01	0
EXTREMELY SATISFIED		SATISFIED		NEUTRAL		DISSATISFIED		EXTREMELY DISSATISFIED		

NUMBER OF TOP RATINGS DIVIDED BY NUMBER OF 0-6 RATINGS = EXTREME SATISFACTION INDEX

ESI =  $\frac{\% \text{ of people surveyed who are extremely happy}}{\% \text{ of people surveyed who are neutral or worse}}$

\* National Committee for Quality Assurance (NCQA) is an independent organization that evaluates the quality of the managed care industry

\*\* Source: 2000 CareData Consumer Research. A division of J. D. Powers and Assoc. Their research included 258 employers and 54,654 employees enrolled in HMO and PPO plans nationally.

## a company in evolution

We believe that our programs at UnitedHealthcare represent the first few steps on the journey to a better health care experience. We will continue to find new ways to improve the experience for employees, physicians and employers. We are committed to keeping the control of health care in the hands of the people who can influence it the most — patients and physicians. **We will continue to find new ways to deliver information and services to employees, physicians and employers.**

We will expand our use of the Internet to make our services as efficient, as effective and as up-to-date as we can. We will continue to measure our own performance and make the results available to provide an objective assessment of how well we're doing our job. At UnitedHealthcare, we believe what works for you also works for us.

## the unitedhealth group family of companies

### UNITEDHEALTHCARE

Designs and operates network-based benefit plans serving small business and mid-sized commercial customers.

### UNIPRISE

Serves large corporations with more than 5,000 employees, including 40 of the Fortune 100 companies.

### SPECIALIZED CARE SERVICES

Connects people with leading care providers in specialized fields, from mental health and substance abuse services, to transplant services, to vision and dental.

### UNITEDHEALTH FOUNDATION

Provides objective, evidence-based information aimed at improving the health care system.

### INGENIX

Offers data, software and consulting products and services suited to improve cost management, coding, reimbursement and fraud prevention, as well as data integration, analysis and consulting.

### OVATIONS

Serves the health care coverage needs of mature Americans, AARP members, and Medicare and Medicaid beneficiaries, and provides services for elderly nursing home patients.

### UNITEDHEALTH CAPITAL

Invests in early-stage ventures to encourage medical discoveries that could change the face of medicine.

# PRODUCT COMPARISON

	<b>PLAN COMPARISON</b>			
	<b>choice</b>	<b>select</b>	<b>options</b>	<b>managed indemnity</b>
<i>Is there a network of physicians from which to choose?</i>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>no</b> , VISITS TO ANY LICENSED PHYSICIAN ARE COVERED
<i>Can I choose outside the network?</i>	<b>CHOICE:</b> EMERGENCY ONLY  <b>CHOICE PLUS:</b> COVERED, NORMALLY WITH AN INCREASED COPAYMENT	<b>SELECT:</b> EMERGENCY ONLY  <b>SELECT PLUS:</b> COVERED, NORMALLY WITH AN INCREASED COPAYMENT	COVERED, NORMALLY WITH AN INCREASED COPAYMENT	<b>yes</b>
<i>Is Care Coordination- available?</i>	<b>yes</b>	<b>yes</b>	<b>yes</b>	<b>yes</b>
<i>Do I need to pick a primary physician?</i>	<b>no</b> , BUT ENCOURAGED	<b>yes</b> REFERRALS MAY BE REQUIRED	<b>no</b>	<b>no</b>
<i>What are my funding options?</i>	FULLY INSURED AND SELF-FUNDED	FULLY INSURED AND SELF-FUNDED	FULLY INSURED AND SELF-FUNDED	FULLY INSURED AND SELF-FUNDED
<i>What are the key features?</i>  Single-site and multi-site administration capabilities are available with all plans.  Not all products and services are available in every market. Please consult your local agent/broker or health plan representative for detailed information.	<b>DIRECT ACCESS TO SPECIALISTS</b>  – Freedom to choose any participating physician or other provider – Low copayments – No paperwork for in-network care – Out-of-network care available (Choice Plus) – Primary physician optional – Costs controlled by information support for doctors	<b>PRIMARY PHYSICIAN COORDINATES CARE</b>  – Primary physician required to coordinate care – Low copayments – No paperwork for in-network care – Out-of-network care available (Select Plus) – National administration and uniform benefit designs available in most markets – Costs controlled by information support for doctors	<b>ACCESS TO VAST NETWORK</b>  – National network of physicians and other providers – Freedom to obtain services outside network – Typically, incentives for in-network care – National administration and uniform benefit designs available	<b>TRADITIONAL HEALTH INSURANCE</b>  – Managed version of traditional health insurance – Freedom to choose any licensed physician – Care Coordination <sup>SM</sup> services for hospital and some outpatient needs – National administration and uniform benefit designs available

