Today’s Agenda

1. Organizational Overview
2. Transition Update
3. Enhancing the Client and Member Experience
4. Looking Ahead
5. Wrap Up and Questions
We are consolidating our pharmacy benefit services with OptumRx to better meet our customers’ needs now and in the future.
Benefiting Employers and Employees

Bringing all pharmacy benefit services in-house will enhance our ability to engage members, **improve health outcomes** and better **manage total health care costs**.

<table>
<thead>
<tr>
<th>Total Cost Management</th>
<th>Engagement and Support</th>
<th>Innovation</th>
<th>Insights</th>
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<tbody>
<tr>
<td>Lowering medical and total health care <strong>costs</strong> by synchronizing our benefits.</td>
<td>Simplifying the member experience by eliminating potential overlap and <strong>managing 100% of touch points</strong> to surround with timely, personalized, synchronized support.</td>
<td>Increased product offering to meet client needs: Clinical, network, drug management, member engagement.</td>
<td>Combines expertise and experience of two leading PBMs within UnitedHealth Group and offers enhanced <strong>customer reporting</strong> and insights.</td>
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Increased buying power + market leverage
Transition Plan
We will approach the transition in a **staged manner throughout 2013**.

- A staged approach helps ensure best management of business transition activities.
- Prior to any transition activity, multiple phases of testing will take place to ensure quality.
- Regions are determined by corporate address (regional breakdown excludes National Account clients).

1/1/2013  UnitedHealth Group Employees and select clients
4/1/2013  West region and Northeast region
6/1/2013  Central region
7/1/2013  National Account clients across all regions
9/1/2013  Southeast region
10/1/2013  Oxford, Sierra, River Valley, UnitedHealth One, Neighborhood Health Plan

Note: For specific client information on when a client group is migrating, please work with your OptumRx or UnitedHealthcare representative.
## Our Comprehensive Testing Approach

We have developed a robust claims testing and quality verification process

<table>
<thead>
<tr>
<th>Business Function Testing</th>
<th>End-to-End Testing</th>
<th>Client Readiness Testing</th>
<th>Third-Party Validation</th>
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<tbody>
<tr>
<td>Technology and processes <strong>tested individually</strong> for desired function result. Including:</td>
<td>Technology and processes tested in <strong>sequence</strong> to confirm that systems in the service delivery chain work in concert. Including:</td>
<td>A high volume of client specific claims samples for <strong>three months of activity</strong> are re-adjudicated with OptumRx and compared with the original claim to verify the benefit was constructed accurately.</td>
<td>Claim samples are reviewed by an <strong>independent third party auditor</strong> to confirm the quality and accuracy of our systems set up, focusing on our ability to correctly adjudicate pharmacy claims.</td>
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<tr>
<td>Claims adjudication</td>
<td>Loading of groups</td>
<td></td>
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<tr>
<td>Eligibility</td>
<td>Benefit implementation</td>
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<tr>
<td>Benefits</td>
<td>Billing</td>
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<tr>
<td>Accumulators</td>
<td>Other core elements</td>
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<tr>
<td><strong>Quarterly throughout program</strong></td>
<td><strong>August 2012 – October 2012</strong></td>
<td><strong>Begins approx. 3 months prior to each wave with completion 2 months prior to each wave</strong></td>
<td></td>
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Migration Command Center

Cross-functional team, including senior leadership, dedicated throughout every phase of the migration to:

- Constantly monitor activity
- Identify any potential issues
- Immediately engage
- Actively resolve issues

Migration Command Center meets daily to assess, assign, track and resolve issues.
Member Migration Communications

**Call Centers** are trained to support members throughout the transition

**Point of Sale Messaging** will help members at the retail counter

**Employer templates**
Will be provided for additional communication to employees (Newsletter, FAQ) (M-90)

**Member mailing w/FAQ (M-35)**

**Online transition messaging (M-30)**

**New ID cards mailing (M-20)**

**Online pharmacy tour (M)**

**35 Days Out (M-35)** (Migration minus 35 days)

**Migration date (M)**

**Member Data Transfer Files**
Open refills, accumulators, Rx activity and history, prior authorizations (initial load and frequent updates)

**Customer Implementation**
Benefit information, PDL, plan design, programs, etc. (~M-50 to 60)

**Data Files**

**Member Profile Set Up**
starts prep for communications and call center (~M-90)
Supporting Members at the Pharmacy Counter

We are taking the necessary steps to minimize potential confusion at the pharmacy counter

► Ongoing Communications with Major Chains
   We’ve been working closely with the major retail chains to educate them on the migration, communications and will continue to do so throughout the migration.

► New Member ID Cards (Same ID#)
   Uses the same member ID number and an updated BIN and PCN number, minimizing potential confusion.

Pharmacy Newsletter/Fax Blast
Migration overview, communications and resources for pharmacies (M-30)

Ongoing POS messaging and dedicated pharmacist call center support

Migration date (M)

Point-of-Sale (POS) messaging will be used throughout the migration to support pharmacists.

Member uses the wrong card?

POS message:
1. Informs pharmacists they have the wrong card
2. Provides the correct BIN and PCN number
3. Includes the Pharmacy Help Desk phone number for any questions
Keeping You Informed

Additional information and detail will be provided via local meetings, regular e-newsletter updates and information at uhc.com/pharmacy.

Communications to date
- Transition Overview, Introduction to OptumRx
- Taking Integration to the Next Level: Synchronization
- Employer, Broker and Consultant webinars held to review communication timelines, additional capability detail (including call center, mail service)

Q3-4 Updates:
- Sample communications, ID card samples; newsletter articles regarding quality testing and validation details, internal readiness approach, additional capability and innovation detail (including online, mobile)
- In-person meetings
- External webinar

Approx. 55 days before each wave
- Brokers and Consultants will receive transition-related information, employer newsletter copy, final member communications

Transition date
- Continued updates and communications
Enhancing the Client and Member Experiences
What Clients Can Expect

Essential elements will remain the same and will not require any client action; we will simply transition information in to our new system:

- Benefit Plan Designs
- Prescription Drug Lists (PDLs)
- Retail Experience (access to 64,000 pharmacies)
- Clinical Programs
- Specialty Pharmacy Services
- Account Management Teams
- Contract Terms

Services transitioning to OptumRx:

- Claims processing
- Mail service pharmacy (open mail service refills will be transferred to OptumRx)
- Select aspects of member service, including mail service call center and website features / capabilities

Important Reminders

- Goal: minimize actions that need to be taken by employers regarding the transition
- Communication templates available for employees
- Member communications and new ID cards provided in advance
- Members using mail will receive a call directly from OptumRx as a welcome
Enhancing & Simplifying the Member Experience

The focus has been to surround members with support and personalized resources to simplify and make the experience relevant.

**Online**
- ONE-stop resource for medical and pharmacy
- New: Better experience, savings alerts

**On Call 24/7**
- Coordinated, proactive support with access to nurses and pharmacists
- New: ONE-call support

**Mobile**
- Pricing and decision support
- New: Easy refills, text reminders

**At the Doctor**
- Look up coverage and lower cost options, physician outreach
- New: Online Prior Authorization allowing for real-time approvals

**By Mail**
- Leading mail service pharmacy and targeted, personalized communications
- New: Cabinet Dynamics member segmentation

**At the Pharmacy**
- Personalized, lower-cost options at the pharmacy counter
- New: 100% Real Time Claims Audit
Enhanced Customer Service Model
Pharmacy Experience

The right person, with the right tools, for better member support.

Over 90%
Pharmacy calls handled by a Customer Service Representative*

Member

Customer Service Representative

Conference or warm transfer

OptumRx Customer Service Advocate

UnitedHealthcare Rx Call Types
- Eligibility
- Benefits / copays
- PDL lookup
- Pricing and lower cost drug options
- Claims (basic)
- Pharmacy lookup
- Open Enrollment
- Appeals

OptumRx Rx Call Types
- Mail order status or sign up
- Pharmacist/clinical support
- Specialty drug coverage/ordering
- Prior Authorization/Notification
- Pharmacy website support
- Claim not on file / complex claims
- Overrides
Better Online Pharmacy Experience

Current Medco main web page (Before)

OptumRx Personalized Rx Dashboard (After)

Better Experience:
- Easier navigation, cleaner look
- Visual image of all drugs
- Customer specific clinical and program messaging (i.e.: exclusions, step therapy)
Simplifying and Supporting Adherence and Lower Costs
Using Technology Familiar to Consumers

Manage Your Prescriptions
Pricing, lower-cost options. Locate pharmacies with GPS. Refill prescriptions, check order status.

Timely Reminders
What day, time, times a day. Refills, renewals, transfers and shipping status.

Quick Scan Refills
Refill, renew or check status of mail prescriptions

Mobile app in development
Looking Ahead
Synchronization: Working better together to drive lower costs, improve health, and simplify the member experience.

The UNH Vision – faster, smarter, simpler

- **Total cost management** strategies leveraging all data types across benefits (lab, Rx, medical, biometrics, etc.) with high impact interventions

- **360 degree view** of the member using a common platform, leveraging health care and service touch points across the enterprise

- **Real time data** where it matters most: faster identification of new diagnosis, early identification of illness progression – and a comprehensive suite of programs to take action on the data

- **Integrated total cost and outcomes** reporting with a consolidated view of the impact, eliminating potential for double-counting of outcomes and redundant program investment
Thank You.
Q&A – please submit any questions you might have through the on-line chat feature

A playback of today’s event will be posted to:

 www.consultant.uhc.com