
B.13 Provide copies of any press releases in the twelve (12) months prior to the Deadline for Proposals...

Press Releases in Last Twelve Months

Contents

The following media communications meet the criteria designated in the RFP and pertain to Medicaid managed care.

- June 3, 2011 – Mississippi 4-H and UnitedHealthcare launch partnership
- April 21, 2011 – UnitedHealth Group First Quarter Results
- March 21, 2011 – Media fact sheet following January launch of Mississippi Coordinated Access Network
- January 20, 2011 – UnitedHealth Group 2010 Fourth Quarter and Full Year Results
- January 10, 2011 – UnitedHealthcare agreement renewal with Interim LSU Public Hospital (ILH) in New Orleans
- December 7, 2010 – Sesame Street and UnitedHealthcare launch *Food for Thought: Eating Well on a Budget* (released jointly with Sesame Workshop)
- Oct. 19, 2010 – UnitedHealth Group Third Quarter Results
- July 20, 2010 – UnitedHealth Group Second Quarter Results.

NEWS RELEASE



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1,200 MISSISSIPPI 4-H YOUTH LEADERS AND UNITEDHEALTHCARE LAUNCH PARTNERSHIP TO PROMOTE NUTRITION LITERACY, PHYSICAL FITNESS AND PERSONAL SAFETY

- *\$45,000 Grant from UnitedHealthcare to fund Youth Voice: Youth Choice programs that target underserved communities in Mississippi*
- *1,200 4-H youth leaders learn fitness tips and participate in fun group exercise at kick-off event, one of many joint activities designed to improve health through exercise and diet*
- *UnitedHealthcare-4-H partnership to focus efforts on high rates of obesity in Mississippi*

STARKVILLE, Miss. (June 3, 2011) – Mississippi 4-H and UnitedHealthcare joined together today at the annual Mississippi 4-H Congress to launch a new partnership – *Youth Voice: Youth Choice* – a program to help young people in the state improve their health and well-being through exercise, proper nutrition and attention to personal safety.

More than 1,200 4-H youth leaders were on-hand as UnitedHealthcare presented Mississippi 4-H with a \$45,000 check to mark the beginning of the partnership.

Today's announcement is part of a national partnership between the National 4-H Council and UnitedHealthcare. Mississippi 4-H is one of three states receiving funding from UnitedHealthcare for the pilot program. The grant will support events and activities designed to develop and enhance healthy living through after-school programs, health fairs, camps, clubs, workshops and educational forums. 4-H youth leaders will serve as "ambassadors," helping to lead programs that encourage young people to take action for themselves and their families, and to promote healthy living in their communities through nutrition literacy, physical fitness and personal safety.

"Mississippi 4-H is thrilled to partner with UnitedHealthcare to help reach and educate youth and their families about the importance of proper nutrition and exercise in leading a healthy life," said Susan Holder, Mississippi State 4-H program leader. "We are helping teach our 4-H youth leaders to be ambassadors for this program, and today's event highlights the role they will play in their communities in helping execute our initiatives, educate youth and help promote healthier lifestyles."

To officially kick-off the partnership, UnitedHealthcare's Dr. Health E. Hound mascot joined Mississippi State fitness instructors, 4-H youth leaders and local dignitaries in teaching the 1,200 4-H youth gathered for the event basic physical fitness tips and simple exercises.

Upcoming *Youth Voice: Youth Choice* events include Kids in the Kitchen in Gulfport, a back-to-school health fair in Clarksdale, a community health fair in Jackson, a family nutrition and wellness conference at Alcorn State University, and the Harvest Fest in Jackson, among others.

Mississippi, along with Texas and Florida, were selected for the UnitedHealthcare pilot due to high incidences of obesity among children living in these states' underserved communities. As part of the partnership, each state 4-H program is developing action plans with targeted goals and outcomes to provide innovative, hands-on learning approaches that target specific community needs. The results will be measured and shared with community leaders, providing other organizations the opportunity to learn and implement similar programs in at-risk communities.

"UnitedHealthcare is partnering with 4-H to ensure children, particularly those in underserved communities, learn skills to enhance their health and well-being," said Robert Williams, UnitedHealthcare Community & State Mississippi. "By teaming up with 4-H youth leaders, we can help thousands of young people take action to lead healthier lives."

According to the Centers for Disease Control and Prevention, one in three children is obese or overweight, putting them on the road to lifelong chronic conditions like diabetes and heart disease. If left unchecked or untreated, obesity will affect 43 percent of adults by 2018 and will add nearly \$344 billion in that year alone to the nation's annual direct health care costs, accounting for more than 21 percent of health care spending, according to *America's Health Rankings*®. America's Health Rankings is an annual comprehensive assessment of the nation's health on a state-by-state analysis. It is published jointly by United Health Foundation, the American Public Health Association and Partnership for Prevention.

4-H nationally reaches more than 6 million youth each year through clubs, camps and school enrichment programs. UnitedHealthcare Community & State, UnitedHealth Group's government-sponsored health care program, serves more than 1.9 million children in 24 states and the District of Columbia in Medicaid and CHIP. 4-H and UnitedHealthcare share connections with many of the same public sector and community organizations, including state and county governments and school districts.

About Mississippi 4-H

4-H is a community of six million young people across America learning leadership, citizenship, and life skills. Mississippi 4-H is proud to offer programs and growth opportunities that put the heads, hearts, hands and health of Mississippi's youth to work learning and applying the essential elements of the 4-H program: belonging, mastery, independence and generosity. The 4-H Youth program strives to improve the quality of life for Mississippi youth by developing youth potential and by providing hands-on educational programs. Program priorities identified include leadership development, life skills training, developing positive self-esteem, and empowering volunteers. Programs are delivered through local county Extension offices to volunteer leaders. Learn more about Mississippi 4-H at www.mississippi4-h.org.

About UnitedHealthcare

UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers. The company offers the full spectrum of health benefit programs for individuals, employers and Medicare and Medicaid beneficiaries, and contracts directly with more than 650,000 physicians and care professionals and 5,000 hospitals nationwide. UnitedHealthcare serves more than 38 million people and is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.

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(For Immediate Release)

UNITEDHEALTH GROUP REPORTS FIRST QUARTER RESULTS

- *Revenues of \$25.4 Billion Increased 10% Year-Over-Year*
- *Optum Businesses Increased Revenues 20% Year-Over-Year*
- *UnitedHealthcare Businesses Grew By More Than 1.2 Million People in First Quarter*

MINNEAPOLIS (April 21, 2011) – UnitedHealth Group (NYSE: UNH) today reported first quarter results, highlighted by accelerated revenue growth from both its UnitedHealthcare and Optum businesses¹. First quarter 2011 net earnings were \$1.22 per share. Key performance metrics and costs were in line with or better than Company expectations.

Stephen J. Hemsley, president and chief executive officer of UnitedHealth Group, said, “Demand is increasing for greater connectivity, transparency and sustainable cost structures across the health system, as consumers, payers and care providers call for quality care at affordable prices. UnitedHealth Group is well-positioned for sustained growth as we address these expanding market needs with consistent performance, solid fundamental execution and practical innovation that helps customers achieve their goals.”

The Company updated its full year financial outlook based on first quarter results and business trends, and now forecasts 2011 revenues approaching \$101 billion, net earnings in the range of \$3.95 to \$4.05 per share and cash flows from operations in a range of \$5.8 billion to \$6.2 billion.

¹ In 2011 the Company realigned certain of its businesses to better respond to market changes and opportunities that are emerging as the health system evolves. Further information about the realignment is included in the Earnings Release Schedules and Supplementary Information included with this press release.

UnitedHealth Group®

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	March 31, <u>2011</u>	March 31, <u>2010</u>	December 31, <u>2010</u>
Revenues	\$25.43 billion	\$23.19 billion	\$24.03 billion
Earnings From Operations	\$2.22 billion	\$2.02 billion	\$1.80 billion
Net Margin	5.3%	5.1%	4.3%

- UnitedHealth Group's consolidated first quarter 2011 revenues of \$25.4 billion increased \$2.2 billion or 10 percent year-over-year. UnitedHealthcare revenues increased by 9 percent, led by a 21 percent year-over-year increase in the UnitedHealthcare Community & State business, while Optum's 20 percent revenue increase included revenue advances above 30 percent year-over-year from both OptumHealth and OptumInsight.
- First quarter earnings from operations were \$2.2 billion and net earnings were \$1.35 billion or \$1.22 per share, an increase of 18 percent from first quarter 2010 results.
- The first quarter net margin of 5.3 percent increased 20 basis points from 5.1 percent in the first quarter of 2010.
- First quarter 2011 cash flows from operations of \$1.22 billion were up slightly from \$1.20 billion in the first quarter of 2010 and were stronger than projected, considering customers had prepaid nearly \$400 million more than expected in the fourth quarter of 2010.
- There were nine days sales outstanding in accounts receivable at the end of the first quarter of 2011 compared to nine days at March 31, 2010. First quarter 2011 days claims payable decreased three days year-over-year to 46 days at March 31, 2011, due to continued acceleration in the claims receipt and processing cycles.

UnitedHealth Group – Continued

- The first quarter 2011 medical care ratio of 81.4 percent was stable, increasing 10 basis points year-over-year. First quarter results reflect successful efforts in aligning consumer engagement with clinical care management and a continuation of a moderated level of overall health system use. Favorable prior year reserve development of \$440 million in first quarter 2011 was comparable to \$490 million in the first quarter of 2010 – both representing less than 1 percent of the previous year’s medical costs.
- The first quarter operating cost ratio of 14.2 percent increased only 10 basis points year-over-year despite the 17 percent growth in fee-based revenues, which carry disproportionately higher operating costs than risk-based products. The multi-year initiative to align, simplify and streamline the organization for the benefit of customers continues to produce quarterly gains in quality, efficiency, and overall performance.
- The first quarter 2011 tax rate decreased 1 percentage point year-over-year to 36 percent. The higher 2010 tax provision included the cumulative implementation of changes that increased income taxes under the Affordable Care Act.
- UnitedHealth Group’s quarter-end debt to debt-plus-equity ratio was consistent with recent quarters at 30.5 percent, and annualized return on equity based on first quarter results of 21 percent increased from 20 percent in the first quarter of 2010.
- UnitedHealth Group repurchased 15 million shares for \$620 million through the first three months of 2011 and ended the quarter with more than \$900 million in cash available for general corporate use.



UnitedHealthcare provides network-based health care benefits for a full spectrum of customers in the health benefits market. UnitedHealthcare serves employers ranging from sole proprietorships to large, multi-site and national employers, as well as students and individuals, delivers health and well-being benefits to Medicare beneficiaries and retirees, and manages health care benefit programs on behalf of state Medicaid and community programs and their participants.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	<u>March 31,</u> <u>2011</u>	<u>March 31,</u> <u>2010</u>	<u>December 31,</u> <u>2010</u>
Revenues	\$23.87 billion	\$21.97 billion	\$22.53 billion
Earnings From Operations	\$1.90 billion	\$1.69 billion	\$1.65 billion
Operating Margin	8.0%	7.7%	7.3%

- First quarter 2011 UnitedHealthcare revenues of \$23.9 billion increased \$1.9 billion or 9 percent year-over-year. Revenue growth was driven by an increase of 1.9 million people served in the past year, including more than 1.2 million in the first quarter of 2011. Participation increased in every product category in the past year, led by organic growth of nearly 1.1 million people using commercial benefit products.
- Earnings from operations for UnitedHealthcare for the first quarter of 2011 increased year-over-year to \$1.9 billion. The first quarter 2011 operating margin improved 30 basis points year-over-year due to the benefits of growth and continued cost management disciplines.

UnitedHealthcare Business Results – Continued

UnitedHealthcare Employer & Individual

- The UnitedHealthcare Employer & Individual business grew to serve 790,000 more people in first quarter 2011. Growth was led by the increase of 725,000 people using fee-based products, while risk-based business grew by 65,000 people. For the trailing twelve months, fee-based offerings grew to serve 750,000 more people and risk-based business served an additional 330,000, bringing total organic growth to 1.08 million people over that time frame. First quarter 2011 commercial revenues of \$11.1 billion grew \$786 million or 8 percent over first quarter 2010 results.
- UnitedHealthcare's commercial medical care ratio, including risk-based specialty benefit products, decreased 40 basis points year-over-year to 78.6 percent, due to effective clinical management, favorable reserve development and moderated levels of overall health system use.

UnitedHealthcare Medicare & Retirement

- First quarter Medicare & Retirement revenues of \$9.4 billion grew \$555 million or 6 percent year-over-year and included growth across the Medicare Advantage, Medicare Supplement and Part D prescription drug programs. The Medicare & Retirement business increased the number of people it serves by 490,000 in the past 12 months.
 - In Medicare Advantage, the Company brought services to 160,000 more seniors in the past year, an 8 percent year-over-year increase, including a net increase of 95,000 seniors served in the first quarter.
 - Growth in active Medicare Supplement products continued, with the number of seniors served increasing by 125,000 or 5 percent in the past 12 months, including 70,000 people in the first quarter of 2011.
 - At March 31, 2011, 4.7 million seniors participated in the Company's stand-alone Part D prescription drug plans, an increase of 205,000 seniors served over the past 12 months and 215,000 in the first quarter of 2011.

UnitedHealthcare Community & State

- First quarter Community & State revenues of \$3.3 billion increased \$566 million or 21 percent year-over-year. During the past 12 months, the Company expanded its Medicaid services to 345,000 more participants, including 70,000 in the first quarter. In addition to the membership gains, expansion in more complex and comprehensive programs with greater service intensity has driven a higher revenue growth rate for UnitedHealthcare Community & State.



Optum is an information and technology-enabled health services business serving the broad health care marketplace, including care providers, employers and plan sponsors, life sciences companies and consumers. By helping connect and align health system participants and providing them actionable intelligence at the points of decision-making, Optum helps improve overall health system performance: optimizing care quality, reducing costs and improving the consumer experience. Optum is organized based on core capabilities and markets under three segments: OptumHealth (health management and wellness, clinical services and financial services), OptumInsight (technology, intelligence, consulting and business outsourcing solutions), and OptumRx (pharmacy services). The breadth of this portfolio allows Optum to impact key activities that help enable sustainable health communities.

Quarterly Financial Performance			
	<u>Three Months Ended</u>		
	<u>March 31,</u>	<u>March 31,</u>	<u>December 31,</u>
	<u>2011</u>	<u>2010</u>	<u>2010</u>
Total Revenues	\$6.81 billion	\$5.69 billion	\$6.16 billion
Earnings From Operations	\$322 million	\$325 million	\$153 million
Operating Margin	4.7%	5.7%	2.5%

- Total Optum revenues for the first quarter of 2011 of \$6.8 billion increased \$1.1 billion or 20 percent, driven by organic growth and contributions from recent acquisitions. All businesses increased revenues year-over-year.
- Optum’s earnings from operations of \$322 million in first quarter 2011 were stable year-over-year. Growth in revenues was offset by an expected reduction in operating margins due to changes in business mix within Optum’s businesses and investments for future growth.

Optum Business Results – Continued

OptumHealth

- OptumHealth first quarter 2011 revenues of \$1.5 billion increased \$405 million or 37 percent year-over-year. The revenue increase was led by expansion in clinical services and strong consumer growth in population health management products sold to payers and plan sponsors, such as behavioral health management, wellness and health coaching services.
- OptumHealth first quarter 2011 earnings from operations of \$109 million decreased by \$34 million year-over-year and the operating margin decreased by about 6 percentage points year-over-year to 7.2 percent. The decreases in earnings from operations and operating margin were expected, and reflect the implementation of Mental Health Parity legislation, internal business realignments and related revisions to service arrangements and continued investments in new market development and growth.
- OptumHealth Financial Services continues to experience strong growth in dedicated health banking services. At March 31, 2011, assets under management grew nearly 30 percent year-over-year to \$1.3 billion and total bank assets reached \$1.6 billion, while the number of consumer accounts increased 9 percent to 2.2 million. OptumHealth Financial Services grew the electronic transmission of medical payments over its connectivity network by 42 percent by volume and almost 30 percent by payment value to nearly \$12 billion in the quarter. This system now connects with 625,000 care providers – OptumHealth Financial Services achieved network connectivity growth of 18 percent year-over-year.

OptumInsight (formerly Ingenix)

- OptumInsight first quarter 2011 revenues of \$671 million increased \$166 million or 33 percent year-over-year, driven by organic growth and contributions from recent acquisitions. First quarter sales bookings increased 15 percent year-over-year, driven by strength in compliance, consulting services for care providers and payers and business process outsourcing services.
- The OptumInsight contract revenue backlog increased 55 percent year-over-year to \$2.8 billion after adjusting for backlog pertaining to the announced divestiture of the i3-branded clinical trial services business, which is estimated to be completed during the second quarter of 2011. Strong demand for solutions that help health system participants improve connectivity, workflow and overall performance continues, further improving visibility on expected full year 2011 revenue growth.
- OptumInsight's first quarter 2011 earnings from operations of \$83 million increased 57 percent year-over-year. The year-over-year first quarter operating margin improvement of 190 basis points to 12.4 percent reflects an increased level of higher margin product and solution sales and favorable first quarter operating costs. OptumInsight continues to invest in the development of capabilities to address health care industry needs in the areas of payer and provider clinical compliance, end to end revenue cycle management, connectivity and informatics in support of integrated care operating models, and overall health information technology adoption.

Optum Business Results – Continued

OptumRx (formerly Prescription Solutions)

- OptumRx first quarter revenues of \$4.6 billion grew 13 percent or \$550 million year-over-year, driven by growth in people served and prescription volumes. At March 31, 2011, OptumRx served more than 13 million consumers, including 3.8 million through employers and independent plan sponsors.
- OptumRx earnings from operations of \$130 million were stable year-over-year. Investments in operating costs to support growth initiatives offset the earnings contribution from higher revenues. Growth in specialty pharmacy continues to be strong and the related earnings contribution is growing.
- OptumRx continues to advance overall consumer value in its product offerings. OptumRx is positioned distinctively in the market, in part because of its strength in innovation. Examples include the Part D Pharmacy Saver program, which makes \$2 per script generics available at select pharmacies and the Value Network, which focuses volume to a sub-network of 20,000 pharmacies to improve the cost profiles of pharmacy programs for employers or plan sponsors. Reflecting the focus on value and affordability, OptumRx first quarter 2011 generic dispensing rate improved 4 percentage points year-over-year to approximately 75 percent.

About UnitedHealth Group

UnitedHealth Group (NYSE: UNH) is a diversified health and well-being company dedicated to helping people live healthier lives and making health care work better. With headquarters in Minnetonka, Minn., UnitedHealth Group offers a broad spectrum of products and services through two distinct platforms: UnitedHealthcare, which provides health care coverage and benefits services; and Optum, which provides information and technology-enabled health services. Through its businesses, UnitedHealth Group serves more than 75 million people worldwide. Visit www.unitedhealthgroup.com for more information.

Earnings Conference Call

As previously announced, UnitedHealth Group will discuss the Company's results, strategy and future outlook on a conference call with investors at 8:45 a.m. Eastern time today. UnitedHealth Group will host a live webcast of this conference call from the Investors page of the Company's Web site (www.unitedhealthgroup.com). The webcast replay of the call will be available on the same site through May 5, 2011, following the live call. The conference call replay can also be accessed by dialing 1-800-642-1687, conference ID # 11909577. This earnings release and the Form 8-K dated April 21, 2011 may also be accessed from the Investors page of the Company's Web site.

Forward-Looking Statements

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

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

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

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

UNITEDHEALTH GROUP

Earnings Release Schedules and Supplementary Information Quarter Ended March 31, 2011

- Consolidated Statements of Operations
- Condensed Consolidated Balance Sheets
- Condensed Consolidated Statements of Cash Flows
- Segment Financial Information - Including 2010 and 2009, as revised
- UnitedHealthcare Customer Profile
- 2011 Revised Outlook

UNITEDHEALTH GROUP
CONSOLIDATED STATEMENTS OF OPERATIONS

(in millions, except per share data)
(unaudited)

	Three Months Ended March 31,	
	2011	2010
Revenues		
Premiums	\$ 23,003	\$ 21,128
Services	1,598	1,364
Products	649	528
Investment and Other Income	182	173
Total Revenues	<u>25,432</u>	<u>23,193</u>
Operating Costs		
Medical Costs	18,725	17,170
Operating Costs	3,617	3,276
Cost of Products Sold	599	483
Depreciation and Amortization	270	248
Total Operating Costs	<u>23,211</u>	<u>21,177</u>
Earnings from Operations	2,221	2,016
Interest Expense	(118)	(125)
Earnings Before Income Taxes	2,103	1,891
Provision for Income Taxes	(757)	(700)
Net Earnings	<u>\$ 1,346</u>	<u>\$ 1,191</u>
Diluted Net Earnings Per Common Share	<u>\$ 1.22</u>	<u>\$ 1.03</u>
Diluted Weighted-Average Common Shares Outstanding	<u>1,099</u>	<u>1,156</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED BALANCE SHEETS

(in millions)
(unaudited)

	March 31, 2011	December 31, 2010
Assets		
Cash and Short-Term Investments	\$ 12,150	\$ 11,195
Accounts Receivable, net	2,495	2,061
Other Current Assets	5,173	5,137
Total Current Assets	19,818	18,393
Long-Term Investments	14,932	14,707
Other Long-Term Assets	30,585	29,963
Total Assets	<u>\$ 65,335</u>	<u>\$ 63,063</u>
Liabilities and Shareholders' Equity		
Medical Costs Payable	\$ 9,543	\$ 9,220
Commercial Paper and Current Maturities of Long-Term Debt	2,286	2,480
Other Current Liabilities	12,698	12,000
Total Current Liabilities	24,527	23,700
Long-Term Debt, less current maturities	9,359	8,662
Future Policy Benefits	2,442	2,361
Deferred Income Taxes and Other Liabilities	2,436	2,515
Shareholders' Equity	26,571	25,825
Total Liabilities and Shareholders' Equity	<u>\$ 65,335</u>	<u>\$ 63,063</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS

(in millions)
(unaudited)

	Three Months Ended March 31,	
	2011	2010
Operating Activities		
Net Earnings	\$ 1,346	\$ 1,191
Noncash Items:		
Depreciation and amortization	270	248
Deferred income taxes and other	142	75
Share-based compensation	123	100
Net changes in operating assets and liabilities	(657)	(409)
Cash Flows From Operating Activities	<u>1,224</u>	<u>1,205</u>
Investing Activities		
Cash paid for acquisitions, net of cash assumed	(541)	(78)
Purchases of property, equipment and capitalized software, net	(213)	(132)
Net purchases and maturities of investments	(583)	(373)
Cash Flows Used For Investing Activities	<u>(1,337)</u>	<u>(583)</u>
Financing Activities		
Common stock repurchases	(620)	(626)
Net change in commercial paper and long-term debt	551	(608)
Share-based compensation excess tax benefit	21	7
Customer funds administered	1,050	898
Dividends paid	(135)	-
Other, net	(87)	(173)
Cash Flows From (Used For) Financing Activities	<u>780</u>	<u>(502)</u>
Increase in cash and cash equivalents	667	120
Cash and cash equivalents, beginning of period	9,123	9,800
Cash and cash equivalents, end of period	<u>\$ 9,790</u>	<u>\$ 9,920</u>

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION (a)

(in millions)
(unaudited)

	Three Months Ended March 31,	
	2011	2010
Revenues		
UnitedHealthcare (b)	\$ 23,874	\$ 21,967
OptumHealth	1,507	1,102
OptumInsight	671	505
OptumRx	4,632	4,082
Total Optum	6,810	5,689
Eliminations	(5,252)	(4,463)
Total Consolidated Revenues	<u>\$ 25,432</u>	<u>\$ 23,193</u>
Earnings from Operations		
UnitedHealthcare	\$ 1,899	\$ 1,691
OptumHealth	109	143
OptumInsight	83	53
OptumRx	130	129
Total Optum	322	325
Total Consolidated Earnings from Operations	<u>\$ 2,221</u>	<u>\$ 2,016</u>
Operating Margin		
UnitedHealthcare	8.0 %	7.7 %
OptumHealth	7.2	13.0
OptumInsight	12.4	10.5
OptumRx	2.8	3.2
Total Optum	4.7	5.7
Consolidated Operating Margin	8.7 %	8.7 %

(a) In 2011 the Company realigned certain of its businesses to respond to market changes and opportunities that are emerging as the health system evolves. The most significant change was the transfer of OptumHealth Specialty Benefits business from OptumHealth to UnitedHealthcare Employer & Individual. Our reportable segments remain the same and we have revised our segment information for prior periods to conform to the 2011 presentation.

(b) Revenues for the three months ended March 31, 2011 and 2010 were \$11,142 and \$10,356 for UnitedHealthcare Employer & Individual; \$9,412 and \$8,857 for UnitedHealthcare Medicare & Retirement; and \$3,320 and \$2,754 for UnitedHealthcare Community & State, respectively.

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION (a)

(in millions)
(unaudited)

	Three Months Ended				Year Ended
	March 31, 2010	June 30, 2010	September 30, 2010	December 31, 2010	December 31, 2010
Revenues					
UnitedHealthcare (b)	\$ 21,967	\$ 21,955	\$ 22,283	\$ 22,525	\$ 88,730
OptumHealth	1,102	1,142	1,146	1,175	4,565
OptumInsight	505	529	592	716	2,342
OptumRx	4,082	4,202	4,168	4,272	16,724
Total Optum	5,689	5,873	5,906	6,163	23,631
Eliminations	(4,463)	(4,564)	(4,521)	(4,658)	(18,206)
Total Consolidated Revenues	<u>\$ 23,193</u>	<u>\$ 23,264</u>	<u>\$ 23,668</u>	<u>\$ 24,030</u>	<u>\$ 94,155</u>
Earnings from Operations					
UnitedHealthcare	\$ 1,691	\$ 1,565	\$ 1,835	\$ 1,649	\$ 6,740
OptumHealth	143	142	103	123	511
OptumInsight	53	60	70	(99) (c)	84
OptumRx	129	134	137	129	529
Total Optum	325	336	310	153	1,124
Total Consolidated Earnings from Operations	<u>\$ 2,016</u>	<u>\$ 1,901</u>	<u>\$ 2,145</u>	<u>\$ 1,802</u>	<u>\$ 7,864</u>
Operating Margin					
UnitedHealthcare	7.7 %	7.1 %	8.2 %	7.3 %	7.6 %
OptumHealth	13.0	12.4	9.0	10.5	11.2
OptumInsight	10.5	11.3	11.8	(13.8)	3.6
OptumRx	3.2	3.2	3.3	3.0	3.2
Total Optum	5.7	5.7	5.2	2.5	4.8
Consolidated Operating Margin	8.7 %	8.2 %	9.1 %	7.5 %	8.4 %

(a) In 2011 the Company realigned certain of its businesses to respond to market changes and opportunities that are emerging as the health system evolves. The most significant change was the transfer of OptumHealth Specialty Benefits business from OptumHealth to UnitedHealthcare Employer & Individual. Our reportable segments remain the same and we have revised our segment information for prior periods to conform to the 2011 presentation.

(b) Revenues for 1Q10, 2Q10, 3Q10, 4Q10 and full year 2010 were \$10,356, \$10,528, \$10,751, \$10,954 and \$42,589 for UnitedHealthcare Employer & Individual; \$8,857, \$8,535, \$8,351, \$8,298 and \$34,041 for UnitedHealthcare Medicare & Retirement; and \$2,754, \$2,892, \$3,181, \$3,273 and \$12,100 for UnitedHealthcare Community & State, respectively.

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

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION (a)

(in millions)
(unaudited)

	Three Months Ended				Year Ended
	March 31, 2009	June 30, 2009	September 30, 2009	December 31, 2009	December 31, 2009
Revenues					
UnitedHealthcare (b)	\$ 21,022	\$ 20,632	\$ 20,536	\$ 20,540	\$ 82,730
OptumHealth	1,004	1,023	1,092	1,093	4,212
OptumInsight	385	421	481	536	1,823
OptumRx	3,527	3,542	3,562	3,770	14,401
Total Optum	4,916	4,986	5,135	5,399	20,436
Eliminations	(3,934)	(3,963)	(3,976)	(4,155)	(16,028)
Total Consolidated Revenues	<u>\$ 22,004</u>	<u>\$ 21,655</u>	<u>\$ 21,695</u>	<u>\$ 21,784</u>	<u>\$ 87,138</u>
Earnings from Operations					
UnitedHealthcare	\$ 1,323	\$ 1,081	\$ 1,255	\$ 1,174	\$ 4,833
OptumHealth	158	137	162	142	599
OptumInsight	49	59	64	74	246
OptumRx	138	163	195	185	681
Total Optum	345	359	421	401	1,526
Total Consolidated Earnings from Operations	<u>\$ 1,668</u>	<u>\$ 1,440</u>	<u>\$ 1,676</u>	<u>\$ 1,575</u>	<u>\$ 6,359</u>
Operating Margin					
UnitedHealthcare	6.3 %	5.2 %	6.1 %	5.7 %	5.8 %
OptumHealth	15.7	13.4	14.8	13.0	14.2
OptumInsight	12.7	14.0	13.3	13.8	13.5
OptumRx	3.9	4.6	5.5	4.9	4.7
Total Optum	7.0	7.2	8.2	7.4	7.5
Consolidated Operating Margin	7.6 %	6.6 %	7.7 %	7.2 %	7.3 %

(a) In 2011 the Company realigned certain of its businesses to respond to market changes and opportunities that are emerging as the health system evolves. The most significant change was the transfer of OptumHealth Specialty Benefits business from OptumHealth to UnitedHealthcare Employer & Individual. Our reportable segments remain the same and we have revised our segment information for prior periods to conform to the 2011 presentation.

(b) Revenues for 1Q09, 2Q09, 3Q09, 4Q09 and full year 2009 were \$10,707, \$10,623, \$10,493, \$10,491 and \$42,314 for UnitedHealthcare Employer & Individual; \$8,098, \$7,597, \$7,546, \$7,360 and \$30,601 for UnitedHealthcare Medicare & Retirement; and \$2,217, \$2,412, \$2,497, \$2,689 and \$9,815 for UnitedHealthcare Community & State, respectively.

UNITEDHEALTH GROUP
UNITEDHEALTHCARE CUSTOMER PROFILE

(in thousands)

(unaudited)

People Served	March 31, 2011	December 31, 2010	March 31, 2010	December 31, 2009
Commercial Risk-based	9,470	9,405	9,140	9,415
Commercial Fee-based	16,130	15,405	15,380	15,210
Total Commercial	25,600	24,810	24,520	24,625
Medicare Advantage	2,165 (b)	2,070	2,005	1,790
Medicaid	3,390	3,320	3,045	2,900
Standardized Medicare Supplement	2,840	2,770	2,715	2,680
Total Public and Senior (a)	8,395	8,160	7,765	7,370
Total UnitedHealthcare - Medical	33,995	32,970	32,285	31,995
Medicare Part D Stand-alone	4,745	4,530	4,540	4,300
Total UnitedHealthcare	38,740	37,500	36,825	36,295
Supplemental Data				
Total Part D Prescription Drug Plans	6,865	6,505	6,440	5,935
Consumer-Driven Health Plans (included in Commercial above)	3,825	3,410	3,275	2,765

(a) Excludes pre-standardized Medicare Supplement and other AARP products.

(b) Includes 35,000 individuals served in connection with a first quarter 2011 acquisition.

Note: UnitedHealth Group served 77.1 million individuals across all businesses at March 31, 2011, 75.4 million at December 31, 2010, 75.2 million at March 31, 2010, and 70.3 million at December 31, 2009.

UNITEDHEALTH GROUP
Updated 2011 Outlook as of April 21, 2011 (a) (b)
(\$ and weighted-average shares in millions, except per share data)

<u>Business</u>	<u>Revenue Ranges</u>	<u>Earnings from Operations</u>
UnitedHealthcare Employer & Individual	\$45,100 – \$45,400	
UnitedHealthcare Medicare & Retirement	35,300 – 35,600	
UnitedHealthcare Community & State	13,400 – 13,600	
UnitedHealthcare	<i>Range of</i> 94,000 – 94,500	\$6,000 – \$6,200
OptumHealth	6,200 – 6,400	345 – 375
OptumInsight (c)	2,500 – 2,700	375 – 415
OptumRx	18,600 – 19,000	480 – 510
Total Optum	27,300 – 28,100	1,200 – 1,300
Eliminations	<i>(21,100) – (21,600)</i>	–
<i>Approaching</i>	<u>\$101,000</u>	<u>\$7,200 – \$7,500</u>

<u>Consolidated UnitedHealth Group</u>	<u>2011 Targets</u>
UnitedHealth Group Medical Care Ratio	81.8% ± 50 bps
Operating Cost Ratio	15.0% ± 30 bps
Service Revenues	\$6,100 – \$6,300
Product Revenues	\$2,600 – \$2,800
Investment and Other Income	\$600 – \$650
Depreciation and Amortization	\$1,075 – \$1,100
Interest Expense	\$500 – \$550
Tax Rate	~36%
Net Margin	4.2% – 4.4%
Diluted Weighted-Average Shares	1,085 – 1,095
Diluted Net Earnings Per Common Share	\$3.95 – \$4.05
Days Medical Costs Claims Payable – Consolidated	46 – 48 days
Cash Flows from Operations	\$5,800 – \$6,200
Dividends Paid	\$525 – \$535
Share Repurchase	\$2,000 – \$2,500
Capital Expenditures	\$1,000 – \$1,100
Membership Growth:	
Employer & Individual:	
Risk-Based Growth	75,000 – 125,000 individuals
Fee-Based Growth	550,000 – 650,000 individuals
Medicare Advantage Growth	135,000 – 160,000 individuals
Medicaid Growth	225,000 – 300,000 individuals
Standardized Medicare Supplement Growth	70,000 – 90,000 individuals
Medicare Part D Stand-alone Growth	240,000 – 280,000 individuals

(a) The outlook includes estimates for the impacts of the implementation of the Patient Protection and Affordable Care Act. Further decisions by federal and state governments around implementation as well as additional risk factors found in our SEC filings could cause actual results to differ materially from this outlook.

(b) The outlook includes an estimated \$0.12 to \$0.15 per share for an assessment of our pro rata portion of policyholder claims of an unaffiliated and potentially insolvent long-term care insurance company.

(c) The outlook assumes the announced divestiture of certain i3-branded clinical trial service businesses by OptumInsight will be completed during the second quarter of 2011.

Fact Sheet
March 21, 2011

UNITEDHEALTHCARE COMMUNITY PLAN OF MISSISSIPPI

- The Mississippi Division of Medicaid contracted with UnitedHealthcare Community Plan for the Mississippi Coordinated Access Network (CAN) program to offer a health plan option for approximately 77,000 residents throughout the state. The program launched in January 2011.
- UnitedHealthcare Community Plan of Mississippi now serves selected Medicaid recipients including: those eligible for supplemental security income (SSI), disabled children at home, the working disabled, children in foster care and women who have breast or cervical cancer. Program features include no limits or co-pays for office visits to a primary care physician, a free 24/7 Nurse Line, no cost health education, health tips for ongoing conditions and comprehensive vision services
- Among its partnerships UnitedHealthcare Community Plan announced an agreement with the University Hospitals and Health System's inpatient and outpatient facilities and its affiliated physicians. Mississippi CAN members are able to make appointments with primary care physicians and specialists at University Hospitals and Health System, comprising specialty hospitals and clinical practice sites across the state of Mississippi.
- Community Plan of Mississippi also serves more than 65,000 Children's Health Insurance Program (CHIP) beneficiaries throughout the state.
- The health plan is a unit of UnitedHealthcare Community & State, with more than 3.4 million members in 24 states and the District of Columbia.
- For more information call 1-800-421-2408 (TDD: 711) during business hours, or for questions about how to join the plan, call the Mississippi Division of Medicaid at 1-800-421-2408 or 601-359-6150.
- A UnitedHealth Group [NYSE: UNH] company, UnitedHealthcare Community & State is a diversified health services company dedicated to helping states, localities, and other government agencies facilitate care for the medically underserved and those without the benefit of employer-funded health care coverage. For more information, visit www.UHCCommunityPlan.com.

NEWS RELEASE



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(For Immediate Release)

UNITEDHEALTH GROUP REPORTS 2010 RESULTS, HIGHLIGHTED BY STRONG GROWTH

- *Full Year Revenues of \$94.2 Billion Increased 8% Year-Over-Year, and Include a 10% Increase in Fourth Quarter Revenues to \$24 Billion*
- *Health Services Revenues Reached \$25 Billion in 2010, up 15% Year-Over-Year*
- *Health Benefits Businesses Served 1.2 Million More People in 2010, Including Growth of 230,000 People in Fourth Quarter*

MINNEAPOLIS (January 20, 2011) – UnitedHealth Group (NYSE: UNH) today reported fourth quarter and full year 2010 financial results, including strong revenue growth from both its Health Benefits and Health Services business platforms. Full year and fourth quarter 2010 net earnings were \$4.10 per share and \$0.94 per share, respectively.

Stephen J. Hemsley, president and chief executive officer of UnitedHealth Group, said, “Our strong advances in serving customers across key performance measures over the past two years have come from a consistent focus on fundamental execution. That focus is driving growth and favorable business results. We are positive about the future and our potential to address evolving market needs. We believe our two primary platforms – Health Benefits and Health Services – will be effective vehicles for deploying our assets and resources to help address the broad needs of customers and key participants in the health system and health care marketplace.”

Management anticipates UnitedHealth Group’s 2011 revenues will approximate \$100 billion, based on strong customer retention and new growth across its businesses, as well as contributions from recent acquisitions. The Company affirmed its outlook for 2011 net earnings in the range of \$3.50 to \$3.70 per share.



UnitedHealth Group

Quarterly and Annual Financial Performance

	Three Months Ended			Year Ended	
	December 31, <u>2010</u>	December 31, <u>2009</u>	September 30, <u>2010</u>	December 31, <u>2010</u>	December 31, <u>2009</u>
Revenues	\$24.03 billion	\$21.78 billion	\$23.67 billion	\$94.16 billion	\$87.14 billion
Earnings From Operations	\$1.80 billion	\$1.58 billion	\$2.15 billion	\$7.86 billion	\$6.36 billion
Operating Margin	7.5%	7.2%	9.1%	8.4%	7.3%
Net Margin	4.3%	4.3%	5.4%	4.9%	4.4%

- UnitedHealth Group's consolidated fourth quarter 2010 revenues of \$24 billion increased \$2.2 billion or 10 percent year-over-year and brought full year 2010 revenues to \$94.2 billion, an increase of \$7 billion or 8 percent.
- Four business units – UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, Ingenix and Prescription Solutions – increased revenues by more than 10 percent year-over-year in both the full year and the fourth quarter. On a sequential basis, fourth quarter revenue growth for Health Benefits was driven by increases in consumers served in UnitedHealthcare commercial risk-based products and in Medicaid and Medicare membership, while the Health Services businesses were led by a 21 percent sequential revenue increase at Ingenix.
- Full year 2010 earnings from operations were \$7.9 billion and net earnings were \$4.6 billion or \$4.10 per share; fourth quarter 2010 earnings from operations were \$1.8 billion and net earnings were \$1.0 billion or \$0.94 per share.
- The 2010 net margin of 4.9 percent expanded 50 basis points over the 2009 performance. The increase was driven by continued cost management discipline and a moderation in consumer demand for medical services. The 2010 fourth quarter net margin percentage was lower than the third quarter and full year results, as expected, primarily due to seasonality in the Health Benefits businesses.
- Cash flows from operations were \$6.3 billion for the full year, including \$1.4 billion in the fourth quarter. Cash flows from operations in 2010 increased 12 percent from \$5.6 billion in 2009. Full year 2010 cash flows from operations were 135 percent of 2010 net earnings.

UnitedHealth Group – Continued

- There were eight days sales outstanding in accounts receivable at the end of the third and fourth quarters of 2010. Year end days claims payable of 49 days was also consistent with the level of 49 days at September 30, 2010.
- The full year 2010 medical care ratio of 80.6 percent improved 170 basis points year-over-year, as did the fourth quarter 2010 medical care ratio of 79.6 percent. These improvements were due to a moderation in overall demand for medical services, successful clinical engagement and management and increased prior period reserve development.
- In the fourth quarter the Company realized \$200 million in favorable development in medical reserves established earlier in 2010, as compared to \$270 million realized in fourth quarter 2009 for reserves established earlier in that year. The Company also realized \$140 million in favorable prior year reserve development in the fourth quarter of 2010 as compared to \$10 million in the fourth quarter of 2009. The \$130 million increase in prior year development in fourth quarter 2010 was driven by a reduction in reserves needed for disputed claims from care providers, due in part to systems and operational improvements that have increased claim payment accuracy, as well as the favorable resolution of certain state-based assessments.
- The full year 2010 operating cost ratio of 15.2 percent increased 60 basis points year-over-year, and fourth quarter operating costs of 17.0 percent of revenue increased 130 basis points year-over-year. Both increases included the effect of goodwill impairment and business line disposition charges at Ingenix (80 basis points in the fourth quarter, 20 basis points for the full year), a higher overall mix of more operating-cost-intensive Health Services revenues, the absorption of new business development and start-up costs and expenses for the seasonal increase in staffing and selling expenses to fulfill fourth quarter and January 2011 sales and service requirements. These increases were partially offset by savings from productivity advances in operations due to continued improvements in automation and enterprise-wide integration.
- The full year 2010 and fourth quarter income tax rates of 37.2 percent and 38.1 percent, respectively, increased year-over-year due to federal statutory changes in the Patient Protection and Affordable Care Act, which limited the deductibility of employee compensation, and to the non-deductibility of the Ingenix goodwill impairment.
- UnitedHealth Group's year-end debt to debt-plus-equity ratio decreased to 30.1 percent from 32.1 percent at December 31, 2009, while return on equity increased to 18.7 percent from 17.3 percent in 2009.
- UnitedHealth Group repurchased 76 million shares for \$2.5 billion over the course of 2010, including 17 million shares for \$625 million during the fourth quarter. The Company ended the quarter with approximately \$1 billion in cash available for general corporate use.



UnitedHealthcare provides network-based health care benefits for a full spectrum of customers in the health benefits market. UnitedHealthcare serves employers ranging from sole proprietorships to large, multi-site and national employers, as well as students and individuals; delivers health and well-being benefits to Medicare beneficiaries and retirees; and manages health care benefit programs on behalf of state Medicaid and community programs and their participants.

Quarterly and Annual Financial Performance					
	Three Months Ended			Year Ended	
	December 31, <u>2010</u>	December 31, <u>2009</u>	September 30, <u>2010</u>	December 31, <u>2010</u>	December 31, <u>2009</u>
Revenues	\$22.20 billion	\$20.20 billion	\$21.96 billion	\$87.44 billion	\$81.34 billion
Earnings From Operations	\$1.62 billion	\$1.15 billion	\$1.79 billion	\$6.64 billion	\$4.79 billion
Operating Margin	7.3%	5.7%	8.2%	7.6%	5.9%

- Full year 2010 Health Benefits revenues of \$87.4 billion increased \$6.1 billion or 8 percent year-over-year. The Health Benefits businesses provided services to more than 37 million people at year end, a net increase of 1.2 million people in the past year. The increase included gains of 1.0 million people in the public and senior markets and nearly 200,000 people in the commercial markets, despite the challenging U.S. employment environment.
- Health Benefits earnings from operations for full year 2010 of \$6.6 billion increased by \$1.8 billion, with fourth quarter earnings from operations up \$467 million year-over-year to \$1.6 billion. The full year and fourth quarter operating margins improved due to revenue growth and continued cost management disciplines on behalf of commercial and governmental customers as well as a general moderation in year-over-year growth in demand for medical services.

Health Benefits Business Results – Continued

UnitedHealthcare Employer & Individual

- The UnitedHealthcare Employer & Individual business grew to serve 185,000 more people in 2010. Fourth quarter growth of 110,000 consumers was comprised of 75,000 in risk-based products and 35,000 in fee-based programs. Fourth quarter 2010 was the third consecutive quarter that UnitedHealthcare experienced commercial market growth.
- Full year 2010 UnitedHealthcare commercial revenues of \$41.2 billion grew \$359 million or 1 percent year-over-year, including growth of 5 percent in the fourth quarter. Fourth quarter revenues were \$10.6 billion.
- Year-over-year, UnitedHealthcare's full year 2010 commercial medical care ratio of 80.9 percent improved 310 basis points and the fourth quarter ratio of 81.2 percent improved 460 basis points. These changes were driven by moderated levels of overall health system utilization and related medical expenses, successful clinical management and favorable prior period reserve development, reflecting effective historical performance in controlling medical costs.

UnitedHealthcare Medicare & Retirement

- UnitedHealthcare Medicare & Retirement revenues increased 12 percent year-over-year to \$35.9 billion in 2010. Fourth quarter Medicare & Retirement revenues of \$8.8 billion grew \$985 million or 13 percent. Strong revenue growth was driven by an increase of 600,000 customers in UnitedHealthcare's primary senior market offerings in 2010. At year end the Company served more than 9 million senior consumers through these products.
- In Medicare Advantage, UnitedHealthcare brought its services to 280,000 more seniors in 2010, a 16 percent year-over-year increase, including net growth of 10,000 seniors in the fourth quarter.
- Growth in active Medicare Supplement products continued, with the number of seniors served increasing by 90,000 in 2010, including 20,000 people in the fourth quarter.
- At December 31, 2010, 4.5 million people participated in the Company's stand-alone Part D prescription drug plans, an increase of 230,000 people during the year.

UnitedHealthcare Community & State

- In 2010 Community & State revenues of \$10.4 billion increased \$2 billion or 24 percent year-over-year, due to strong growth in people served through state-sponsored benefit programs. Fourth quarter revenues increased \$542 million or 24 percent year-over-year to \$2.8 billion.
- During the past 12 months, UnitedHealthcare expanded its Medicaid services to 420,000 more participants, including 85,000 in the fourth quarter, and served more than 3.3 million people at year end. Membership increased 14 percent in 2010, driven by continued strong market share growth, geographic expansion and an overall increase in participation in local Medicaid programs due to the economic downturn.

OptumHealthSM

INGENIX[®]

PrescriptionSolutions[®]

Through its Health Services businesses, the Company provides care management, prevention and wellness services, financial services dedicated to health care, pharmaceutical benefit management, software, health data and analytics, consulting and other services to a broad variety of customers in the United States and international markets. Through these offerings, the Health Services businesses seek to improve overall health system performance.

Quarterly and Annual Combined Financial Performance

	Three Months Ended			Year Ended	
	December 31, <u>2010</u>	December 31, <u>2009</u>	September 30, <u>2010</u>	December 31, <u>2010</u>	December 31, <u>2009</u>
Combined Revenues	\$6.51 billion	\$5.74 billion	\$6.24 billion	\$24.97 billion	\$21.80 billion
Earnings From Operations	\$185 million	\$425 million	\$352 million	\$1.23 billion	\$1.57 billion
Operating Margin	2.8%	7.4%	5.6%	4.9%	7.2%

- In 2010, combined Health Services revenues increased by \$3.2 billion or 15 percent to \$25.0 billion. The revenue advance was driven by growth in consumers served through pharmaceutical benefit management programs and public sector behavioral health programs and increased health care technology software and service revenues. Combined Health Services revenues for the fourth quarter of 2010 increased \$766 million or 13 percent to \$6.5 billion.
- The Health Services earnings from operations were unfavorably impacted in the fourth quarter and for the full year by changes in performance-based contracts with Medicare Part D plan sponsors, as well as higher investments in areas of business expansion and growth. Fourth quarter results included a total of \$200 million in goodwill impairment and business line disposition charges at Ingenix. Accordingly, the fourth quarter and full year Health Services combined operating margin decreased year-over-year.

Summary of Health Services businesses

– **OptumHealth** is a national leader in population health and wellness services. Employers, payers and public sector organizations use OptumHealth behavioral health solutions, clinical care management, financial services and specialty offerings such as dental and vision. OptumHealth educates consumers, helping them navigate the health care system, finance their health care needs and better achieve their health and well-being goals.

– **Ingenix** is a leader in the fields of health care data management, information technology services and consulting, serving physicians, hospitals and other health care providers, governments, health insurers and benefits payers and life sciences companies.

– **Prescription Solutions** offers a comprehensive array of pharmacy benefit management and specialty pharmacy management services to employer groups, union trusts, and Medicare, commercial and Medicaid health plans.

	Three Months Ended			Year Ended	
	December 31,	December 31,	September 30,	December 31,	December 31,
	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2010</u>	<u>2009</u>
OptumHealth					
Revenues	\$1.51 billion	\$1.43 billion	\$1.47 billion	\$5.85 billion	\$5.53 billion
Earnings From Operations	\$155 million	\$164 million	\$143 million	\$610 million	\$636 million
Operating Margin	10.3%	11.5%	9.7%	10.4%	11.5%
Ingenix					
Revenues	\$715 million	\$536 million	\$592 million	\$2.34 billion	\$1.82 billion
Earnings From Operations	\$101 million ¹	\$74 million	\$70 million	\$284 million ¹	\$246 million
Operating Margin	14.1% ¹	13.8%	11.8%	12.1% ¹	13.5%
Prescription Solutions					
Revenues	\$4.29 billion	\$3.78 billion	\$4.18 billion	\$16.78 billion	\$14.45 billion
Earnings From Operations	\$129 million	\$187 million	\$139 million	\$534 million	\$689 million
Operating Margin	3.0%	4.9%	3.3%	3.2%	4.8%

¹ Adjusted numbers are non-GAAP financial measures. Further explanation of these non-GAAP measures and reconciliations to the comparable GAAP measures are included in the attached financial schedules.

OptumHealth

- OptumHealth revenues of \$5.8 billion grew \$321 million or 6 percent year-over-year in 2010, including growth of \$84 million or 6 percent year-over-year to \$1.5 billion in the fourth quarter of 2010.
- Full year 2010 earnings from operations of \$610 million decreased by \$26 million or 4 percent year-over-year, and the operating margin decreased by 110 basis points to 10.4 percent. The year-over-year decreases in earnings from operations and operating margin reflect growth in lower margin public sector business, new market development and startup costs, and costs related to the implementation of Mental Health Parity legislation. Both earnings from operations and operating margin were ahead of management's original 2010 outlook, due to stronger-than-expected revenue growth and cost management.
- Growth in dedicated health banking activities continues. At December 31, 2010, OptumHealth Financial Services assets under management grew 28 percent year-over-year to \$1.1 billion, and the business grew to serve nearly 2.2 million consumer accounts, up 16 percent year-over-year. OptumHealth Financial Services increased the electronic transmission of medical payments over its connectivity network by 22 percent year-over-year to more than \$43 billion in 2010.

Ingenix

- Ingenix revenues increased to \$2.3 billion in 2010, an advance of 28 percent year-over-year, including an increase of 33 percent to \$715 million in the fourth quarter. Fourth quarter sales bookings increased 127 percent year-over-year, driven by strength in health information technology and business process outsourcing services for care providers, government entities and payers.
- The Ingenix contract revenue backlog of \$3.3 billion at December 31, 2010 was up 47 percent year-over-year, driven by acquisition-related backlog expansion and organic growth.
- Ingenix full year and fourth quarter 2010 adjusted earnings from operations¹ of \$284 million and \$101 million, respectively, exclude a total of \$200 million in goodwill impairment and business line disposition charges related to certain i3-branded clinical trial service businesses. The sale of these businesses is expected to be completed in the first half of 2011. Ingenix will concentrate its services to the life sciences market in the commercialization segment, leveraging its large scale data and data management capabilities in health intelligence, connectivity and workflow solutions for the global health care industry. Excluding the impairment and disposition-related charges, earnings from operations were strong, exceeding management expectations for the fourth quarter and full year.

Prescription Solutions

- Prescription Solutions revenues of \$16.8 billion grew 16 percent or \$2.3 billion year-over-year, driven by growth in people served and related higher prescription volumes. Fourth quarter revenues of \$4.3 billion grew 13 percent or \$503 million year-over-year.
- Throughout 2010, changes in performance-based contracts with Medicare Part D plan sponsors negatively impacted earnings from operations. This pressure was partially offset by membership growth, increased use of mail service and generic drugs by consumers and effective operating cost management. Overall, the decrease in earnings from operations resulted in a lower operating margin percentage in 2010.

About UnitedHealth Group

UnitedHealth Group is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minnetonka, Minn., UnitedHealth Group offers a broad spectrum of products and services through six operating businesses: UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, OptumHealth, Ingenix and Prescription Solutions. Through its family of businesses, UnitedHealth Group serves more than 75 million individuals worldwide. Visit www.unitedhealthgroup.com for more information.

Earnings Conference Call

As previously announced, UnitedHealth Group will discuss the Company's results, strategy and future outlook on a conference call with investors at 8:45 a.m. Eastern time today. UnitedHealth Group will host a live webcast of this conference call from the Investors page of the Company's Web site (www.unitedhealthgroup.com). The webcast replay of the call will be available on the same site through February 3, 2011, following the live call. The conference call replay can also be accessed by dialing 1-800-642-1687, conference ID #11908832. This earnings release and the Form 8-K dated January 20, 2011 may also be accessed from the Investors page of the Company's Web site.

Forward-Looking Statements

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

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

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

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

UNITEDHEALTH GROUP

Earnings Release Schedules and Supplementary Information Year Ended December 31, 2010

- Consolidated Statements of Operations
- Condensed Consolidated Balance Sheets
- Condensed Consolidated Statements of Cash Flows
- Segment Financial Information
- 2010 Non-GAAP Ingenix Results Excluding Special Items
- UnitedHealthcare Customer Profile

Use of Non-GAAP Financial Measures

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

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

UNITEDHEALTH GROUP
CONSOLIDATED STATEMENTS OF OPERATIONS
(in millions, except per share data)
(unaudited)

	Three Months Ended December 31,		Year Ended December 31,	
	2010	2009	2010	2009
Revenues				
Premiums	\$ 21,685	\$ 19,729	\$ 85,405	\$ 79,315
Services	1,573	1,367	5,819	5,306
Products	621	547	2,322	1,925
Investment and Other Income	151	141	609	592
Total Revenues	<u>24,030</u>	<u>21,784</u>	<u>94,155</u>	<u>87,138</u>
Operating Costs				
Medical Costs	17,258	16,041	68,841	65,289
Operating Costs (a)	4,087	3,413	14,270	12,734
Cost of Products Sold	563	497	2,116	1,765
Depreciation and Amortization	320	258	1,064	991
Total Operating Costs	<u>22,228</u>	<u>20,209</u>	<u>86,291</u>	<u>80,779</u>
Earnings from Operations	1,802	1,575	7,864	6,359
Interest Expense	<u>(118)</u>	<u>(144)</u>	<u>(481)</u>	<u>(551)</u>
Earnings Before Income Taxes	1,684	1,431	7,383	5,808
Provision for Income Taxes	<u>(641)</u>	<u>(487)</u>	<u>(2,749)</u>	<u>(1,986)</u>
Net Earnings	<u>\$ 1,043</u>	<u>\$ 944</u>	<u>\$ 4,634</u>	<u>\$ 3,822</u>
Diluted Net Earnings Per Common Share	<u>\$ 0.94</u>	<u>\$ 0.81</u>	<u>\$ 4.10</u>	<u>\$ 3.24</u>
Diluted Weighted-Average Common Shares Outstanding	<u>1,106</u>	<u>1,161</u>	<u>1,131</u>	<u>1,179</u>

(a) 2010 results include a total of \$200 million in goodwill impairment and business line disposition charges at Ingenix.

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED BALANCE SHEETS

(in millions)
(unaudited)

	December 31, 2010	December 31, 2009
Assets		
Cash and Short-Term Investments	\$ 11,195	\$ 11,039
Accounts Receivable, net	2,061	1,954
Other Current Assets	5,137	5,207
Total Current Assets	18,393	18,200
Long-Term Investments	14,707	13,311
Other Long-Term Assets	29,963	27,534
Total Assets	<u>\$ 63,063</u>	<u>\$ 59,045</u>
Liabilities and Shareholders' Equity		
Medical Costs Payable	\$ 9,220	\$ 9,362
Commercial Paper and Current Maturities of Long-Term Debt	2,480	2,164
Other Current Liabilities	12,000	10,637
Total Current Liabilities	23,700	22,163
Long-Term Debt, less current maturities	8,662	9,009
Future Policy Benefits	2,361	2,325
Deferred Income Taxes and Other Liabilities	2,515	1,942
Shareholders' Equity	25,825	23,606
Total Liabilities and Shareholders' Equity	<u>\$ 63,063</u>	<u>\$ 59,045</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS

(in millions)

(unaudited)

	Year Ended December 31,	
	2010	2009
Operating Activities		
Net Earnings	\$ 4,634	\$ 3,822
Noncash Items:		
Depreciation and amortization	1,064	991
Deferred income taxes and other	248	7
Share-based compensation	326	334
Net changes in operating assets and liabilities	1	471
Cash Flows From Operating Activities	<u>6,273</u>	<u>5,625</u>
Investing Activities		
Cash paid for acquisitions, net of cash assumed	(2,304)	(486)
Purchases of property, equipment and capitalized software, net	(878)	(739)
Net (purchases) sales of investments	(2,157)	249
Cash Flows Used For Investing Activities	<u>(5,339)</u>	<u>(976)</u>
Financing Activities		
Common stock repurchases	(2,517)	(1,801)
Net change in commercial paper and long-term debt	94	(1,449)
Interest rate swap termination	-	513
Share-based compensation excess tax benefit	27	38
Customer funds administered	974	204
Dividends paid	(449)	(36)
Other, net	260	256
Cash Flows Used For Financing Activities	<u>(1,611)</u>	<u>(2,275)</u>
(Decrease) increase in cash and cash equivalents	(677)	2,374
Cash and cash equivalents, beginning of period	9,800	7,426
Cash and cash equivalents, end of period	<u>\$ 9,123</u>	<u>\$ 9,800</u>

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION

(in millions)

(unaudited)

	<u>Three Months Ended December 31,</u>		<u>Year Ended December 31,</u>	
	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2009</u>
Revenues				
Health Benefits (a)	\$ 22,204	\$ 20,197	\$ 87,442	\$ 81,341
OptumHealth	1,509	1,425	5,849	5,528
Ingenix	715	536	2,341	1,823
Prescription Solutions	4,285	3,782	16,776	14,452
Eliminations	(4,683)	(4,156)	(18,253)	(16,006)
Total Consolidated Revenues	<u>\$ 24,030</u>	<u>\$ 21,784</u>	<u>\$ 94,155</u>	<u>\$ 87,138</u>
Earnings from Operations				
Health Benefits	\$ 1,617	\$ 1,150	\$ 6,636	\$ 4,788
OptumHealth	155	164	610	636
Ingenix (b)	(99)	74	84	246
Prescription Solutions	129	187	534	689
Total Consolidated Earnings from Operations	<u>\$ 1,802</u>	<u>\$ 1,575</u>	<u>\$ 7,864</u>	<u>\$ 6,359</u>

(a) Revenues for the three months and year ended December 31, 2010 were \$10,606 and \$41,201 for UnitedHealthcare Employer & Individual; \$8,767 and \$35,879 for UnitedHealthcare Medicare & Retirement; and \$2,831 and \$10,362 for UnitedHealthcare Community & State, respectively. Revenues for the three months and year ended December 31, 2009 were \$10,126 and \$40,842 for UnitedHealthcare Employer & Individual; \$7,782 and \$32,134 for UnitedHealthcare Medicare & Retirement; and \$2,289 and \$8,365 for UnitedHealthcare Community & State, respectively.

(b) 2010 results include a total of \$200 million in goodwill impairment and business line disposition charges.

UNITEDHEALTH GROUP
Reconciliation of Non-GAAP Financial Measures
Ingenix Results Excluding Special Items
(in millions, except percentages)

	Three Months Ended December 31, 2010			Year Ended December 31, 2010		
	Consolidated GAAP Reporting	Non-GAAP Reconciling Items (a)	Operating Results Excluding Non-GAAP Reconciling Items	Consolidated GAAP Reporting	Non-GAAP Reconciling Items (a)	Operating Results Excluding Non-GAAP Reconciling Items
Earnings from Operations	\$ (99)	\$ 200	\$ 101	\$ 84	\$ 200	\$ 284
Operating Margin	-13.8%	27.9%	14.1%	3.6%	8.5%	12.1%

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

UNITEDHEALTH GROUP
UNITEDHEALTHCARE CUSTOMER PROFILE
(in thousands)
(unaudited)

People Served	December 31, 2010	September 30, 2010	December 31, 2009
Commercial Risk-based	9,405	9,330	9,415
Commercial Fee-based	15,405	15,370	15,210
Total Commercial	24,810	24,700	24,625
Medicare Advantage	2,070	2,060	1,790
Medicaid	3,320	3,235	2,900
Standardized Medicare Supplement	2,770	2,750	2,680
Total Public and Senior (a)	8,160	8,045	7,370
Total Health Benefits - Medical	32,970	32,745	31,995
Medicare Part D Stand-alone	4,530	4,525	4,300
Total Health Benefits	37,500	37,270	36,295
Supplemental Data			
Total Part D Prescription Drug Plans	6,505	6,480	5,935
Consumer-Driven Health Plans (included in Commercial above)	3,410	3,360	2,765

(a) Excludes pre-standardized Medicare Supplement and other AARP products.

Note: UnitedHealth Group served 75.4 million individuals across all businesses at December 31, 2010, 75.1 million at September 30, 2010 and 70.3 million at December 31, 2009.

NEWS RELEASE



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For immediate release

UNITEDHEALTHCARE, INTERIM LSU PUBLIC HOSPITAL EXTEND AGREEMENT, GIVING HEALTH PLAN CUSTOMERS CONTINUED ACCESS TO CARE AT ILH

NEW ORLEANS (Jan. 10, 2011) — UnitedHealthcare and the Interim LSU Public Hospital (ILH) have extended their network relationship, providing UnitedHealthcare commercial plan participants continued access to care provided by the hospital.

The ILH is one of the largest public health care delivery systems in the nation, averaging more than 1 million outpatient visits a year. The ILH Level 1 Trauma Center also is the only such center in South Louisiana, providing care to all major trauma victims in New Orleans and its surrounding 10-parish area.

“UnitedHealthcare and the Interim LSU Public Hospital share a commitment to providing New Orleans residents access to quality, affordable health care services,” said Glen Golemi, CEO, UnitedHealthcare of Louisiana. “The Interim LSU Public Hospital is an important provider of health care services, and we know our customers appreciate having access to this hospital’s outstanding service.”

“We have a long history of providing the residents of New Orleans with high-quality health care, including during the difficult years in the aftermath of Hurricane Katrina,” said Dr. Roxane Townsend, Interim ILH CEO. “We are very excited to extend our relationship with UnitedHealthcare and are confident that UnitedHealthcare plan participants will continue to receive cost-effective, quality care.”

UnitedHealthcare, a UnitedHealth Group (NYSE: UNH) company, serves more than 400,000 residents in Louisiana with a health care provider network of more than 8,600 physicians and 130 hospitals statewide.

About Interim LSU Public Hospital

The Health Care Services Division of LSU Health is one of the largest public health care delivery systems in the country. It has over 35,000 inpatient admissions, 231,000 inpatient days, 541,000 outpatient clinic visits, 1,011,000 outpatient encounters, and 256,000 emergency department visits. Each year more than 1,200 residents and fellows from the LSU and Tulane Schools of Medicine and Ochsner Health System and 2,400 nurses and allied health students from many colleges and universities are trained in LSU HCSD facilities.

About UnitedHealthcare

UnitedHealthcare (www.unitedhealthcare.com) provides a full spectrum of consumer-oriented health benefit plans and services to individuals, public sector employers and businesses of all sizes, including more than half of the Fortune 100 companies. The company organizes access to quality, affordable health care services on behalf of approximately 25 million individual consumers, contracting directly with more than 650,000 physicians and care professionals and 5,000 hospitals to offer them broad, convenient access to services nationwide. UnitedHealthcare is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.



sesameworkshop®

The nonprofit educational organization
behind Sesame Street and so much more

SESAME STREET TACKLES FOOD INSECURITY CRISIS THROUGH 'FOOD FOR THOUGHT: EATING WELL ON A BUDGET'

**Free Outreach Materials and Brand-New Muppets, 'The Super Foods' join
Award-Winning Chef Art Smith in the effort**

**UnitedHealthcare and the Merck Company Foundation partner with *Sesame Street* in this
latest addition to the Workshop's *Healthy Habits for Life* initiative**

Washington, D.C. December 7, 2010 FOR IMMEDIATE RELEASE— Seventeen million American children—nearly one in four—are food insecure, meaning they do not receive food that meets basic nutritional needs due to financial instability. Of these children, more than half (9.6 million) are under the age of six.¹ In response to this, Sesame Workshop, the nonprofit organization behind Sesame Street, with funding and partnership support of UnitedHealthcare and The Merck Company Foundation, today rolled out ***Food for Thought: Eating Well on a Budget***, a bilingual (English-Spanish) multimedia outreach initiative designed to help support families who have children between the ages of two and eight, cope with uncertain or limited access to affordable and nutritious food.

In conjunction with the official rollout, the program's contents were unveiled today by **Gary E. Knell, President and CEO, Sesame Workshop, Kevin Concannon, USDA Under Secretary for Food, Nutrition and Consumer Services, Russell C. Petrella, Ph. D, President, UnitedHealthcare Community & State, Richard T. Clark, Chairman and CEO, Merck, and *Sesame Street's* Elmo** at a community event at the Capital Area Food Bank in Washington, D.C.

The *Food for Thought* program will provide families with an educational outreach kit, which includes an original video featuring the debut of four **new *Sesame Street* Muppets, the "Super Foods."** The video also features Elmo and friends, along with real families as they try new foods, learn about the importance of healthy snacks, and discover that sharing a meal together is a perfect opportunity to connect as a family. There is also a special section for parents and caregivers that addresses the social and emotional issues related to food insecurity; and a segment with **award-winning chef Art Smith**, who shows families how to stretch a meal and shop locally while saving money. Additionally, **for the first time ever, the Muppet story featured in the outreach kit will air on *Sesame Street* on PBS on December 8th (check local listings).**

Sesame Workshop laid the foundation for this project beginning in 2004 with *Healthy Habits for Life*, a multi-year initiative aimed to teach parents and children that health and well-being is just as crucial to child development as learning how to read and write.

-more-

Page 2 Food for Thought

¹ Nord, Mark, Alisha Coleman-Jensen, Margaret Andrews, and Steven Carlson. *Household Food Security in the United States, 2009*. ERR - 108, U.S. Dept of Agriculture, Econ. Res. Serv. November 2010.

As the country's economic status continues to take its toll, the number of young children confronting food insecurity continues to increase, as do the subsequent effects on children's health, school performance, growth, and development.

Through *Food for Thought: Eating Well on a Budget* Sesame Workshop will extend the **Healthy Habits for Life Initiative** by educating families on how to nurture their children's overall development through good nutrition—even in the face of tough economic or social decisions to create positive effects that last a lifetime.

“Sesame Workshop's sole mission is to help children reach their highest potential. As part of our overall *Healthy Habits for Life* initiative, *Food for Thought* is essential in helping children learn the importance of developing a healthy lifestyle by eating nutritional food despite a low or reduced income and helping them succeed in school...and in life,” said Gary E. Knell, President and Chief Executive Officer of Sesame Workshop. “We are so happy to have the support of two incredible organizations such as UnitedHealthcare and The Merck Foundation to make this initiative possible.”

“We share *Sesame Street's* commitment to help families and communities make nutritious food choices and we are proud to sponsor *Food for Thought* as a crucial addition to our comprehensive programs promoting healthy lifestyles,” said Russell C. Petrella, Ph. D, President, UnitedHealthcare Community & State. “This initiative supports UnitedHealthcare's mission to help people live healthier lives by promoting sound nutritional and exercise programs.”

“Hunger and malnutrition are preventable, yet American children continue to suffer from these conditions at an alarming rate,” said Richard T. Clark, Chairman and CEO of Merck, a global healthcare leader. “Through education and partnerships like Food for Thought, Merck is helping families start on the right path to wellness through lifelong healthy eating habits.”

The *Food For Thought* resource kit is **designed to:**

- **Assist children and families in achieving a balanced and healthy diet by educating them about nutritionally sound foods that are easier to access and that are good for child development,**
- **Support families facing economic challenges to model and encourage children to eat healthy foods and be physically active,**
- **Provide resources that allow both children and adults to make healthy food choices based on simple and familiar messages, including *sometime* and *anytime* foods and *eating a rainbow of colors*; and**
- **Inform families about locally available resources and programs for them and their children to access nutritionally sound foods.**

The **400,000 kits** will be distributed through UnitedHealthcare, The Merck Foundation and other key organizations including National WIC association, Feeding America, Head Start, Meals on Wheels and other key organizations. The initiative will also include two public service messages promoting trying new foods. All bilingual materials will be available at www.sesamestreet.org/food.

Page 3 Food for Thought

About UnitedHealthcare

UnitedHealthcare® supports a wide range of programs and services that help people live healthier lives, promoting nutritional and exercise programs for more than 20 years. UnitedHealthcare will help distribute the materials through physician and caregiver mailings, a special web site, newsletters and community events. UnitedHealthcare is part of UnitedHealth Group® (www.unitedhealthgroup.com), a diversified health and well-being company, which provides services to one out of every eight children in the United States and serves more than 75 million people worldwide.

About The Merck Company Foundation

The Merck Company Foundation is a U.S.-based, private charitable foundation. Established in 1957 by Merck, a global healthcare leader, the Foundation is funded entirely by the company and is Merck's chief source of funding support to qualified non-profit, charitable organizations. Since its inception, The Merck Company Foundation has contributed more than \$600 million to support important initiatives that address societal needs and are consistent with Merck's overall mission to help the world be well. For more information, visit www.merckcompanyfoundation.org.

About Sesame Workshop:

Sesame Workshop is the nonprofit educational organization that revolutionized children's television programming with the landmark *Sesame Street*. The Workshop produces local *Sesame Street* programs, seen in over 140 countries, and other acclaimed shows to help bridge the literacy gap including *The Electric Company* and *Pinky Dinky Doo*. Beyond television, the Workshop produces content for multiple media platforms on a wide range of issues including literacy, health and military deployment. Initiatives meet specific needs to help young children and families develop critical skills, acquire healthy habits and build emotional strength to prepare them for lifelong learning. Learn more at www.sesameworkshop.org.

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NEWS RELEASE



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(For Immediate Release)

UNITEDHEALTH GROUP REPORTS THIRD QUARTER RESULTS

- *Revenues of \$23.7 Billion Increased 9% Year-Over-Year*
- *Health Services Businesses Increased Combined Revenues 14% Year-Over-Year*
- *Health Benefits Businesses Added 1 Million People Served in Past Year*

MINNEAPOLIS (October 19, 2010) – UnitedHealth Group (NYSE: UNH) today reported third quarter results, including strong revenue growth in both its Health Benefits and Health Services business groups. Third quarter 2010 net earnings were \$1.14 per share. Key performance metrics and costs were in line with or better than Company expectations.

Stephen J. Hemsley, president and chief executive officer of UnitedHealth Group, said, “Fundamental execution, increasing business diversity, and on-going product and service innovation continue to be key elements anchoring the Company’s sustained growth. Third quarter revenues increased by \$2 billion year-over-year, driven by a growing number of customers in a wide array of market segments selecting more offerings from our Health Benefits and Health Services business platforms. We are committed to meeting changing customer needs as these markets evolve.”

The Company’s full year financial outlook anticipates 2010 revenues approaching \$94 billion, net earnings in the range of \$3.85 to \$3.95 per share and cash flows from operations of more than \$5 billion.



UnitedHealth Group

Quarterly Financial Performance

	<u>Three Months Ended</u>		
	<u>September 30,</u> <u>2010</u>	<u>September 30,</u> <u>2009</u>	<u>June 30,</u> <u>2010</u>
Revenues	\$23.67 billion	\$21.70 billion	\$23.26 billion
Earnings From Operations	\$2.15 billion	\$1.68 billion	\$1.90 billion
Net Margin	5.4%	4.8%	4.8%

- UnitedHealth Group's consolidated third quarter 2010 revenues of \$23.7 billion increased \$2 billion or 9 percent year-over-year. Four business units – UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, Ingenix and Prescription Solutions – increased revenues by more than 10 percent year-over-year in the quarter. On a sequential quarter basis, revenue growth for Health Benefits was driven by increases in consumers served in UnitedHealthcare commercial risk-based products and in Medicaid membership, while the sequential revenue advance for Health Services businesses was led by Ingenix and OptumHealth.
- Third quarter earnings from operations were \$2.1 billion and net earnings were \$1.3 billion or \$1.14 per share.
- The third quarter net margin of 5.4 percent compares with a 4.8 percent net margin in both the second quarter of 2010 and the third quarter of 2009. The increase to 5.4 percent was driven by both strong revenue growth and continued cost management discipline.
- Cash flows from operations for the first nine months of 2010 of \$4.8 billion increased 11 percent from \$4.3 billion in the first nine months of 2009. Third quarter 2010 cash flows from operations of \$2.9 billion increased 6 percent from \$2.7 billion in the third quarter of 2009.

UnitedHealth Group – Continued

- There were eight days sales outstanding in accounts receivable at the end of the third quarters of 2010 and 2009 and 11 days at June 30, 2010. Days claims payable of 49 days compared to 50 days at June 30, 2010.
- The third quarter 2010 medical care ratio of 80.1 percent improved 190 basis points year-over-year due to moderation in overall health system utilization, successful clinical engagement and management and increased prior period reserve development. In the third quarter the Company realized \$230 million in favorable prior period reserve development, including \$80 million from prior years, as compared to \$190 million in the third quarter of 2009, \$100 million of which related to prior years.
- Third quarter operating costs of 15.0 percent of revenue increased 50 basis points year-over-year. This comparison included the effect of increased expenditures on reputational advertising, a higher overall mix of more operating-cost-intensive Health Service revenues, costs related to an increase in employee headcount and compensation, including the addition of employees working at newly acquired businesses and an increase in staffing in anticipation of fourth quarter and 2011 sales and service requirements, and the absorption of new business development and startup costs. These increases were partially offset by savings from productivity advances in operations due to continued improvements in automation and enterprise integration.
- The third quarter income tax rate of 37.0 percent increased as expected from 32.7 percent in the third quarter of 2009, due to federal statutory changes in the Patient Protection and Affordable Care Act limiting the deductibility of employee compensation, as well as a benefit in the 2009 tax rate from the resolution of various historical state income tax matters.
- During the third quarter the Company used \$1.9 billion in cash to fund acquisitions in the Health Services market, principally in the areas of clinical workflow and compliance and health system connectivity.
- UnitedHealth Group's quarter-end debt to debt-plus-equity ratio decreased to 30.1 percent from 32.8 percent at September 30, 2009. The Company's 2010 year-to-date annualized return on equity of 19.5 percent increased from 17.7 percent through the first nine months of 2009.
- UnitedHealth Group spent \$1.9 billion to repurchase 59 million shares through the first nine months of 2010, including 20 million shares during the third quarter, and ended the quarter with approximately \$1 billion in cash available for general corporate use.



UnitedHealthcare provides network-based health care benefits for a full spectrum of customers in the health benefits market. UnitedHealthcare serves employers ranging from sole proprietorships to large, multi-site and national employers, as well as students and individuals, delivers health and well-being benefits to Medicare beneficiaries and retirees, and manages health care benefit programs on behalf of state Medicaid and community programs and their participants.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	September 30, <u>2010</u>	September 30, <u>2009</u>	June 30, <u>2010</u>
Revenues	\$21.96 billion	\$20.19 billion	\$21.64 billion
Earnings From Operations	\$1.79 billion	\$1.24 billion	\$1.54 billion
Operating Margin	8.2%	6.2%	7.1%

- Third quarter 2010 Health Benefits revenues of \$22 billion increased \$1.8 billion or 9 percent year-over-year. The revenue advance was driven by an increase of 1 million people served in the past year, composed of a year-over-year gain of 1.055 million people served across the public and senior markets, partially offset by a year-over-year net decrease of 55,000 people served in the commercial benefits market, due to the significant decline in U.S. employment.
- Health Benefits earnings from operations for the third quarter of 2010 increased year-over-year to \$1.8 billion. The third quarter operating margin improved due to revenue growth and continued cost management disciplines on behalf of commercial and governmental customers.

Health Benefits Business Results – Continued

UnitedHealthcare Employer & Individual (formerly UnitedHealthcare)

- The UnitedHealthcare Employer & Individual business grew in the third quarter, increasing by 110,000 people served since June 30, 2010. Third quarter growth was led by a gain of 95,000 people in risk-based products, while the number of people served through fee-based offerings expanded by 15,000 over second quarter 2010. Third quarter 2010 commercial revenues of \$10.4 billion grew \$277 million or 3 percent over third quarter 2009 results.
- UnitedHealthcare's commercial medical care ratio of 80.9 percent improved 3.7 percentage points year-over-year due to moderated levels of overall health system utilization and related medical expenses, successful clinical management in the quarter and prior period favorable reserve development, reflecting effective historical performance on medical costs.

UnitedHealthcare Medicare & Retirement (formerly Ovations)

- Third quarter Medicare & Retirement revenues of \$8.8 billion grew \$886 million or 11 percent year-over-year. This strong growth included revenue advances in the Medicare Advantage, Medicare Supplement and Part D prescription drug businesses. The Medicare & Retirement business has increased its customer base in primary offerings by 615,000 people in the past 12 months.
 - In Medicare Advantage, the Company brought its services to 290,000 more seniors in the past year, a 16 percent year-over-year increase, including net growth of 20,000 seniors served in the third quarter.
 - Growth in active Medicare Supplement products continued, with the number of seniors served increasing by 90,000 or 3 percent in the past 12 months, including 25,000 people in the third quarter of 2010.
 - At September 30, 2010, 4.5 million people participated in the Company's stand-alone Part D prescription drug plans, an increase of 235,000 people over the past 12 months.

UnitedHealthcare Community & State (formerly AmeriChoice)

- Third quarter Community & State revenues of \$2.7 billion increased \$610 million or 29 percent year-over-year, led by strong organic growth. During the past 12 months, the Company expanded its Medicaid services to 440,000 more participants, including 50,000 in the third quarter. Membership grew 14 percent organically year-over-year, driven by continued strong market share growth, geographic expansion and an overall increase in local Medicaid program participation from the economic downturn.

OptumHealthSM

INGENIX[®]

PrescriptionSolutions[®]

Through its Health Services businesses, the Company provides care management, prevention and wellness services, financial services dedicated to health care, pharmaceutical benefit management, software, health data and analytics, consulting and other services to a broad variety of customers in the United States and international markets.

Through these offerings, the Health Services businesses seek to improve overall health system performance.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	September 30, <u>2010</u>	September 30, <u>2009</u>	June 30, <u>2010</u>
Combined Revenues	\$6.24 billion	\$5.47 billion	\$6.20 billion
Earnings From Operations	\$352 million	\$432 million	\$357 million
Operating Margin	5.6%	7.9%	5.8%

- Combined Health Services revenues for the third quarter of 2010 increased \$771 million or 14 percent to \$6.2 billion. The revenue advance was driven by growth in consumers served through pharmaceutical benefit management programs and public sector behavioral health programs and increased health care technology software and service revenues.
- Consistent with the first half of 2010, third quarter operating margin was impacted year-over-year by changes in performance-based pharmaceutical benefit management contracts with Medicare Part D plan sponsors in response to regulatory changes in that market, as well as higher levels of investment in areas of business expansion and growth. Accordingly, the third quarter Health Services combined operating margin decreased and combined earnings from operations of \$352 million decreased \$80 million or 19 percent year-over-year.

OptumHealthSM

OptumHealth is a national leader in health and wellness services. Employers, payers and public sector organizations use OptumHealth behavioral health solutions, clinical care management, financial services and specialty offerings such as dental and vision. OptumHealth helps consumers navigate the health care system, finance their health care needs and better achieve their health and well-being goals.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	September 30, <u>2010</u>	September 30, <u>2009</u>	June 30, <u>2010</u>
Revenues	\$1.47 billion	\$1.42 billion	\$1.45 billion
Earnings From Operations	\$143 million	\$172 million	\$161 million
Operating Margin	9.7%	12.2%	11.1%

- OptumHealth revenues grew \$54 million or 4 percent year-over-year to \$1.47 billion in the third quarter of 2010.
- Third quarter 2010 earnings from operations of \$143 million decreased by \$29 million or 17 percent year-over-year, and the operating margin decreased by 2.5 percentage points to 9.7 percent. The year-over-year decreases in earnings from operations and operating margin reflect growth in lower margin public sector business, new market development and startup costs, costs related to the implementation of Mental Health Parity legislation and the year-over-year decline in the volume of higher margin business serving customers in the commercial risk market segment. Both earnings from operations and operating margin were ahead of management's original 2010 outlook, due to stronger-than-expected revenue growth and cost management.
- At September 30, 2010, OptumHealth Financial Services assets under management grew 28 percent year-over-year to \$1.07 billion, and the business grew to 2 million consumer accounts, up 10 percent year-over-year, as growth in dedicated health banking activities continues. OptumHealth Financial Services increased the electronic transmission of medical payments over its connectivity network by 18 percent year-over-year to \$11.2 billion in the quarter.

INGENIX®

Ingenix is a leader in the field of health care information, services and consulting, serving physicians, hospitals and other health care providers, large employers and governments, health insurers and benefits payers and pharmaceutical companies.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	September 30,	September 30,	June 30,
	<u>2010</u>	<u>2009</u>	<u>2010</u>
Revenues	\$592 million	\$481 million	\$529 million
Earnings From Operations	\$70 million	\$64 million	\$60 million
Operating Margin	11.8%	13.3%	11.3%

- Ingenix third quarter 2010 revenues increased \$111 million or 23 percent year-over-year to \$592 million. Third quarter sales bookings increased 31 percent year-over-year, driven by strength in consulting services for care providers and payers and in business process outsourcing services.
- The Ingenix contract revenue backlog of \$3.2 billion at September 30, 2010, up 48 percent year-over-year and 36 percent sequentially, reflected both acquisition-related backlog expansion and organic growth.
- Ingenix third quarter earnings from operations of \$70 million increased 9 percent year-over-year. The third quarter operating margin of 11.8 percent reflects lower margin business mix, continued margin pressure in the pharmaceutical services business, and continued investments in new growth areas.

PrescriptionSolutions®

Prescription Solutions offers a comprehensive array of pharmacy benefit management and specialty pharmacy management services to employer groups, union trusts, seniors and commercial health plans.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	September 30,	September 30,	June 30,
	<u>2010</u>	<u>2009</u>	<u>2010</u>
Revenues	\$4.18 billion	\$3.58 billion	\$4.21 billion
Earnings From Operations	\$139 million	\$196 million	\$136 million
Operating Margin	3.3%	5.5%	3.2%

- Prescription Solutions third quarter revenues of \$4.2 billion grew 17 percent or \$606 million year-over-year, driven by growth in people served and related higher prescription volumes.
- As in the first half of 2010, program changes in performance-based contracts with Medicare Part D plan sponsors that responded to regulatory changes in that market impacted third quarter earnings from operations and operating margin. This pressure was partially offset by membership growth, increased use of mail service and generic drugs by consumers and effective operating cost management. Earnings from operations of \$139 million decreased by \$57 million year-over-year as the operating margin normalized at 3.3 percent.

About UnitedHealth Group

UnitedHealth Group is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minneapolis, Minn., UnitedHealth Group offers a broad spectrum of products and services through six operating businesses: UnitedHealthcare Employer & Individual, UnitedHealthcare Medicare & Retirement, UnitedHealthcare Community & State, OptumHealth, Ingenix and Prescription Solutions. Through its family of businesses, UnitedHealth Group serves more than 75 million individuals worldwide. Visit www.unitedhealthgroup.com for more information.

Earnings Conference Call

As previously announced, UnitedHealth Group will discuss the Company's results, strategy and future outlook on a conference call with investors at 8:45 a.m. Eastern time today. UnitedHealth Group will host a live webcast of this conference call from the Investors page of the Company's Web site (www.unitedhealthgroup.com). The webcast replay of the call will be available on the same site through November 2, 2010, following the live call. The conference call replay can also be accessed by dialing 1-800-642-1687, conference ID # 21770126. This earnings release and the Form 8-K dated October 19, 2010 may also be accessed from the Investors page of the Company's Web site.

Forward-Looking Statements

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

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

ability to execute contracts on competitive terms with physicians, hospitals and other service professionals; our ability to attract, retain and provide support to a network of independent third party brokers, consultants and agents; failure to comply with restrictions on patient privacy and data security regulations; events that may negatively affect our contracts with AARP; increases in costs and other liabilities associated with increased litigation; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and intangible assets recorded for businesses that we acquire; increases in health care costs resulting from large-scale medical emergencies; failure to maintain effective and efficient information systems; misappropriation of our proprietary technology; our ability to obtain sufficient funds from our regulated subsidiaries to fund our obligations; the potential impact of our future cash and capital requirements on our ability to maintain our quarterly dividend payment cycle; failure to complete or receive anticipated benefits of acquisitions; potential downgrades in our credit ratings; and failure to achieve targeted operating cost productivity improvements, including savings resulting from technology enhancement and administrative modernization.

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

UNITEDHEALTH GROUP

Earnings Release Schedules and Supplementary Information Quarter Ended September 30, 2010

- Consolidated Statements of Operations
- Condensed Consolidated Balance Sheets
- Condensed Consolidated Statements of Cash Flows
- Segment Financial Information
- UnitedHealthcare Customer Profile

UNITEDHEALTH GROUP
CONSOLIDATED STATEMENTS OF OPERATIONS
(in millions, except per share data)
(unaudited)

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2010	2009	2010	2009
Revenues				
Premiums	\$ 21,467	\$ 19,729	\$ 63,720	\$ 59,586
Services	1,469	1,336	4,246	3,939
Products	596	490	1,701	1,378
Investment and Other Income	136	140	458	451
Total Revenues	<u>23,668</u>	<u>21,695</u>	<u>70,125</u>	<u>65,354</u>
Operating Costs				
Medical Costs	17,192	16,171	51,583	49,248
Operating Costs	3,548	3,156	10,183	9,321
Cost of Products Sold	536	442	1,553	1,268
Depreciation and Amortization	247	250	744	733
Total Operating Costs	<u>21,523</u>	<u>20,019</u>	<u>64,063</u>	<u>60,570</u>
Earnings from Operations	2,145	1,676	6,062	4,784
Interest Expense	<u>(119)</u>	<u>(137)</u>	<u>(363)</u>	<u>(407)</u>
Earnings Before Income Taxes	2,026	1,539	5,699	4,377
Provision for Income Taxes	<u>(749)</u>	<u>(504)</u>	<u>(2,108)</u>	<u>(1,499)</u>
Net Earnings	<u>\$ 1,277</u>	<u>\$ 1,035</u>	<u>\$ 3,591</u>	<u>\$ 2,878</u>
Diluted Net Earnings Per Common Share	<u>\$ 1.14</u>	<u>\$ 0.89</u>	<u>\$ 3.15</u>	<u>\$ 2.43</u>
Diluted Weighted-Average Common Shares Outstanding	<u>1,124</u>	<u>1,164</u>	<u>1,139</u>	<u>1,184</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED BALANCE SHEETS

(in millions)
(unaudited)

	September 30, 2010	December 31, 2009
Assets		
Cash and Short-Term Investments	\$ 11,003	\$ 11,039
Accounts Receivable, net	2,082	1,954
Other Current Assets	5,171	5,207
Total Current Assets	18,256	18,200
Long-Term Investments	14,749	13,311
Other Long-Term Assets	30,018	27,534
Total Assets	<u>\$ 63,023</u>	<u>\$ 59,045</u>
Liabilities and Shareholders' Equity		
Medical Costs Payable	\$ 9,177	\$ 9,362
Commercial Paper and Current Maturities of Long-Term Debt	2,929	2,164
Other Current Liabilities	12,336	10,637
Total Current Liabilities	24,442	22,163
Long-Term Debt, less current maturities	8,076	9,009
Future Policy Benefits	2,341	2,325
Deferred Income Taxes and Other Liabilities	2,553	1,942
Shareholders' Equity	25,611	23,606
Total Liabilities and Shareholders' Equity	<u>\$ 63,023</u>	<u>\$ 59,045</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS

(in millions)

(unaudited)

	Nine Months Ended September 30,	
	2010	2009
Operating Activities		
Net Earnings	\$ 3,591	\$ 2,878
Noncash Items:		
Depreciation and amortization	744	733
Deferred income taxes and other	21	20
Share-based compensation	250	259
Net changes in operating assets and liabilities	226	455
Cash Flows From Operating Activities	<u>4,832</u>	<u>4,345</u>
Investing Activities		
Cash paid for acquisitions, net of cash assumed	(2,072)	(402)
Purchases of property, equipment and capitalized software, net	(548)	(483)
Net (purchases) sales of investments	(1,014)	771
Cash Flows Used For Investing Activities	<u>(3,634)</u>	<u>(114)</u>
Financing Activities		
Common stock repurchases	(1,892)	(1,568)
Net change in commercial paper and long-term debt	(202)	(1,449)
Interest rate swap termination	-	513
Share-based compensation excess tax benefit	10	34
Customer funds administered	1,014	402
Dividends paid	(313)	(36)
Other, net	(38)	(18)
Cash Flows Used For Financing Activities	<u>(1,421)</u>	<u>(2,122)</u>
(Decrease) increase in cash and cash equivalents	(223)	2,109
Cash and cash equivalents, beginning of period	9,800	7,426
Cash and cash equivalents, end of period	<u>\$ 9,577</u>	<u>\$ 9,535</u>

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION

(in millions)
(unaudited)

	<u>Three Months Ended September 30,</u>		<u>Nine Months Ended September 30,</u>	
	<u>2010</u>	<u>2009</u>	<u>2010</u>	<u>2009</u>
Revenues				
Health Benefits (a)	\$ 21,963	\$ 20,190	\$ 65,238	\$ 61,144
OptumHealth	1,469	1,415	4,340	4,103
Ingenix	592	481	1,626	1,287
Prescription Solutions	4,181	3,575	12,491	10,670
Eliminations	(4,537)	(3,966)	(13,570)	(11,850)
Total Consolidated Revenues	<u>\$ 23,668</u>	<u>\$ 21,695</u>	<u>\$ 70,125</u>	<u>\$ 65,354</u>
Earnings from Operations				
Health Benefits	\$ 1,793	\$ 1,244	\$ 5,019	\$ 3,638
OptumHealth	143	172	455	472
Ingenix	70	64	183	172
Prescription Solutions	139	196	405	502
Total Consolidated Earnings from Operations	<u>\$ 2,145</u>	<u>\$ 1,676</u>	<u>\$ 6,062</u>	<u>\$ 4,784</u>

(a) Revenues for three and nine months ended September 30, 2010 were \$10,402 and \$30,595 for UnitedHealthcare Employer & Individual; \$8,826 and \$27,112 for UnitedHealthcare Medicare & Retirement; and \$2,735 and \$7,531 for UnitedHealthcare Community & State, respectively. Revenues for the three and nine months ended September 30, 2009 were \$10,125 and \$30,716 for UnitedHealthcare Employer & Individual; \$7,940 and \$24,352 for UnitedHealthcare Medicare & Retirement; and \$2,125 and \$6,076 for UnitedHealthcare Community & State, respectively.

UNITEDHEALTH GROUP
UNITEDHEALTHCARE CUSTOMER PROFILE

(in thousands)
(unaudited)

People Served	September 2010	June 2010	December 2009	September 2009	December 2008
Commercial Risk-based	9,330	9,235	9,415	9,460	10,360
Commercial Fee-based	15,370	15,355	15,210	15,295	15,985
Total Commercial	24,700	24,590	24,625	24,755	26,345
Medicare Advantage	2,060	2,040	1,790	1,770	1,495
Medicaid	3,235	3,185	2,900	2,795	2,515
Standardized Medicare Supplement	2,750	2,725	2,680	2,660	2,540
Total Public and Senior (a)	8,045	7,950	7,370	7,225	6,550
Total Health Benefits	32,745	32,540	31,995	31,980	32,895
Supplemental Data					
Total Part D Prescription Drug Plans	6,480	6,455	5,935	5,910	5,450
Consumer-Driven Health Plans (included in Commercial above)	3,470	3,405	2,850	2,860	2,735

(a) Excludes pre-standardized Medicare Supplement and other AARP products.

Note: UnitedHealth Group served 75.1 million discrete individuals across all businesses at September 2010, 76.4 million at June 2010, 70.3 million at December 2009, 70.3 million at September 2009 and 72.8 million at December 2008.

NEWS RELEASE



UnitedHealth Group®

Investors: Brett Manderfeld John S. Penshorn G. Mike Mikan
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 Senior Vice President
 952-936-1885

(For Immediate Release)

UNITEDHEALTH GROUP REPORTS SECOND QUARTER RESULTS

- *Revenues of \$23.3 Billion Increased 7% Year-Over-Year*
- *Net Earnings of \$0.99 Per Share*
- *Cash Flows from Operations of \$723 Million*
- *All Businesses Report Second Quarter Growth in Revenues or People Served*

MINNEAPOLIS (July 20, 2010) – UnitedHealth Group (NYSE: UNH) today reported second quarter results, including better-than-projected growth in Health Benefits and Health Services. Key performance metrics and costs were in line with or better than Company expectations.

Stephen J. Hemsley, president and chief executive officer of UnitedHealth Group, said, “The growth performances of both of our business platforms – Health Benefits and Health Services – are the result of our continued focus on fundamental execution and practical innovation on behalf of our customers. We believe our market share in both business groups is increasing, due to the quality of our innovative offerings, distinctive service and the consistent value we bring to customers.”

The Company updated its financial outlook, and now anticipates full year 2010 revenues of approximately \$93 billion, net earnings in the range of \$3.40 to \$3.60 per share and cash flows from operations approaching \$5 billion.



UnitedHealth Group

	<u>Three Months Ended</u>		
	<u>June 30,</u> <u>2010</u>	<u>June 30,</u> <u>2009</u>	<u>March 31,</u> <u>2010</u>
Revenues	\$23.26 billion	\$21.66 billion	\$23.19 billion
Earnings From Operations	\$1.90 billion	\$1.44 billion	\$2.02 billion
Net Margin	4.8%	4.0%	5.1%

Management views year-over-year comparisons of results to generally be more meaningful than sequential comparisons, given the seasonality of revenues, medical expenses, operating costs and earnings from operations, primarily in its health benefits product offerings.

- UnitedHealth Group's consolidated second quarter 2010 revenues of \$23.3 billion increased \$1.6 billion or 7 percent year-over-year. Health Benefits second quarter sequential growth in consumers served was led by increases in UnitedHealthcare risk-based products and in Medicaid membership, while the sequential advance in combined revenues for Health Services businesses was led by Ingenix and Prescription Solutions. Four of the Company's business units – Ovations, AmeriChoice, Ingenix and Prescription Solutions – increased revenues by more than 10 percent year-over-year in the quarter.
- Second quarter earnings from operations were \$1.9 billion and net earnings were \$1.1 billion.
- The second quarter net margin of 4.8 percent compares with a 5.1 percent net margin in the first quarter of 2010 and a 4.0 percent net margin in the second quarter of 2009. The year-over-year increase was driven by strong growth and effective cost management.
- Second quarter investment income included net capital gains of \$16 million in 2010 and \$3 million in 2009.
- Net earnings per share of \$0.99 in the second quarter increased \$0.26 over the prior year and decreased \$0.04 from the first quarter of 2010.
- Second quarter cash flows from operations of \$723 million increased from \$492 million in the second quarter of 2009. First half 2010 cash flows from operations of \$1.9 billion were 83 percent of year-to-date net earnings.

UnitedHealth Group – Continued

- There were 11 days sales outstanding in accounts receivable at the end of the second quarter of both 2009 and 2010. Acceleration in the payment of Part D prescription drug plan claims, continuing advancements in the Company's claims processing cycle and increased prior period development contributed to a four-day decrease year-over-year in days claims payable to 49 days on an adjusted basis¹ at June 30, 2010. Adjusted days claims payable increased one day from 48¹ at March 31, 2010.
- The second quarter 2010 medical care ratio of 81.5 percent decreased 210 basis points year-over-year. The majority of the year-over-year decrease was from prior period reserve development. In the second quarter the Company realized \$270 million in favorable development in its estimates of medical costs incurred in prior periods, including \$90 million from prior years, as compared to \$30 million in the second quarter of 2009, none of which related to prior years.
- Second quarter operating costs of 14.4 percent of revenue increased 40 basis points year-over-year, and remained well within the range of Company expectations. The year-over-year comparison included the effect of a higher mix of more operating-cost-intensive service revenues, the absorption of new business development and start up costs and costs related to health care reform readiness.
- The second quarter income tax rate of 37 percent increased from 34 percent in the second quarter of 2009 as expected, driven by federal statutory changes in the deductibility of employee compensation, as well as a benefit in the 2009 tax rate from the resolution of various historical federal and state income tax matters.
- UnitedHealth Group's quarter-end debt to debt-plus-equity ratio decreased to 30.1 percent from 35.2 percent at June 30, 2009.
- During the second quarter, the Board of Directors increased the Company's dividend to an annual rate of \$0.50 per share and moved the Company to a quarterly dividend payment cycle. UnitedHealth Group repurchased 39.1 million shares through the first six months of 2010, including 20 million shares during the second quarter, and ended the quarter with approximately \$2 billion in cash available for general corporate use.

¹ Adjusted numbers are non-GAAP financial measures. Further explanation of this non-GAAP measure and reconciliation to the comparable GAAP measure is included in the attached financial schedules.



Through its Health Benefits businesses – UnitedHealthcare, Ovation and AmeriChoice – the Company provides network-based health care benefits and related services for a full spectrum of customers. UnitedHealthcare serves employers ranging from sole proprietorships to large, multi-site and national employers, as well as students and individuals. In the Public and Senior Markets Group, the Company delivers UnitedHealthcare-branded health and well-being services to Americans over the age of 50 and manages health care services for state Medicaid and other publicly funded programs and their beneficiaries.

Quarterly Financial Performance			
	<u>Three Months Ended</u>		
	June 30,	June 30,	March 31,
	<u>2010</u>	<u>2009</u>	<u>2010</u>
Revenues	\$21.64 billion	\$20.28 billion	\$21.64 billion
Earnings From Operations	\$1.54 billion	\$1.07 billion	\$1.68 billion
Operating Margin	7.1%	5.3%	7.8%

- Second quarter 2010 Health Benefits revenues of \$21.6 billion increased \$1.4 billion or 7 percent year-over-year. The year-over-year revenue advance was driven by growth of 1.1 million people served across the public and senior markets in the past year, partially offset by a year-over-year decrease of 0.4 million people served in the commercial benefits market, largely due to the significant decline in U.S. employment in 2009.
- Health Benefits earnings from operations for the second quarter of 2010 increased year-over-year to \$1.5 billion. The second quarter operating margin declined by 70 basis points sequentially to 7.1 percent, but improved on a year-over-year basis, due to both growth and appropriate cost management on behalf of governmental and commercial customers.

Health Benefits Business Results – Continued

- UnitedHealthcare grew the number of people served in commercial markets by 70,000 in the second quarter. Results included organic growth of 95,000 people in risk-based benefit programs, partially offset by a decrease of 25,000 people in fee-based plans. UnitedHealthcare second quarter 2010 revenues were \$10.2 billion.
- UnitedHealthcare's commercial medical care ratio of 82.2 percent decreased 2 percentage points from the second quarter of 2009 due to successful clinical management in the quarter and prior period favorable development, reflecting effective historical performance on medical costs. The second quarter medical care ratio increased 310 basis points from first quarter 2010 due to the normal seasonal variation in medical costs and the increase in medical costs incurred under high deductible policies that occur as the year progresses, as well as a lower level of positive reserve development.
- Second quarter Ovarations revenues of \$9.0 billion grew \$1.0 billion or 13 percent year-over-year. This strong growth included revenue advances in the Medicare Advantage, Medicare Supplement and Part D prescription drug businesses. The Company's senior health business has increased its customer base in its primary offerings by 640,000 people in the past 12 months.
 - In Medicare Advantage, the Company brought its services to 300,000 more seniors in the past year, a 17 percent year-over-year increase, including net growth of 35,000 people in the second quarter.
 - Growth in active Medicare Supplement products continued, with the number of seniors served increasing by 100,000 or 4 percent in the past 12 months, including 10,000 people in the second quarter of 2010.
 - At June 30, 2010, 4.5 million people participated in the Company's stand-alone Part D prescription drug plans, an increase of 240,000 people over the past 12 months.
- Second quarter AmeriChoice Medicaid revenues of \$2.5 billion increased \$420 million or 21 percent year-over-year, driven by strong organic growth. During the past 12 months, the Company has expanded its Medicaid programs by 435,000 people, including 140,000 people in the second quarter. Membership grew 14 percent organically year-over-year, driven by the combination of continued geographic expansion and the successful capture of a portion of the overall increase in local Medicaid program participation from the economic downturn.

Through its Health Services businesses, the Company serves consumer health needs and provides software, pharmaceutical and specialty benefit management, financial services dedicated to health care, health data and analytics, consulting and other services to a broad variety of customers in the United States and international markets. Through these offerings, the Health Services businesses seek to improve overall health system performance.

Quarterly Financial Performance

	<u>Three Months Ended</u>		
	<u>June 30,</u> <u>2010</u>	<u>June 30,</u> <u>2009</u>	<u>March 31,</u> <u>2010</u>
Combined Revenues	\$6.20 billion	\$5.33 billion	\$6.02 billion
Earnings From Operations	\$357 million	\$367 million	\$334 million
Operating Margin	5.8%	6.9%	5.6%

- Second quarter 2010 Health Services combined revenues increased \$864 million or 16 percent to \$6.2 billion. The revenue advance was driven by growth in consumers served, particularly through pharmaceutical benefit management programs, as well as increasing revenues from public sector programs and health care technology software and services.
- Health Services combined earnings from operations of \$357 million decreased \$10 million or 3 percent year-over-year in the second quarter. The operating margin decreased 110 basis points year-over-year to 5.8 percent in the second quarter. As in first quarter, the operating margin was impacted year-over-year by changes in performance-based pricing contracts with Medicare Part D plan sponsors in the pharmacy benefit market and investments in areas of expected future business expansion and growth.

OptumHealthSM

OptumHealth is a national leader in health and wellness services. Employers, payers and public sector organizations use OptumHealth behavioral benefit solutions, clinical care management, financial services and specialty benefits such as dental and vision. OptumHealth helps consumers navigate the health care system, finance their health care needs and better achieve their health and well-being goals.

	<u>Three Months Ended</u>		
	<u>June 30,</u> <u>2010</u>	<u>June 30,</u> <u>2009</u>	<u>March 31,</u> <u>2010</u>
Revenues	\$1.45 billion	\$1.36 billion	\$1.42 billion
Earnings From Operations	\$161 million	\$142 million	\$151 million
Operating Margin	11.1%	10.5%	10.7%

- OptumHealth revenues grew \$98 million or 7 percent year-over-year to \$1.45 billion in the second quarter of 2010, driven by growth from large scale public sector programs and external employer offerings.
- Second quarter 2010 earnings from operations of \$161 million increased by \$19 million or 13 percent year-over-year, and the operating margin increased by 60 basis points to 11.1 percent. Second quarter 2010 earnings growth included strong operating earnings and margin contributions from behavioral and specialty benefits, partially offset by public sector business mix.
- OptumHealth Financial Services continued to generate strong growth as a dedicated health banking organization. At June 30, 2010, assets under management grew 26 percent year-over-year to \$1.02 billion, and the business grew to 2 million consumer accounts, up 10 percent year-over-year.
- In the second quarter, OptumHealth Financial Services electronically transmitted \$10.6 billion in medical payments for 48 million claims through its state-of-the-art care provider connectivity network, an increase of 20 percent in dollars transmitted year-over-year. This health care modernization program simplifies and speeds the payment process and reduces costs.

INGENIX®

Ingenix is a leader in the field of health care information, services and consulting, serving physicians, hospitals and other health care providers, large employers and governments, health insurers and benefits payers and pharmaceutical companies.

	<u>Three Months Ended</u>		
	<u>June 30,</u> <u>2010</u>	<u>June 30,</u> <u>2009</u>	<u>March 31,</u> <u>2010</u>
Revenues	\$529 million	\$421 million	\$505 million
Earnings From Operations	\$60 million	\$59 million	\$53 million
Operating Margin	11.3%	14.0%	10.5%

- Ingenix second quarter 2010 revenues increased \$108 million or 26 percent year-over-year to \$529 million. Second quarter sales bookings increased 27 percent year-over-year, driven by strength in health care information technology offerings and services focused on cost management, regulatory compliance and clinical research.
- The Ingenix contract revenue backlog of \$2.3 billion at June 30, 2010 included \$1.6 billion in backlog expected to be realized within 12 months, an increase of 15 percent year-over-year.
- Ingenix second quarter earnings from operations of \$60 million increased 2 percent year-over-year. The second quarter operating margin decreased to 11.3 percent, primarily due to business mix changes, continued margin pressure in the pharmaceutical services business, and continued investments in new growth areas.

PrescriptionSolutions®

Prescription Solutions offers a comprehensive array of pharmacy benefit management and specialty pharmacy management services to employer groups, union trusts, seniors and commercial health plans.

	Quarterly Financial Performance		
	<u>Three Months Ended</u>		
	June 30, <u>2010</u>	June 30, <u>2009</u>	March 31, <u>2010</u>
Revenues	\$4.21 billion	\$3.56 billion	\$4.10 billion
Earnings From Operations	\$136 million	\$166 million	\$130 million
Operating Margin	3.2%	4.7%	3.2%

- Prescription Solutions second quarter revenues grew \$658 million or 19 percent year-over-year to \$4.2 billion, driven by growth in people served and related higher prescription volumes.
- As in first quarter, 2010 program changes in performance-based pricing contracts with Medicare Part D plan sponsors impacted second quarter earnings from operations and operating margin. This pressure was partially offset by membership growth, increased use of mail service and generic drugs by consumers and effective operating cost management. Earnings from operations of \$136 million decreased by \$30 million or 18 percent year-over-year and the operating margin normalized to 3.2 percent.

About UnitedHealth Group

UnitedHealth Group is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minneapolis, Minn., UnitedHealth Group offers a broad spectrum of products and services through six operating businesses: UnitedHealthcare, Ovations, AmeriChoice, OptumHealth, Ingenix and Prescription Solutions. Through its family of businesses, UnitedHealth Group serves more than 75 million individuals worldwide. Visit www.unitedhealthgroup.com for more information.

Earnings Conference Call

As previously announced, UnitedHealth Group will discuss the Company's results, strategy and future outlook on a conference call with investors at 8:45 a.m. Eastern time today. UnitedHealth Group will host a live webcast of this conference call from the Investors page of the Company's Web site (www.unitedhealthgroup.com). The webcast replay of the call will be available on the same site through August 3, 2010, following the live call. The conference call replay can also be accessed by dialing 1-800-642-1687, conference ID # 21769332. This earnings release and the Form 8-K dated July 20, 2010, which may also be accessed from the Investors page of the Company's Web site, include a reconciliation of non-GAAP financial measures.

Forward-Looking Statements

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

Some factors that could cause results to differ materially from the forward-looking statements include: the ultimate impact of the Patient Protection and Affordable Care Act, which could materially adversely affect our financial position and results of operations through reduced revenues, increased costs, new taxes, and expanded liability, or require changes to the ways in which we conduct business or put us at risk for loss of business; our ability to effectively estimate, price for and manage our medical costs, including the impact of any new coverage requirements; the potential impact that new laws or regulations or changes in existing laws or regulations or their enforcement could have on our results of operations, financial position and cash flows, including as a result of increases in medical, administrative, technology or other costs resulting from federal and state regulations affecting the health care industry; the potential impact of adverse economic conditions on our revenues (including decreases in enrollment resulting from increases in the unemployment rate and commercial attrition) and results of operations; regulatory and other risks and uncertainties associated with the pharmacy benefits management industry; competitive pressures, which could affect our ability to maintain or increase our market share; uncertainties regarding changes in Medicare; potential reductions in revenue received from Medicare and Medicaid programs; our ability to execute contracts on competitive terms with physicians, hospitals and other service professionals; our

ability to attract, retain and provide support to a network of independent third party brokers, consultants and agents; failure to comply with restrictions on patient privacy and data security regulations; events that may negatively affect our contracts with AARP; increases in costs and other liabilities associated with increased litigation; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and intangible assets recorded for businesses that we acquire; increases in health care costs resulting from large-scale medical emergencies; failure to maintain effective and efficient information systems; misappropriation of our proprietary technology; our ability to obtain sufficient funds from our regulated subsidiaries to fund our obligations; the potential impact of our future cash and capital requirements on our ability to maintain our quarterly dividend payment cycle; failure to complete or receive anticipated benefits of acquisitions; potential downgrades in our credit ratings; and failure to achieve targeted operating cost productivity improvements, including savings resulting from technology enhancement and administrative modernization.

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

UNITEDHEALTH GROUP

Earnings Release Schedules and Supplementary Information Quarter Ended June 30, 2010

- Consolidated Statements of Operations
- Condensed Consolidated Balance Sheets and Reconciliation of Non-GAAP Medical Days Payable Related to the Health Net of the Northeast Acquisition
- Condensed Consolidated Statements of Cash Flows
- Segment Financial Information
- Customer Profile Summary

Use of Non-GAAP Financial Measures

Medical days payable, as used in the press release, excludes medical costs payable related to the acquisition of Health Net of the Northeast commercial and/or Medicaid businesses, is not calculated in accordance with GAAP and should not be considered a substitute for or superior to a financial measure calculated in accordance with GAAP. Management believes that the use of non-GAAP financial measures improves the comparability of our results between periods. These financial measures provide investors and our management with useful information to measure and forecast our results of operations, to compare on a consistent basis our results of operations for the current period to that of prior periods, and to compare our results of operations on a more consistent basis against that of other companies in the health care industry.

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

UNITEDHEALTH GROUP
CONSOLIDATED STATEMENTS OF OPERATIONS
(in millions, except per share data)
(unaudited)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2010	2009	2010	2009
Revenues				
Premiums	\$ 21,125	\$ 19,746	\$ 42,253	\$ 39,857
Services	1,413	1,307	2,777	2,603
Products	577	449	1,105	888
Investment and Other Income	149	153	322	311
Total Revenues	<u>23,264</u>	<u>21,655</u>	<u>46,457</u>	<u>43,659</u>
Operating Costs				
Medical Costs	17,221	16,507	34,391	33,077
Operating Costs	3,359	3,037	6,635	6,165
Cost of Products Sold	534	422	1,017	826
Depreciation and Amortization	249	249	497	483
Total Operating Costs	<u>21,363</u>	<u>20,215</u>	<u>42,540</u>	<u>40,551</u>
Earnings from Operations	1,901	1,440	3,917	3,108
Interest Expense	(119)	(139)	(244)	(270)
Earnings Before Income Taxes	1,782	1,301	3,673	2,838
Provision for Income Taxes	(659)	(442)	(1,359)	(995)
Net Earnings	<u>\$ 1,123</u>	<u>\$ 859</u>	<u>\$ 2,314</u>	<u>\$ 1,843</u>
Diluted Net Earnings Per Common Share	<u>\$ 0.99</u>	<u>\$ 0.73</u>	<u>\$ 2.02</u>	<u>\$ 1.54</u>
Diluted Weighted-Average Common Shares Outstanding	<u>1,135</u>	<u>1,180</u>	<u>1,146</u>	<u>1,195</u>

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED BALANCE SHEETS

(in millions)
(unaudited)

	June 30, 2010	December 31, 2009
Assets		
Cash and Short-Term Investments	\$ 11,073	\$ 11,039
Accounts Receivable, net	2,766	1,954
Other Current Assets	5,143	5,207
Total Current Assets	18,982	18,200
Long-Term Investments	14,019	13,311
Other Long-Term Assets	27,423	27,534
Total Assets	\$ 60,424	\$ 59,045
Liabilities and Shareholders' Equity		
Medical Costs Payable	\$ 9,422	\$ 9,362
Commercial Paper and Current Maturities of Long-Term Debt	2,676	2,164
Other Current Liabilities	11,005	10,637
Total Current Liabilities	23,103	22,163
Long-Term Debt, less current maturities	8,036	9,009
Future Policy Benefits	2,324	2,325
Deferred Income Taxes and Other Liabilities	2,132	1,942
Shareholders' Equity	24,829	23,606
Total Liabilities and Shareholders' Equity	\$ 60,424	\$ 59,045

Reconciliation of Non-GAAP Financial Measures
Medical Days Payable Excluding Health Net of the Northeast Acquisition (a)

(in millions, except days)

	June 30, 2010	March 31, 2010
GAAP Medical Costs Payable	\$ 9,422	\$ 9,281
Health Net of the Northeast Acquisition	(164)	(191)
Adjusted Medical Costs Payable (a)	\$ 9,258	\$ 9,090
GAAP Quarterly Medical Costs Days Payable	50	49
Health Net of the Northeast Acquisition	(1)	(1)
Adjusted Quarterly Medical Costs Days Payable (a)	49	48

(a) Excludes medical costs payable related to Health Net of the Northeast commercial business for the quarter ended June 30, 2010 and excludes medical costs payable related to Health Net of the Northeast commercial and Medicaid businesses for the quarter ended March 31, 2010.

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS

(in millions)
(unaudited)

	Six Months Ended June 30,	
	2010	2009
Operating Activities		
Net Earnings	\$ 2,314	\$ 1,843
Noncash Items:		
Depreciation and amortization	497	483
Deferred income taxes and other	68	121
Share-based compensation	167	180
Net changes in operating assets and liabilities	(1,118)	(1,023)
Cash Flows From Operating Activities	<u>1,928</u>	<u>1,604</u>
Investing Activities		
Cash paid for acquisitions, net of cash assumed	(165)	(400)
Purchases of property, equipment and capitalized software, net	(343)	(311)
Net (purchases) sales of investments	(310)	221
Cash Flows Used For Investing Activities	<u>(818)</u>	<u>(490)</u>
Financing Activities		
Common stock repurchases	(1,241)	(1,504)
Net change in commercial paper and long-term debt	(453)	(939)
Interest rate swap termination	-	513
Share-based compensation excess tax benefit	6	27
Customer funds administered	1,108	674
Other, net	(347)	(64)
Cash Flows Used For Financing Activities	<u>(927)</u>	<u>(1,293)</u>
Increase (decrease) in cash and cash equivalents	183	(179)
Cash and cash equivalents, beginning of period	9,800	7,426
Cash and cash equivalents, end of period	<u>\$ 9,983</u>	<u>\$ 7,247</u>

UNITEDHEALTH GROUP
SEGMENT FINANCIAL INFORMATION

(in millions)

(unaudited)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2010	2009	2010	2009
Revenues				
Health Benefits (a)	\$ 21,638	\$ 20,282	\$ 43,275	\$ 40,954
OptumHealth	1,454	1,356	2,871	2,688
Ingenix	529	421	1,034	806
Prescription Solutions	4,214	3,556	8,310	7,095
Eliminations	(4,571)	(3,960)	(9,033)	(7,884)
Total Consolidated Revenues	\$ 23,264	\$ 21,655	\$ 46,457	\$ 43,659
Earnings from Operations				
Health Benefits	\$ 1,544	\$ 1,073	\$ 3,226	\$ 2,394
OptumHealth	161	142	312	300
Ingenix	60	59	113	108
Prescription Solutions	136	166	266	306
Total Consolidated Earnings from Operations	\$ 1,901	\$ 1,440	\$ 3,917	\$ 3,108

(a) Revenues for three and six months ended June 30, 2010 were \$10,188 and \$20,193 for UnitedHealthcare; \$8,990 and \$18,286 for Ovations; and \$2,460 and \$4,796 for AmeriChoice, respectively. Revenues for the three and six months ended June 30, 2009 were \$10,253 and \$20,591 for UnitedHealthcare; \$7,989 and \$16,412 for Ovations; and \$2,040 and \$3,951 for AmeriChoice, respectively.

**UNITEDHEALTH GROUP
CUSTOMER PROFILE SUMMARY
ALL BUSINESS UNITS**

(in thousands)
(unaudited)

People Served	June 2010 (b)	March 2010 (c)	December 2009	June 2009	December 2008
Commercial Risk-based	9,235	9,140	9,415	9,655	10,360
Commercial Fee-based	15,355	15,380	15,210	15,375	15,985
Total Commercial	24,590	24,520	24,625	25,030	26,345
Medicare Advantage	2,040	2,005	1,790	1,740	1,495
Medicaid	3,185	3,045	2,900	2,750	2,515
Standardized Medicare Supplement	2,725	2,715	2,680	2,625	2,540
Total Public and Senior (a)	7,950	7,765	7,370	7,115	6,550
Total Health Benefits	32,540	32,285	31,995	32,145	32,895
Total People Served	76,400	75,200	70,300	70,500	72,800
Supplemental Data - included in Total People Served					
OptumHealth	63,200	62,300	57,600	57,900	59,700
Total Part D Prescription Drug Plans	6,455	6,440	5,935	5,870	5,450
Consumer-Driven Health Plans	3,405	3,365	2,850	2,850	2,735

(a) Excludes pre-standardized Medicare Supplement and other AARP products. These products are included in Total People Served.

(b) Includes 45,000 Medicaid individuals served in connection with the acquisition of Health Net of the Northeast.

(c) Includes 55,000 Medicare Advantage and 65,000 Total Part D Prescription Drug Plan individuals served in connection with the acquisition of Health Net of the Northeast, as well as 6 million OptumHealth lives relating to the acquisition of PPC Worldwide.