



Deep industry knowledge, sophisticated data analysis and strategic collaboration are working to transform the future of health care.

Innovating health care for better access, better outcomes



The challenges inherent to the health care industry are widely understood. Cost trends aren't where stakeholders want them to be. Member experiences don't yet mimic those in other industries. And industry-wide complexity makes navigating the system difficult for all. These realities can make innovation within health care difficult, but not impossible.

"People often think of innovation in revolutionary terms like rockets launching into space or energy breakthroughs. In health benefits, innovation needs to be grounded in our realities with bold, thoughtful advancements," explains Jean-François Beaulé, executive vice president of design and innovation for the large employer segment at UnitedHealthcare Employer & Individual.

No one entity can solve health care's greatest challenges alone. Making real, lasting change for members takes a focused and collaborative effort among industry stakeholders – providers, payers, employers, health systems and policymakers – and innovative thinking to evolve health plan design, improve chronic disease management and implement technological advances within health care.

Real transformation requires:



Driving meaningful change through strategic collaboration



Embracing advancements in data and technology with applied caution



Accelerating next-level health care solutions



\$8.5B+
invested

in innovation, R&D and
technology in 2024
by UnitedHealth Group¹

Driving meaningful change through strategic collaboration

\$8M+

in grants awarded by the United Health Foundation to organizations and communities around the world²

\$2B+

in assets under management and 57 active portfolio companies via Optum Ventures³

A common obstacle to health care innovations that work at scale is the disjointed structure of the sector. That's why strategic collaborations that work to align objectives and incentives across the industry are critical.

The integrated nature of UnitedHealth Group brings together a payer (UnitedHealthcare) and a health solution and care delivery organization (Optum) under one roof as **innovation collaborators**. Combining the experience, capabilities and expertise of these 2 companies works to accelerate their collective ability to rapidly scale solutions in a meaningful, connected way.

The future of health care relies on a mix of different stakeholders – providers, payers, health systems, health plans, employers and national and state policymakers – to collectively commit to enable simpler, more affordable and supportive care.

For example, the **United Health Foundation** – established by UnitedHealth Group – works with community-based organizations, academic institutions and others to develop and scale innovative programs and solutions. The foundation focuses on building healthier communities and

advancing health equity by expanding access to care, supporting health care workforces and improving health outcomes. To date, the foundation has committed more than \$8M to programs and communities around the world.²

Collaborations among health care companies are also working to accelerate the pace of innovation – whether that's by supporting startups like those that have received investments through **Optum Ventures** or by making it easier for employers to offer point solutions that work in conjunction with their core health benefit vendors, such as how employers have access to 20+ vendors through **UHC Hub™** to complement their UnitedHealthcare offerings.

Rather than viewing one another as competition and working in silos, it's critical that people and organizations from across the industry stack hands to find solutions that help make health care work better for everyone.

In the commercial health care market, that includes enlisting feedback and ideas from brokers and consultants who are on the front lines of selling health benefits to employers, as well as employers who have a deeper understanding of what their employees need.

“To help inform our innovation agenda and prioritize the solutions and enhancements we have in our pipeline, we are regularly connecting with and enlisting feedback from our clients and members in addition to their brokers and consultants.”

Kelley Nolan-Maccione

Chief Product Officer
UnitedHealthcare Employer & Individual



Strategic collaborations aimed at solving health care's biggest challenges are pushing the envelope in all the best ways.

[Learn more →](#)

Embracing advancements in data and technology with applied caution

92%

of surveyed employers believe AI holds promise in health care⁵

Emerging technologies and the advanced use of data and analytics can help stakeholders zero in on the unique needs of specific member populations to help reach healthier outcomes.

Take artificial intelligence (AI) for instance. The use of AI in health care is growing, with the global market size predicted to reach \$614B by 2034, up from \$27B in 2024.⁴

When developed, implemented and used responsibly, AI has the potential to help address some of the most complex health challenges inherent in the industry. In fact, surveyed employers indicated that they believe AI can have a more positive impact in areas like helping employees navigate their benefits and handling customer service inquiries more effectively.⁶

UnitedHealthcare is utilizing AI to help members get answers to health plan and benefit questions efficiently, and integrating AI-supported technology into Advocate dashboards for more personalized support.

While AI can be a valuable tool in health care, it should be used responsibly and always with human review. That means continually assessing its application based on learnings, industry best practices and regulatory guidance.

UnitedHealthcare relies on specialty teams that are responsible for analyzing data, identifying trends and then putting that data into the hands of its product teams, Advocates, providers, employers, brokers and consultants to help inform decisions.

One such team is led by Craig Kurtzweil, chief data and analytics officer for UnitedHealthcare Employer & Individual. Kurtzweil's team is dedicated to analyzing data collected by UnitedHealthcare. This data is used to help identify factors that may be negatively affecting members' ability to understand their benefits or get access to care. Uncovering trends in employee claims may help employers design more effective benefits packages or help Advocates more proactively engage members.

Forecasting trends also means pairing data sets such as those that are specific to an employer's member population with broader population-based data. For example, **America's Health Rankings**[®], produced by the United Health Foundation, provides comprehensive analyses of the nation's health on a state-by-state basis with actionable, data-driven insights that stakeholders can use to inform change.

“Data can be a powerful tool to help inform positive change. By collecting data and applying algorithms and machine learning to it, we can help to uncover trends within employer populations and gain actionable insights.”

Craig Kurtzweil

Chief Data and Analytics Officer
UnitedHealthcare Employer & Individual



Accelerating next-level health care solutions

To better meet evolving employer and employee needs, the health care industry must think bigger and bring new and revamped products and plans to market. In the commercial market, this means regularly listening to employees and employers, as well as brokers and consultants, and using insights from those conversations to enhance product and service offerings, reduce friction points within the system and support people and communities to foster better health at lower costs.

In many cases, this feedback – often delivered through 1-on-1 conversations or periodic surveys – is what leads to the inception and development of new programs and solutions. But before a product or solution is rolled out to the masses, testing and piloting it with a smaller subset of a member population is critical.

UnitedHealthcare, for instance, has often worked with select employers to codevelop solutions that are then piloted to smooth out kinks, address remaining pain points and ensure the solution delivers on the promise it set out to solve.

Following are some examples of innovations that have helped deliver simpler, more affordable access to care and better outcomes for members:



Managing costly conditions

Challenge

By 2045, it is projected that 1 in 8 adults will be living with diabetes, and more than 90% of those will have type 2 diabetes.⁷ Plus, the costs associated with type 2 diabetes tend to be significant, accounting for 19% of employer medical costs and 27% of employer pharmacy costs.⁸ Employers needed a program that could change this cost trend by helping members better manage their condition, but they didn't want to pay for a program or solution that didn't generate value back.

Innovation

UnitedHealthcare developed the Level2[®] Assured Value Program, which gives members who have type 2 diabetes access to specialized virtual and clinical care along with a continuous glucose monitor (CGM) at no extra cost. Members are continuously monitored by a care team who have access to their CGM data, allowing for faster clinical interception when needed.

In addition to the potential savings associated with helping members better manage their type 2 diabetes diagnosis, UnitedHealthcare also assures employers that the cost of offering this program will generate value by reconciling 100% of fees against actual medical and pharmacy claims. If the value ends up being less than what the employer paid in program fees, UnitedHealthcare gives back the difference.

Proven results

100%

of program fees paid by employers are reconciled against actual medical and pharmacy claims

95%

of people with a starting A1C of 9.0 or lower experienced a clinically significant improvement with Level2[®]



Simplifying health insurance

Challenge

Members wanted a better understanding of provider options and clear costs in advance without having to determine their deductible or coinsurance. They also wanted a consumer experience that worked like other retail experiences.

Innovation

Surest[®], a UnitedHealthcare company, is a consumer-centered health plan designed to simplify the member experience. With upfront costs and no deductibles or coinsurance, the Surest plan meets members where they are, whether at home or on the go, using a digital-first experience that allows them to shop for care like any other service.

Members can search by condition, treatment or providers within a broad UnitedHealthcare network and see actual copays, not estimates, to choose the care that best fits their needs, receiving one bill for the services received in that visit.

Proven results

Up to 15%
savings for employers¹⁰

50%
average lower out-of-pocket costs
for members¹¹



Supporting complex care needs

Challenge

Cancer-related expenses are a top driver of employer health care costs.¹² Employers wanted a way to help reduce those costs while providing employees and their family members with quality care customized to their cancer diagnosis.

Innovation

The Cancer Guidance Program is an evidence-based utilization management and analytics service that presents multiple patient-specific treatment options to providers to help ensure patients receive quality medical and radiation cancer care. Recommendations are based on information for more than 60 types of cancer and 2,100 regimens from nationally recognized third parties such as the National Comprehensive Cancer Network (NCCN).

Through this program, more than half of treatment requests are approved immediately via auto-decisioning. The rest go through peer review and outreach, resulting in ~99% approvals.¹³

Proven results

800K+
treatment authorizations¹⁴

\$7K
average savings per
participant per year
for survivors¹⁵

95%
overall member
satisfaction with their
dedicated cancer nurse¹⁶

425

new enhancements made to the **UnitedHealthcare® app** and **myuhc.com®** in 2024¹⁷

Discovering the greatest opportunities for improvement is core to driving successful innovation. Sometimes, this comes in the form of brand-new products and solutions. For instance, UnitedHealthcare recently introduced Total Weight Support – a weight management solution designed to take a whole-person approach, combining motivation-based lifestyle modifications with the appropriate use of **GLP-1s** and other weight-loss drugs.

Other times, it may come in the form of enhancements to existing offerings. For instance, UnitedHealthcare is focused

on building an integrated experience to help members across their entire health journey, driving health plan engagement by personalizing the **digital experience** and delivering the power of choice with tools designed to bring more awareness and transparency about a member's options. These upcoming enhancements include a tool that matches care to a member's specific needs, benefits plan and preferences, along with the capability to view integrated cost and coverage information – all from a single digital experience via the UnitedHealthcare app and **myuhc.com**.

Complex problems in health care demand innovative thinking. Through strategic collaborations, leading technologies and a deep understanding of employer and consumer needs, simpler, more affordable, supportive care is possible.

Learn how UnitedHealthcare is working to transform the future of health care >

UnitedHealthcare®

¹ UnitedHealth Group Internal Data 2024.

² United Health Foundation. 2025. Available: <https://www.unitedhealthgroup.com/uhg/people-and-culture/our-foundations.html>. Accessed: Jan. 21, 2025.

³ Optum Ventures internal data, 2024.

⁴ Artificial Intelligence in Healthcare Market Size, Share and Trends 2024 to 2034. Precedence Research, Aug. 9, 2024. Available: <https://www.precedenceresearch.com/artificial-intelligence-in-healthcare-market>. Accessed: Feb 4, 2025.

⁵ 2025 Employer Health Care Strategy Survey. Business Group on Health, Aug. 20, 2024. Available: <https://www.businessgrouphealth.org/en/resources/2025-employer-health-care-strategy-survey-intro>.

⁶ Health & Benefits Strategies for 2025. Mercer. Available: <https://www.mercer.com/en-us/insights/total-rewards/employee-benefits-strategy/health-and-benefit-strategies-report/>. Accessed: Jan. 30, 2025.

⁷ Facts & figures. International Diabetes Federation. Available: <https://idf.org/about-diabetes/diabetes-facts-figures/>. Accessed: Jan. 30, 2025.

⁸ November 2024 internal analysis of UHC members (commercial, M&R, C&S, UMR), aged 20-64, continuously enrolled in 2022 and 2023. PMPY costs include Medical+Rx spend.

⁹ Bacon, S. et al. Improved Glycemic Outcomes after One Year Among Level2 Members. Diabetes. American Diabetes Association, June 2025. <https://doi.org/10.2337/db23-943-P>.

¹⁰ Surest actuarial results through 2024.

¹¹ Members who migrated from a non-Surest plan in 2022, compared to those who stayed with a non-Surest plan.

¹² UnitedHealthcare Employer & Individual book of business data, Dec. 2023. Excludes Alaska, Hawaii, Puerto Rico and the U.S. Virgin Islands.

¹³ UnitedHealthcare provider auto-approval rate reports, 2022.

¹⁴ UnitedHealthcare provider auto-approval rate reports, 2015-2021.

¹⁵ Optum internal analytics, 2020-2022.

¹⁶ Optum book of business survey results, 2021.

¹⁷ Internal UnitedHealthcare consumer product release tracking for 2024.

United Health Foundation is funded solely by UnitedHealth Group.

Cancer Guidance Program is a program, not insurance. Availability may vary on a location-by-location basis and is subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. Please check with your UnitedHealthcare representative.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

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