










## **Cross Border Solutions**

UnitedHealth Access<sup>®</sup> | Hygeia<sup>®</sup> PPO | Hygeia<sup>®</sup> Arbitration Services



- Founded** 1977
- Premise** Introduced open access and choice to industry
- Evolution** From “health insurance” to “a diverse and comprehensive array of services designed to improve health and well-being”
- Companies** Offer unique areas of health care, employer and information services across the entire continuum of care
- Volume** Today, on our primary adjudication platform we pay over 20 million claims per month:
  - 82% (over 10 points higher than the industry average) of these claims are processed automatically
  - 95% of all claims are paid within 10 days of receipt
  - 96% of claims require no member contact
- Quality** Quality has been and will continue to be our primary focus as seen by our continued improvement in our claim and phone accuracy improvements throughout 2007
- Service** Increase customer satisfaction; 99.38% procedural accuracy
- Community** Employee investment, business contributions and financial support through the United Health Foundation

UnitedHealth Group Incorporated is a diversified Fortune 500 company that provides a broad operation of resources and services to help people achieve improved health and well-being through all stages of life. Through its family of businesses, UnitedHealth Group serves more than 71 million people world-wide.

	Market Served	Individuals Served
 UnitedHealthcare <small>A UnitedHealth Group Company</small>	Health care services for employees and individuals Health-related services for Fortune 500 businesses, other large employers and health plans	25.5 million
 AmeriChoice <small>A UnitedHealth Group Company</small>	Medicaid and other state-sponsored health care programs	1.8 million
 OVATIONS <small>A UnitedHealth Group Company</small>	Health and well-being services for individuals 50 and older	9 million
 OptumHealth <sup>SM</sup>	Specialty health services, benefit and resources for employers and insurers	61 million
 INGENIX <sup>SM</sup>	Health care data and informatics services	N/A
 Prescription <sup>SM</sup> Solutions	Integrated pharmacy benefit management solutions	10 million
 EXANTE <small>FINANCIAL SERVICES<sup>SM</sup></small>	Broad set of financial services dedicated to the healthcare industry	~1.6 million accounts

### Exceptional growth and performance

- Ranked #1 on Fortune’s list of Most Admired Health Care Companies 2006 (ranked 1st or 2nd since 1994)
- Ranked #25 on Fortune 500
- Ranked #81 on Global Fortune 500

## It's simple, really.

Cost containment is more than discounts.

### **Accessibility. Quality. Affordability. Usability.**

These are the elements that comprise a cost effective, high quality health care program for clients with US health care risk. At UnitedHealth International, our hallmark is the ability to integrate these elements into a program that maximizes your savings while ensuring a quality outcome for your insureds.

**Accessibility:** the largest network in the US - 560,000 physicians and over 5,000 hospitals.

**Quality:** Care coordination programs that monitor care from before admission to follow-up care. Using the best of predictive models and evidence-based medicine.

**Affordability:** From unit cost discounts, to avoiding unnecessary treatment; and claim audits to arbitration of non-network claims, our approach generates the best return on your health care dollar.

**Usability:** State-of-the-art claims and customer care systems and personnel that simplify the administrative processes for you and your insureds.

All brought to you by UnitedHealth. Serving 70 million individuals every day in the US.

Because when America's leading health care company goes global, a world of solutions follows.

## Cross Border Solutions Who are we?

Cross Border Solutions (CBS) is part of UnitedHealth International

CBS provides medical cost containment solutions to U.S. and international insurers, third party administrators, assistance companies, self-funded plans, claims handlers, and expatriate programs through:

- PPO Networks
- a proprietary Claim Arbitration Service for non-network claims
- 24/7 assistance
- medical management
- bill receipt
- claim processing
- claim editing
- provider payment
- a suite of technological tools to serve you

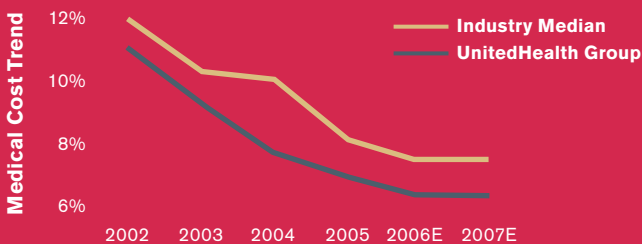
# UnitedHealth Access (UHA)

The Premier US comprehensive medical cost control solution for qualified International Payer Organizations, offering unrivaled cost control for your US medical risk

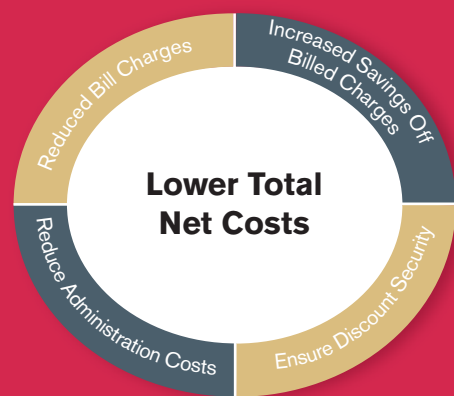
## UHA is simply, 'The best way to access care in the US'

- **Options PPO**, part of the UHA solution, is the leading PPO network in the US used by the largest US employers and by 25 million individuals
- **Network discounts - 2007 UHA results**, 2007 UHA results - 92% coverage 52% savings (excludes additional savings from claim edits, care coordination, subrogation, adjudication, etc.)
- **573,000 physicians** (7 of 10 physicians in the US)
- **4,800+ hospitals** (8 of 10 hospitals in the US)
- **Superior coverage**, 97% of US citizens have access to a network provider and 99.6% of Hospital agreements are renewed without notice or disruption
- **Focus on fixed-fee contracts** (per diem and case rates) provides highest savings potential and is a powerful disincentive to over-utilization
- **Care Coordination**, included in your UHA solution, provides case management through well established protocols on every admission, automatically
- **Claim edits** are integral to the processing of all your claims which filters for incorrectly coded charges and yields additional savings
- **eServices reporting tools** are available 24/7 via a web portal giving you access to a suite of financial, claims related reports and the ability to reproduce Explanation of Benefit (EOB) documents

### Medical Cost Trend Comparison



Industry Data includes: Aetna, Anthem, CIGNA, Coventry Health Care, Health Net, Humana, UnitedHealth Group, WellChoice and WellPoint. Source: 2002 and prior data is from Morgan Stanley Managed Care Industry Overview - August 5, 2003. The estimates for 2003 through 2006 were obtained from companies' quarterly earnings conference calls.



## Hygeia® PPO



The market-leading international managed PPO solution, offering high performance and compliant access in a flexible PPO model

- **Hygeia® PPO** has been the leading Managed US PPO Solution for International payers for nearly a decade. The Hygeia PPO has been constructed and is continually reviewed to meet the needs of a broad range of international clients with US medical exposure. Accessing the Hygeia PPO gives International payers the ability to aggressively control cost while providing excellent coverage at accredited healthcare providers to their insured members
- Hygeia PPO subscribers experience 35-45% savings on their network claims spend and when coupled with the Hygeia Arbitration Service they see on average 90-95% coverage of all their claims dollars
- The Hygeia PPO also brings the assurance of a managed care compliant model that is respected by and is respectful of healthcare providers
- All of this and Hygeia PPO subscribers continue to get the suite of multiple award winning technology\* and superior customer service that has made Hygeia the leading PPO\*\* to International payers



ITIJ Cost Containment  
Company of the Year  
Award 2006

## Hygeia® Arbitration Services

A proven solution to address out-of-network claims using powerful proprietary databases and negotiations methodology that results in a binding settlement with the provider

- Hygeia® Arbitration Services subscribers experience 25-30% average savings on their claims spend submitted
- Hygeia Arbitration Services uses proprietary technology including the largest database of international claims in the industry to benchmark appropriate reimbursement levels
- Our highly skilled and trained Arbitrators employ these technologies with their personal talents in a mutual gains approach to directly settle medical claims with providers
- Anyone could obtain a favorable settlement on one claim at one provider but with our successful and sustainable arbitration model we have cultivated excellent provider relationships at thousands of providers. When we return to that provider to negotiate the next claim for you we are not met with the frustration and mistrust that others leave for themselves when using heavy-handed tactics such as withholding payments, making unilateral settlement offers, or taking silent PPO discounts
- Each of our arbitration agreements results in a signed document with the provider clearly stating the negotiated amount accepted to settle the account

