

# UnitedHealth Group, Inc. - 2012 Corporate Analysis

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## Abstracts

UnitedHealth is one of the biggest and most diversified health insurers in the US. It holds a huge market share in the Medicare market, which is expected to boom in the coming years as a notable number of Americans will enter the retirement age.

The core competencies of UnitedHealth lie in processing transactions based on advanced technology, health care data mining, as well as health care resource organization and care facilitation. The Group has leveraged these capabilities in two broad market areas - health benefits (offering health related benefit plans) and health services (ranging from plan administration to health programs).

Also, its commendable data mining capabilities have made UnitedHealth the synonym for one of the largest claims databases in the industry.

The Group expects the individual health benefits market to double in size from 15 million to 33 million people as states implement national health care reforms in the next decade.

UnitedHealth faces stiff competition from companies like WellPoint, Inc., Aetna Inc., Cigna Corporation, Coventry Health Care, Inc., Health Net, Inc., Humana Inc under its Health Benefits business, Its Health Services business, Optum, competes with Medco Health Solutions, Inc., CVS Caremark Corporation and Express Scripts, Inc. and a broad and diverse set of businesses.

The report analyzes UnitedHealth in terms of its business strategies, its financial capabilities and also its business segments. Also, the performance of the company in terms of its close competitors has been evaluated in the report.

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