



The obesity epidemic

Growing health impacts and cost implications



For our eighth annual white paper, the Health Action Council (HAC) and UnitedHealth Group focus on a major trend: the obesity crisis. Based on a deep dive into data drawn from HAC and UnitedHealthcare members across the country, this analysis offers new insights from a whole-person health perspective. It illuminates the epidemic by providing detailed views into population dynamics, including the physical and mental health consequences of obesity and associated spend trends and cost differentials.

What is obesity?¹

Obesity is a complex, chronic disease that puts strain on one's body and may cause serious health conditions. In the U.S., more than 2 in 5 adults, and 1 in 5 children, are living with obesity, which the U.S. Centers for Disease Control and Prevention (CDC) defines as having a body mass index (BMI) of 30 or higher. Characterized by excessive body fat, obesity is associated with over 250 other diseases. Adverse health conditions associated with obesity can include type 2 diabetes, kidney and heart disease, and some cancers, as well as behavioral health conditions, including anxiety and depression. Treatments can include behavioral health and lifestyle interventions and modifications, as well as medications that are now commonly being prescribed.

continued

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Understanding the epidemic to better support members, mitigate risks and manage costs

Obesity rates have been steadily rising across the country for decades, with a range of consequences for individuals' physical, mental and financial well-being.

- The rate of obesity doubled among U.S. adults between 1990 and 2021, to about 40%²
- 75% of U.S. adults are now overweight or living with obesity – up from 50% in 1990²
- In 23 states, more than 1 in 3 (35%) people live with obesity³
- Across all 50 states, at least 1 in 5 (20%) adults are living with obesity³

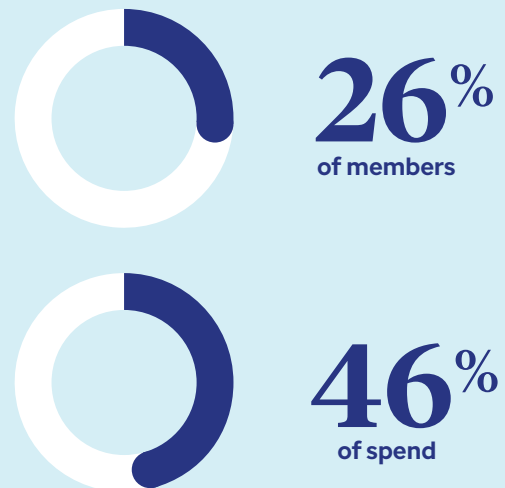
Between 2010 and 2020, obesity rates rose fastest among younger adults. For example, the rate among 20- to 39-year-olds, and 40- to 59-year-olds, increased by 7 percentage points across the decade, but less so for those 60 and older.²

Members living with obesity

Obesity treatments are one of the hottest topics in health care today. That's why it's important for employers to see the full picture – understanding that the disease has a wide range of potential impacts on an employee beyond just cost, including depression, injuries and lost productivity.

In an environment where health care costs are expected to outpace inflation, it is imperative that employers look closely at major cost drivers and think differently about how to mitigate risks as they support employees and their family members. Ultimately, employers are encouraged to create strategic plans grounded in their workforce data, experience and opportunities, and obesity management should be included in future risk mitigation strategies for overall population health.

About one quarter of HAC's 224K members have been diagnosed with obesity, and they account for nearly half of the total health care spend⁴



Obesity costs

Obesity is first and foremost a health epidemic. But it is also a major driver of rising health care costs in the United States and a potential cost driver for employers across their business. A 2024 congressional report, for example, found that obesity will cost up to \$9.1T in excess medical expenditures over the next 10 years.⁵

Higher costs accrue not only to employers, but individuals as well. The cost share for members living with obesity was over \$662 (66%) more per year than peers living without obesity.⁴

Adults living with obesity have higher per member, per month (PMPM) costs⁴



If 10% of HAC members didn't develop obesity, up to \$30M savings could potentially be achieved annually

Looked at another way: If an employer group with 5K enrollees achieved a 25% reduction in obesity, they could potentially save \$8.6M annually.

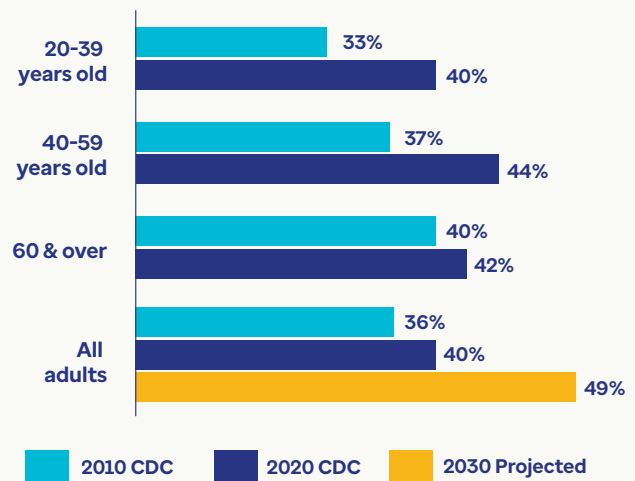
Big potential cost savings

Over time, per-member costs add up.

- If obesity rates among HAC members had remained the same as they were in 2010, total spend would have been reduced by \$54.3M (or 5%) in 2023⁴
- Moreover, total spend over the last 10 years would have been reduced by more than \$500M⁴

Similarly, savings can be achieved if members do not develop obesity. If just 25% of HAC members with obesity had not progressed to living with obesity, annual plan savings would amount to \$74M in just the last 12 months.⁴

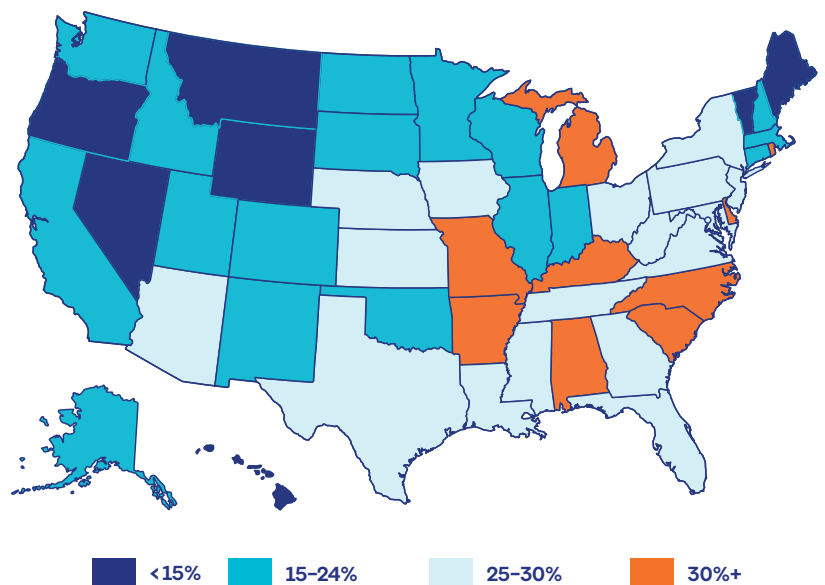
Obesity rates by age band⁴



Differences across the country

Right now, the overall obesity rate of HAC adult members – 26% – is below the national average.⁴ While the prevalence of obesity among members is about the same in rural (26%) versus urban (25%) areas, there are significant state-by-state variations.⁴ Among states with at least 1K HAC members, California had the lowest obesity rate (17%) and Alabama had the highest (36%).⁴

Health Action Council: Adult obesity rates⁴



The trend continues

The obesity rate is likely to continue rising in the coming years. The CDC expects about half (49%) of the U.S. adult population to be living with obesity by 2030. If this occurs, HAC plan sponsors may see an additional \$500M or more in spend.

\$500M

Additional cost that may be borne by HAC plan sponsors and their employees by 2030 if the adult obesity rate rises to 49%, as projected.



“Obesity is the apex predator of human health and well-being, and the #1 health risk in this nation. It attacks the body through changes in physiology, kinesiology and alterations in our biochemistry. As a result, we see disease in the form of diabetes, worn-out joints resulting in back pain and joint replacements, high-risk pregnancies that increase maternal mortality to alarming levels and a long list of other progressive diseases.”

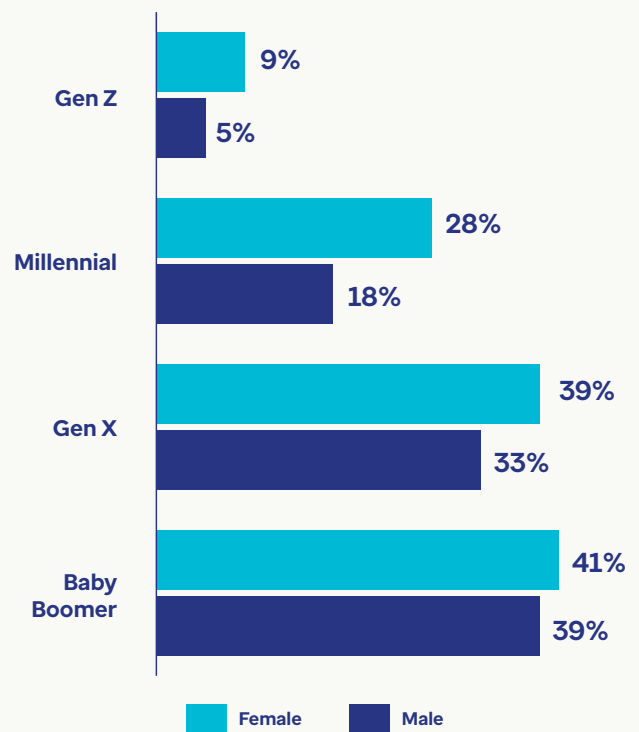
– Chief Medical Officer, National Accounts,
UnitedHealthcare Employer & Individual

Gender and generational trends

As HAC members age, obesity rates rise. Women are more likely to have obesity at every age. Certain generations experience larger jumps than others. There is a dramatic rise in obesity when Gen Z women (9%) are compared with Millennial women (28%), amounting to a 19-percentage-point difference.⁴ The greatest increase among men was from Millennial (18%) to Gen Z members (33%), where a 15-percentage-point rise is visible.⁴ But for HAC members who are Baby Boomers (aged 60–78), the gender divide is quite small. From a per-member cost perspective, there is a worrisome trend among younger members. Employer groups need to be prepared for potentially higher health care costs across their younger workforce because of the higher rates of obesity.

The high costs of obesity are underscored when PMPM costs are analyzed by generation and obesity status. The takeaway is clear: The younger the member population, the bigger the cost differential between individuals with and without obesity. For example, a Millennial member experiencing obesity has a higher PMPM cost on average (\$570) when compared to a Baby Boomer member not living with the disease (\$527), who is on average 27 years older.⁴

Obesity rates by gender and generation⁴



In terms of health care costs, living with obesity effectively ages a member by 27 years.⁴

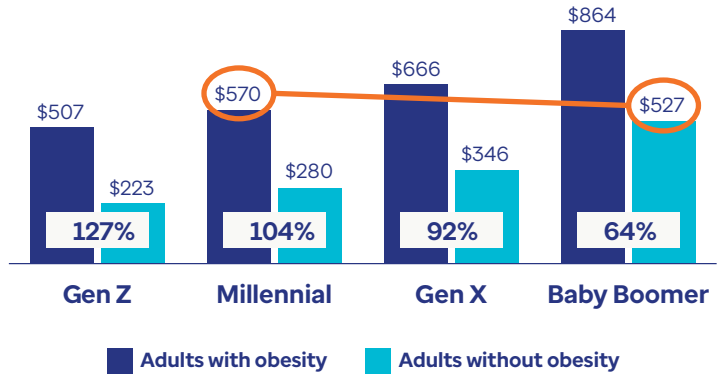
In the past, risk mitigation for employers has largely been based on an assumption that people develop obesity and other chronic conditions as they age. However, data shows that younger people are more likely to be obese now, and as they age on the plan their health care costs may be even higher. Employer groups should be financially prepared and consider investing in wellness strategies now in order to help decrease obesity among members, as it may be difficult for them to overcome in the long run.

In other words, from a cost perspective, obesity effectively ages a member by increasing the likelihood that a younger member will be diagnosed with a chronic condition.

Allowed non-catastrophic medical PMPM



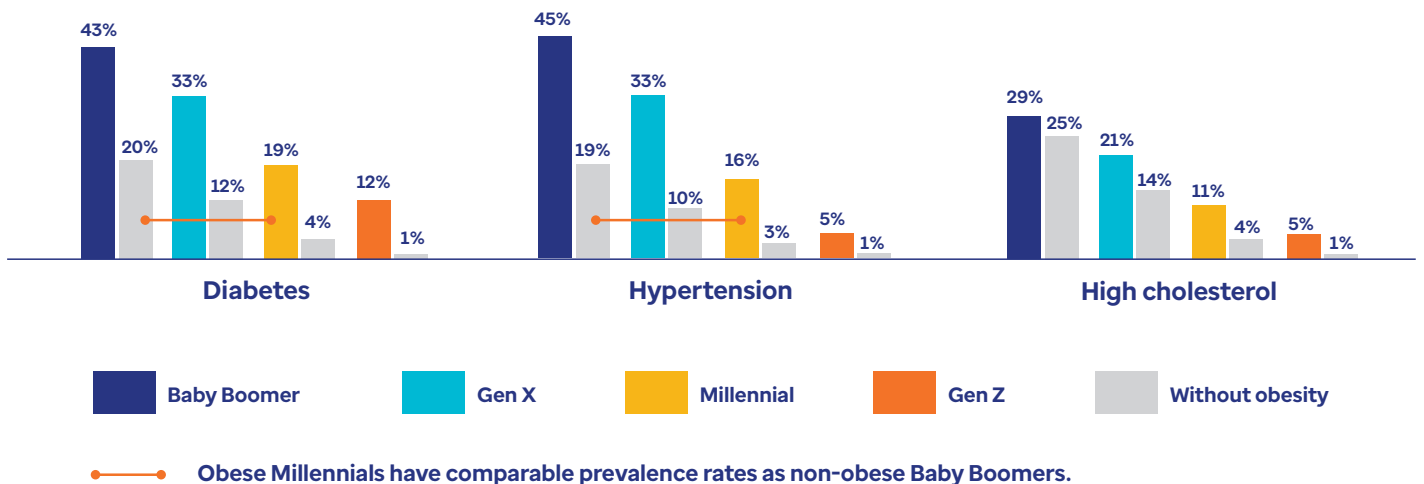
The younger the population, the larger the spend difference between obese and non-obese members⁴



- Consider **diabetes**: 19% of Millennial members living with obesity also have diabetes – about the same rate of non-obese Baby Boomers who are managing diabetes⁴
- The same parallel is seen with **hypertension**: 16% of Millennial members with obesity have hypertension, while 19% of Baby Boomers without obesity have the condition⁴

For employers working to keep health care cost increases in check, the implications here should serve as a stark wake-up call. As more younger adults begin living with obesity, the lifetime health care costs of these members may be pushed higher and higher.

Chronic condition prevalence by generation⁴



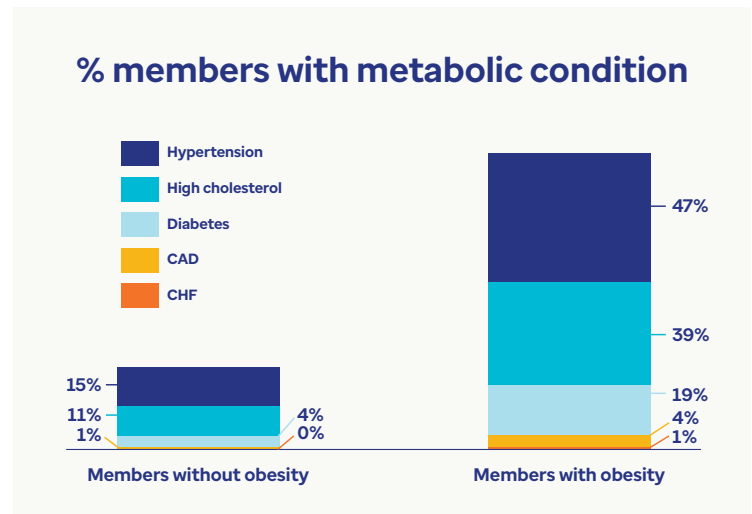
Strong links to a range of other health challenges

Living with obesity is strongly associated with a range of physical health challenges. Research has established that obesity significantly raises an individual's risk of cancer, autoimmune disorders and stroke, as well as mental health illnesses and musculoskeletal (MSK) conditions.⁶ Given the associated health conditions and problems, obesity may shorten life expectancy.

Metabolic comorbidities are common

Our analysis of HAC member data underscores this reality. Nearly two-thirds (61%) of members living with obesity had other metabolic comorbidities.⁴ Adults living with obesity were more likely to have claims related to diabetes, high cholesterol and hypertension; the latter condition was the most common comorbidity among members living with obesity.⁴

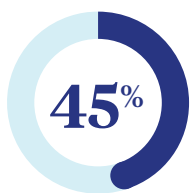
- **Diabetes:** For members in their 50s, rates of diabetes are 2.5 times higher among individuals living with obesity versus individuals not living with obesity⁴
- **High cholesterol:** For members in their 40s, rates of high cholesterol are 2.5 times higher among individuals living with obesity versus individuals not living with obesity⁴
- **Hypertension:** For members in their 40s, rates of hypertension are 3 times higher among individuals living with obesity versus individuals not living with obesity.⁴ Members living with obesity aged 40-49 have higher rates of hypertension – which can cause heart disease, stroke, kidney disease, vision loss and vascular dementia – than individuals not living with obesity aged 60-64⁴



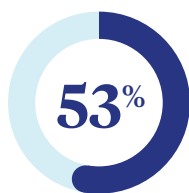
Obesity raises risk of top health care cost drivers

Looking beyond metabolic conditions, a range of other conditions is also more prevalent among members living with obesity. Consider the 3 most costly types of chronic conditions: neoplasms (e.g., cancers), MSK (e.g., knee) and circulatory (e.g., heart diseases).⁷ Health care costs of members experiencing obesity accounted for almost half the spend in these 3 areas, despite being only 26% of the adult population.⁴

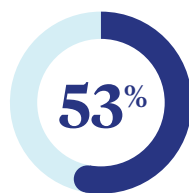
Specifically, health care costs for members with obesity comprised⁴:



of the monthly neoplasm spend



of the monthly MSK spend (including 56% of MSK surgeries)



of the monthly circulatory spend

Members living with obesity are more likely to experience a MSK-related diagnosis⁴



more likely to have a knee replaced



more likely to have a hip replaced

Members with obesity are also significantly more likely to have other MSK-related diagnoses (e.g., back pain), as well as autoimmune conditions and cancers (a growing body of research has linked obesity, and in particular having both obesity and diabetes, with elevated risks of multiple types of cancer).⁸

Rates of autoimmune conditions such as rheumatoid arthritis and lupus were more than twice as high in members with obesity compared with peers without obesity.⁴ Colon and breast cancer rates were also more than twice as high among adult members living with obesity.⁴ Both cancer and autoimmune condition care are top spend drivers for HAC employer groups.⁴

Condition prevalence: Obese adults vs. non-obese adults⁴

Musculoskeletal conditions	Autoimmune disorders	Thyroid and other conditions	Behavioral health	Cancer
80% higher back pain	56% higher multiple sclerosis	>100% higher thyroid disorders	33% higher anxiety	>100% higher colon cancer
>100% higher osteoarthritis	>100% higher rheumatoid arthritis	67% higher headache	61% higher depression	>100% higher breast cancer
8% higher osteoporosis	>100% higher lupus	>100% higher malaise and fatigue	87% higher eating disorders	65% higher thyroid cancer

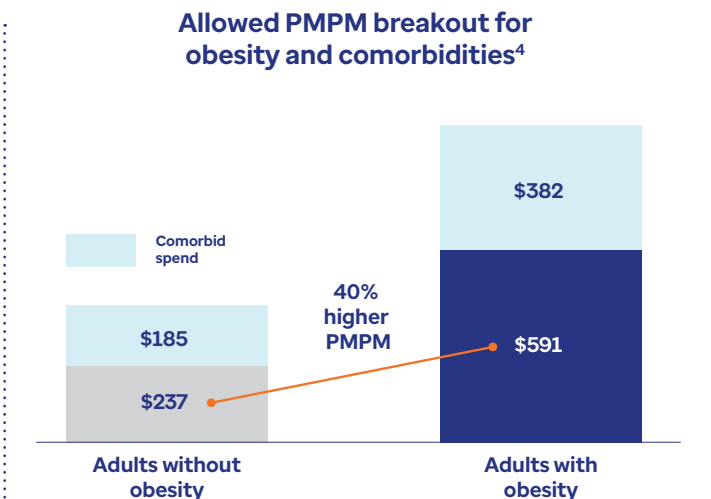
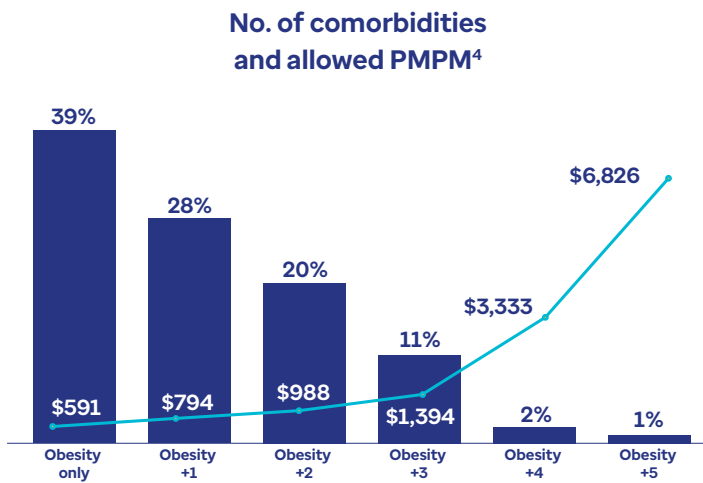
Looking at members 50 and older experiencing obesity, cancer rates are elevated across a wide range of types. Nine of the 13 cancers related to obesity had a higher prevalence among HAC members living with obesity.⁴ These included breast (+46%), upper stomach (+94%), ovarian (+44%), colon and rectal (+80%) and adenocarcinoma of the esophagus (+18%).⁴

More comorbidities, higher costs

The more comorbidities a person with obesity has, the higher their costs become. PMPM costs rise particularly sharply when a member living with obesity has more than 3 comorbidities.⁴

Not all members with obesity have comorbidities – in fact, 39% of these members have none.⁴ Despite the lack of comorbidities, this group still has a 40% higher PMPM than members without obesity.⁴

39%
of spend for members living with obesity is related to metabolic comorbidities, while members with obesity and no such comorbidities still had a 40% higher PMPM than those without obesity.⁴



More likely to be anxious and depressed

The challenges experienced by members living with obesity often include mental health disorders. In fact, behavioral health conditions and obesity are related in complex ways and can affect each other.⁹ Adult members living with obesity are far more likely to suffer from mental health-related challenges, including anxiety and depression.

When compared to adults without obesity, adult members with obesity had a:⁴



33% higher rate of anxiety



50% higher rate of substance use



61% higher rate of depression



87% higher rate of eating disorders

As with physical conditions, there are significant differences between generations with respect to mental health challenges. Similar to the general U.S. population,¹⁰ younger adult HAC members are far more likely to experience anxiety and depression than older adults. This holds true for adult members living with obesity – except the incidence of these conditions is much higher.⁴

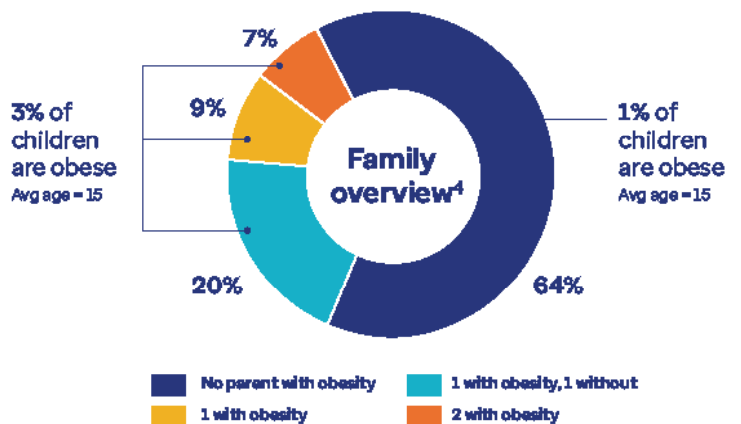
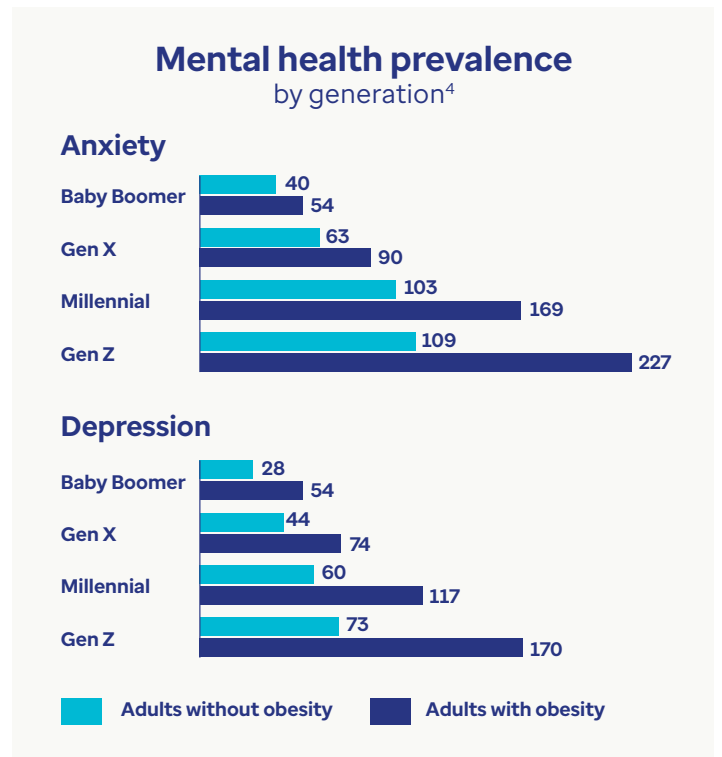
For example, Gen Z members living with obesity had double the rates of anxiety and depression as their peers without obesity.⁴ These disparities steadily narrow as we look at older generations – but this data still underscores the reality that regardless of age, members living with obesity are more likely to seek treatment for anxiety and depression.⁴

The impact of parental obesity

Obesity's impact goes beyond individuals with the condition. Around the world, children of parents with obesity are about 2 times as likely to experience obesity themselves.¹¹ In recent decades, the childhood obesity rate has risen substantially, although it remains far below adult rates.¹²

In terms of HAC data, children born to mothers living with obesity are more likely to have obesity later in life – and are more likely to be higher utilizers of care.⁴ This is of particular concern given that the obesity gender gap is widest among Millennials, who currently make up the largest group in the workforce.⁴ Most women in this generation are in childbearing years.

Mental disorder claimants per 1K ⁴	Adults with obesity	Adults without obesity	Difference
Anxiety	112.6	84.6	33%
Depression	87.6	54.5	61%
Adjustment disorders	35.5	27.2	31%
Eating disorders	16.0	8.6	87%
Substance use	15.7	10.5	50%
Alcohol-related	6.5	5.9	9%
Suicidal ideation	2.5	1.9	32%



Among HAC members, children are 3 times as likely to experience obesity if at least one of their parents has obesity, compared with children of parents who do not have obesity.⁴

It's important to emphasize that children of adults living with obesity are more likely to experience a range of physical health challenges beyond obesity.⁴ These include conditions, such as asthma, diabetes and behavioral health challenges. (Children of adults with obesity also have twice the rates of high cholesterol and hypertension.)

Claimants per 1K ⁴	Children of adults with obesity	Children of adults without obesity	Difference
Asthma	41.9	31.0	35%
Back pain	22.9	38.0	-66%
Headache	24.2	18.2	34%
Diabetes	8.2	5.4	52%
High cholesterol	3.6	1.7	>100%
Hypertension	0.8	2.0	>100%

Greater behavioral health challenges as well

Children of members living with obesity are also more likely to experience a range of mental health challenges.⁴ In terms of the obesity epidemic, this is concerning because research shows that individuals grappling with persistent mental health disorders are more likely to gain weight.¹³

Depression, attention-deficit/hyperactivity disorder (ADHD) and developmental disorders (e.g., autism) had the largest variances between children of adults living with obesity and children of adults not living with obesity. For example, the former group had a 44% higher rate of claims related to depression.⁴

Mental disorder claimants per 1K ⁴	Children of adults with obesity	Children of adults without obesity	Difference
Anxiety	103.7	83.0	25%
ADHD disorders	99.0	71.2	39%
Depression	62.4	43.4	44%
Adjustment disorders	42.8	36.6	17%
Developmental disorders	8.6	4.1	>100%
Suicidal ideation	7.5	6.3	20%

When parents live with obesity, their children's utilization increases and associated costs rise⁴

Given higher rates of physical and mental health challenges, children of parents with obesity tend to seek care more often. On average, they visit physicians' offices, urgent care facilities and emergency rooms (ERs) more often and have more pharmacy prescriptions.⁴ This higher utilization translates into higher costs.

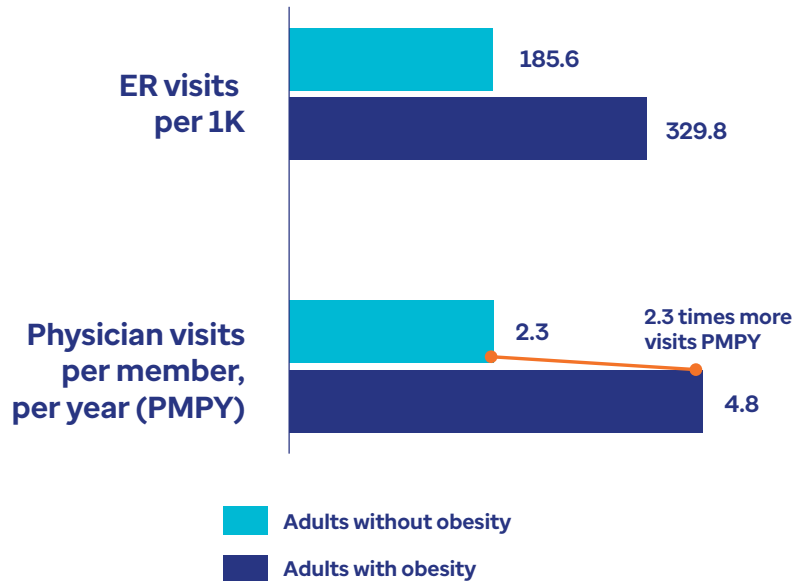


Higher utilization means lower productivity

Adult members living with obesity utilize the plan at much higher rates than members without obesity.⁴ This not only drives up average costs for adults experiencing obesity – it also means less time at work. Lost productivity can negatively impact organizations employing members experiencing obesity, as well as affect individual career trajectories.

ER and physician visits far more common

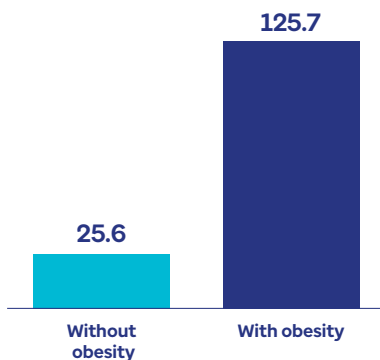
- Adult members with obesity visit the ER nearly 2 times (1.8x) more than adult members without obesity.⁴ The 3 top reasons for these visits were chest pain, abdominal pain and back pain.
- Total work hours lost due to ER visits by adult members experiencing obesity were 155K, assuming each visit averaged a half-day, or 4 hours. In terms of work days lost, members with obesity had a 78% higher level than adult members without obesity (165 vs. 93).⁴
- Adult members living with obesity visit physicians' offices more than twice as often (2.3x) as adults without obesity.⁴ The 3 top reasons for these visits were routine care, hypertension and back pain.
- Total work hours lost due to physician visits exceeded 2M, assuming each visit required 4 hours (a half-day of work). Members with obesity lost more than twice as many work days compared to members without obesity.⁴



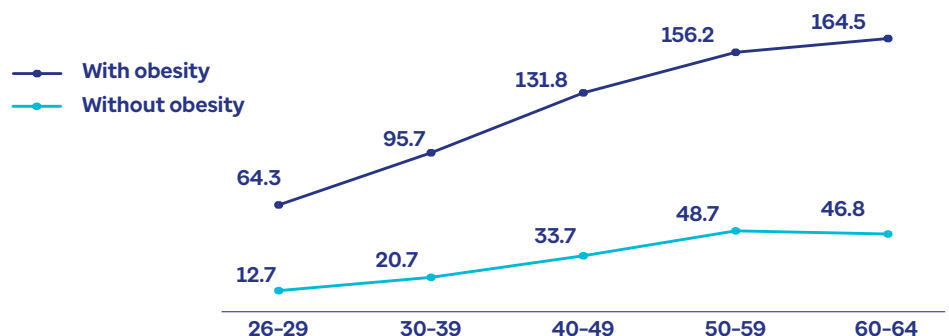
High sleep apnea rates also impact productivity

Sleep apnea frequently interrupts sleep, preventing deeper, prolonged periods of rest. That leads to excessive daytime sleepiness, which can lead to decreased productivity at work – particularly in blue-collar environments.¹⁴ It disproportionately affects people living with obesity, and HAC members are no exception. We see a dramatic disparity in this condition between adult members with obesity and those without obesity. The former group is about 5 times (4.9x) more likely to have sleep apnea.⁴ Young adult members (26-29 years old) have a higher rate of sleep apnea than members more than twice their age (60-64).⁴

Claimants per 1K



Claimants per 1K by age band

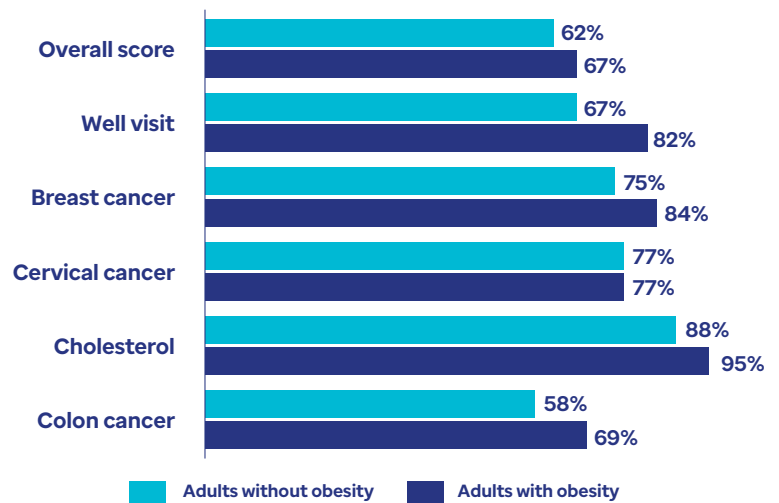


A bright spot: Better navigators

There is a bright spot in the data relative to adult members living with obesity. Perhaps because of their higher utilization rates (and therefore greater experience), adult members living with obesity can more successfully navigate the health care system, on average.⁴

These members tend to make better care decisions than peers not experiencing obesity.⁴ Their overall Health Activation Index® (HAI®) score was 67% vs. 62% for their peers. (HAI scores calculate the percentage of times a person makes optimal choices across a range of decision types, including financial, clinical and resource utilization.)

HAI score comparison



Conclusion: Addressing obesity among your workforce

The roots of the obesity epidemic in the United States are complex, involving diet, sedentary lifestyles, genetics and demographics, among other factors. The impacts of obesity, however, are clear. This study underscores the range of serious health consequences, which include increased risk of a range of diseases, MSK conditions and behavioral health challenges. It also connects the dots between high utilization rates of HAC members with obesity and higher health care costs.

With obesity rates projected to rise, employers are looking for ways to bend the cost curve. The first step is a deeper understanding of what's driving the epidemic and related health challenges, including looking closely at utilization and cost trends within specific member groups and workplaces. Reducing obesity rates can keep chronic conditions at bay, improving the lives – and productivity – of employees, while also slowing cost increases.

Obesity presents one of the great health care challenges of our time. There are no definitive treatment plans. Employers looking to manage costs will need to take a whole-person health approach to weight management that goes beyond medication. Progress is possible. In 1965, the rate of U.S. adult smokers peaked at 42%; by 2022, it had declined to 11.5%.¹⁵ Significant changes at the population level can occur again to address the obesity epidemic – but for that to happen, a set of tactics must be implemented and sustained.

It's important to understand that obesity is preventable in many cases and may be averted and/or improved with lifestyle modification. The journey to becoming overweight is different for everyone.

Here are a few ways employers may help to create a healthier culture to both help prevent and reduce obesity:

- 1. Understand your population.** Look at your claims to determine what percentage of your employee population and dependents are impacted by obesity. Where is it prevalent? Who is most impacted? What other health risks exist among those experiencing obesity? What percentage of this population is experiencing challenges related to social drivers of health (SDOH)?
- 2. Educate.** Nobody likes to hear they need to lose weight. But it's important for them to develop a positive relationship with themselves, their food consumption and their activity levels.
 - (a) Educate your employees on health
 - (b) Offer a class that rotates exercise, nutrition and mindfulness
 - (c) Encourage less screen time and more quality sleep
 - (d) Medication can cause weight gain. If an employee is taking medication, have them talk with a pharmacist to determine if it is the right medication
- 3. Walk the talk.** When hosting meetings or events, or purchasing for vending machines or the cafeteria, make healthy, good-tasting and nonprocessed foods available.
- 4. Create a team-building exercise with the creation of a community garden.** Make the picked crop available to employees at minimal cost or in trade for labor.
- 5. Depending on your location, coordinate with a local grocer or food distributor to label food that improves and supports health.**
- 6. Support employees by adding movement into their daily lives.**
- 7. Create a journey and experience to achieving and maintaining health.** Recognize and celebrate little wins.

Learn more

Gain an advanced viewpoint of your employee population's health based on additional data points. For more details, contact Patty Starr of Health Action Council or reach out to your broker, consultant or UnitedHealthcare representative.

About Health Action Council – HAC is a not-for-profit organization representing large employers that enhances human and economic health through thought leadership, innovative services and collaboration. We provide value to our members by facilitating projects that help to improve quality, lower costs and enhance individual experiences, and by collaborating with key stakeholders to help build a culture of health.

About UnitedHealthcare – UnitedHealthcare is dedicated to **helping people 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, military service members, retirees and their families, and Medicare and Medicaid beneficiaries, and contracts directly with 1.7M+ physicians and health care professionals and 5K+ hospitals and other care facilities nationwide.¹⁶ UnitedHealthcare is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company.

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- ¹ U.S. Centers for Disease Control and Prevention. Adult Obesity Facts, May 14, 2024. <https://www.cdc.gov/obesity/adult-obesity-facts/index.html> About Obesity, January 23, 2024. <https://www.cdc.gov/obesity/php/about/index.html> Consequences of Obesity, Undated. <https://www.cdc.gov/obesity/basics/consequences.html>
- ² National-level and state-level prevalence of overweight and obesity among children, adolescents, and adults in the USA, 1990–2021, and forecasts up to 2050. The Lancet, November 2024. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01548-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01548-4/fulltext)
- ³ U.S. Centers for Disease Control and Prevention. New CDC Data Show Adult Obesity Prevalence Remains High, September 2024. <https://www.cdc.gov/media/releases/2024/p0912-adult-obesity.html#:~:text=An%20adult%20with%20obesity%20has,severe%20outcomes%20from%20respiratory%20illnesses>
- ⁴ Unless otherwise noted, this work contains UnitedHealth Group internal data based on a comparison of current medical and pharmacy plan data of Health Action Council plan sponsors from April 2023 through March 2024, paid through June 2024.
- ⁵ Report of the Joint Economic Committee Congress of the United States on the 2024 Economic Report of the President of the United States. June 2024. https://www.jec.senate.gov/public/vendor/_accounts/JEC-R/jer-chapters/2024JERChapter4.pdf
- ⁶ U.S. Centers for Disease Control and Prevention. Consequences of Obesity, Undated. <https://www.cdc.gov/obesity/basics/consequences.html>
- ⁷ UnitedHealthcare. Breaking down the conditions raising employer health care costs, October 2024. <https://www.uhc.com/agents-brokers/employer-sponsored-plans/news-strategies/costliest-health-conditions-for-employers>
- ⁸ Brown, Justin C. et al. The Triple Health Threat of Diabetes, Obesity, and Cancer—Epidemiology, Disparities, Mechanisms, and Interventions. Journal of Obesity, June 2021. <https://www.sochob.cj/web1/wp-content/uploads/2021/07/The-Triple-Health-Threat-of-Diabetes-Obesity-and-Cancer%E2%80%94Epidemiology-Disparities-Mechanisms-and-Interventions.pdf>
- ⁹ Milken Institute School of Public Health, The George Washington University. Fast Facts - Mental Health and Obesity, May 2021. <https://stop.publichealth.gwu.edu/fast-facts/mental-health-obesity#:~:text=Mental%20health%20and%20obesity%20are,more%20likely%20to%20experience%20depression>
- ¹⁰ KFF. Latest Federal Data Show That Young People Are More Likely Than Older Adults to Be Experiencing Symptoms of Anxiety or Depression. March 2023. <https://www.kff.org/mental-health/press-release/latest-federal-data-show-that-young-people-are-more-likely-than-older-adults-to-be-experiencing-symptoms-of-anxiety-or-depression/>
- ¹¹ Lee, Ju Suk et al. Global relationship between parent and child obesity: a systematic review and meta-analysis. Clinical and Experimental Pediatrics, March 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8743427/>
- ¹² Kokka, Ioulia et al. Psychiatric Disorders and Obesity in Childhood and Adolescence—A Systematic Review of Cross-Sectional Studies. Children, February 2023. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9955505/>
- ¹³ Ibid.
- ¹⁴ Mulgrew, AT et al. The impact of obstructive sleep apnea and daytime sleepiness on work limitation. Sleep Med, December 2007. <https://pubmed.ncbi.nlm.nih.gov/17825611/>
- ¹⁵ American Lung Association. Overall Smoking Trends. 2024. <https://www.lung.org/research/trends-in-lung-disease/tobacco-trends-brief/overall-smoking-trends#:~:text=Long%20term%2C%20smoking%20rates%20have,%2C%20from%2014.0%25%20in%202017.> Accessed Dec. 2024.
- ¹⁶ UnitedHealthcare internal analysis, Dec. 31, 2024.

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