All of us at Optum are bound by more than our mission and our culture. While we’re each one-of-a-kind, we share an incredible enthusiasm for living. When it comes time to recognize the hard work of our employees, we’ve put together programs and options that fully address unique lifestyles and needs. From fitness to financial planning, it’s our way of saying thanks for doing your life’s best work.℠

We offer competitive health and wellbeing options and we contribute to the cost of benefits for you and your family. Read on to learn about the benefits we offer our Puerto Rico employees as part of your Total Rewards.

This brochure provides a general description of the benefit plans provided for our Puerto Rico employees. If there is any discrepancy with the official plan documents, the plan documents will control.
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Health & Wellness

Our mission of helping people live healthier lives extends to our employees. UnitedHealth Group gives you the programs and resources you need to take care of your health and manage health care costs. Health and wellness benefits are available to regular full-time and part-time employees working at least 20 hours per week. You and the company contribute to the cost of medical and dental coverage for you and your eligible dependents. You pay your share of medical and dental premiums through convenient payroll deductions.

Who’s Eligible

- Full-time employees regularly scheduled to work 35 or more hours per week
- Part-time employees regularly scheduled to work 20 or more hours per week
- Part-time variable-hour employees not otherwise eligible for benefits who worked an average of 30 hours or more per week during a 12-month look-back period
- Eligible spouses, domestic partners and dependent children

Helpful Tools

Your Triple-S PPO medical plan resources are just a click or a call away:

- Online: ssspr.com
- Phone: 800-981-3241
Medical Options

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>DEDUCTIBLES, COPAYS AND COINSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Medical</strong></td>
<td></td>
</tr>
<tr>
<td>Covers services such as: cardiac rehabilitation, prosthetic devices and implants, orthotic devices, surgical assistance, sports medicine, allergy vaccines, among others.</td>
<td></td>
</tr>
<tr>
<td>To receive services unavailable in Puerto Rico in the United States you need a preauthorization, except in an emergency. Preauthorized services are covered through our Blue Cross Blue Shield (BCBS) network and will be paid directly to the participating provider, subject to the initial deductible and coinsurance of this coverage. Non-participating providers in the United States are covered only in emergencies.</td>
<td></td>
</tr>
<tr>
<td><strong>Initial Deductible</strong></td>
<td>$100 individual/$300 family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>Maximum Payout</strong></td>
<td>$2,000 individual/$6,000 family</td>
</tr>
<tr>
<td><strong>Basic Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Maximum Out of Pocket for medical, pharmacy and hospital services given by participating providers*</td>
<td>$6,350 Individual</td>
</tr>
<tr>
<td></td>
<td>$12,700 Family</td>
</tr>
<tr>
<td>*Nonessential benefits, services not covered or given by providers outside our network aren't eligible for the accumulation of maximum out of pocket.</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive Immunization (Vaccines)</td>
<td>$0</td>
</tr>
<tr>
<td>Immunizations (Vaccines) for Respiratory Syncytial Virus</td>
<td>20%</td>
</tr>
<tr>
<td>Sterilization and Vasectomy</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Medical Visits</strong></td>
<td></td>
</tr>
<tr>
<td>General Practitioner</td>
<td>$5</td>
</tr>
<tr>
<td>Specialist (including psychologist and psychiatrist)</td>
<td>$10</td>
</tr>
<tr>
<td>Subspecialist</td>
<td>$15</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>Up to three visits per policy year. Covered by reimbursement up to $20 per visit for treatment of morbid obesity, renal conditions and diabetes.</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Tests</strong></td>
<td></td>
</tr>
<tr>
<td>Labs</td>
<td>25%</td>
</tr>
<tr>
<td>X-Rays</td>
<td>25%</td>
</tr>
<tr>
<td>Specialized Tests</td>
<td>25%</td>
</tr>
<tr>
<td>Lithotripsy</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy &amp; Chiropractor Manipulations (combined up to 20 visits)</td>
<td>$0</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>$30</td>
</tr>
<tr>
<td>Illness</td>
<td>$30</td>
</tr>
<tr>
<td>Recommended by Teleconsulta</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td></td>
</tr>
<tr>
<td>Regular (including mental health)</td>
<td>$50</td>
</tr>
<tr>
<td>Partial (due to mental illness)</td>
<td>$30</td>
</tr>
</tbody>
</table>
### Triple-S PPO

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>DEDUCTIBLES, COPAYS AND COINSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td>25%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>25%</td>
</tr>
<tr>
<td>Services in United States</td>
<td>Covered under Major Medical</td>
</tr>
</tbody>
</table>

#### Pharmacy Coverage

**Rule of Generic Mandatory Medication**

The pharmacist will dispense the generic as a first option, if available. If the plan member prefers or the physician prescribes a brand name drug instead of a generic, the plan member will pay the brand name drug copay plus the difference between the cost of the brand name drug and the generic.

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Deductible or Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred Medication</td>
<td>$2</td>
</tr>
<tr>
<td>Generic Non-Preferred Medication</td>
<td>$5</td>
</tr>
<tr>
<td>Preferred Brand Medication</td>
<td>$10</td>
</tr>
<tr>
<td>Non-Preferred Brand Medication</td>
<td>$15</td>
</tr>
<tr>
<td>Specialized Medication</td>
<td>$25</td>
</tr>
<tr>
<td>Non-Preferred Specialized Medication</td>
<td>$50</td>
</tr>
<tr>
<td>Oral Chemotherapy Drug</td>
<td>$0</td>
</tr>
</tbody>
</table>

**90-Day Supply for Maintenance Medications (mail or 90 Days Program pharmacies)**

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Deductible or Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred Medication</td>
<td>$4</td>
</tr>
<tr>
<td>Generic Non-Preferred Medication</td>
<td>$15</td>
</tr>
<tr>
<td>Preferred Brand Medication</td>
<td>$20</td>
</tr>
<tr>
<td>Non-Preferred Brand Medication</td>
<td>$45</td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deductible or Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemotherapy</td>
<td>$0</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>25%</td>
</tr>
<tr>
<td>Triple-S Natural (alternative medicine)</td>
<td>$15, up to six visits per policy year</td>
</tr>
</tbody>
</table>

**Vision**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deductible or Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses or Contact Lenses</td>
<td>$150 every two years</td>
</tr>
<tr>
<td>Refraction Exam</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Dental**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deductible or Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services</td>
<td>$0</td>
</tr>
<tr>
<td>Restorative Services</td>
<td>$0</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Deductible $50. Up to $1,000 per policy year with $0 copay.</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Covered by reimbursement at 100%, up to $1,000 per life.</td>
</tr>
</tbody>
</table>

This is a brief informational summary and does not replace or modify the policy. We urge you to review the Certificate of Benefits (Policy) so you know in detail the benefits, limitations, and exclusions of the coverage.
**Vision Options**

The Triple-S medical plan includes vision coverage. However, you are eligible to elect any of the three vision coverages listed below available through UnitedHealth Care.

**Who's Eligible**
- All regular full- and part-time employees
- Eligible spouses, domestic partners and dependent children

**Coverage Options**
- Exam Only
- Exam and Materials
- Exam and Materials PLUS

**How the Plans Work**
Under all three options, you can receive care from any provider, but you’ll receive a higher level of coverage when you see a UnitedHealthcare vision provider. To find a participating vision provider, visit [myuhcvision.com](http://myuhcvision.com) and select "Locate a Provider" or call 800-638-3120.

If you see a provider outside the network, reimbursement for covered services is limited.

<table>
<thead>
<tr>
<th>What the Plan Pays – Network Service</th>
<th>Exam Only</th>
<th>Exam and Materials</th>
<th>Exam and Materials PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams (once/12 months)</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
</tr>
<tr>
<td>Frames* (once/24 months)</td>
<td>Not covered</td>
<td>100% after $15 copay, up to $130 allowance</td>
<td>up to $130 allowance</td>
</tr>
<tr>
<td>Lenses* (once/12 months)</td>
<td>Not covered</td>
<td>100% after $15 copay</td>
<td>100% after $15 copay</td>
</tr>
<tr>
<td>Contact Lenses* (once/12 months if you elect to purchase contacts instead of lenses/frames)</td>
<td>Not covered</td>
<td>100% after $15 copay, up to $130 allowance</td>
<td>100% after $15 copay, up to $200 allowance</td>
</tr>
</tbody>
</table>
| Lens Options                        | Not covered | 100% for scratch-resistant coating and polycarbonate lenses | 100% for:
|                                     |           |                    | • Scratch-resistant coating, tints, UV, photochromic |
|                                     |           |                    | • Standard anti-reflective, edge coat, polycarbonate |
|                                     |           |                    | • Standard, deluxe premium and platinum progressives |

*In a 12-month period the plan pays for glasses (lenses and frames) or contacts, but not both.*
Using Your Vision Plan

ID Cards
You will not receive an ID card and you do not need one to use your vision benefits. When you go to your appointment, you will need to provide the last four digits of your Social Security number and tell your provider you have the Spectera/UHC Vision plan. However, if you'd like a member ID card, you can easily print one on myuhcvision.com.

Visit myuhcvision.com to:
- Find an In-Network Provider – You must receive services from an in-network provider to receive the highest level of benefits. To locate an in-network provider, click on “Find a Doctor” and choose Find Vision Care.
  - If you receive services from an out-of-network provider, you must pay at the time of service and submit a claim for reimbursement up to the out-of-network allowance (typically up to $45).
- File a Claim – If you use an in-network provider, your provider will file a claim for you. If you use an out-of-network provider, you will need to file a claim through myuhcvision.com.

Life/Disability

Basic Life/Accidental Death & Dismemberment (AD&D)

Who's Eligible
- Regular full-time employees working 35 or more hours per week
- Regular part-time employees regularly scheduled to work less than 35 hours per week

How It Works
Employee Basic Life Insurance is paid to your beneficiary in the event of your death. AD&D coverage is paid to you or your beneficiary if you suffer a serious injury or die because of an accident. Name your beneficiary during your enrollment or after you are enrolled. If you have not named a beneficiary, your beneficiary will be determined by plan provisions.

Coverage Options
- **Employee Basic Life/AD&D**
  - Full-time employees: Coverage equals two times your Benefit Compensation.
  - Part-time employees: Flat coverage amount of $10,000
- **Employee Basic Life/AD&D up to $50,000 to avoid imputed income tax.**
  - You do not pay a premium for Basic Employee Life/AD&D coverage. However, if the value of your Employee Basic Life/AD&D coverage is more than $50,000, you pay Puerto Rico income tax on the amount attributable to the cost of the coverage in excess of the $50,000 limitation. This is called imputed income. You can elect to limit your benefit to $50,000 to avoid imputed income tax. You must provide proof of good health, also known as Evidence of Insurability (EOI), if you reduce your coverage to $50,000 and elect to increase your coverage later.
Employee Supplemental Life/AD&D

Who's Eligible
- Regular full-time employees working 35 or more hours per week

How It Works
You can purchase Employee Supplemental Life /Accidental Death & Dismemberment (AD&D) to provide additional financial protection for you and your beneficiaries. UnitedHealthcare Insurance Company provides the coverage.

Employee Supplemental Life Insurance is paid to your beneficiary in the event of your death. AD&D coverage is paid to you or your beneficiary if you suffer a serious injury or die because of an accident. You can enroll for coverage at any time. You may be subject to Evidence of Insurability (EOI) underwriting if you enroll any time after your initial eligibility and if coverage exceeds certain limits.

Coverage Options
You may choose:
- Employee Supplemental Life alone
- Employee Supplemental Life and AD&D

AD&D coverage doubles the benefit if you die as the result of an accident. If you have a covered dismemberment injury, you receive a percentage of the benefit.

Coverage Amounts
You may buy 1x, 2x, 3x, 4x or 5x your Benefit Compensation. This can't exceed $3 million of combined Basic Life and Employee Supplemental Life.

Any increase in Supplemental Life coverage will require proof of good health, also called Evidence of Insurability (EOI).

New employees note:
You may elect coverage up to two times your Benefit Compensation, up to $500,000, without EOI, during your initial enrollment. Coverage above that amount requires EOI before coverage is effective.

Dependent Life/AD&D

Who’s Eligible
- Regular full-time employees working 35 or more hours per week

How It Works
Spouse/Domestic Partner and Child Life Insurance pay benefits to you if your spouse/domestic partner or child dies. Spouse/Domestic Partner AD&D pays benefits to you if your spouse/domestic partner suffers a serious injury or dies because of an accident.
Spouse/Domestic Partner Life/AD&D

Coverage Options
You may choose:

- Spouse/Domestic Partner Life alone
- Spouse/Domestic Partner Life and AD&D

AD&D coverage doubles the benefit if your spouse/domestic partner dies as the result of an accident. If he or she has a covered dismemberment injury, your spouse/domestic partner receives a percentage of the benefit.

Coverage Amounts
You can purchase coverage in increments of $10,000 up to maximum of $250,000.

If you get married or establish a domestic partner relationship, you have a one-time opportunity during your initial enrollment period to elect coverage of $50,000 or less without proof of good health, also known as Evidence of Insurability (EOI).

New employees note: You have a one-time opportunity during your initial enrollment period to elect coverage up to $50,000 without providing proof of good health (EOI). Coverage above that amount requires EOI before coverage is effective.

Child Life

Coverage Options
You may purchase Child Life that pays a benefit in the event of your child’s death.

Coverage Amounts
You may choose:

- $5,000 per eligible child
- $10,000 per eligible child

You may cover your eligible children up to age 26. If you have a child enrolled in life insurance who turns 26 during the year, you must call HRdirect to have them removed from coverage when they turn 26.

You can purchase, change or drop coverage any time during the year without providing proof of good health, also known as Evidence of Insurability.

Short-Term Disability

How It Works
In addition to the Puerto Rico public disability benefit Seguro por Incapacidad No Ocupacional Temporal (SINOT), Short-Term Disability (STD) provides financial protection if you are unable to work because of a short-term illness or injury. You are automatically enrolled in Basic STD. The company pays the full cost of this coverage. You can increase your coverage by buying Supplemental STD.

Who’s Eligible

- Regular full-time employees working 35 or more hours per week
- Regular part-time employees regularly scheduled to work 20 or more hours per week
Coverage Options

Basic Short-Term Disability
You are automatically enrolled in Basic STD coverage at no cost to you. This benefit provides 60% of your Pre-disability Earnings if you are unable to work due to illness or accident.

Supplemental Short-Term Disability
You may purchase Supplemental STD coverage, which provides an additional benefit of 20%, increasing your STD benefit to 80% of your Pre-disability Earnings.

You pay the full cost of Supplemental Short-term Disability.

Coverage Amount
Benefits may begin after a qualified disability continues for at least five consecutive business days and may continue for up to 180 calendar days. The benefit amount is:

- 60% or 80% of your Pre-disability Earnings, depending on your election on the date of your disability.
- Your STD benefit will be reduced by any disability income you may receive from other sources such as Workers' Compensation, Social Security or any company- or government-sponsored disability programs such as SINOT.

Long-Term Disability

Who's Eligible
- Regular full-time employees working 35 or more hours per week
- Regular part-time employees regularly scheduled to work 20 or more hours per week

How It Works
The company automatically provides Long-Term Disability (LTD) coverage at no cost to you.

Benefits generally begin after 180 days of disability (the maximum Short-Term Disability benefit period). If you remain disabled under the terms of the LTD plan, benefits may be payable until age 65 or later depending on your age at the time you become disabled.

Benefit Amount
You will receive 60% of Pre-disability Earnings, up to the plan's maximum. Your LTD benefit will be reduced by any disability income you may receive from other sources such as Workers' Compensation, Social Security or any company- or government-sponsored disability program.
Business Travel Accident Insurance

UnitedHealth Group provides Business Travel Accident Insurance (BTA) that includes out-of-country medical coverage, along with Accidental Death, Dismemberment, and Disability coverage, for employees who are traveling on authorized company business.

Before you travel for work, review the benefits available under this program.

UnitedHealthcare Global Assistance & Risk is the medical, security and travel assistance service provider supporting the Business Travel Accident Insurance. The Emergency Response Center is available 24 hours a day, 365 days a year. Additional information is available on the Global Intelligence Center. If required to set up a username and password, use policy number 354681 for the following services:

- Medical, Security & Travel Assistance
- Medical, Repatriation or Political Evacuation
- General Travel Advice

If you need assistance before, during or after your business travel, contact UnitedHealthcare Global Assistance & Risk at 1-866-870-3475 and provide the following information:

- UnitedHealth Group UnitedHealthcare Global identification number 354681
- Your name and employee identification number
- Your current location or planned destination and home country
- Your condition, symptoms or query
- A telephone number where they can contact you

Employee Assistance Program

It doesn't matter who you are – or how hard you work. Life can throw you a curve ball. Sometimes you can handle it yourself. But other times, challenges can be large enough to warrant a little extra help. That’s why UnitedHealth Group offers the Employee Assistance Program (EAP). Available 24/7, the EAP provides confidential help when you need it most. It also offers quick access to experts who can help you with a wide range of wellbeing and family support services. Services are available in English and Spanish.

Who’s Eligible?

- All active employees and their household family members

How It Works

The EAP is a voluntary and completely confidential resource to help you with a variety of personal and family issues. There is no cost for telephonic and online access to EAP resources. The first five face-to-face sessions (per person, per issue, per year) with a licensed counselor are free.

You can receive in-person and telephonic support with master's-level licensed counselors for a variety of issues including:

- Emotional problems
- Family and marriage difficulties
- Alcohol and substance abuse
- Grief, depression and stress
- And more
You also have telephonic, online access and referrals to support your work/life including:

- Adult/elder-care services
- Child/parenting support
- Chronic condition support
- Financial support
- Legal and mediation services
- Life learning
- Convenience services
- Nutrition and fitness

The telephonic and online EAP resources are available anytime, day or night, for counseling and referral services to professional advisers and local community resources. All employees and their family members are eligible.

For additional resources and information:

Online: livewell; access code: uhgglobal.

Phone: 866-229-2572, available 24/7
- Alternative: 758 98011
- Out of country: +54 11 4706 0527

Financial Benefits

1165(e) Savings Plan

The UnitedHealth Group Puerto Rico Savings Plan makes it easy to save a percentage of your eligible pay on a pretax basis to help you build financial savings for retirement. Plus, you may receive company matching contributions, too!

Who’s Eligible

Regular full-time, part-time, per-diem and temporary employees are immediately eligible to participate in the plan and make contributions.

How it Works

Enroll in the plan or make changes to your contribution at any time on the Banco Popular website or call 888-724-3657.

Select the percentage of your pay to contribute to your savings plan, which will be deducted from your paycheck each pay period. You may contribute up to the Puerto Rico annual limit of $15,000 in 2020. If you are age 50 or older you can sign up to make catch-up contributions of an additional $1,500 in 2020.

You are always 100% vested in your contributions. After two years of service, you will become 100% vested in company matching contributions.

The plan does not allow you to take loans from your account.
Company Match
The company offers matching contributions after one year of service. To receive the maximum match of 4.5%, you must contribute at least 6% of your eligible pay to the 1165(e) plan each payroll period.

- You receive $1 for each $1 you contribute to the Plan up to the first 3% of your eligible pay, and;
- You receive 50 cents for each $1 you contribute to the Plan above 3% and up to 6% of your eligible pay.

Employee Stock Purchase Plan
The UnitedHealth Group Employee Stock Purchase Plan (ESPP) provides a convenient way to participate in company ownership. Through the ESPP, you can purchase shares of UnitedHealth Group common stock at a discount using after-tax payroll deductions. The ESPP offers these advantages:

- The ESPP has two open enrollment periods each year during June and October/November, which align with the two six-month purchase periods: Jan. 2 – July 1 and July 2 – Jan. 1. Your after-tax contributions accumulate during the six-month purchase period and your contributions are then used to purchase company stock at a 10% discount at the close of the six-month purchase period.
- The 10% discount is applied to the stock price at the end of the six-month purchase period.
- Making after-tax deductions during each pay period is a simple way to set aside money to invest in your future. Before deciding to enroll, consider the risks associated with investing in company stock.

UnitedHealth Group Credit Union
The UnitedHealth Group Credit Union can help you make the most of your money with a full range of financial products and services designed to help you reach your goals faster. Some of the benefits of banking with the UnitedHealth Group Credit Union include:

- Access to your payroll funds up to two days early with Enhanced Direct Deposit™
- Reduced banking fees
- Low loan rates
- High savings interest rates
- Mobile banking capabilities
- A free online credit score with SavvyMoney®
- Access to financial education resources provided by Life. Money. You.™

For more details on the perks of Credit Union membership, visit UHGcu.org.
Competitive Compensation Opportunities

Base Pay
Your initial base pay at UnitedHealth Group reflects the market and what you bring to the job. However, this is not the only component of your direct compensation package. You are also eligible for other performance-based compensation opportunities including base salary increases and incentives.

Rewarding Results
UnitedHealth Group adheres to the Puerto Rico Department of Labor regulation regarding the annual bonus, typically referred to as the Christmas Bonus. Eligibility for the bonus depends on the number of hours worked from Oct. 1 – Sept. 30 each year.

In addition, all employees are eligible for an incentive plan. The most widely used is the Rewarding Results Plan. This plan is one way we recognize the contributions of our employees. Incentive awards through Rewarding Results are based on your contribution and the performance — financial and non-financial — of each business unit.

Bravo! Recognition Program
Bravo! is the UnitedHealth Group global employee recognition program that gives employees an opportunity to recognize others and be recognized for demonstrating our values — integrity, compassion, relationships, innovation and performance — and collaboration and leadership in the work we do every day.

Work & Life Benefits
For more information on these programs, visit The Hub after your first day of employment.

Vacation
Under the UnitedHealth Group vacation program for Puerto Rico, you accrue a 1.25 days per month of vacation days to use when you’re away from your job for vacation time. You accumulate vacation grants each pay period. Paid vacation is offered to employees working 130 or more hours per month.

Sick Leave
Under the Sick Leave program for Puerto Rico, you accrue one paid sick day per month if you work 130 hours or more per month. You accumulate Sick Leave grants each pay period. Earned paid sick time may be used for your or your family member’s diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes if you are a victim of violence or stalking.
Holidays
Each year, for Puerto Rico, UnitedHealth Group recognizes 12 company holidays: 10 holidays on which the office will be closed and two personal days of your choice. Eligibility varies according to when you begin work at UnitedHealth Group. The holidays on which Puerto Rico offices will close include:

- New Year's Day
- Epiphany/Three King's Day
- Good Friday
- Memorial Day
- Independence Day
- Puerto Rican Constitution Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

Paid Parental Leave
Paid Parental Leave provides an additional four consecutive weeks of paid time off to new parents to use within the first six months following the birth, adoption or placement of a foster child. The time off can be used in a variety of ways, to follow an approved STD claim, supplement an approved STD claim, as continuous (full-time) leave or for a reduced work schedule for eight weeks. To be eligible, employees must have been employed with UnitedHealth Group for at least 12 months and have worked 1,250 hours in the past 12 months.

Tuition Reimbursement
Employees who work full time or at least 20 hours per week can qualify for up to $5,250 per calendar year for job-related coursework in accredited programs.

Adoption Assistance Plan

- Full-time: Eligible expenses are reimbursed up to $5,000 for each adopted child
- Part-time (20 hours or more per week): Eligible expenses are reimbursed up to $2,500 for each adopted child

Solutions for Caregivers
A service that provides access to free and reduced-rate services to help you face the challenges and difficult decisions associated with caring for a parent or aging family member.

Employee Discounts
As an employee of UnitedHealth Group, you can take advantage of many discounts on services and products that will increase the value of your UnitedHealth Group total rewards.

Visit the employee discount website at https://discounts.uhg.com to access thousands of discounts on a variety of products and services, including local and national offers. Plus, purchases made through the employee discount site may be eligible for cash back.
Important Terms

Benefit Compensation
Your base pay as of the later of the Aug. 31 that precedes the annual Open Enrollment period for a calendar year, your hire date or the date you transfer to an eligible employee class, plus the average of the incentive compensation paid to you during the two-year period that ends on Aug. 31 of the calendar year that precedes the annual Open Enrollment period. (If you only received incentive compensation in one year out of the past two, your one year of incentive compensation will be used.)

Imputed Income
Non-cash compensation that isn't otherwise exempted from Puerto Rico income and employment taxes.

Pre-disability Earnings
Your pre-disability earnings are base pay (based on your regularly scheduled hours) in effect on your last full day of being actively at work before the date you became disabled. Any subsequent change to your base pay after that last full day of being actively at work will not change your pre-disability earnings. If you are an eligible employee whose pay includes commissions, pre-disability earnings include your base pay plus the average commissions the company paid to you during the two-year period ending on August 31 of the calendar year that precedes the calendar year for which coverage will be in effect. (If you only received commissions in one out of the past two years, your one year of commissions will be used and will not be averaged).