

members and our strong stewardship of government resources. Our capabilities will be enhanced by AmeriChoice's experience and UnitedHealth Group's many resources and innovations in health care delivery. I also believe that our talented group of dedicated employees will have expanded career opportunities with AmeriChoice and UnitedHealth Group."

Unison provides government-sponsored health plan coverage to approximately 370,000 people through a network of 28,000 independent health care providers and a workforce of almost 1,000 employees. Unison projects 2007 revenues of approximately \$950 million. Current Unison management will play a key role in the leadership of the combined businesses and in helping state and local government organizations to efficiently provide high quality health care to their constituents.

The transaction is expected to close by mid-2008, subject to required regulatory approvals and customary closing conditions. Purchase price and other financial terms were not disclosed for this all-cash transaction. UnitedHealth Group projects Unison's results for the first year after closing will be marginally accretive to earnings per share.

About UnitedHealth Group

UnitedHealth Group is a diversified health and well-being company dedicated to making health care work better. Headquartered in Minneapolis, Minn., UnitedHealth Group offers a broad spectrum of products and services through seven operating businesses: UnitedHealthcare, Ovations, AmeriChoice, Uniprise, OptumHealth, Ingenix, and Prescription Solutions. Through its family of businesses, UnitedHealth Group serves approximately 70 million individuals nationwide.

About AmeriChoice

AmeriChoice, the public sector health care unit of UnitedHealth Group, facilitates access to community-based, culturally-sensitive, quality health care for more than 1.6 million beneficiaries of Medicaid, Medicare and Children's Health Insurance Programs in seventeen states across the country. AmeriChoice believes that health care cannot be provided effectively without consideration of the environmental factors that affect a person's life, and through its unique Personal Care Model, takes a holistic approach to health care, emphasizing practical programs to improve its members' living circumstances as well as their health. Visit www.americhoice.com for more information.

About Unison

With years of steady growth, Unison has become a leader in public sector health plans, serving more than 370,000 members and 28,000 providers in Delaware, New Jersey, Ohio, Pennsylvania, South Carolina and Tennessee. Unison provides high quality, cost effective health care and responsive customer service that empowers its members and providers to work together for better health. For additional information, visit www.unisonhealthplan.com.

Forward-Looking Statements

This news release may contain statements, estimates, projections, guidance or outlook that constitute “forward-looking” statements as defined under U.S. federal securities laws. Generally the words “believe,” “expect,” “intend,” “estimate,” “anticipate,” “plan,” “project,” “will” and similar expressions, identify forward-looking statements, which generally are not historical in nature. These statements may contain information about financial prospects, economic conditions, trends and uncertainties. We caution that actual results could differ materially from those that management expects, depending on the outcome of certain factors. These forward-looking statements involve risks and uncertainties that may cause UnitedHealth Group’s actual results to differ materially from the results discussed in the forward-looking statements. Some factors that could cause results to differ materially from the forward-looking statements include: the potential consequences of the findings announced on October 15, 2006 of the investigation by an Independent Committee of directors of our historic stock option practices; the consequences of the restatement of our previous financial statements, related governmental reviews, including a formal investigation by the Securities and Exchange Commission, and review by the Internal Revenue Service, U.S. Congressional committees, U.S. Attorney for the Southern District of New York and Minnesota Attorney General, a related review by the Special Litigation Committee of the Company, and related shareholder derivative actions, including whether court approval of the settlement agreements between the Company and certain named defendants and the dismissal of the derivative claims against all named defendants is obtained, shareholder demands and purported securities and Employee Retirement Income Security Act class actions, the resolution of matters currently subject to an injunction issued by the United States District Court for the District of Minnesota, a purported notice of acceleration with respect to certain of the Company’s debt securities based upon an alleged event of default under the indenture governing such securities, and recent management and director changes, and the potential impact of each of these matters on our business, credit ratings and debt; increases in health care costs that are higher than we anticipated in establishing our premium rates, including increased consumption of or costs of medical services; heightened competition as a result of new entrants into our market, and consolidation of health care companies and suppliers; events that may negatively affect our contract with AARP; uncertainties regarding changes in Medicare, including coordination of information systems and accuracy of certain assumptions; funding risks with respect to revenues received from Medicare and Medicaid programs; failure to achieve business growth targets, including membership and enrollment; increases in costs and other liabilities associated with increased litigation, legislative activity and government regulation and review of our industry; our ability to execute contracts on competitive terms with physicians, hospitals and other service providers; regulatory and other risks associated with the pharmacy benefits management industry; failure to maintain effective and efficient information systems, which could result in the loss of existing customers, difficulties in attracting new customers, difficulties in determining medical costs estimates and appropriate pricing, customer and physician and health care provider disputes, regulatory violations, increases in operating costs, or other adverse consequences; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and intangible assets recorded for businesses that we acquire; potential noncompliance by our business associates with patient privacy data; misappropriation of our proprietary

technology; failure to complete or receive anticipated benefits of acquisitions; and change in debt to total capital ratio that is lower or higher than we anticipated.

This list of important factors is not intended to be exhaustive. A further list and description of some of these risks and uncertainties can be found in our reports filed with the Securities and Exchange Commission from time to time, including annual reports on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. Any or all forward-looking statements we make may turn out to be wrong. You should not place undue reliance on forward-looking statements, which speak only as of the date they are made. Except to the extent otherwise required by federal securities laws, we do not undertake to publicly update or revise any forward-looking statements.

#