Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
OPTUMCARE 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2019

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PROHEALTH PHYSICIANS, P.C.

C/O UNITEDHEALTH GROUP INCORPORATED

9900 BREN ROAD EAST
MN008-R120
MINNETONKA, MN 55343

2b Employer Identification Number (EIN)
06-1469068

2c Plan Sponsor's telephone number
952-936-1300

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2023	DAVID E. STRAUSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

UNITEDHEALTH GROUP EMPLOYEE BENEFITS PLANS ADMINISTRATIVE COMMITTEE
C/O UNITEDHEALTH GROUP INCORPORATED
9900 BREN ROAD EAST
MN008-R120
MINNETONKA, MN 55343

3b Administrator's EIN: 41-1321939

3c Administrator's telephone number: 952-936-1300

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN
4d PN

5 Total number of participants at the beginning of the plan year	**5**	19011
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	14452
a(2) Total number of active participants at the end of the plan year	**6a(2)**	29336
b Retired or separated participants receiving benefits	**6b**	87
c Other retired or separated participants entitled to future benefits	**6c**	5927
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	35350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f Total. Add lines **6d** and **6e**.	**6f**	35376
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	20488
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	629
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
OPTUMCARE 401(K) RETIREMENT PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PROHEALTH PHYSICIANS, P.C.	06-1469068

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	421882	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVST INSTNL OPRTN CO, INC	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROKERAGE LINK 04-2647786	SEE SCHEDULE C ATTACHMENT LABELED- BROKERAGE LINK INDIRECT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
OPTUMCARE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROHEALTH PHYSICIANS, P.C.

D Employer Identification Number (EIN)
06-1469068

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: UHG 401K SAVINGS PLAN MASTER TR

b Name of sponsor of entity listed in (a): UNITED HEALTHCARE SERVICES, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-0993007-001	M	894229462

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
OPTUMCARE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROHEALTH PHYSICIANS, P.C.

D Employer Identification Number (EIN)
06-1469068

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	7380923	10262447
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	695418043	894229462
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	38481843	35277785

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	741280809	939769694
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	741280809	939769694

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	26656459	
(B) Participants	2a(1)(B)	78928715	
(C) Others (including rollovers)	2a(1)(C)	11837316	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		117422490
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	448900	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		448900
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-151127752
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-11232733
d Total income. Add all **income** amounts in column (b) and enter total	2d		-44489095
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83874747	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		83874747
f Corrective distributions (see instructions)	2f		8695
g Certain deemed distributions of participant loans (see instructions)	2g		117704
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	421882	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		421882
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		84423028
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-128912123
l Transfers of assets:			
(1) To this plan	2l(1)		342403977
(2) From this plan	2l(2)		15002969

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
UNITEDHEALTH GROUP 401(K) SAVINGS PLAN	41-1321939	001
OPTUM PARTNER SERVICES 401(K) SAVINGS PLAN	45-3866363	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
OPTUMCARE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROHEALTH PHYSICIANS, P.C.

D Employer Identification Number (EIN)
06-1469068

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a |

b Enter the amount contributed by the employer to the plan for this plan year ..... | 6b |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 **a** Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

OPTUMCARE
401(K) RETIREMENT PLAN

MINNETONKA, MN

Employer ID No: 06-1469068
Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

OptumCare 401(k) Retirement Plan

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Independent Auditors' Report

To the Participants and Plan Administrator of
OptumCare 401(k) Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the OptumCare 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Minneapolis, Minnesota
July 21, 2023

OptumCare 401(k) Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2022 and 2021

	2022	2021
ASSETS		
Plan's interest in Master Trust	$ 894,229,462	$ 695,418,043
Investments - at fair value	35,277,785	38,481,843
Receivables		
Notes receivable from participants	10,443,190	7,573,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 939,950,437	$ 741,472,886

See accompanying notes to financial statements.

OptumCare 401(k) Retirement Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2022

ADDITIONS		
Additions to net assets attributed to		
Contributions		
Participant	$	78,928,715
Employer		26,656,459
Rollover		11,837,316
Interest income on notes receivable from participants		460,606
Total additions		117,883,096
DEDUCTIONS		
Deductions from net assets attributed to		
Plan's interest in Master Trust investment loss		151,127,752
Benefits paid to participants		84,051,491
Net depreciation in fair value of investments		11,232,733
Administrative expenses		421,882
Total deductions		246,833,858
NET DECREASE BEFORE PLAN TRANSFERS		128,950,762
NET TRANSFERS INTO THE PLAN		327,428,313
NET INCREASE		198,477,551
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		741,472,886
End of year	$	939,950,437

See accompanying notes to financial statements.

NOTE 1 - Description of the Plan

The following description of the OptumCare 401(k) Retirement Plan (“the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by ProHealth Physicians, P.C. The participating employers are collectively referred to as “the Employers". The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The UnitedHealth Group Employee Benefits Plans Administrative Committee (“Plan Administrator”) is responsible for oversight of the Plan. The UnitedHealth Group Employee Benefits Plans Investment Committee (“Investment Committee”) determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

A majority of the Plan’s investments are held in the UnitedHealth Group 401(k) Savings Plan Master Trust (“Master Trust”). The Master Trust is administered by Fidelity Management Trust Company (“the Trustee”). The Master Trust includes certain assets of the Plan and assets of other defined contribution plans of the affiliates of UnitedHealth Group Incorporated (“Participating Plans”) in a single trust. Each Participating Plan has an interest in specific assets of the Master Trust based on participant account balances.

The Interhospital Physicians Association Employee 401(k) Plan merged into the Plan on February 8, 2022, with total assets of $1,752,454.

The OptumCare Florida, LLC 401(k) Retirement Savings Plan merged into the Plan on February 28, 2022, with total assets of $58,764.

The Reliant 401(k) Savings Plan merged into the Plan on February 28, 2022, with total assets of $324,327,153.

The OptumCare Portland, LLC 401(k) Plan merged into the Plan on September 1, 2022, with total assets of $1,614,087.

Also, during 2022, balances were transferred between the Plan and other Participating Plans in the Master Trust to consolidate accounts of individuals with balances in more than one Participating Plan, with a total net transfer out of $324,145.

Contributions

Each year, participants may contribute up to the maximum dollar amount permissible under the Internal Revenue Code (“the Code”). The Plan allows participants to contribute up to 80% of their eligible pay. Participant contributions include pre-tax deferrals, Roth deferrals, and rollover contributions. Eligible employees are automatically enrolled in the Plan as soon as administratively feasible after their hire date at an employee pre-tax contribution deferral rate of 3% of their eligible pay, unless they opt out within a prescribed time limit or elect a different pretax and/or Roth contribution deferral rate. The Plan provides for automatic employee pre-tax contribution rate increases each February until the participant’s combined pre-tax and/or Roth contribution deferral rate reaches 6%. Participants are notified of the automatic rate increases and have the opportunity to decline the automatic increase or establish a different automatic increase schedule and amount.

NOTE 1 - Description of the Plan (cont.)

Participants who have attained age 50 before the end of the plan year may make additional catch-up contributions, subject to limitations imposed by the Code. A participant's combined employee pre-tax, Roth contributions and catch-up contributions cannot exceed the Plan limit of 80% of eligible pay.

The Employers make a safe harbor matching contribution equal to 100% of applicable contributions up to 1% of eligible compensation, plus 50% of the next 5% of eligible compensation for a maximum contribution of 3.5% per payroll period as defined in the Plan document. Participants become eligible for safe harbor matching contributions once they are credited with one year of service. Each employer may, in its discretion, make a profit-sharing contribution to the Plan for the benefit of its eligible participating employees, to be allocated pro rata based upon compensation within limitations as determined by the Code. No employer elected to make a discretionary profit-sharing contribution for the year ended December 31, 2022.

Participant Accounts

Each participant's account is credited with the participant's deferral contributions, rollover contributions, safe harbor matching contributions, an allocation of discretionary profit-sharing contributions, if any, and plan earnings (net of administrative expenses). Allocations are based on the participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them.

Vesting

Participants are immediately vested in their salary deferral contributions, rollover contributions, and earnings thereon. Safe harbor matching contributions and employer discretionary profit-sharing contributions, if any, and earnings thereon vest in accordance with provisions of the Plan as follows:

Years of Service	Vesting
Less than 2 years	0%
2 or more	100%

Notwithstanding the vesting schedule above, safe harbor matching contributions and discretionary profit- sharing contributions, if any, will become fully vested (100%) upon the occurrence of any of the following events while the participant is employed by the Employers: death, attainment of normal retirement age (age 65), disability, partial plan termination with respect to the participant, complete termination of the Plan or complete discontinuance of employer contributions.

Forfeited Accounts

As of December 31, 2022 and 2021, forfeited non-vested accounts totaled $20,961 and $6,318, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. During the year ended December 31, 2022, $295,128 was used to reduce employer contributions for the Plan.

NOTE 1 - Description of the Plan (cont.)

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement, or termination of employment, as defined in the Plan document. The total vested portion of a participant's account balance may be distributed in the form of a lump-sum or partial payment. However, if a participant's account balance is valued at or less than $1,000, it is distributed as soon as administratively practicable, without an application for distribution, in cash as a direct distribution to the participant. With Plan Administrator approval, participants may withdraw all or part of their employee contributions in the event of financial hardship.

There are no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2022 and 2021.

Notes Receivable from Participants

Participants may borrow from their account balance a minimum of $1,000 up to a maximum equal to the lesser of $50,000 (subject to reduction for certain loan balances in the prior 12 months) or 50% of their vested account balance. Loans are secured by the balance in the participant's account and bear a reasonable rate of interest which will be the prime interest rate quoted by Reuters on the first business day of the month in which the loan is processed, plus one (1) percentage point. The maximum term for a loan is 59 months, except if the loan is issued to acquire the participant's principal residence, in which case the term of the loan may not exceed 118 months. Principal and interest are paid ratably through payroll deductions. Participants are permitted to have two outstanding loans at a time.

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by a defined contribution plan are required to be reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's and Master Trust's valuation policies utilizing information provided by the investment advisors and the Trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments and Plan's interest in Master Trust investment loss include the gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employers. Expenses that are paid by the Employers are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments and Plan's interest in Master Trust investment loss.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through July 21, 2023, the date the financial statements were approved and available to be issued.

On February 28, 2023, Oregon Healthcare Resources Employee Savings Plan merged into the Plan with total investments of $81,176,059.

On February 28, 2023, OptumCare Management, LLC 401(k) Retirement Savings Plan merged into the Plan with total investments of $1,068,947,448.

On April 28, 2023, ProHEALTH Medical Management LLC 401(k) Plan merged into the Plan with total investments of $32,424,541.

NOTE 3 - Information Prepared and Certified by Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, the Trustee has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.

NOTE 4 - Plan's Interest in Master Trust

The investments held in the Master Trust represent the participant-directed investments of the Participating Plans. Each Participating Plan has a divided interest in specific investment assets held in the Master Trust. The value of each Participating Plan's interest in the Master Trust is based on the beginning of the year value of each plan's interest in the Master Trust balance plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses. Investment income or loss and administrative expenses relating to the Master Trust are allocated to each Participating Plan based upon each plan's relative interest in the assets held in the Master Trust.

The following table presents the net assets of the Master Trust and the Plan's interest as of December 31, 2022 and 2021.

	2022	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash and cash equivalents	$ 67,509,412	$ 2,910,959
Debt securities:		
U.S. government and agencies	212,673,477	8,308,314
Corporate and other	280,545,666	10,959,813
Mutual funds	670,379,131	26,784,034
Common stock	1,925,919,238	85,319,846
Common collective trusts	16,484,413,958	716,727,569
Total investments – at fair value	19,641,440,882	851,010,535
Stable value investment fund (Note 6)	1,125,762,952	43,424,911
Total investments	20,767,203,834	894,435,446
Accrued income	9,931,169	366,009
Accrued liabilities	(14,772,916)	(571,993)
Total net assets	$ 20,762,362,087	$ 894,229,462

NOTE 4 - Plan's Interest in Master Trust (cont.)

	2021	
	Master Trust Balances	**Plan's Interest in Master Trust Balances**
Cash and cash equivalents	$ 89,446,071	$ 2,859,611
Debt securities:		
U.S. government and agencies	261,652,414	7,848,749
Corporate and other	313,340,356	9,399,224
Mutual funds	869,322,101	22,367,801
Common stock	2,262,970,706	79,296,677
Common collective trusts	18,445,521,749	548,873,067
Total investments – at fair value	22,242,253,397	670,645,129
Stable value investment fund (Note 6)	944,054,904	25,133,156
Total investments	23,186,308,301	695,778,285
Accrued income	89,605,373	2,814,174
Accrued liabilities	(111,025,292)	(3,174,416)
Total net assets	$ 23,164,888,382	$ 695,418,043

The Master Trust had the following investment loss for the year ended December 31, 2022.

	2022
	Master Trust Balances
Net depreciation in fair value of investments	$ (4,077,017,483)
Interest and dividends	20,304,111
Total investment loss	$ (4,056,713,372)
Plan's interest in Master Trust investment loss	$ (151,127,752)

NOTE 5 - Fair Value of Financial Instruments

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Unadjusted quoted prices for identical assets in active markets that the Plan or Master Trust can access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Unobservable inputs for the asset.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Cash and cash equivalents: The carrying value of the cash and cash equivalents approximates fair value as maturities are less than three months.

Common collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Master Trust to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay the withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Common stock: Valued at the closing price reported on the active markets on which the individual securities are traded.

NOTE 5 - Fair Value of Financial Instruments (cont.)

Debt securities: Fair value of debt securities are based on quoted market prices, where available. A price is obtained for each security primarily from a third-party pricing service ("pricing service"), which generally uses quoted or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, and, if necessary, makes adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, benchmark yields, credit spreads, default rates, prepayment speeds, and nonbinding broker quotes.

Fair values of debt securities that do not trade on a regular basis in active markets but are priced using other observable inputs are classified as Level 2.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Master Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Master Trust are deemed to be actively traded.

Self-directed brokerage accounts: The self-directed brokerage account allows participants the opportunity to invest in a wide array of individual securities including stocks, corporate bonds, zero-coupon bonds, U.S. Treasury securities, mortgage securities and U.S. government agency bonds, certificates of deposit, unit investment trusts, foreign securities, exchange-traded funds, and mutual funds, which are primarily valued using the methodologies described above for the Master Trust's investments in similar securities.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's interest in the Master Trust and Plan's investments measured at fair value on a recurring basis at December 31, 2022 and 2021 respectively.

	December 31, 2022			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 2,910,959	$ 2,910,959	$ -	$ -
Debt securities:				
U.S. government and agencies	8,308,314	1,218,641	7,089,673	-
Corporate and other	10,959,813	-	10,959,813	-
Mutual funds	26,784,034	26,784,034	-	-
Self-directed brokerage accounts	35,277,785	34,742,645	535,140	-
Common stock	85,319,846	85,319,846	-	-
Total assets in the fair value hierarchy	169,560,751	$ 150,976,125	$ 18,584,626	$ -
Instruments measured at NAV	716,727,569			
Total investments at fair value	$ 886,288,320			

NOTE 5 - Fair Value of Financial Instruments (cont.)

	December 31, 2021			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 2,859,611	$ 2,859,611	$ -	$ -
Debt securities:				
U.S. government and agencies	7,848,749	3,696,510	4,152,239	-
Corporate and other	9,399,224	-	9,399,224	-
Mutual funds	22,367,801	22,367,801	-	-
Self-directed brokerage accounts	38,481,843	38,151,100	330,743	-
Common stock	79,296,677	79,296,677	-	-
Total assets in the fair value hierarchy	160,253,905	$ 146,371,699	$ 13,882,206	$ -
Instruments measured at NAV	548,873,067			
Total investments at fair value	$ 709,126,972			

Investments Measured Using the NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2022 and 2021.

Investment	Fair Value[1]	Unfunded Commitment	Redemption Frequency[2]	Redemption Notice Period[3][4]
December 31, 2022				
Common collective trusts	$ 716,727,569	$ -	Immediate	Various

Investment	Fair Value[1]	Unfunded Commitment	Redemption Frequency[2]	Redemption Notice Period[3][4]
December 31, 2021				
Common collective trusts	$ 548,873,067	$ -	Immediate	Various

(1) The fair value of investments is based on the fair values of the underlying investments in the funds.

(2) Certain events may cause funds held in the common collective trusts to be deferred, including, but not limited to, the following:

(i) Closing or disruption of the financial markets or exchanges in which a transaction is unable to be settled prudently.
(ii) An emergency situation in which the disposition of assets would be seriously prejudicial to participants.
(iii) Breakdown in the means of communication normally employed to determine fair market value of an investment.
(iv) Investments cannot be effected at normal rates of exchange.

None of these events occurred in 2022 or 2021.

NOTE 5 - Fair Value of Financial Instruments (cont.)

(3) Certain common collective trusts require redemption notice periods for plan withdrawals at the discretion of the investment advisor.

(4) Certain common collective trusts require redemption notice periods for participant withdrawals at the discretion of the investment advisor.

NOTE 6 - Fully Benefit-Responsive Investment Contracts

The Master Trust provides a stable value investment fund to participants that is comprised of a separate account guaranteed investment contract and four security-backed investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and expenses. The following represents the disaggregation of contract value between types of investment contracts held by the Master Trust.

	2022	2021
Security-backed investment contracts	$ 892,422,168	$ 748,289,070
Separate account guaranteed investment contract	233,340,784	195,765,834
Total Master Trust stable value investment fund	$ 1,125,762,952	$ 944,054,904
Plan's interest in Master Trust stable value investment fund	$ 43,424,911	$ 25,133,156

Security-backed investment contracts and separate account guaranteed investment contracts are issued by insurance companies or other financial institutions, backed by a portfolio of fixed income funds and pooled separate accounts. The portfolio is either owned directly by 1) the Master Trust (security-backed investment contracts) or 2) owned by the contract issuer and segregated in a separate account for the benefit of the Master Trust (separate account guaranteed investment contract). The issuer guarantees that all qualified participant withdrawals will be at contract value and that the crediting rate applied will not be less than 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Master Trust through adjustments to future contract crediting rates. Crediting rates are typically reset quarterly to account for the difference between the contract value and the fair value of the underlying portfolio.

Risks arise when entering into any investment contract due to the potential inability of the issuer to meet the terms of the contract. In addition, security-backed investment contracts and separate account guaranteed investment contracts have the risk of default or lack of liquidity of the underlying portfolio assets. The credit risk of each issuer is evaluated and monitored through the portfolio manager's credit analysis. The credit analysis includes, but is not limited to, asset quality and liquidity, management quality, surplus adequacy, and profitability. The Master Trust requires that the issuers of each contract have a minimum quality rating as of the contract effective date and that all underlying portfolio assets be rated investment grade at the time of purchase.

Security-backed investment contracts and separate account guaranteed investment contracts generally are automatically renewing contracts that contain termination provisions, allowing the Master Trust or the contract issuer to terminate with notice, at any time, at fair value, and providing for automatic termination of the contract if the contract value or the fair value of the underlying portfolio equals zero. The issuer is obligated to pay the excess contract value when the fair value of the underlying portfolio equals zero.

NOTE 6 - Fully Benefit-Responsive Investment Contracts (cont.)

In addition, if the Master Trust defaults on its obligations under the contract (including the issuer's determination that the agreement constitutes a nonexempt prohibited transaction as defined by ERISA), and such default is not corrected within the time permitted by the contract, then the contract may be terminated by the issuer and the Master Trust will receive the fair value as of the date of termination. Each contract recognizes certain "events of default" which can invalidate the contract's coverage. Among these are investments outside of the range of instruments which are permitted under the investment guidelines contained in the investment contract, fraudulent or other material misrepresentations made to the issuer, changes in control of the investment adviser not approved by the contract issuer, changes in certain key regulatory requirements, or failure of the Master Trust to be tax qualified.

Certain events might limit the ability of the Master Trust to transact at contract value with the contract issuer. Withdrawals associated with these events, which are not in the ordinary course of the Master Trust operations, are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. These events may be different under each contract. Examples of such events include the following:

- Material amendments to the Master Trust's structure of administration;
- Failure of the Master Trust to qualify under Section 401(a) of the Code or the failure of the Master Trust to be tax-exempt under Section 501(a) of the Code;
- Premature termination of the contracts;
- Complete or partial termination of the Master Trust, including a merger within another plan;
- Redemption of all or a portion of the interests in the Master Trust at the direction of the Employers, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the Master Trust (such as a group layoff or early retirement incentive program), the closing or sale of a subsidiary, employing unit or affiliate, or the Employers establishment of another tax qualified defined contribution plan;
- Changes to the Master Trust's prohibition on competing investment options; and
- Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Master Trust's normal operations.

No events are probable of occurring that might limit the ability of the Master Trust to transact at contract value with the contract issuers and that also would limit the ability of the Master Trust to transact at contract value with the participants.

NOTE 7 - Related Party and Party-in-interest Transactions

Certain of the Plan's investments are managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment manager services are included in net depreciation in fair value of investments. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as exempt party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Employers. No such officer or employee receives compensation from the Plan.

NOTE 8 - Plan Termination

Although it has not expressed any intent to do so, the Plan's sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 9 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan's sponsor by letter dated July 13, 2020 that the Plan is designed in accordance with applicable sections of the Code. The Plan Administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code, and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 - Risks and Uncertainties

The Master Trust and the Plan invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 11 - Form 5500 Reconciliation

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022 and 2021 to Form 5500:

	2022	2021
Net assets available for benefits per the financial statements	$ 939,950,437	$ 741,472,886
Deemed distributions of participant loans	(180,743)	(192,077)
Net assets available for benefits per the Form 5500	$ 939,769,694	$ 741,280,809

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2022 to Form 5500:

	2022
Increase in net assets per the financial statements	$ 198,477,551
Deemed distributions activity	11,334
Net income per the Form 5500	$ 198,488,885

SUPPLEMENTAL INFORMATION

OptumCare 401(k) Retirement Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 06-1469068
Plan 001
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*		Self-directed brokerage accounts ***	**	$ 35,277,785
*		Participant loans (interest rate of 4.25% - 8.00% with maturity dates ranging from January 2023 – May 2032)	$ 0	10,262,447
				$ 45,540,232

* Represents a party-in-interest
** Cost omitted for participant directed investments
*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▸ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▸ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▸ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
OptumCare 401(k) Retirement Plan

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 01/01/2019

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

ProHealth Physicians, P.C.

c/o UnitedHealth Group Incorporated
9900 Bren Road East
MN008-R120
Minnetonka MN 55343

2b Employer Identification Number (EIN) 06-1469068

2c Plan Sponsor's telephone number 952-936-1300

2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	[signature]	7.17.23	David E. Strauss
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

UnitedHealth Group Employee Benefits Plans Administrative Committee
c/o UnitedHealth Group Incorporated
9900 Bren Road East
MN008-R120
Minnetonka MN 55343

3b Administrator's EIN: 41-1321939

3c Administrator's telephone number: 952-936-1300

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	19,011
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	14,452
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	29,336
b	Retired or separated participants receiving benefits	**6b**	87
c	Other retired or separated participants entitled to future benefits	**6c**	5,927
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	35,350
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	35,376
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	20,488
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	629
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Brokerage Link Indirect Fees

The listing below includes the indirect fee's associated with the Brokeragelink Account.

OptumCare 401(k) Retirement Plan
06-1469068 / 001

Plan Number	Payor Name	Compensation	Address Type	Street Address	City	State	Zip	Fund Family	CUSIP
32088	INVESCO VALUE OPPORTUNITIES CL Y	0.10%	USADDRESS	11 GREENWAY PLAZA; STE 100	HOUSTON	TX	77046	INVESCO	00143M364
32088	AMG YACKTMAN FOCUSED N	0.40%	USADDRESS	600 STEAMBOAT RD, STE 300	GREENWICH	CT	06830	MANAGERS FUNDS	00170K570
32088	GQG PARTNERS EMERG MARKETS EQ INSTL	0.15%	USADDRESS	1 FREEDOM VALLEY DR	OAKS	PA	19456	GQG PARTNERS FUND	00771X419
32088	AMANA MUTUAL FUND TRUST GROWTH	0.40%	USADDRESS	1300 NORTH STATE ST	BELLINGHAM	WA	98225	AMANA MUTUAL FUNDS	022865208
32088	AMERICAN MUTUAL FUNDCLASS F1	0.37%	USADDRESS	3500 WISEMAN BLVD	SAN ANTONIO	TX	782514321	AMERICAN CLASS F	027681402
32088	ARTISAN DEVELOPING WORLD FD ADVISOR CL	0.15%	USADDRESS	875 E WISCONSIN AVE STE 800	MILWAUKEE	WI	53202	ARTISAN FUNDS	04314H618
32088	BNY MELLON DYNAMIC VALUE I	0.09%	USADDRESS	144 GLENN CURTISS BLVD 8TH FL	UNIONDALE	NY	11556	DREYFUS GROUP	05587N653
32088	BAIRD INTERMEDIATE BOND FD CL INV	0.28%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071706
32088	BAIRD AGGREGATE BOND FUND INSTL	0.02%	USADDRESS	777 E. WISCONSIN AVE, 18TH FL	MILWAUKEE	WI	53202	BAIRD	057071854
32088	BLACKROCK STRATEGIC GLOBAL BD FD- INSTL	0.08%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09252X509
32088	BLACKROCK LOW DURATION BOND INSTL	0.08%	USADDRESS	40 EAST 52ND ST	NEW YORK	NY	10022	BLACKROCK FUNDS	09260B465
32088	BUFFALO INTL INSTITUTIONAL CLASS	0.12%	USADDRESS	615 E. MICHIGAN ST	MILWAUKEE	WI	53202	BUFFALO FUNDS	119530848
32088	CAUSEWAY INTERNATNALVALUE INSTL	0.15%	USADDRESS	P. O. BOX 1100	OAKS	PA	19456	CAUSEWAY	14949P208
32088	CLIFFWATER CORPORATE LENDING FUND I	0.15%	USADDRESS	4640 ADMIRALTY WAY, 11TH FL	MARINA DEL REY	CA	90292	CLIFFWATER LLC	186854204
32088	DFA US TARGETED VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203595
32088	DFA US LARGE CAP VALUE PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203827
32088	DFA REAL ESTATE SEC PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203835
32088	DFA INTERMEDIATE GOVT F/I PRTF INSTL	0.02%	USADDRESS	6300 BEE CAVES ROAD, BUILDING ONE	AUSTIN	TX	78746	DIMENSIONAL	233203876
32088	DOUBLELINE TOTAL RETURN BOND FD CL I	0.06%	USADDRESS	777 EAST WISCONSIN AVE	MILWAUKEE	WI	53202	DOUBLELINE	258620103
32088	EATON VANCE ATLANTA CAP SMID CAP FD I	$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	277902698
32088	EATON VANCE GLOBAL MACRO ABSLTE RT CL I	$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	277923728
32088	EATON VANCE EMERG MKTS DB OPPOR CL I	$16.00	USADDRESS	TWO INTERNATIONAL PLACE	BOSTON	MA	02110	EATON VANCE GROUP	27827V402
32088	FPA CRESCENT FUND	0.35%	USADDRESS	11601 WILSHIRE BLVD, STE 1200	LOS ANGELES	CA	90025	FPA FUNDS	30254T759
32088	FEDERATED HERMES MDT LARGE CAP GROWTH IS	0.15%	USADDRESS	4000 ERICSSON DR	WARRENDALE	PA	150867515	FEDERATED FUNDS	31421R882
32088	ALPS CORECOMM MNGMNTCOMPT COMM SM STRT I	0.15%	USADDRESS	1290 BROADWAY STE 1100	DENVER	CO	80203	ALPS FUNDS	317609667
32088	GOLDMAN SACHS INTL EQUITY INCOME INSTL	0.12%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	38144N809
32088	GOLDMAN SACHS GQG PARTNERS INTL OPP I	0.17%	USADDRESS	71 S. WACKER DR, 4TH FL	CHICAGO	IL	60606	GOLDMAN SACHS ASSET MGMT GROUP	38147N293
32088	APOLLO DIVERSIFIED RE FD CL I	0.15%	USADDRESS	1290 BROADWAY ST, STE 1100	SMITHFIELD	RI	02917	APOLLO FUNDS	39822J300
32088	GUGGENHEIM TOTAL RETURN BOND FD INSTL	0.15%	USADDRESS	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	RYDEX SERIES TRUST	40168W525
32088	GUGGENHEIM MACRO OPPORTUNTITIES INSTL	0.15%	USADDRESS	9601 BLACKWELL RD STE 500	ROCKVILLE	MD	20850	RYDEX SERIES TRUST	40168W582
32088	GUIDESTONE DEFENSIVE MKT STRATEGIES INV	0.12%	USADDRESS	2401 CEDAR SPRINGS RD	DALLAS	TX	75201	GUIDESTONE	40171W181
32088	GLOBAL INNOVATORS FUND CL INSTL	0.10%	USADDRESS	2220 E. ROUTE 66, STE 226	GLENDORA	CA	91740	GUINNESS ATKTINSON FUNDS	402031884
32088	HARBOR CAP APP INST	0.10%	USADDRESS	111 S. WACKER DR, 34TH FL	CHICAGO	IL	60606	HARBOR FUNDS	411511504
32088	HARBOR CAP APP INV	0.35%	USADDRESS	111 S. WACKER DR, 34TH FL	CHICAGO	IL	60606	HARBOR FUNDS	411511819
32088	HARDING LOEVNER INTL EQUITY PORT INSTL	0.15%	USADDRESS	PO BOX 4766	CHICAGO	IL	60680	HARDING LOEVNER	412295107
32088	HARDING LOEVNER INST EMERGING MRKTS CL I	0.15%	USADDRESS	PO BOX 4766	CHICAGO	IL	60680	HARDING LOEVNER	412295701
32088	OAKMARK EQUITY & INCOME INVESTOR CL	0.35%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838400
32088	OAKMARK INTL ADVISOR FUND	0.15%	USADDRESS	111 SOUTH WACKER DR.	CHICAGO	IL	60606	OAKMARK FUNDS	413838731
32088	NEXPOINT MERGER ARBITRAGE CL Z	0.15%	USADDRESS	200 CRESCENT COURT, STE 700	DALLAS	TX	75201	HIGHLAND CAPITAL	430101642
32088	JPMORGAN SHORT DURATION CORE PLUS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	46637K455
32088	JP MORGAN HEDGED EQUITY 3 FD I	0.08%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	46645V329
32088	JPMORGAN LARGE CAP GROWTH CLASS A	0.40%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0506
32088	JPMORGAN LARGE CAP GROWTH CLASS I	0.15%	USADDRESS	1111 POLARIS PARKWAY	COLUMBUS	OH	43240	JP MORGAN FUNDS	4812C0530
32088	LAZARD INTL STRATEGYEQUITY PORT INTL CL	0.15%	USADDRESS	30 ROCKEFELLER PLAZA, 57TH FL.	NEW YORK	NY	10112	LAZARD FUNDS	52106N590
32088	MANNING & NAPIER HIGH YIELD BD SRS I	0.15%	USADDRESS	290 WOODCLIFF DR.	FAIRPORT	NY	14450	MANNING & NAPIER	56382P195
32088	METROPOLITAN WEST TOTAL RETURN CLASS I	0.10%	USADDRESS	865 S FIGUEROA ST 1400	LOS ANGELES	CA	90017	METROPOLITAN WEST FUNDS	592905509
32088	MORGAN STANLEY DISCOVERY PORT CL A	0.40%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	617440599
32088	MORGAN STA INST INC.INCEPTION PORT CL A	0.40%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61744J614
32088	MORGAN STANLEY INTL ADVANTAGE CL I	0.15%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61756E461
32088	MORGAN STANLEY INSIGHT C	0.10%	USADDRESS	522 FIFTH AVE, 4TH FL	NEW YORK	NY	10036	MORGAN STANLEY FUNDS	61762C202
32088	NEUBERGER BERMAN LARGE CAP VALUE INST	0.15%	USADDRESS	1290 AVE OF THE AMERICAS, 22ND FL	NEW YORK	NY	10104002	NEUBERGER BERMAN GROUP	641224787
32088	NEW ALTERNATIVES FD	$12.00	USADDRESS	150 BROADHOLLOW ROAD	MELVILLE	NY	11747	NEW ALTERNATIVES	641868104
32088	PFG MFS AGGRESSIVE GROWTH STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J506
32088	PFG JP MORGAN TACTICAGGRESSIVE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J605
32088	PFG BNY MELLON DIVERSIFIER STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J829
32088	PFG MEEDER TACTICAL STRATEGY FUND R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66538J837
32088	PFG INVESCO THEMATIC ESG STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A488
32088	PFG JANUS HENDERSON BALANCED STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A496
32088	PFG TACTICAL INCOME STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A652
32088	PFG EQUITY INDEX FOCUSED STRATEGY R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A660
32088	PFG SECTOR EQUITY BUS CYCLE STRAT R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A678
32088	PFG BR EQUITY ESG STRATEGY CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A686
32088	PFG AMERICAN FUNDS GROWTH STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A694
32088	PFG AMERICAN FDS CONS INC STRAT CL R	0.40%	USADDRESS	777 108TH AVE NE, STE 2100	BELLEVUE	WA	98004	PACIFIC FINANCIAL	66539A710
32088	PIMCO COMMODITY REALRETURN STRAT A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	722005584
32088	PIMCO INCOME FUND CL A	0.40%	USADDRESS	1633 BROADWAY	NEW YORK	NY	10019	PIMCO FUNDS	72201F474
32088	T ROWE PRICE COMM & TECHNOLOGY INVESTOR	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741454102
32088	T ROWE PRICE HEALTH SCIENCES	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	741480107
32088	CONGRESS SMALL CAP GROWTH RETAIL CLASS	0.40%	USADDRESS	TWO SEAPORT LANE	BOSTON	MA	02210	CONGRESS ASSET MANAGEMENT COMPANY	74316P728
32088	PGIM JEN INTL OPPORTUNITIES CL Z	0.15%	USADDRESS	655 BROAD ST	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	743969651
32088	PGIM ABSOLUTE RETURN BOND CL Z	0.15%	USADDRESS	655 BROAD ST	NEWARK	NJ	07102	PRUDENTIAL INVESTMENTS	74441J829
32088	T ROWE PRICE BALANCED	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77954G108
32088	T ROWE PRICE DIVERSDMID CAP GROWTH	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	779585108
32088	T ROWE PRICE INFLATION PROT BD FD	0.15%	USADDRESS	4515 PAINTERS MILL RD	OWINGS MILLS	MD	21117	T. ROWE PRICE FINANCIAL INSTITUTION SERVICES	77958D101
32088	SPROTT GOLD EQUITY FUND INVESTOR	0.40%	FOREIGNADDRESS	200 BAY ST, STE 2600	TORONTO	CA	M5J 2J1	SPROTT FUNDS	85208P105
32088	TCW EMERGING MKTS INCOME CL I	0.10%	USADDRESS	865 S FIGUERA ST, 22ND FL	LOS ANGELES	CA	90017	TCW GALILEO	87234N765
32088	TIAA-CREF REAL ESTATE SEC INSTL	0.10%	USADDRESS	730 THIRD AVE	NEW YORK	NY	10017	TIAA-CREF	87244W797
32088	TIAA-CREF CORE IMPACT BOND INSTL	0.06%	USADDRESS	730 THIRD AVE	NEW YORK	NY	10017	TIAA-CREF	87245R672
32088	PERFORMANCE TRUST STRATEGIC BOND FD	0.40%	USADDRESS	500 WEST MADISON, STE 470	CHICAGO	IL	60661	PERFORMANCE TRUST FUNDS	89833W394
32088	VALUE LINE ASSET ALLOCATION INSTL	0.15%	USADDRESS	7 TIMES SQUARE, STE 1606	NEW YORK	NY	10036	VALUE LINE MUTUAL FUNDS	920395209
32088	VALUE LINE SMALL CAPOPPORTUNITIES INV FD	0.40%	USADDRESS	7 TIMES SQUARE, STE 1606	NEW YORK	NY	10036	VALUE LINE MUTUAL FUNDS	920454105
32088	VICTORY SYCAMORE ESTABLISHED VALUE I	0.10%	USADDRESS	4900 TIEDEMAN RD 4TH FL	BROOKLYN	OH	44114	VICTORY CAPITAL MANAGEMENT	92646A831
32088	VOYA MULTI MANAGER INTL SMALL CAP I	0.10%	USADDRESS	7337 E. DOUBLETREE RANCH RD	SCOTTSDALE	AZ	85258	VOYA FUNDS	92914A760
32088	WASATCH CORE GROWTH INSTITUTIONAL	0.15%	USADDRESS	505 WAKARA WAY, STE 300	SALT LAKE CITY	UT	84108	WASATCH FUNDS	936793793
32088	VIRTUS WESTCHESTER EVENT DRIVEN I	0.15%	USADDRESS	100 SUMMIT LAKE DR 201	GREENFIELD	MA	01301	VIRTUS	95737C608
32088	APPLIED FIN EXPLORERFUND INVESTOR	0.40%	USADDRESS	8730 STONY POINT PKWY STE 205	RICHMOND	VA	23235	WORLD FUNDS	98147A295

OptumCare 401(k) Retirement Plan

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 06-1469068
Plan 001
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*		Self-directed brokerage accounts ***	**	$ 35,277,785
*		Participant loans (interest rate of 4.25% - 8.00% with maturity dates ranging from January 2023 – May 2032)	$ 0	10,262,447
				$ 45,540,232

* Represents a party-in-interest
** Cost omitted for participant directed investments
*** Certain investments in the self-directed brokerage accounts are issued by a party-in-interest to the Plan