

# **Americas: Managed Care**

**Equity Research** 

# Solid longer-term growth outlook; coverage view to Attractive

#### Near-term trends stable for managed care and providers

We upgrade our coverage view for Managed Care to Attractive from Neutral. We see a favorable setup with reasonable valuations, manageable near-term risks, and a solid long-term growth outlook. Upcoming catalysts should be neutral-to-positive: (1) 3Q earnings, (2) Nov. elections, (3) ACA/ Medicare open enrollment, (4) resolution of M&A, (5) 4Q / 2017 guidance.

#### A relatively stable near-term outlook; 13% EPS growth to 2021

Now that the seasonally highest risk quarter (2Q) is behind us, downsides seem contained given: (1) neither merger nor election outcomes are pivotal for managed care, (2) less risk from ACA exchanges following market exits, (3) margins mostly stable with rational pricing bolstered by a dormant underwriting cycle and with medical cost trend only modestly higher this year for group commercial (lower for Medicare). Also, the major takeaway from our recent market review was increasing price discipline for 2017 (see For 2017 renewals, price discipline is stronger this year, 9/19). Finally, upcoming suspension of the ACA fee should be a source of earnings upside (or at least a buffer against the downside). Looking further out, we have revamped our industry model with pro forma projections for revenue and earnings growth to 2021. For the Big 5, we see an aggregate 5-year CAGR of 8% for revenue and 11% for after-tax income along with 13% avg. annual EPS growth (w/ HUM leading, ANTM lagging).

### Cigna (CI, CL-Buy) remains our favorite; also Buy on ANTM, WCG

Buy-rated CI (on the CL) remains our favorite given the strategic upside we see from a successful completion of its proposed merger with Anthem (we do not take a view on the outcome), or, if that is blocked by antitrust regulators, earnings upside from capital deployment and recovery of group insurance. We also remain Buy-rated on ANTM and WCG. For ANTM, we reduce our 2017 EPS to reflect negative impact from ACA exchanges. However, we maintain our 2018 EPS at \$14.00, implying a sharp rebound as ANTM either benefits from a 'fix' of the ACA exchanges or exits exchanges altogether. For WCG, we remain positive as margins continue to expand, management points to cap allocation upside, and there is M&A potential reflected in our PT.

### Where we could be wrong: political/regulatory and margin risks

Risks would include a major shift in health policy/politics (e.g., to a public option). Another would be margin disruption if acceleration in medical cost trend significantly outpaces pricing. However, even if that happens, we think price discipline is strong enough for a fairly rapid recovery.

#### **UPCOMING EVENTS**

Sept. 23: Main deadline for ACA exchanges 2017 Oct. 15-Dec. 7: Medicare open enrollment Oct. 19: 3Q2016 earnings start with UNH Nov. 1-Dec. 31: ACA open enrollment Nov. 8: Election Day Jan. 2017: Court rulings expected on mergers

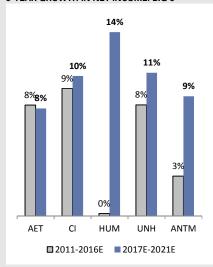
# **RELATED RESEARCH**

For 2017 renewals, price discipline is stronger this year. September 19, 2016

Commentary: Managed Care: our industry-wide aggregation of 2Q state insurance reports shows mixed trends, September 8, 2016

Blue Cross plans show further improvement in 2Q, September 1, 2016

#### 5-YEAR GROWTH IN NET INCOME: BIG 5



Source: company data, Goldman Sachs Global Investment

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# Solid longer-term growth outlook with downside risks manageable

Following a mostly better-than-expected 2Q earnings season, we see a positive environment for managed care given the apparently dormant pricing/underwriting cycle as well as so far mostly moderate medical cost trend. Meanwhile, we think neither merger resolutions nor election outcomes are pivotal to the sector.

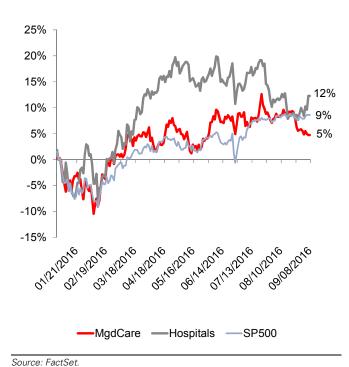
Across the group, Cigna (CI, CL-Buy) remains our favorite given the strategic upside we see if the proposed merger with Anthem completes successfully, or, if that is blocked by antitrust regulators, earnings upside from capital deployment and recovery of group insurance. We also remain Buy-rated on WCG (continued margin upside) and ANTM (low valuation).

Key upcoming catalysts include:

- 1. November elections.
- 2. M&A resolution (AET/HUM, ANTM/CI).
- 3. Medicare and ACA open enrollment.
- 4. 3Q-4Q16 earnings and 2017 guidance.

Valuations look reasonable with the stocks (market-cap. weighted) trading at ~14x on average and a ~20% discount to the S&P 500, partly reflecting modest underperformance so far this year (Exhibits 1-4).

Exhibit 1: Managed care has lagged the market this year YTD: Managed Care vs. Hospitals vs. S&P HC vs. S&P 500



Source: FactSet.

Exhibit 2: Although UNH has outperformed YTD: UNH vs. Managed Care (ex-UNH)

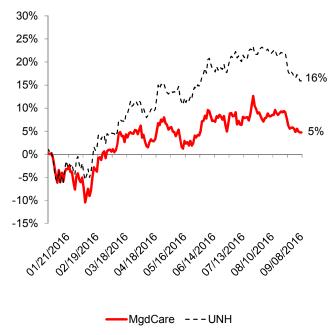
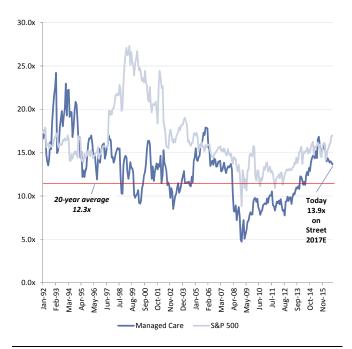


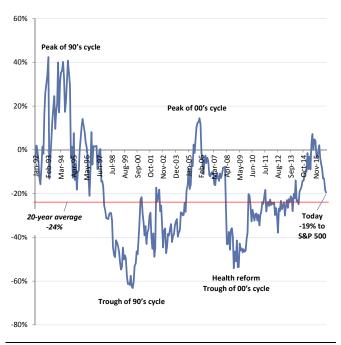
Exhibit 3: PE ratio above LT average...

Managed Care and S&P 500 forward PE (on Street 2YF EPS)



Source: FactSet.

Exhibit 4: ... but market relative PE close to LT average Managed Care forward PE as % of S&P 500 forward PE



Source: FactSet.

**Exhibit 5: Upgrade Managed Care coverage view to Attractive from Neutral** Key factors

- 1. Diminished margin risk / stable margin outlook
  - Seasonal timing: second quarter risk behind us
  - Medical trend is up, but with moderate/manageable pace
  - Underwriting cycle remains dormant
  - Price discipline strengthening for 2017
- 2. Visibility on multi-year growth drivers: MCOs remain a "structural Buy"
- 3. Direct risk from ACA exchanges diminishing with exits (UNH, AET, HUM)
- 4. Reasonable valuations with incremental upside potential
- 5. Limited risk from elections and merger resolution(s)
- 6. 2017 EPS upside potential from suspension of ACA industry fee
- 7. Optionality on boost to investment income from higher interest rates

Source: Goldman Sachs Global Investment Research.

#### Exhibit 6: Why now?

Factors driving timing of our upgrade

### 1. Recent results confirm moderate pace to cyclical recovery of cost trends

 Still, our utilization model directionally correct as trend bottomed in 2013 and has moved up since then, but at moderate pace

## 2. Recent market review finds price discipline stronger for 2017 renewals

- Key finding from our 15<sup>th</sup> annual market review with WTW
- Carriers appear to be using suspended industry fee as "trend buffer"

## 3. Failure of M&A deals now mostly "priced in"

## 4. Rotation away from other healthcare sub-sectors

Source: Goldman Sachs Global Investment Research.

#### **Exhibit 7: Key actions**

Actions taken in conjunction with our sector upgrade

## 1. Reaffirm CL-Buy on Cigna (CI)

- Should work under either merger scenario
- \$10B capital allocation opportunity for 2017
- Earnings recovery from fix to 2016 issues

# 2. Maintain Buy ratings on WellCare (WCG) and Anthem (ANTM)

- ANTM on valuation: cut 2017 EPS but maintain 2018 on ACA exchange recovery (or exit)
- WCG on margin recovery momentum

### 3. Raise EPS for Humana (Not Rated)

- · Raise EPS on Medicare margin recovery and growth
- Above Street consensus: now see 16% EPS growth for next year

### 4. Upgrade Molina (MOH) to Neutral (from Sell)

- Investors ready to look towards margin recovery in 2017 and beyond
- Asset value at least 2x current stock price (per member valuation under our M&A model)

# 5. Remain Neutral on UnitedHealth (UNH)

- Still see risk from 2015-2016 market share gains: impact of potential retrenchment on Optum
- That said, UNH getting more disciplined and benefiting from low Medicare trend
- Modestly raise 12-month price target: \$142 vs. prior \$135, implying 5% upside

Source: Goldman Sachs Global Investment Research.

### Still, there are key risks to watch ...

Despite our overall comfort on the margin environment, we have a 'yellow flag' on the 'core' commercial group business where state insurance data show price increases lagging cost trends for both public and NFP plans, though so far only to a modest (and apparently manageable) degree.

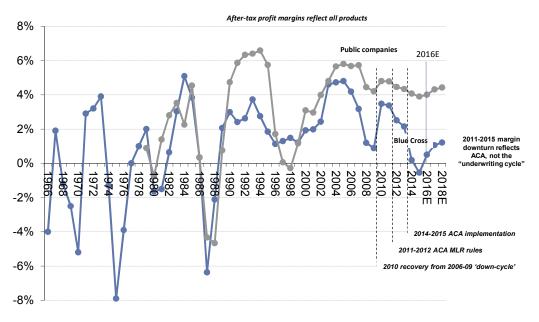
Here, we think UNH may face more risk than others given its market share gains over the past ~18 months that could indicate aggressive pricing.

However, within the individual business, ANTM has the most risk given its decision to remain in the ACA exchanges even as UNH/HUM/AET are exiting (such risks apply to CNC and MOH as well, but to a somewhat lesser degree as their focus is on the less-volatile 'near-Medicaid' enrollee population (see our report: ACA exchanges: Risks to payers and providers following AET exit, Aug. 23, 2016)).

Related to that, we highlight our reduction to our 2017 EPS for ANTM to reflect the downside risk of negative impact from the exchanges. However, our 2018 EPS implies a sharp yoy rebound as ANTM either benefits from actions that repair the exchanges or exits the exchanges altogether.

Finally, other risks include the regulatory policies of the next administration.

Exhibit 8: Recent decline in margins on ACA, not the underwriting cycle
Aggregate after-tax margin for the NFP Blues versus the public companies (1966-2018E)



Source: State insurance reports, company data, Goldman Sachs Global Investment Research.

### Longer-term growth outlook is very solid

Looking further out, we see a solid growth outlook driven by three 'layered' drivers:

- 1. **Growth in overall health spending**, projected by CMS actuaries (July 2016 forecast) to grow about 6% per year to about \$4.5 trillion in 2021, up from an estimated \$3.3 trillion for 2016.
- Within that, private-sector managed care penetration of the addressable (TAM) health spending, which we see increasing to 36% by 2021 up from about 33% today (here we measure penetration as the percent of spending captured as revenue).
- Within that, higher market share captured by the publicly-traded companies (organic and acquisition-driven), which we see increasing to 56% by 2021, up from 52% today.

For the Big 5, we see an aggregate 5-year CAGR of about 8% for revenue, 11% for net income, and 13% average annual EPS growth.

As has been the case in recent years, we see growth led by managed care penetration of Medicare/Medicaid with slower growth on the commercial side. Reflecting that, we see growth highest at Humana (HUM, Not Rated) and lowest at Anthem (ANTM, Buy).

These high-level growth projections are reflected in our detailed industry model showing 6-year forward projections by company and major product area (Exhibits 9-12). The model is driven by three basic elements: enrollment, revenue per member, and after-tax margin.

Exhibit 9: Longer-term growth outlook is very good

Growth projections, penetration and market share by category, \$ billions

2016E

	NHE	Managed ca	are revenue	Industry	Public co.
	(TAM)	Total	Public	penetration	share of
	(a)	industry	companies	of TAM	industry
Commercial	1,093	375	155	34%	41%
Medicare	681	220	120	32%	55%
Medicaid	578	190	135	33%	71%
TAM	2,352	785	410	33%	52%
Other (b)	999				
Total NHE	3,351				

2021F

			2021E		
	NHE	Managed ca	are revenue	Industry	Public co.
	(TAM)	Total	Public	penetration	share of
	(a)	industry	companies	of TAM	industry
Commercial	1,425	450	185	32%	41%
Medicare	925	360	202	45%	56%
Medicaid	740	295	230	43%	78%
TAM	3,090	1,105	616	36%	56%
Othor (b)	1 267				

**5-year CAGR** 2016E-2021E

TAM	Industry revenue	Public co. revenue
5%	4%	4%
6%	10%	11%
5%	9%	11%
5.6%	7.1%	8.5%

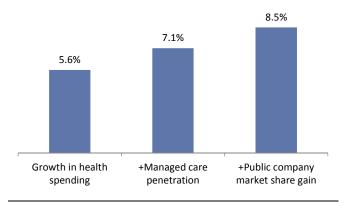
(a) National Health Expenditure (NHE) data, historical and forecast from CMS figures. (b) Majority of "other" is consumer out-of-pocket spending (e.g., co-pays, OTC items).

4,457

Source: CMS, company data, Goldman Sachs Global Investment Research.

**Total NHE** 

Exhibit 10: Composition of blended revenue growth 2016E-2021E CAGR by factor



Source: Company data, Goldman Sachs Global Investment Research.

Exhibit 11: Revenue growth by major product area 2016E-2021E CAGR by program

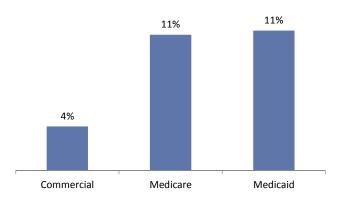
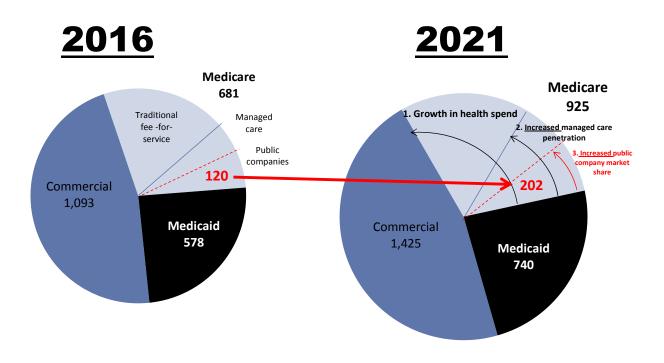
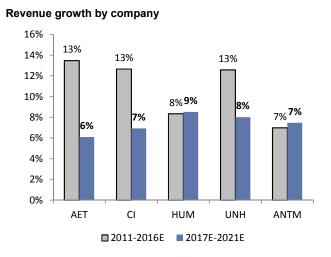


Exhibit 12: Three layered drivers of growth: public company Medicare revenue to >\$200 billion by 2021 Illustration of drivers of projected 11% CAGR in public company Medicare revenue, \$ billions



Source: Company data, CMS, Goldman Sachs Global Investment Research.

**Exhibit 13: Revenue and earnings growth by company** Big 5





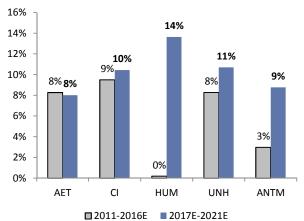


Exhibit 14: Potential earnings upside in 2017 from suspension of ACA insurer fee (HIF)

Range of magnitude scenarios for HIF upside in 2017

	AET	ANTM	CI	ним	UNH
EPS	\$9.10	\$12.00	\$10.00	\$10.90	\$9.00

Scenario 1						
HIF savings assumption	100%					
Per share impact		\$2.35	\$4.65	\$1.63	\$5.31	\$2.24
Commercial impact		\$1.07	\$2.35	\$0.42	\$0.66	\$0.66
Medicare impact		\$0.87	\$0.54	\$0.44	\$4.25	\$0.59
% share impact		26%	39%	16%	49%	25%
Commercial impact		12%	20%	4%	6%	7%
Medicare impact		10%	5%	4%	39%	7%

Scenario 2						
HIF savings assumptions						
Commercial premiums	20%					
Medicare premiums	40%					
Per share impact		\$0.56	\$0.69	\$0.26	\$1.83	\$0.37
Commercial impact		\$0.21	\$0.47	\$0.08	\$0.13	\$0.13
Medicare impact		\$0.35	\$0.22	\$0.17	\$1.70	\$0.24
% share impact		6%	6%	3%	17%	4%
Commercial impact		2%	4%	1%	1%	1%
Medicare impact		4%	2%	2%	16%	3%

Source: Company data, Goldman Sachs Global Investment Research.

Exhibit 15: Key risks: ACA exchange impact to ANTM, CI, CNC, and MOH, following exits of UNH, AET, HUM

Range of magnitude scenarios for ACA exchange impact in 2017

#### **2017E EPS**

	 Curren	t m	odel		Alternate scenarios for 2017E							EPS growth (2017E)					
	 2016E		2017E	Mo	oderate		Bad		Worst		Best	Current	Moderate	Bad	Worst	Best	
ANTM	\$ 11.00	\$	12.00	\$	12.75	\$	12.27	\$	9.85	\$	13.64	9%	16%	12%	-10%	24%	
CI	\$ 8.25	\$	10.00	\$	9.97	\$	9.70	\$	9.33	\$	10.19	21%	21%	18%	13%	24%	
CNC	\$ 4.10	\$	4.80	\$	4.69	\$	4.69	\$	2.51	\$	4.98	17%	14%	14%	-39%	22%	
МОН	\$ 2.10	\$	3.25	\$	3.06	\$	3.06	\$	(2.62)	\$	3.94	55%	46%	46%	NMF	88%	

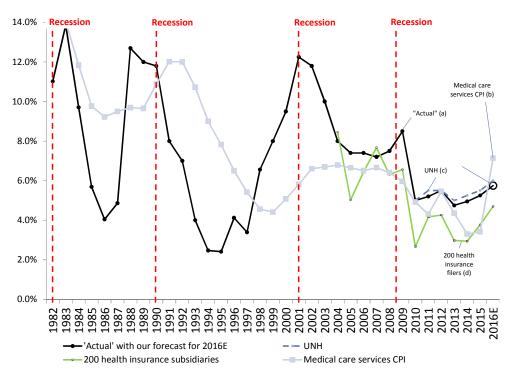
### ACA exchange impact to 2017E EPS

		Current	: m	odel	Alternate scenarios for 2017E									
	2	016E		2017E	Mo	derate		Bad	1	Worst		Best		
ANTM	\$	(0.50)	\$	(0.70)	\$	(0.45)	\$	(0.93)	\$	(3.35)	\$	0.45		
CI	\$	(0.15)	\$	(0.09)	\$	(0.12)	\$	(0.39)	\$	(0.76)	\$	0.10		
CNC	\$	0.30	\$	0.39	\$	0.28	\$	0.28	\$	(1.90)	\$	0.57		
МОН	\$	0.70	\$	0.82	\$	0.63	\$	0.63	\$	(5.04)	\$	1.51		

For more detail, see ACA exchanges: Risks to payers and providers following AET exit, Aug. 23, 2016.

Exhibit 16: Potential for acceleration in medical cost trend

Our regression model: yoy change in commercial medical cost trend per member



(a) Historical values are a blend of company and survey data. 2016E forecast is from our regression model

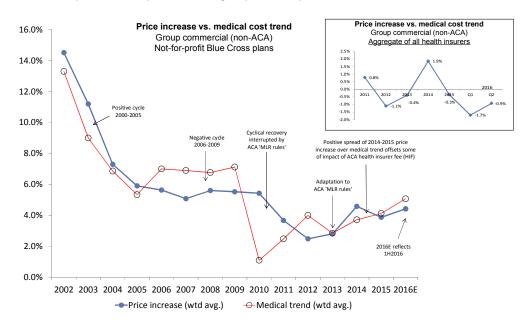
(b) Medical care services CPI reflects a 3-year moving average for years prior to 2010. The 2016E value reflects the Aug. 2016 figure. (c) For UNH, the 2016E figure of 6% reflects the mid-point of management guidance. Prior year figures are based on "actual" as presented at

(c) For UNH, the 2016E figure of 6% reflects the mid-point of management guidance. Prior year figures are based on "actual" as presented a the annual (year-end) investor conference.

(d) For the 200 health insurance filers, the 2016E figure is based on 1H2016 actual.

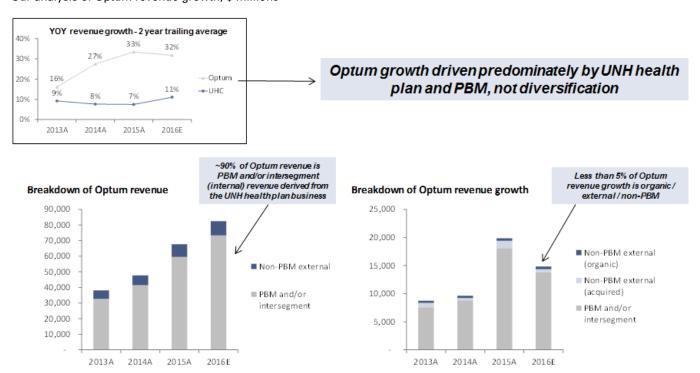
Source: Company data, industry surveys, CMS, Goldman Sachs Global Investment Research.

Exhibit 17: Key risks: state insurance data show negative price-to-cost trend spread Blue Cross plans and all plans (insert) group insured price increase vs. medical cost trend



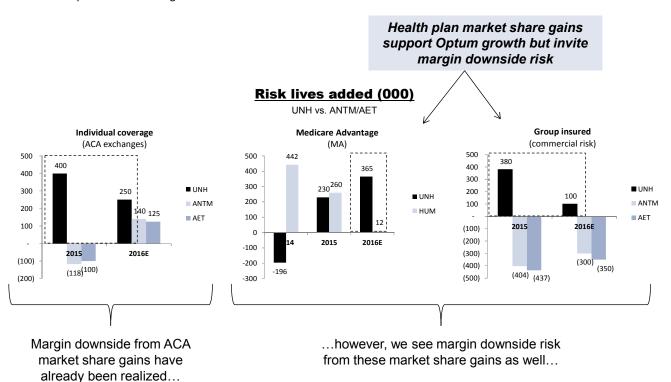
Source: Company data, state insurance reports, Goldman Sachs Global Investment Research.

Exhibit 18: Key risk – UNH: The case for Optum valuation is overdone, in our view Our analysis of Optum revenue growth, \$ millions



Source: Company data, Goldman Sachs Global Investment Research.

Exhibit 19: Key risk – UNH: recent market share gains in price-sensitive segments invite margin downside risk Lives added in price-sensitive segments: UNH vs. ANTM and AET



#### Exhibit 20: Our valuation model for managed care: a blend of SOTP and M&A

Price target derivation across our core managed care coverage universe, stock prices as of 9/16/16

					Sum of the parts (SOTP)									target	= SOTI	2+M&	A			
					Target	multipl	e and ea	arnings	mix		Adj.	SOTP	Val	ue	Mi	х	Price	Implied	ļi	
		Stock	EPS	c-Risk	c-ASO	MA	Mcaid	PDP	Other	earn.	factor	target	<u>(b</u>	)	<u>(c)</u>	)	target	upside	PE (2	017E)
	Rating	price	2017E	13.0x	14.0x	16.0x	15.0x	11.0x	%	Tgt.	(a)	PE	SOTP	M&A	SOTP	M&A	(d)(e)	%	Current	Target
UNH	Neutral	\$138.47	\$9.00	22%	10%	20%	15%	5%	28%	18x		15.8x	\$142	\$135	100%	0%	\$142	3%	15.4x	15.8x
ANTM	Buy	\$125.52	\$12.00	46%	24%	4%	26%	1%			-6%	13.0x	\$155	\$172	100%	0%	\$155	23%	10.5x	12.9x
AET	Not Rated	\$115.06	\$9.10	40%	25%	16%	8%	5%	6%											
CI	Buy*	\$131.99	\$10.00	15%	39%	15%	0%	2%	30%	16x	+9%	16.0x	\$160	\$176	100%	0%	\$160	21%	13.2x	16.0x
HUM	Not Rated	\$174.62	\$10.90	17%	0%	68%	0%	8%	7%											
CNC	Sell	\$67.30	\$4.80	23%	0%	5%	62%	0%	10%	14x	-12%	12.7x	\$61	\$89	85%	15%	\$65	-3%	14.0x	13.5x
МОН	Neutral	\$55.74	\$3.75	0%	0%	0%	90%	0%	10%	14x	-7%	13.9x	\$52	\$95	85%	15%	\$58	4%	14.9x	15.5x
WCG	Buy	\$110.96	\$6.25	0%	0%	40%	60%	0%			+16%	17.9x	\$112	\$165	70%	30%	\$128	15%	17.8x	20.5x
MGLN	Neutral	\$53.85	\$4.00	0%	0%	0%	0%	0%	100%	14x		13.2x	\$53	\$69	85%	15%	\$55	2%	13.5x	13.8x
Averag	e																	9%	14.2x	15.4x

(a) SOTP target PEs are adjusted to reflect company specific factors (where the adjustment is more than 5%):

ANTM -6% ACA exchange overhang

CI +9% Trough earnings from issues in non-core segments

CNC -12% HNT integration risk; exchange risk.

MOH -7% Multiple includes outer-year assumption of EPS improvement

WCG +16% Increased potential for operation leverage and capacity for capital deployment

(c) Percentage of M&A value applied to PT varies by company according to our estimate of the probability of an acquisition

under our M&A model: 30% or 50% for M&A probability rank of '1', 15% for M&A rank of '2' and 0% for M&A rank of '3' or '4'.

Source: FactSet, Company Data, Goldman Sachs Global Investment Research.

AET: We are Not Rated on AET stock.

**ANTM:** We maintain our 12-month price target of \$155 based on 12.9x 2017E EPS. Our lower 2017 EPS of \$12 reflects the ACA risk to earnings we have outlined above. Key risks include utilization, ACA exchanges, MMC margins, pending M&A, policy.

CI: We maintain our 12-month price target of \$160 based on a target multiple of 16.0x our 2017 EPS of \$10.00. Risks include disability results, MA sanctions, pending M&A, pricing.

### Exhibit 21: Our revised M&A valuation model for managed care

\$ millions, except per-share and enrollment figures, stock prices as of 9/16/16

		Valu	uation o	f membe	rs (a)		Valua	ation of r	non-mb	r. earnings							
		Value pe	r memb	er (VPM)							Total				Balance		
	c-Risk	c-ASO	MA	Mcaid	PDP	Valuation	Non-m	nember		Valuation	valuation	Baland	e sheet a	djust.	sheet		
	\$1,750	\$1,250	\$8,000	\$2,000	\$800	of	earr	nings	Target	non-mbr.	members	Parent	Total	Net	adjusted	M&A	%
	% o	f VPM ap	plied to e	nrollment	:(b)	members	Pretax	After-tax	mult.	earnings	+other	cash	debt	debt	valuation	value	upside
UNH	110%	100%	100%	115%	120%	86,552	4,089	2,658	29x	76,541	163,093	489	33,198	32,709	130,384	\$135	-3%
ANTM	120%	100%	100%	110%	100%	58,629	-	-	х	,	58,629	2,100	14,642	12,542	46,086	\$172	37%
AET																	
CI	100%	153%	230%		100%	35,482	1,199	780	16x	12,473	47,955	2,750	5,089	2,339	45,616	\$176	33%
HUM																	
CNC	65%		100%	110%		17,968	169	110	16x	1,775	19,743	196	4,494	4,298	15,445	\$89	32%
МОН			100%	70%		5,908	55	36	14x	505	6,413	466	1,627	1,161	5,252	\$95	70%
WCG			75%	100%	95%	7,607	-	-		-	7,607	833	1,097	264	7,343	\$165	49%
MGLN						-	142	92	21x	1,944	1,944	236	477	240	1,704	\$69	29%
Average						30,306	808	525	16x	13,320	43,626	1,010	8,661	7,651	35,976		45%

<sup>(</sup>a) Valuation per member is based on an approximate average of recent and historic M&A comps.

<sup>(</sup>b) Derived from M&A valuation model.

<sup>(</sup>d) Key risks to our price targets include price competition, regulation, and the company specific risks.

<sup>(</sup>e) Price targets are based on a 12-month timeframe.

<sup>\*</sup> on the Americas Conviction List

<sup>\*</sup> on the Americas Conviction List

 $<sup>(</sup>b) \ Percentage \ of \ standard \ VPM \ applied \ is \ adjusted \ from \ 100\% \ in \ some \ cases \ for \ company-specific \ circumstances.$ 

**CNC:** We maintain our 12-month, \$65 price target, which implies 13.5x our 2017 EPS estimate of \$4.80. Our price target is based on an 85/15 blend of SOTP (\$61) and M&A valuation (\$89). Key upside risks include faster margin expansion, RFPs, and HNT integration benefits.

**HUM**: We are Not Rated on HUM stock. We raise our 2018 EPS to \$12.35 from \$12.00 on the back of sales exposure to beneficial long-term trends in our updated industry model as well as reduced ACA exchange exposure.

MGLN: We lower our 12-month price target to \$55 (from \$65) on an unchanged 85%/15% SOTP/M&A value blend, which implies a 13.8x multiple on 2017E EPS (prior 14.4x). The lower multiple reflects execution risk following another recent contract loss (PBM contract with \$325mn annual sales). Our 85% weighted SOTP value is \$53, which is based on 13.2x 2017E EPS, with our 15% weighted per-member based M&A valuation at \$69. Key risks include asset integration, regulation, underwriting margin, and drug pricing.

Exhibit 22: M&A rationale for price targets with M&A component to valuation

		M&A		% of PT based on M&A
Ticker	Rating	probability	Rationale for M&A probability	target
UNH	Neutral	4	Too large.	0%
ANTM	Buy	4	Too large.	0%
AET	Not Rated			
CI	CL-Buy	3	Greater appeal to strategic buyer.	0%
HUM	Not Rated			_
CNC	Sell	2	Attractive Medicaid markets, but integration risk.	15%
МОН	Neutral	2	Small but family ownership might be a barrier.	15%
WCG	Buy	1	Acquirable size, attractive MA/MMC/PDP book.	30%
MGLN	Neutral	2	Acquirable size, but amidst business transformation.	15%
Average				11%

(a) Our M&A probability ranking is as follows:

- 1 30%-50% probability
- 2 15%-30% probability
- 3 10%-15% probability
- 4 Less than 10% probability

Source: FactSet, Company Data, Goldman Sachs Global Investment Research.

**MOH:** We increase our 12-month price target to \$58 from \$51, based 85% on SOTP of \$52 (from \$43) and 15% on a per member M&A value of \$95 (unchanged). This implies 15.5x (from 15.7x) our 2017E EPS of \$3.75 (from \$3.25), reflecting a faster earnings recovery in 2017-18. Key risks to our Neutral rating include margins and M&A. Please see *Upgrade to Neutral; expect investors to focus on 2017-2018 growth*, 9/19/16 for full analysis.

**UNH:** We raise our 12-month price target to \$142 (prior \$135) based on 15.8x our 2017E EPS (vs. prior target multiple of 15.0x). The expanded multiple reflects sales exposure to beneficial long-term trends in our updated industry model as well as reduced ACA exchange exposure. Risks include health reform impact, pricing, medical cost trends.

**WCG**: We increase our 12-month price target to \$128 (from \$120) on an unchanged 70%/30% SOTP/M&A blend. This implies 20.5x our 2017E EPS (from 19x), with a per member M&A value of \$165 and sum-of-the-parts value of \$112. The higher multiple is driven by MA/MMC product mix, which we expect to grow at a ~12% CAGR according to our industry model as our confidence in the MA/MMC products have improved after the

deep dive industry model analysis. Key risks include: offset of industry fee, MMC rates, medical costs, effective use of capital, and execution.

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# **Disclosure Appendix**

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