Employees deserve a personalized, supportive and transparent health care experience – one that reflects their expectations as consumers.

# Reimagining the employee benefits experience

United Healthcare®

**+90%**

**of U.S. consumers say that experience is "very important" or "extremely important" when evaluating health care[2]**

Health care is entering a new era — one that is defined by experiences, not transactions. Today's consumers are no longer passive participants in their care. They are informed, engaged and increasingly expect the same level of simplicity, personalization and transparency they encounter in every other part of their lives.[1]

Across the industry, the shift is clear and measurable. More than 90% of U.S. consumers say that experience is "very important" or "extremely important" when evaluating health care, yet fewer than 50% rate the quality of the U.S. health system as "good" or "very good."[2] This disconnect highlights a critical gap between expectations and reality — and a significant opportunity for organizations to rethink how care is delivered and experienced.

At the same time, affordability challenges continue to shape how both employers and consumers engage with the health system. For employers, rising costs across health care and the broader employee benefits landscape are making it increasingly difficult to meet employee expectations and needs within current budget constraints. For consumers, these financial pressures don't just create barriers to access, they also influence how and when people choose to engage with the health system altogether.

Historically, affordability and experience have often been treated as competing priorities. However, emerging evidence suggests the opposite: They are deeply interconnected. A more personalized, transparent and supportive experience can help consumers choose the right care at the right time, reducing unnecessary utilization while improving outcomes and confidence. In fact, trust — built through better experiences — has a measurable impact on behavior, with consumers reportedly being nearly 300% more likely to recommend a health care organization when they trust it.[3]

"Experience and affordability do not have to be at odds — they can work in concert when tools are designed to drive both engagement and better decision-making," says Amy Jordan, vice president of consumer engagement for UnitedHealthcare Employer & Individual.

This shift is being driven by rapidly evolving consumer expectations. Consumers are no longer simply navigating the health care system. They are actively evaluating it, comparing it and expecting it to work for them in the same way that many of their other daily experiences do.

Delivering on these expectations requires more than incremental improvement. It calls for a reimagining of the health care experience — bringing together personalization, proactive support and transparency to create simpler, more connected journeys. In this new landscape, affordability and experience are not trade-offs. They are complementary levers that, when aligned, can help make care more accessible, more efficient and more human.

**This type of consumer experience is defined by:**

Making health care easier to navigate through intuitive digital experiences

Meeting employees where they are on their health care journey with personalized support

Empowering employees with greater transparency and choice

Identifying opportunities to improve utilization and boost plan engagement

# Making health care easier to navigate through intuitive digital experiences

**80%+**

of consumers indicated interest in managing their health benefits experience across a unified digital platform[5]

Many health plans are delivering on the basics—but falling short of creating the meaningful connections with members that a well-designed digital experience is uniquely positioned to provide. Member satisfaction with commercial health plan digital experiences has remained essentially flat for 3 consecutive years despite significant investment in digital tools.[4] The gap between what technology can do and what members are experiencing represents one of the most significant opportunities in employer-sponsored benefits today.

One of the most persistent friction points employees report is fragmentation. Only 26% of survey respondents indicated it is very easy to see their medical records across providers or systems.[5] Rather than a cohesive experience, most health care consumers navigate a patchwork of disconnected portals. Industry research reinforces the stakes: More than 80% of consumers indicated interest in managing their health benefits experience across a unified digital platform.[5] For employers offering a benefits package with a multitude of vendors, that fragmentation undermines the perceived value of every dollar invested.

The capabilities that drive digital satisfaction are well-defined. An intuitive digital experience should allow members to use one integrated interface to:

- Find and compare care across search results that are prioritized based on member preferences along with quality, cost and coverage information
- Schedule appointments with real-time availability in their preferred care setting
- Access pre-service cost estimates to plan and budget before care happens
- Manage the full financial lifecycle of a claim, including tracking status, reviewing explanation of benefits and making payment
- Receive personalized, real-time answers and support through AI-assisted chat capabilities, with direct access to an advocate or carrier representative when needed
- Explore relevant programs based on their individual health needs to supplement their other employer offerings

"Consumer expectations have fundamentally changed, and health care must evolve to meet members where they are. People are accustomed to digital experiences that are intuitive and personalized—and they increasingly expect that same level of simplicity when engaging with their benefits," says Samantha Baker, chief growth officer for UnitedHealthcare Employer & Individual.

Offering a connected ecosystem may be a strategic imperative, and failing to prioritize integration risks employee satisfaction and overall plan performance. When employees can find quality, network care easily, they are more likely to use preventive services and choose higher-value providers. When they receive timely, intelligible claims information, data shows satisfaction scores can rise by as much as 330 points compared to those who experience a poor claims process.[4] And when behavioral health, well-being programs and supplemental benefits are surfaced through the same digital front door—rather than accessed via separate logins—member engagement with those programs increases, extending the return on the employer's benefits investment.

Delivering on these standards requires a strong foundation beneath the digital interface—one built on robust data, intelligent personalization, deep provider connectivity and a unified member experience that brings clinical and non-clinical programs together.

**Learn how** UnitedHealthcare is transforming the member experience with a bold digital agenda →

## Meeting employees where they are on their health care journey with personalized support

**"Our care coordinator made us feel like we were valued and that we were a person because the way he interacted with us was not about a case or a claim."**

**Bobby**
UnitedHealthcare member

**Up to**
**2–4%**
in medical total cost of care savings for employers with UnitedHealthcare Enhanced Advocacy Solutions[6]

While a seamless digital experience forms the foundation of a strong member experience, the complexity of the health system means that technology alone cannot carry the full weight of member support. Research consistently shows that health care organizations must recognize that the assumptions they once made about health care consumers no longer hold true. Members are increasingly active participants in their own care, seeking engagement and expecting personalization at every stage of their journey.[1]

For employees navigating a health event, a confusing claims process or an unfamiliar diagnosis, the stakes of a poor experience are high. Struggling to understand benefits or find care can lead to delayed treatment, misaligned care decisions and unnecessary costs for both the employee and the employer.[1]

Service-related challenges remain the single greatest driver of poor health care experiences. When employees are unable to get clear answers, locate the right provider or understand what their plan covers, it creates not only frustration but also barriers to care.

The problem can be compounded during moments of vulnerability, such as when an employee is managing a serious illness, recovering from a hospitalization or supporting a dependent through a complex health situation. These are precisely the circumstances in which a streamlined digital interface alone may not be sufficient. Human connection, delivered with both expertise and compassion, becomes an essential component of the overall experience.

Carrier advocacy programs can address this gap directly by offering employees 1-on-1 support. A trained advocate can help an employee make sense of their coverage, identify the best next step in their care and connect them to the appropriate resources—all through a single interaction.

Consider an employee who has recently visited an emergency room for a cardiac event. Through a carrier advocacy program, a nurse—alerted by the nature of the claim—would proactively reach out to check on them, recommend follow-up care with a cardiologist and even facilitate a behavioral health consultation if needed. This kind of outreach not only improves the member's immediate experience but may also help them establish ongoing care relationships that can prevent future, more costly interventions.

AI is also rapidly reshaping what personalized member support looks like, and the most forward-thinking carriers are embedding it directly into their experience to work alongside human advocates. Learning from every interaction, AI can help surface personalized recommendations, clarify coverage and help members navigate toward appropriate care options in real time.

When a member's need calls for a human touch, highly trained advocates are ready—cutting through complexity to deliver answers and pick up the conversation right where it left off. The result is a model where AI handles routine navigation with speed and precision, while human advocates use their expertise in the moments that matter most.

**Discover how** advocacy programs designed to anticipate potential whole-person health needs can drive better health outcomes, lower costs and improve employee satisfaction →

# Empowering employees with greater transparency and choice

Surest® members who shopped for more than half of their care generated

**↓23%**

lower costs than members using the same services on a traditional plan[9]

**"The way people choose and use health care is changing — and we're meeting that shift with a more consumer-centric experience designed around transparency, flexibility and simplicity."**

**Rebecca Madsen**

Chief Advocacy Officer
UnitedHealthcare Employer & Individual

Consumers increasingly want to understand what their plan covers, what care will cost before they receive it and whether the choices available to them are suited to their needs and budget. When those expectations go unmet, the consequences for employers are tangible: Employees delay or avoid care, make decisions that drive costs higher and grow disengaged from the benefits their employers have invested in.[7]

Carriers are increasingly making transparency a structural feature of benefit design — embedding real-time cost tools, plain-language explanations of benefits and proactive out-of-pocket estimates directly into the member experience. Leading carriers are also moving toward faster, clearer prior authorization decisions, giving members greater certainty about whether their care will be covered before they receive it. This shift reflects a broader market recognition that clear, consistent information — on cost and coverage alike — is an expectation.

Federal regulations are reinforcing this momentum. A 2025 executive order directed government agencies to strengthen health care price transparency requirements, and additional updates have since moved to standardize pricing disclosures across group health plans.[8] These actions are pushing the health system toward the kind of upfront, accessible disclosure that has historically been absent and fueled member distrust. For employers, the regulatory direction only sharpens what the market is already signaling: Transparency is becoming the baseline, and those building benefit strategies around it now will be best positioned as expectations continue to rise.

Evidence for why this matters to the bottom line is compelling. When members are equipped with tools to shop for care before they receive it, their behavior changes in meaningful ways.[9]

Transparency alone, however, is not sufficient. For it to drive meaningful change, it must be paired with genuine choice — the ability for employees to select and compare coverages, care and available offerings based on their individual circumstances and preferences. A benefits strategy rooted in both transparency and choice empowers employees to own their health care and coverage decisions, keeping them engaged while helping employers eliminate waste and manage costs more effectively.

Research shows that this approach resonates across stakeholder groups. Consumers value the control it affords, employers value the cost discipline it enables, and brokers and consultants value the competitive differentiation it represents. When employees can choose what is relevant to them and employers can avoid paying for what is not, the benefits experience delivers more value and flexibility for them both.

When employees are at the center of care and coverage decisions, with tools and support that help them choose with confidence, the benefits experience shifts from a source of friction to a genuine expression of the employer's commitment to workforce health and well-being.

# Identifying opportunities to improve utilization and boost plan engagement

**69%**

of employees want more information about their benefits, yet fewer than half of employers communicate about them outside of open enrollment[12]

A 2025 report found that employers spend an average of $16,501 per employee on health benefits, yet just 1 in 10 employees accurately understands the true value of what they are receiving.[10]

The foundation of meaningful engagement is benefits awareness and understanding, and the data suggests it remains a persistent challenge. An analysis of 18M employees found that 86% report feeling confused about their benefits, and utilization improves by 18% when the experience is tailored to the individual.[11]

Another report reinforces this, finding that 69% of employees want more information about their benefits, yet fewer than half of employers communicate about them outside of open enrollment.[12] Clear communication and benefits education are essential to improving outcomes for employees and controlling costs for employers.

The most effective engagement strategies go beyond one-size-fits-all messaging. Targeted digital touchpoints and data-driven outreach can help meet members where they are, encourage healthier behaviors and surface the specific programs and benefits most relevant to each individual.

Carriers with robust claims data capabilities are especially positioned to power this kind of intelligent engagement—identifying utilization gaps, flagging opportunities for preventive care and triggering relevant communications at the moments when employees are most likely to act.

Integrated rewards programs can further reinforce these efforts. When personalized incentives are tied to the specific actions that most benefit each member's health, sustained engagement may follow. When employers work closely with their carrier's account management and clinical teams to align benefit design with activation strategies, the result may be a workforce that is better supported, more cost-conscious and more likely to experience the benefits program as working for them—not around them.

"Employers expect carriers to do more than administer benefits—they expect them to drive engagement with those benefits," Jordan says. "Whether through digital experiences, AI companions or advocates, employers should be asking their carriers: 'Are you empowering my employees to make smarter decisions about preventive care, site-of-care selection and clinical programs?'"

# The future of health care will be defined by integration, intelligence and trust

At UnitedHealthcare, we're working toward a future where health care is designed around people, not the other way around — where every member feels seen, supported and empowered to take charge of their health with confidence.

## Learn how UnitedHealthcare is delivering a better member experience >

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Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

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