



Bringing greater clarity to employee health care costs

Employers who offer health plans with clearer coverage and cost visibility may have an edge in today's competitive job market.

It's clear that consumers are wanting – rather demanding – greater transparency in health care costs. They want to understand what their plan covers, how much a procedure or provider visit will cost and whether lower-cost alternatives are available.

Yet nearly half of insured adults when surveyed reported challenges in understanding at least one aspect of their health insurance, with:¹

- 36% feeling unsure about what their insurance would cover
- 30% wondering what they would owe out-of-pocket for care
- 30% reporting that they didn't understand their Explanation of Benefits (EOB) statement

This confusion may lead employees to delay or skip necessary care.¹ It may also cause them to pay more for their care because they lack the information needed to make more informed decisions.² On the other hand, those with a better understanding of their benefits may be more likely to effectively manage their health.³

That's why the health care industry is working to improve the **member experience** with:



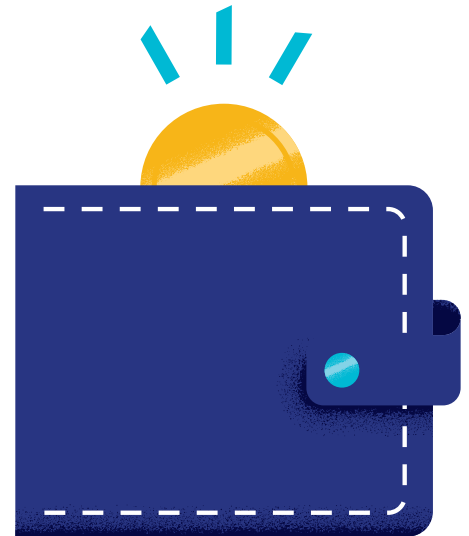
Health plan designs that reduce cost confusion



Tools that provide upfront cost estimates to support cost-effective care decisions



Proactive alerts when lower-cost alternatives are available





Health plan designs that reduce cost confusion

A survey conducted by UnitedHealthcare found that 3 in 5 respondents could not correctly define key health care terms like “coinsurance” or “out-of-pocket maximum.”⁴ When employees don’t understand their health plan, they’re more likely to feel confused and frustrated when they receive a bill.

Health plans that eliminate some of the cost complexities may help. One example is the **Surest® health plan**. With no deductibles or coinsurance, members can see actual prices for care in the form of a copay. Within the digital experience, they can also see the included care services that are covered as part of their visit. Plus, members receive one bill for their service, which may help eliminate surprise bills.

Providing health plans that cover services or **medications with no out-of-pocket costs** for members can make a significant difference by eliminating financial barriers and potentially increasing the perceived value of employer-provided benefits.

50%

average lower out-of-pocket costs for Surest members⁵



Tools that provide upfront cost estimates to support cost-effective care decisions

Searching for a health care provider shouldn’t be a difficult experience. While many carriers offer provider search tools, these tools may not always deliver accurate information or may be limited in the details they provide. Inaccurate contact information, network status and incomplete specialty listings can lead to member frustration and may even delay access to care.⁶ Tools that lack cost information or don’t offer the ability to compare costs in advance may add to that frustration.

UnitedHealthcare continues to reimagine how members access cost and coverage information – aiming to make it easier, clearer and more comprehensive. Throughout 2025, UnitedHealthcare is making strides to improve the member experience by offering:

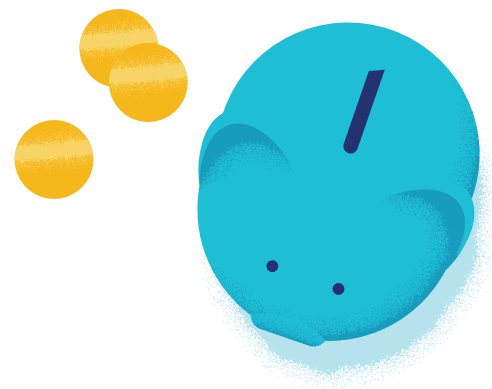
- A better understanding of what’s included in members’ plans
- More detailed guidance on how to best utilize members’ benefits
- Greater visibility into out-of-pocket costs for covered services

This level of transparency – regarding what’s covered and how much a visit, service or treatment may cost – can help employees and their families better budget for nonemergency care and make more cost-effective health care choices.

“We know health care quality and cost can vary significantly even within the same city, which is why we provide millions of our members with tools to help them review quality information and cost estimates for more than 19,000 common medical services,” says Samantha Baker, chief growth officer for UnitedHealthcare Employer & Individual. “Members can access this information online, via our mobile app and through our customer care Advocates, making it easier for them to make more informed decisions.”

19K

The number of common medical services included in the UnitedHealthcare cost estimation tool⁷



This commitment to empowering more-informed decisions also inspired the recent launch of **Smart Choice**. Available through the **UnitedHealthcare® app** or **myuhc.com®**, Smart Choice helps members compare providers by prioritizing search results and offering a dynamic score based on quality and how well a provider aligns with a member's care needs, specific benefit plan coverage and personal preferences (such as distance, in-person vs. virtual offerings, gender and language).

Recognizing that providers can play a key role in guiding care decisions, UnitedHealthcare is also working to ensure they have the information they need. That includes integrating patient-specific benefit details into providers' existing electronic medical records (EMRs). This gives providers a more complete view of their patients' care needs, prior authorization requirements and anticipated costs – enabling more personalized and informed recommendations that take into account what that care or treatment may cost the patient. In some cases, providers can even run trial pharmacy claims to get a better sense of a member's cost-share.



Proactive alerts when lower-cost alternatives are available

While having access to eligibility and cost information before seeking care can help employees feel more confident in their care decisions, nobody wants to feel like they've made a mistake if they choose a less-than-optimal option. Adding precautions to alert members and providers when a lower-cost or perhaps more appropriate alternative exists can help further protect employees' wallets.

At UnitedHealthcare, members receive alerts via text and email within 4 hours of an eligibility check being performed by a potential out-of-network provider or facility. This advance notice may give the member an opportunity to explore network options and potentially lower their costs by making a more informed decision before care is received.

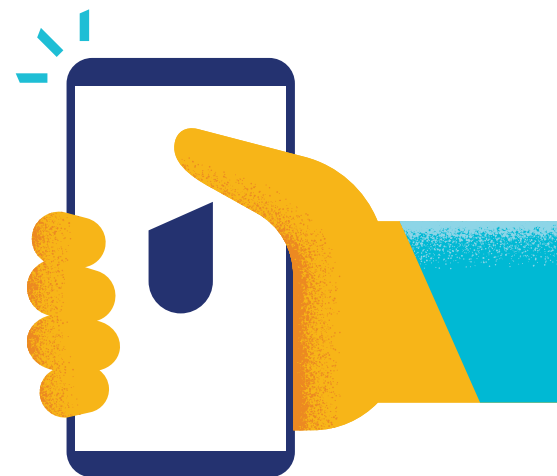
Additionally, through the Proactive Savings Alert program, UnitedHealthcare members are notified of potential savings on medications before they refill a prescription. The program uses advanced analytics to compare prices in real time. Alerts are accessible anytime, anywhere, through a link that shows all eligible savings opportunities.

On the provider side, PreCheck MyScript® from Optum can also flag when lower-cost alternatives based on a member's benefits and coverage may be available. In fact, PreCheck MyScript has been found to save members an average of \$110 per prescription when switching to a lower-cost alternative,⁸ such as going from a brand-name drug to a generic equivalent. Employers can also benefit, saving an average of \$295 per prescription switch.⁸

“A simple provider search experience is crucial for empowering employees to find quality care. By making this process personal and efficient, we not only enhance their satisfaction but also help ensure they receive the support they need to choose the right provider for them in the setting they prefer.”

Amy Jordan

Vice President
Consumer Digital Engagement
UnitedHealthcare Employer & Individual



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per prescription when switching to a lower-cost alternative⁸



Federal regulations offer further cost protections

To help address the impact of health care confusion in the U.S., the **No Surprises Act** provides federal protection against unexpected medical bills that can occur when consumers:⁹

- Receive emergency care, including emergency mental health services
- Use out-of-network air ambulance services
- Receive nonemergency care from out-of-network providers at certain network facilities

These protections – along with the **Transparency in Coverage** rule, which requires insurers to create online, personalized pricing tools for consumers – have been a catalyst for carriers and providers to develop new tools that aim to help employees, employers and providers better understand the total cost of care.



Learn how UnitedHealthcare is delivering a better member experience >

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¹ KFF Survey Shows Complexity, Red Tape, Denials, Confusion Rivals Affordability as a Problem for Insured Consumers, With Some Saying It Caused Them to Go Without or Delay Care. KFF, June 15, 2023. Available: <https://www.kff.org/mental-health/press-release/kff-survey-shows-complexity-red-tape-denials-confusion-rivals-affordability-as-a-problem-for-insured-consumers-with-some-saying-it-caused-them-to-go-without-or-delay-care/>.

² Glass, R. Health literacy: A key to cost control and engagement. BenefitsPRO, Oct. 31, 2024. Available: <https://www.benefitspro.com/2024/10/31/health-literacy-a-key-to-cost-control-and-engagement/>.

³ Understanding Health Literacy. Centers for Disease Control and Prevention, October 16, 2024. Available: <https://www.cdc.gov/health-literacy/php/about/understanding.html>.

⁴ 2024 UnitedHealthcare Consumer Sentiment Survey. It was conducted in July and August 2024 using Collage's online survey of 1,001 U.S. adults 18-64 with commercial insurance. The margin of error was plus or minus 3% at the 95% confidence level.

⁵ Members who migrated from a non-Surest plan into a Surest plan in 2022, compared to those who stayed with a non-Surest plan.

⁶ Goforth, A. Inaccurate provider directories frustrate value-based care efforts. BenefitsPro, Jan. 10, 2025. Available: <https://www.benefitspro.com/2025/01/10/inaccurate-provider-directories-frustrate-value-based-care-efforts/>.

⁷ 500 CPT, REV, HCPC and DRG billing codes were added to the cost estimate experience in 2023 to meet the first TIC compliance milestone, allowing us to meet our final number of 19,342 CPT, REV, HCPC and DRG billing codes in the cost estimate experience by December of 2024. This number represents all required billing codes and services as outlined by CMS. As new codes are added and others are retired, we work quarterly to maintain that list and compliance.

⁸ OptumRx analysis of full year (Jan '24 - Dec '24) trial claim and production claim data. Average savings is calculated when a lower cost savings opportunity is presented, dispensed at the pharmacy, and when the savings was >=\$1.

⁹ Avoid Surprise Healthcare Expenses: How the No Surprises Act Can Protect You. U.S. Department of Labor. Available: <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/avoid-surprise-healthcare-expenses>. Accessed: May 28, 2025.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

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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