



Building more trusted health care experiences



Explore how employers can boost workforce trust with benefits that offer cost clarity, transparency and more intuitive, choice-driven experiences.

When employers offer their workforce health benefits, they are making a promise, as well as a financial commitment. The promise is that when someone on the team or the team's family faces a health challenge, the benefits secured for that person will actually work.

Employers who get benefits right – who choose a health plan that genuinely works for their people – are seeing the results where it counts most: a workforce that feels supported, engages with their benefits and trusts that their employer has their back. That connection between benefits quality and employee trust is becoming one of the clearest differentiators in how organizations attract and retain talent.

What drives that trust or erodes it often comes down to the specifics of what employees experience firsthand: what their cost-share or premium looks like and what it feels like to use their benefits and navigate claims. Those same factors shape some of the most consequential decisions employers face when designing benefits, such as how much cost-share to ask employees to absorb, which plan to select and how the carrier they select manages claims and prior authorization processes, which can make or break an employee's experience.

The fact that only 30% of commercial health plan members said they trusted their health plan in 2025, according to the J.D. Power 2026 U.S. Commercial Member Health Plan Study,¹ is a clear signal that employers and carriers must work together to build health plans and benefits strategies that better serve employees and their families.

30%

of commercial health plan members said they trusted their health plan in 2025, according to J.D. Power¹

Bringing more clarity, confidence and trust to health care

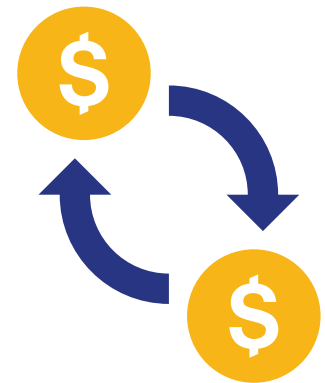
Transparency is the foundation on which trust is built. But for it to mean anything to employees, it can't live only in plan documents or enrollment guides – it has to show up in every interaction, every decision and every moment in an employee's health care journey. UnitedHealthcare has made transparency a structural commitment, embedding it across its full member experience through a range of tools, programs and plan designs that give employees the clarity and confidence they need to make informed decisions.

"Transparency in health care isn't just about disclosing costs, it's about giving people the information and support they need to actually trust the system they're navigating," says Amy Jordan, vice president of consumer engagement for UnitedHealthcare Employer & Individual. "When members feel informed and supported, they make better decisions, engage more with their care and may ultimately get better outcomes."

1 Greater cost clarity

One of the most direct expressions of transparency is a plan that eliminates financial uncertainty before care is received. According to the **UnitedHealthcare 2026 Health Trends Report**, one-third of large employers now offer **copay-driven plan designs** as a standalone or complementary option, up from just 10% in 2023² – a sign that more organizations are recognizing what employees and their families have long needed.

Surest® is a health plan built around exactly that principle: actual copays, not estimates, with no deductible. Members see exactly what they will pay for a visit or procedure before they schedule it, removing the guesswork that leads so many employees to delay or avoid care altogether. When costs are embedded into the plan design itself, transparency stops being a feature and becomes the foundation for smarter health care decisions.



2 More informed care choices

Choosing a provider used to mean relying on word-of-mouth recommendations or basic directory listings. UnitedHealthcare now offers members access to more information when they are searching for providers, so they can make more-informed decisions about where to receive care. Through the **UnitedHealthcare® app** and **myuhc.com®**, employees can search for network providers that are prioritized and given a Smart Choice score based on quality and cost data as well as personal preferences. In addition, members can estimate costs before scheduling and review their benefits in plain language at any time. These tools shift the member experience from reactive to proactive, helping to reduce confusion, which is one of the primary drivers of dissatisfaction.

 **18.8%**
higher likelihood that members will choose a new provider when using Smart Choice to search for and evaluate providers³

3 Fewer steps to faster answers

Prior authorization has long been a source of member frustration – and a flashpoint for distrust. UnitedHealthcare has simplified the experience and made it easier to track the status of requests within the UnitedHealthcare app and myuhc.com. A significant and growing share of **prior authorization requests** are now handled through automated approvals, reducing wait times from days to seconds for many common procedures. For many employees and their families, this means faster answers and greater certainty about whether care will be covered – before they ever step into a provider’s office. When clinical review is required, UnitedHealthcare teams work alongside members and their providers to help ensure decisions reflect the full picture of a member’s health needs, with built-in safeguards designed to reduce unnecessary denials and support timely care.

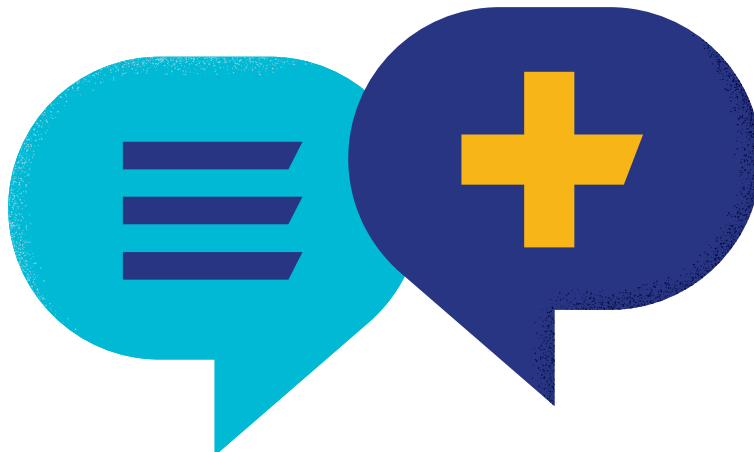
≈ **98%**
of the time a prior authorization is not required across UnitedHealthcare’s commercial business⁴

4 Support available at every turn

For many questions, employees no longer need to wait in a queue to get answers to simple inquiries. **Avery**, UnitedHealthcare’s AI companion, is available through the UnitedHealthcare app and myuhc.com to help members navigate to the right next steps. Whether they need to understand their benefits coverage, learn about available offerings or determine when a more personalized conversation is in order, Avery surfaces relevant information and connects members to appropriate resources – making the experience feel less like navigating a system and more like having a knowledgeable ally in their corner.

When situations call for more, **UnitedHealthcare Advocates** are there – real people who serve as a single point of contact, trained to help members navigate their benefits, resolve issues and get answers. Whether an employee is trying to understand a bill, find a network specialist or work through a prior authorization, Advocates cut through complexity and deliver clear, actionable guidance for the moments that require a more compassionate human touch. The result: more satisfying and trusted health care experiences.

94%
post-call satisfaction with UnitedHealthcare Advocacy program⁵



5 Protection from billing surprises for members and employers

One of the most persistent sources of member distrust occurs when there is an error or unexpected cost related to how a claim was processed.

UnitedHealthcare Payment Integrity programs address this directly by helping ensure claims are processed accurately, billing errors are caught before they reach members and safeguards are in place to reduce costs across the system.

While 98% of claims are approved by UnitedHealthcare,⁷ those that aren't are typically due to duplicate claims, untimely submissions or missing information. For these instances, UnitedHealthcare works with the provider to rectify any submission issues.

Another common billing challenge arises when members receive unexpected out-of-network balance bills. Programs like **Naviguard®** help members navigate and resolve these situations, providing support through what can often be a confusing process. The result is a better experience that helps protect both member and employer dollars by helping ensure neither pays more than they should.

\$6.8B

in employer savings generated by UnitedHealthcare Payment Integrity programs⁶

Learn how UnitedHealthcare is delivering a better member experience >

United Healthcare®

¹ Member Satisfaction Holds Steady as Commercial Health Plans Focus On Improving Trust, Claims and Cost Stability, JD Power Finds. JD Power, May 27, 2026. Available: <https://www.jdpower.com/business/press-releases/2026-us-commercial-member-health-plan-study>.

² Top trends that UnitedHealthcare observed across its self-funded and fully insured books of business based on claims incurred between Nov. 2024 through Oct. 2025 and paid through Jan. 2026. Catastrophic claims threshold was \$100K or higher. Results for individual clients will vary based on client-specific demographics, plan design, the state where the insured policy is issued and the level of engagement by employees, among other factors.

³ UnitedHealthcare internal analytics, July 2026.

⁴ This number was calculated by comparing the number of prior authorization requests to the number of claims submitted for members enrolled in UnitedHealthcare Employer and Individual plans from Jan. 1, 2025 to Dec. 31, 2025. This number does not include all prior authorization requests or claims for: (1) members enrolled in plans issued or administered by non-integrated entities; (2) prescription drugs (not under the medical benefit); (3) transitions to post-acute care; or (4) prior authorization requests submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates.

⁵ UnitedHealthcare Advocacy performance reporting, 2025.

⁶ UnitedHealthcare 2023 medical claims data.

⁷ The claim approval rates below are based on claims submitted for members enrolled in UnitedHealthcare commercial, Medicare Advantage, Medicaid and Exchange plans between Jan. 1, 2024 and Dec. 31, 2024. This number does not include all claims for: (1) members enrolled in plans issued or administered by non-integrated entities; (2) prescription drugs (not under the medical benefit) or (3) members delegated to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates. More information available at <https://www.uhc.com/legal/cms-interoperability-prior-authorization>.

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.

Smart Choice is proprietary to UnitedHealthcare designed to provide members with greater personalization and choice with respect to the provider search experience that considers member preferences quality care, costs, accessibility and convenience. Smart Choice is intended as a guide when selecting care. Smart Choice may rely on personal data. We do not endorse any particular provider or guarantee quality. Scores are generated using artificial intelligence (AI). The AI may not always be error-free and could include incomplete or inaccurate information. Judgement should be used when selecting care.

Where available, 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. Please refer to the Website or Mobile application terms of use under Benefits & Cost to access a cost estimate, and under Find Care to search for care. Level Funded and Neighborhood Health Partnership members can access average cost data online or on the mobile app. None of the average costs are intended to be a guarantee of your costs or benefits. Your actual costs may vary. Please refer to the Website or Mobile application terms of use under Benefits & Cost to access average cost data, and under Find Care to search for care.

Avery is an AI companion that uses generative artificial intelligence to provide general information and educational assistance. Avery's responses may be incomplete or inaccurate and should not be relied upon as error-free. Avery is provided for informational purposes only and does not constitute medical advice, professional advice, a benefit determination, a guarantee of coverage, a referral, or an authorization for health care services. Avery is not a substitute for the advice or judgment of your health care provider or other qualified professionals. Coverage and benefits are subject to the terms, conditions, limitations, and exclusions of your applicable health plan.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.