The State of the Healthcare Financial Experience

Redefining Employer-Sponsored Healthcare:

Strategic Insights for Payers in a Modernized Market

2025

Report 2

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Executive Summary

Employer-sponsored healthcare isn't new – but its role is being reimagined. What began as a cost-management tool is now a cornerstone of workforce strategy driving recruitment, retention, and engagement. Employers are no longer managing benefits in isolation; they're integrating them into broader organizational goals and demanding more from their partners.

This report is the second in a six-part series grounded in proprietary research commissioned by Zelis and led by Datos Insights during the first half of 2025. It builds on the foundational insights from our first installment on price transparency, and explores how employers are adapting to shifting priorities, embracing digital tools and redefining value in their benefits partnerships.

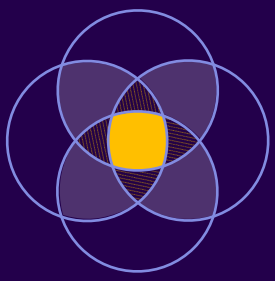
The findings reveal a market in motion. Employers are layering analytics, plan design, digital engagement and voluntary benefits to optimize performance – across financial outcomes, operational efficiency and the employee experience. They're also raising expectations for payer partners.

Despite cost pressures and a rapidly changing environment, optimism is high. Employers believe meaningful modernization is achievable and are investing accordingly. But they're also clear-eyed: service, communication, and strategic capabilities are no longer optional – they're essential.

This report offers a roadmap for payers to meet the moment. It highlights the performance gaps that must be addressed, where digital tools are falling short and the strategic imperatives that will define success. Ultimately, it calls for a new era of partnership – one where benefits are not just managed, but leveraged to drive business outcomes.

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Key insights:



Multi-pronged strategies are the norm.

Employers aren't relying on a single approach. They're combining analytics, plan design, digital engagement and voluntary benefits to reduce costs, improve employee satisfaction and enhance retention.

Digital tools are gaining ground, but there's room for improvement.



63% of employers say transparency tools are "very important", yet only **47%** rate their current tools as "excellent".

Employers expect more from their payer partners.

Digital engagement, communication and cost transparency are rated "highly important", yet few partners excel at delivering them.





Employee satisfaction is now as important as cost.

Employers are weighing satisfaction and retention alongside premium costs when making benefits decisions.

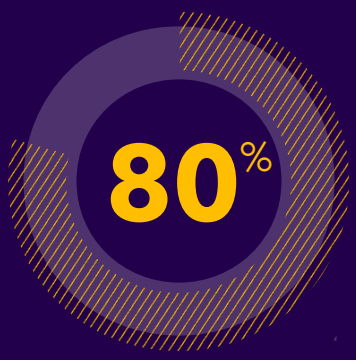
Employers are balancing priorities.

40% of employers place equal emphasis on cost control and provider choice...



...while only **38%** prioritize cost alone.

Optimism is driving change.



of employers believe meaningful healthcare system modernization is achievable in the next few years.

Service and communication matter more than ever.



Over half of employers say customer service responsiveness and communication effectiveness are very important in their benefits partnerships.

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Employee Satisfaction Equals Cost in Strategic Importance

The priorities of benefits leaders are evolving in profound ways. Cost is no longer the sole driver – employee satisfaction and retention now stand shoulder-to-shoulder with financial metrics. Organizations increasingly recognize that benefits are a powerful lever for attracting and keeping top talent, especially in today's competitive market where every advantage matters.

What's striking is how this shift is showing up in real decision-making. According to **Figure 1**, satisfaction and retention are now nearly as important as network coverage and premium costs, with employers rating these factors at near parity. This isn't just a philosophical change – it's a practical one. Employers are factoring in turnover, productivity, and engagement alongside traditional cost metrics, understanding that a satisfied workforce is a more stable and productive one.

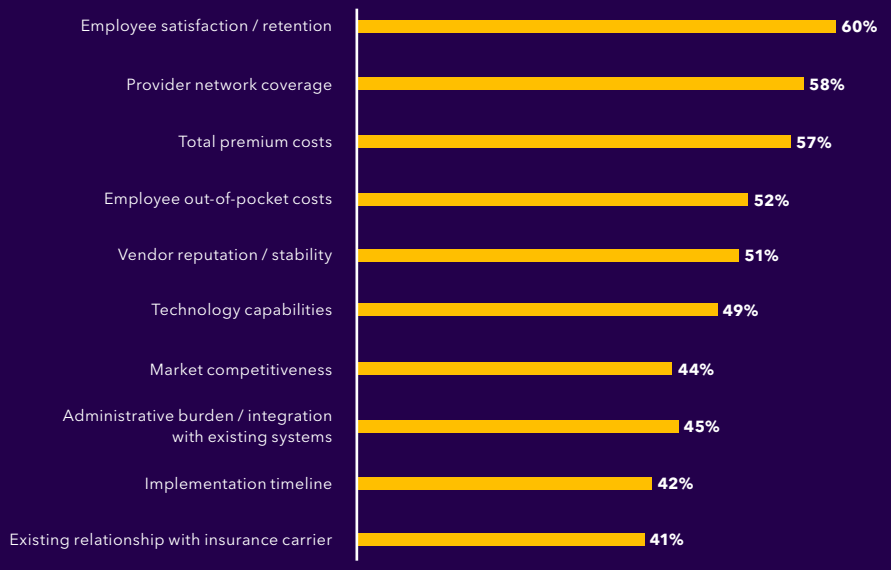
Technology is playing a key role here, too. Faster claims processing, transparent communication, and digital tools are now essential for delivering the experience employees expect and deserve. Employers are leveraging these capabilities to create benefits programs that control expenses, drive engagement and loyalty.

Employee satisfaction and retention now stand shoulder-to-shoulder with network coverage and premium costs.

Figure 1:

Satisfaction and Retention Nearly As Important As Coverage and Costs

How important are the following factors in your organization's health insurance benefits package decisions? (% rating factor "very important"; base 839)



Source: Datos Insights Q2 2025 survey of employee benefits decision-makers.

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Balanced Priorities Are the New Norm

The days of choosing between cost control and provider access are fading. Today's benefits leaders are embracing a more nuanced approach, recognizing that both priorities matter – and that the best outcomes come from finding the right balance. According to **Figure 2**, 40% of employers now place equal emphasis on cost control and provider choice, while 38% still prioritize cost alone.

This shift reflects a sophisticated understanding of the trade-offs involved in benefits design. Employers see the risks of extreme positions: focusing too much on cost can lead to dissatisfaction and retention challenges, while unlimited choice can drive up expenses and create complexity. The most competitive organizations have moved beyond binary thinking, developing frameworks that optimize both cost and access to care.

Innovation is at the heart of this evolution. Solutions like network optimization, real-time transparency and decision-support tools are in high demand. Employers want partners who can help them achieve multiple strategic objectives – controlling costs, expanding choice and improving the overall benefits experience.

Multi-strategy Implementation Is Widespread

Forward-thinking organizations aren't relying on single interventions to manage healthcare costs and improve benefits. Instead, they're deploying comprehensive portfolios of strategies, tailored to their unique contexts and employee populations. This multi-strategy mindset reflects both the complexity of healthcare cost challenges and the evolution of benefits leadership.

According to **Figure 3**, 81% of employers have made cost management changes in the past 12–24 months. The most common strategies include cost containment, plan design modifications, increased employee cost-sharing and voluntary benefits expansion. But the real power comes from combining these approaches – layering analytics, plan design, digital engagement and voluntary benefits to optimize workforce performance.

Figure 2:

Employers Balance Cost Control With Provider Access

Q: How do you balance offering employees healthcare provider choice with controlling healthcare costs? (Base: 839)

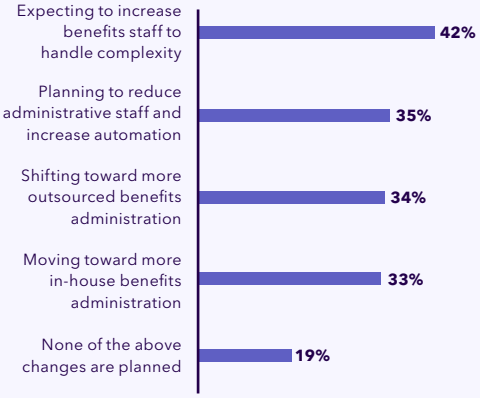


Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

Figure 3:

Employers Are Making Cost Management Changes

Q: Do you anticipate making any of the following changes to your healthcare benefits strategy in the next 12 to 24 months?



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

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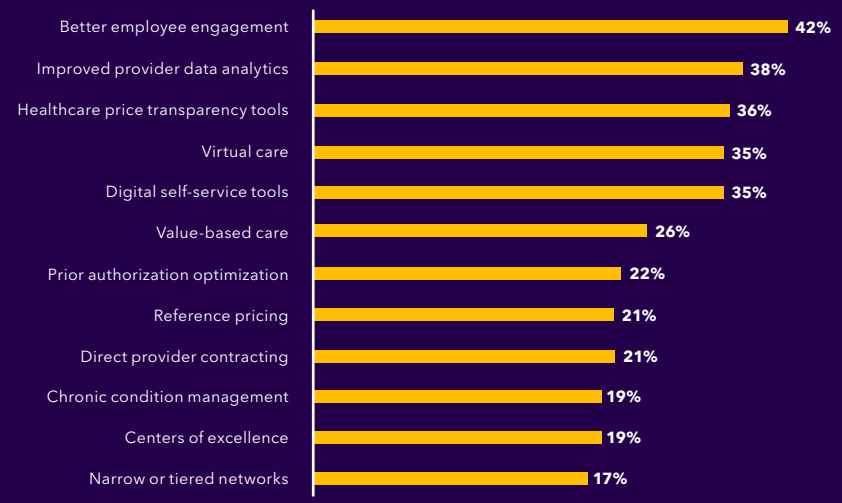
Beyond traditional cost-shifting, employers are increasingly investing in engagement-focused strategies. As shown in **Figure 4**, improving employee engagement is now the top priority, followed by better provider data analytics. Healthcare price transparency tools rank third, demonstrating the growing importance of information-based cost management approaches.

Looking ahead, the market is poised for even more change. **Figure 5** shows that 51% of employers are considering changing carriers or vendors to manage costs, with 25% having already made such changes. Most employers remain proactive in their efforts to manage costs and reduce the risk of inflation, with 49% already started or have made changes by adding more virtual care options, and 45% expanding voluntary benefits.

Figure 4:

Employers Are Pursuing Multi-Strategy Implementation

Q: Which, if any, has your organization tried in the past 12 months? (Select all that apply; base: 839)

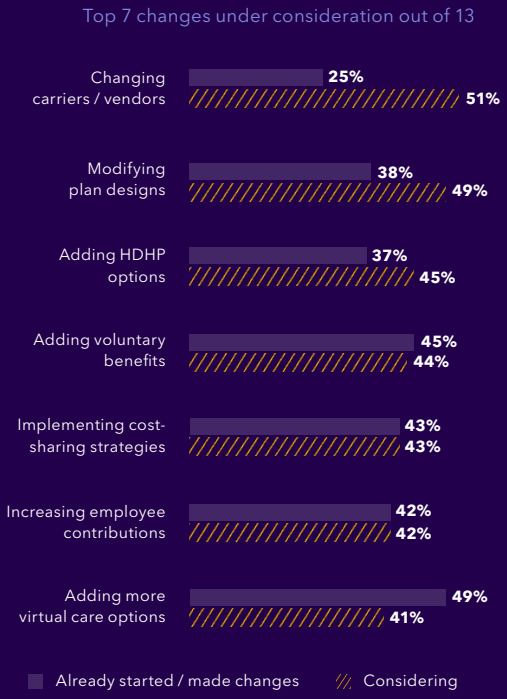


Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

Figure 5:

Significant Potential Market Churn on the Horizon

Q: What changes, if any, is your organization considering or has your organization already made to manage rising healthcare costs and inflation in the coming year?



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

This level of activity signals a shift from reactive adjustments to coordinated, multi-strategy optimization. Employers are moving away from isolated interventions – like one-off cost changes – and toward integrated programs that combine analytics, digital engagement and voluntary benefits.

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Digital Adoption Is Accelerating — But Gaps Remain

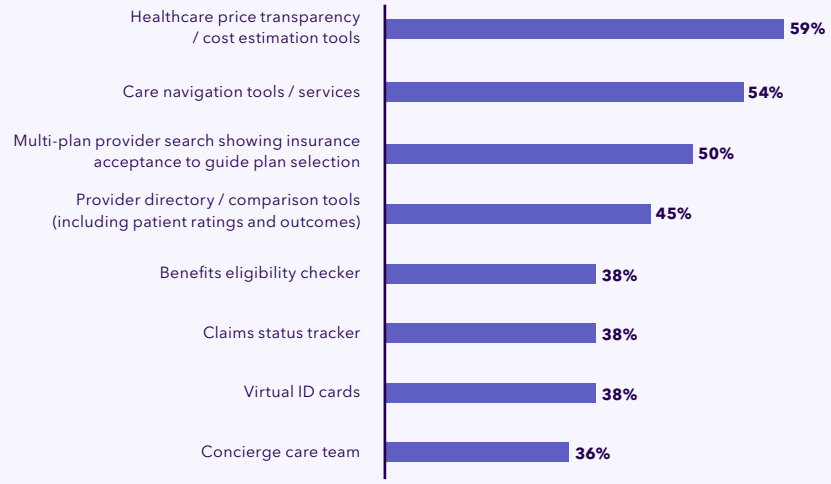
Digital transformation is reshaping how organizations manage benefits. Employers investing in digital tools report gains in employee satisfaction, cost control and decision-making. But the journey is far from complete — and the gap between expectations and outcomes remains significant.

According to **Figure 6**, price transparency tools are the most widely adopted digital solution, offered by 59% of employers. While these tools lead in deployment, adoption remains modest — suggesting that many employers are still looking for solutions that are easier to use, more insightful and better integrated into the benefits experience.

Figure 6:

Gaps Remain in Digital Tool Deployment

Q: What, if any, healthcare support tools / resources do you currently have available to help employees navigate their healthcare benefits?



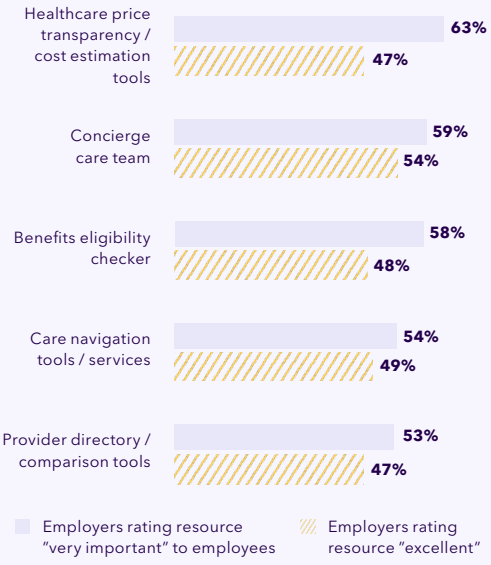
Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

Figure 7:

Digital Tools Are Underperforming

Percentage rating tools / resources "very important" versus share rating tools / resources "excellent" based on how well they address employee needs.

(Among employers who make tools /resources available)



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

The performance gap is even more pronounced when it comes to how these tools are perceived. **Figure 7** illustrates that while 63% of employers offering price transparency tools rate them as "very important" to employees, only 47% rate them as "excellent" in meeting employee needs. Similar gaps exist across other digital solutions, such as benefits eligibility checkers, which show a 10-percentage-point difference between importance and excellence ratings. These disparities suggest that current solutions may lack the integration, usability or personalization needed to fully meet employer expectations.

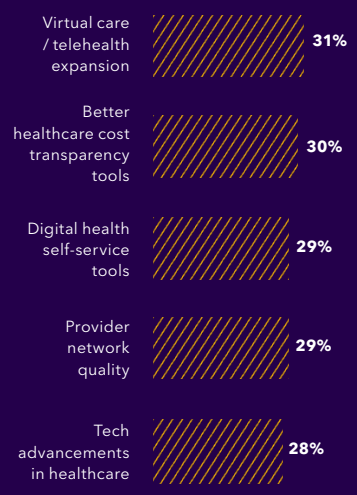
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Employers are clear about what they want next. As shown in **Figure 8**, virtual care expansion, better healthcare price transparency tools and digital health self-service capabilities are seen as the most promising factors for improving healthcare delivery. This alignment around digital solutions is creating sustained demand for benefits partners who can deliver integrated, high-performance technology platforms.

Figure 8:

Virtual Care, Cost Transparency Tools Hold Largest Promise

Q: In your view, which factors will have the most significant impact on improving healthcare delivery for your employees in the next two to three years? (Select top three, five most selected factors of 11, base: 839)



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

Communication and Service Excellence Are Critical

Modern benefits administration isn't just about the numbers – it's about connecting with people. Employers know that to truly support their workforce, they need multi-channel communication strategies that meet diverse employee needs and deliver personalized experiences. That's why customer service responsiveness, communication effectiveness and seamless data flow between systems are top priorities.

Figure 9 highlights how important these factors have become: over half of employers rate customer service responsiveness and communication effectiveness as very important in their benefits partnerships. Organizations are looking for partners who can provide clear medical payment explanations, enhance employee engagement and deliver integrated communication strategies. Every detail matters – from family coverage options to billing and payment – underscoring the need for modern, responsive capabilities.

Figure 9:

Communication and Service Excellence In High Demand

Q: How important are the following capabilities of your current benefits partners to your organization? (% rating capability "very important"; base: 839)



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

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Market Churn Signals Demand for Multi-Strategy Value Delivery

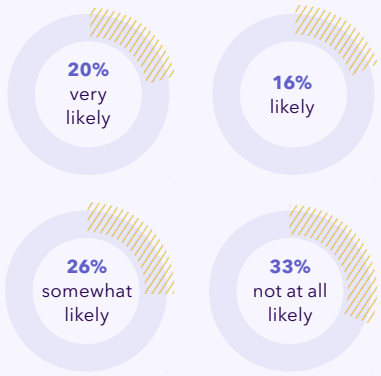
The employer-sponsored healthcare benefits market is experiencing significant churn, as organizations become increasingly willing to change partners to achieve their strategic objectives. According to **Figure 10**, over a third of employers report being likely or very likely to switch their primary insurance carrier in the next year, with mid-sized employers showing the highest propensity to make a change. This marks a clear shift from relationship-based selection to performance-based decision-making, where measurable results and value outrank legacy connections.

But this readiness to switch goes far beyond carriers alone. Employers are actively redesigning their programs to manage costs and improve value. The data shows that 51% of employers are considering changing carriers or vendors, and 25% have already made such changes. Nearly half are evaluating plan design modifications, 45% are considering high-deductible payer (HDHP) options, and 44% are expanding voluntary benefits. This level of activity reflects a shift from reactive adjustments to coordinated, multi-strategy optimization. Employers are building integrated programs that align with business goals and workforce needs — moving away from isolated interventions toward holistic benefits design.

Figure 10:

The Employer-Sponsored Healthcare Market Is Experiencing Churn

Q: How likely is your organization to switch your primary insurance carrier in the next year?



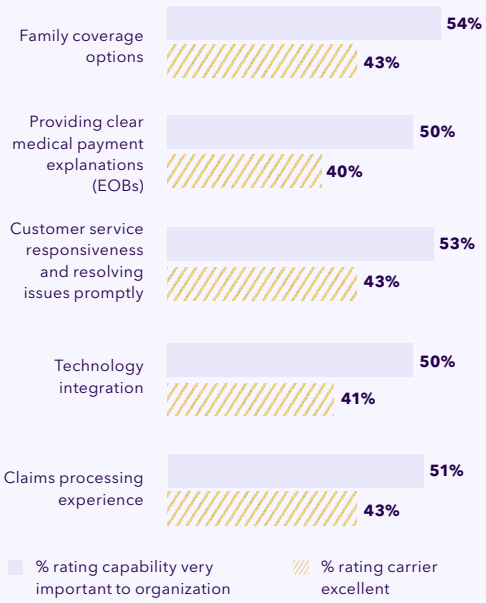
Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

As employers become more strategic, their expectations of payer partners are rising. **Figure 11** reveals persistent performance gaps: while many capabilities are rated as "very important," far fewer employers rate their payer partners as excellent in these areas. The message is clear — payers must deliver multi-dimensional value and close the gap between expectations and experience to remain competitive.

Figure 11:

Payers Have Opportunities to Differentiate Through Performance

% of employers rating capability "very important" vs. % rating carrier "excellent" with how they perform.



Source: Datos Insights Q2 2025 survey of U.S. employee benefits decision-makers.

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Future Outlook: Modernization and Optimism

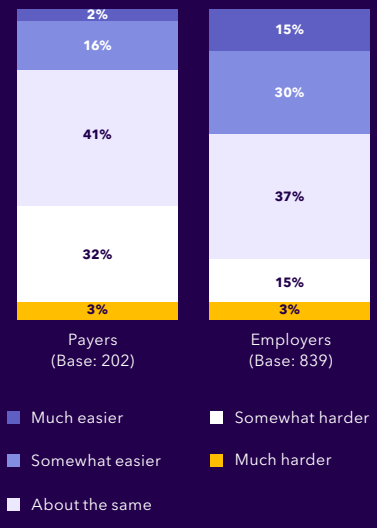
Despite cost pressures and a challenging public environment, employer optimism about healthcare improvement remains remarkably high. This confidence is fueling investment in innovation and a willingness to pursue bold modernization strategies. According to **Figure 13**, more than 80% of employers believe meaningful healthcare system modernization is achievable within the next few years and nearly half say providing healthcare benefits has become easier in recent years.

Yet, the experience is not the same for everyone. **Figure 14** reveals a striking divergence: only 18% of payers report that delivering healthcare has become easier, while 45% of employers say offering healthcare has become easier over the past two to three years. In fact, 35% of payers say it has become harder, compared to just 18% of employers. This gap suggests that employers are already benefiting from improved tools, processes and support – while payers continue to face operational complexity.

Figure 14:

Employers and Payers Hold Divergent Views of the Healthcare Experience

Q: How has your experience with delivering/offering healthcare changed over the past two to three years?

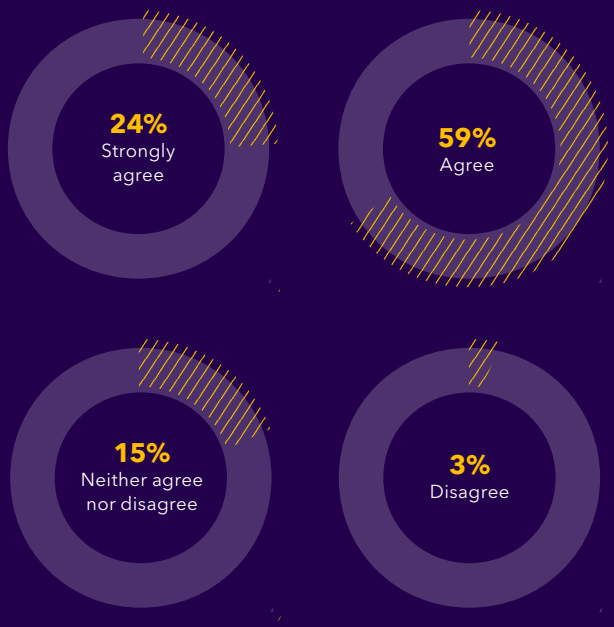


Source: Datos Insights Q1 and Q2 2025 surveys of U.S. health insurers / payers and employers.

Figure 13:

Employers Agree Meaningful Healthcare Modernization Is Achievable Within the Next Few Years

Q: To what degree do you agree or disagree with this statement: "Despite its complexity, meaningful modernization of healthcare systems and processes is achievable in the next few years."



Source: Datos Insights Q2 2025 survey of employee benefits decision-makers.

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Strategic Recommendations for Payers

The employer benefits landscape is undergoing a transformation – and forward-thinking organizations aren't just looking for tweaks. They're demanding bold, strategic solutions that reflect evolving priorities, deliver measurable impact and integrate effortlessly into their existing systems. The era of one-size-fits-all is over. Today's employers want smart, tech-enabled strategies that elevate both employee experience and business performance.

To meet this moment, payers must shift from transactional vendors to trusted partners. That means investing in digital capabilities that do more than manage costs – they must enhance member engagement and prove value across critical metrics like recruitment, retention, productivity and satisfaction. Flexibility, customization and proactive communication are no longer differentiators – they're table stakes.

More and more, employers are leaning into modular, platform-based solutions that solve multiple challenges through a single strategic relationship. This reflects a broader push for integration, simplicity and strategic alignment across the benefits experience.

Winning in this environment requires more than innovation. It demands empathy, agility and accountability. Employers want partners who anticipate challenges, personalize engagement and deliver outcomes that matter. Those who rise to the occasion won't just keep pace with change – they'll lead it.

Empower smarter care decisions.
Embed price and provider comparison tools into everyday choices to guide employees to high-quality, cost-effective care.

Engage with relevance and empathy.
Personalized outreach and intuitive digital experiences resonate more deeply, closing adoption gaps and building lasting trust in the benefits offered.

Turn benefits into a business advantage.
When measured across recruitment, retention and productivity, benefits become a strategic lever – not just a cost center.

Design for flexibility and impact.
Employers see stronger results with multi-strategy portfolios that blend cost control with member-first features like virtual care and voluntary benefits.

Invest in unified platforms.
Integrated solutions that combine transparency, analytics and engagement deliver stronger results than fragmented tools – creating a seamless experience for users.

Transform provider directories.
Intelligent platforms that combine cost, quality and personalized guidance turn static listings into strategic decision-support tools.

Balance affordability with access.
Employers expect network strategies that manage spend while preserving meaningful provider choice – eliminating the old trade-off.

Tap into employer optimism.
With more than 80% believing in meaningful healthcare modernization, now is the time to co-create bold, future-ready solutions that meet rising expectations.

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Appendix: Methodology

Our analysis draws on comprehensive primary research conducted by Datos Insights across three core stakeholder groups in the U.S. healthcare market. This multi-dimensional approach ensures a holistic view of the trends shaping cost management, transparency and digital transformation.

- Payer Survey (Q1 2025): We surveyed 202 health insurance executives and decision-makers representing commercial, Medicare Advantage and managed Medicaid plans. Respondents included C-suite leaders, VPs of strategy, medical directors and operational heads from organizations covering over 150 million lives.
- Employer Survey (Q2 2025): Our employer sample included 839 benefits decision-makers from organizations spanning all major industries and company sizes. Participants ranged from HR executives to benefits managers and compensation leaders, each responsible for health benefit selection and administration.
- Consumer Survey (Q2 2025): We surveyed 1,226 U.S. consumers with employer-sponsored or individual health insurance coverage. The sample was demographically balanced across age cohorts (Generation Z through baby boomers), geographic regions and insurance types.

Statistical tests of significance were conducted at either the 95% or 90% confidence level, depending on sample size. In-depth interviews with select payer organizations supplemented the quantitative findings, providing additional context and nuance. Our analysis also leveraged Datos Insights' in-house research and advisor expertise in the healthcare payments landscape.

This rigorous methodology enables us to surface actionable insights, highlight performance gaps and identify opportunities for innovation and partnership across the healthcare ecosystem.

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