Beyond Compliance:

How Price Transparency Is Reshaping Healthcare Cost Strategy

2025

Report 1

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Executive Summary

In today's healthcare landscape, cost inflation and operational complexity have reached a tipping point. Yet amid this turbulence, a rare alignment is emerging: price transparency is becoming the universal language of value across payers, employers and members. What was once a regulatory checkbox is now evolving into a strategic lever – one that can drive competitive advantage, improve member experience and contain costs.

Welcome to the first in a five-part series grounded in proprietary research commissioned by Zelis and led by Datos Insights during the first half of 2025. The series explores how stakeholders – employers, payers, providers and members – are responding to economic pressures, rising expectations, shifting regulations and rapid digital transformation. In this first installment, we spotlight a pivotal shift: stakeholders are moving from reactive cost-cutting to proactive strategies that optimize investment, improve care access and strengthen member engagement.

Employers now rank transparency as their top cost-saving strategy, signaling a shift toward greater openness in plan design and pricing. Members are asking for tools that support informed decisions and reflect their personal needs. And payers are balancing rising costs with growing demand for digital innovation and integrated experiences.

This report offers a roadmap for payers to transform transparency into a differentiator. It highlights the performance gaps that must be addressed, the generational divides that shape adoption and the integration imperatives that separate market leaders from laggards. Ultimately, it calls for a new era of partnership where transparency is embedded across care and claims journeys – powered by technology and guided by shared insights.

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Key insights:

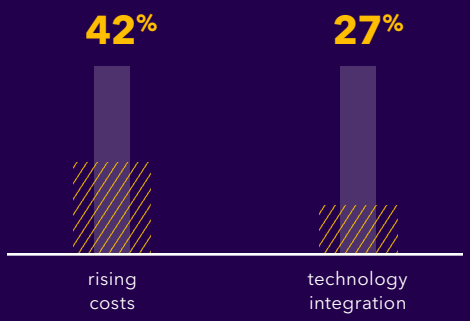
Cost pressures are universal and intensifying.

Nearly 7 out of 10 members **(68%)** report cost increases over the past two to three years.

Nearly half of employers **(48%)** cite rising costs as their top challenge during benefits renewal.

Integration is the key to impact.

With **42%** of employers citing rising costs as their top concern and **27%** citing technology integration, the demand for seamless, secure and interoperable platforms is clear.



Performance gaps persist with transparency tools.

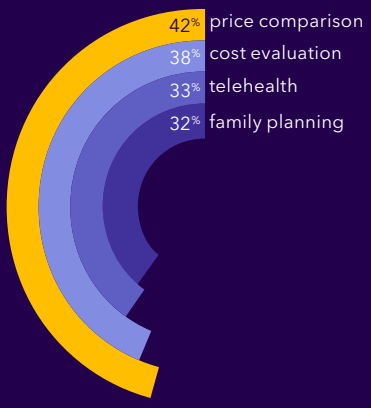
63% of employers say transparency tools are "very important"...



...yet only **47%** rate their current tools as "excellent", **revealing a 15-point excellence gap** – the widest among digital benefits tools.

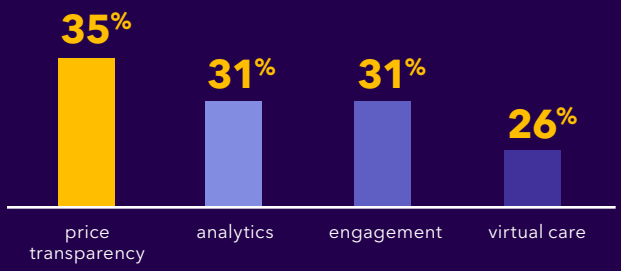
Transparency is the most sought-after benefit.

42% of members want price comparison tools and **38%** seek cost evaluation capabilities – ranking these on par with mental health resources and ahead of telehealth **(33%)** and family planning **(32%)**.



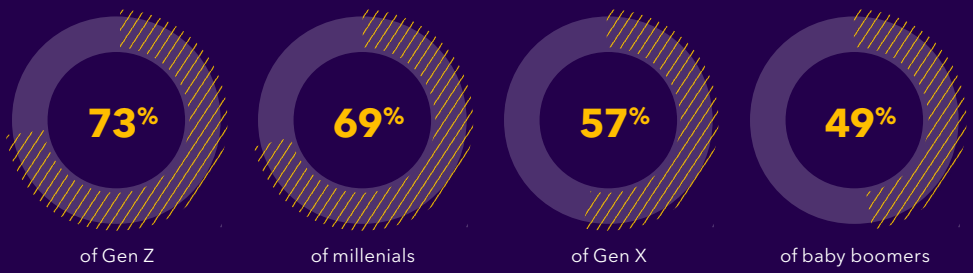
Employers prioritize transparency for cost savings.

35% of employers rank price transparency as their top cost-saving strategy, ahead of analytics **(31%)**, engagement **(31%)** and virtual care **(26%)**.



Generational divides shape engagement.

Among members with access to transparency tools, **73%** of Gen Z and **69%** of millennials use them, compared to **57%** of Gen X and just **49%** of baby boomers.



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The Cost Crisis Has Reached a Tipping Point for All Stakeholders

Healthcare's cost crisis isn't isolated – it's systemic. Across payers, providers, employers and members the pressure is mounting – and the data shows that the complexity of delivering care is compounding the problem.

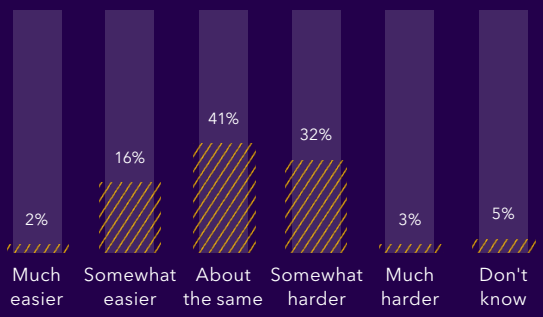
Figure 1 reveals that 77% of payers believe delivering healthcare is not getting easier, with 36% saying it's become "somewhat harder" or "much harder". This operational strain translates directly into higher administrative costs, more friction for members and increased pressure on provider networks. One payer executive summed it up: "We have to make it easier to take care of patients because we have a mass exodus of healthcare providers... because it's too complex." That exodus leads to longer wait times as patients are increasingly forced into more expensive care settings due to provider shortages, longer wait times and limited access to lower-cost alternatives.

For members, the financial impact is just as stark. **Figure 2** shows that 68% of members report healthcare costs have increased over the past two to three years, with nearly half experiencing moderate to significant increases of 5% or more. These aren't abstract numbers – they're felt directly through higher premiums, deductibles and out-of-pocket expenses. Unlike other industries, healthcare inflation is very apparent and personal.

Figure 1:

77% of Payers Believe Delivering Healthcare Is Not Getting Easier

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

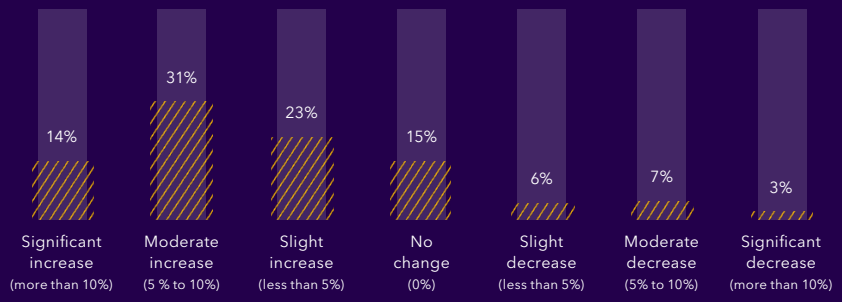


Source: Datos Insights Q1 2025 survey of health insurers/payers.

Figure 2:

68% of Members Have Experienced Healthcare Cost Increases

Q: How have the costs of healthcare (e.g., premiums, out-of-pocket expenses, copays, prescribed medications) changed for you over the last two to three years? (base: 1,226)



Source: Datos Insights Q2 2025 survey of U.S. consumers.

Together, these figures paint a clear picture: the system is under strain, and stakeholders are feeling it from every angle. For payers, this means the old playbook – incremental adjustments and disconnected tools – won't cut it. The urgency for integrated, transparent and member-centric strategies has never been greater.

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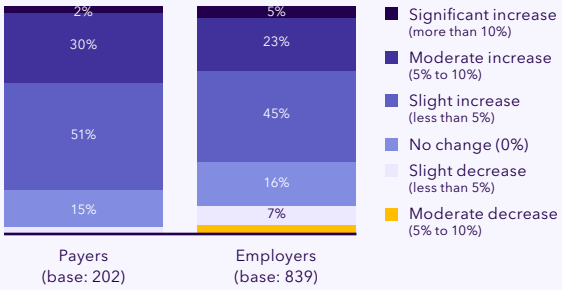
Cost Management Strategies Evolve from Cutting to Optimizing

Healthcare leaders are no strangers to cost pressure – but the way they're responding is changing. Gone are the days when cost management meant slashing benefits or shifting expenses to members. Today, the conversation is more strategic. Employers and payers are moving toward smarter, more sustainable approaches that optimize spend without compromising care – including how they structure and process claims. Streamlining claims workflows helps align costs with services, reduce administrative friction and uncover savings opportunities.

Figure 3:

Employers and Payers Share Similar Views About Premium Changes

Q: How do you expect your organization's health insurance premiums to change in the next year?



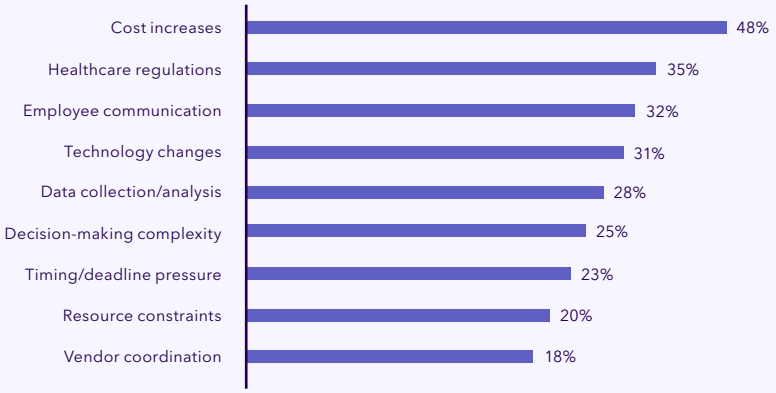
Source: Datos Insights Q1 2025 survey of health payers and Q2 2025 survey of employers.

Figure 3 shows a surprising alignment: most employers and payers expect premium increases in the 5–10% range, with nearly half anticipating even smaller hikes. While most are aligned in expecting moderate increases, a notable difference stands out: twice as many employers as payers anticipate hikes above 10%. This gap likely reflects deeper employer concerns – whether it's fewer cost-control options at their disposal or broader economic uncertainty shaping their outlook.

Figure 4:

Rising Costs Top Employer Benefits Challenges

Q: In the past year, what have been the biggest challenges your organization faced during the annual health insurance benefits review/renewal process? (Select top three, base: 839)



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

Figure 4 reinforces the urgency: nearly half of employers (48%) rank rising costs as one of their top three challenges during annual benefits renewal. That's more than any other issue –including regulations, employee communication or technology changes. And those "secondary" challenges aren't really secondary at all. They're deeply intertwined with cost. Explaining benefit changes to employees, complying with new rules, and integrating new tech – all of it gets harder when costs are rising.

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Price Transparency Emerges as the Universal Solution

For decades, healthcare stood apart from nearly every other consumer industry – where else are you required to make a purchase without knowing how much it costs? That practice is changing. Price transparency has moved from a regulatory requirement to a strategic imperative, reshaping how employers, payers and members engage with care. It's no longer just about compliance – it's about fostering trust, empowerment and competitive advantage.

Figure 5 shows a clear generational divide in how transparency tools are used. Younger consumers – 73% of Gen Z and 69% of millennials – are actively using these tools, compared to just 57% of Gen X and 49% of baby boomers. This isn't just about digital fluency. It's about expectations. These younger cohorts have grown up comparing prices on everything from flights to groceries. They expect the same clarity in healthcare – and they're increasingly choosing payers that deliver it.

But even among the most digitally savvy, gaps remain. Nearly one in four Gen Z members with access to transparency tools aren't using them. Among boomers, that number jumps to over half. This signals a clear opportunity: better design, clearer communication and smarter integration can drive adoption across all age groups. For payers, this is a chance to turn underutilized tools into high-impact assets.

Figure 5:

Generation Z and Millennials Lead Transparency Tool Adoption

Q: In the past 12 months, have you used cost evaluation / price transparency tools when seeking healthcare information?
(among consumers with access to these tools / resources)

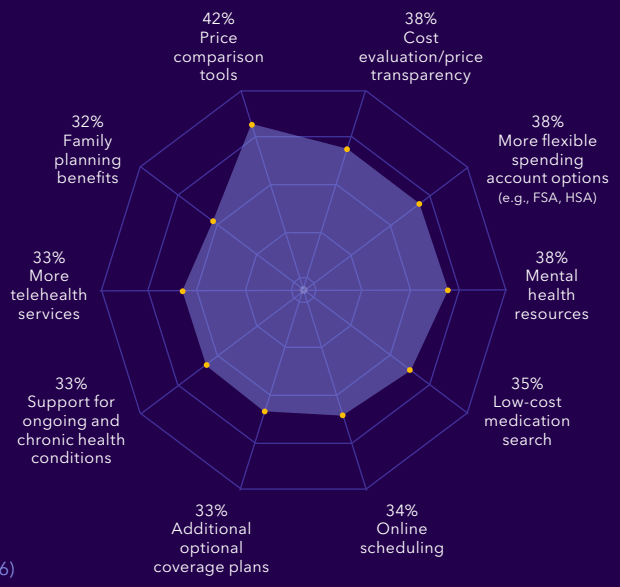


Source: Datos Insights Q2 2025 survey of U.S. consumers.

Figure 6:

Price Transparency Tops Consumer Desired Benefits

Q: What additional health benefits or features would you like your employer to offer?
(select all that apply, base: 1,226)



Source: Datos Insights Q2 2025 survey of U.S. consumers.

Figure 6 reinforces the urgency: price transparency tools now rank alongside mental health resources as the most desired health benefits among consumers. Forty-two percent of members want price comparison capabilities, and 38% seek cost evaluation tools – more than those asking for telehealth or family planning benefits.

Consumers are telling us they want to understand costs before they make decisions. They want to weigh price against quality, convenience and network coverage. And they want tools that help them do it before the point of care – ideally during provider selection or referral.

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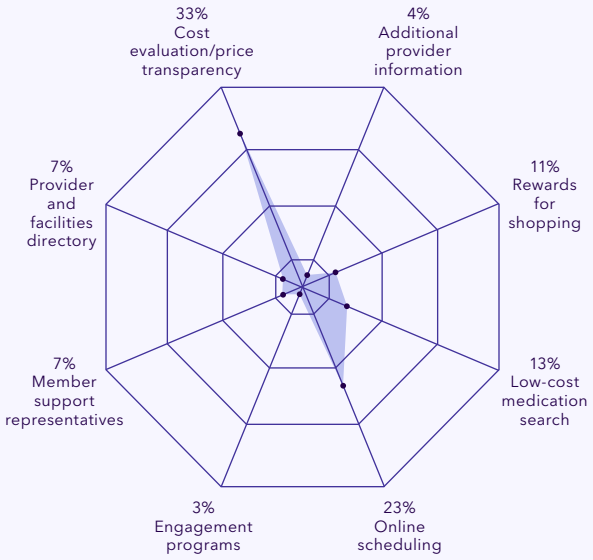
Transparency Benefits Extend Beyond Cost Savings

When we talk about price transparency, the conversation often starts – and ends – with cost savings. But its real value goes much deeper. Transparency tools are reshaping how members choose plans, how employers evaluate partnerships and how payers differentiate in a crowded market.

Figure 7:

Price Transparency Drives Health Plan Selection

Q: Which ONE tool, if offered, would make you MOST LIKELY to choose a health plan?
(base: 1,226)



Source: Datos Insights Q2 2025 survey of U.S. consumers.

Figure 7 shows that cost evaluation and price transparency tools are the single most influential factor in health plan selection for 33% of consumers – more than online scheduling, low-cost medication searches or rewards programs. That's a clear signal of shifting member priorities. Consumers are looking for tools that help them make informed choices upfront – not just incentives after the fact. While rewards programs remain valuable, transparency infrastructure is increasingly viewed as foundational to decision-making. Together, these tools can support smarter choices, improve engagement and deliver measurable value across the member journey.

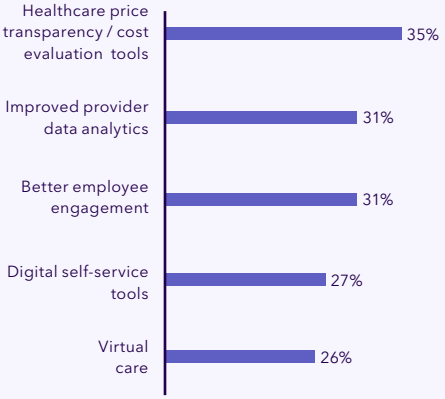
Figure 8 adds another layer: 35% of employers rank price transparency and cost estimation tools as their top cost-saving strategy, ahead of analytics, engagement, digital self-service and even virtual care. Employers are becoming more sophisticated in how they evaluate cost drivers, and they're looking for solutions that deliver both direct and indirect savings. Whether it's helping employees choose lower-cost providers, reducing call center volume or promoting market competition, transparency tools are proving their worth.

Figure 8:

Employers View Transparency as Top Cost-Saving Strategy

Q: Which of the following strategies do you believe would offer the most significant cost savings for your organization's healthcare benefits? (select 3)

(Top five answers of 13 options. Base: 839)



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

What's especially compelling is the alignment between employer priorities and member demands. Both groups are calling for transparency tools that are integrated, intuitive and actionable. This creates a powerful dynamic for partnership – one where transparency isn't just a feature, but a shared strategy for cost control, engagement and operational efficiency.

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Integration and Engagement Drive Transparency Success

Transparency tools have come far – but they still have a long way to go. While most employers recognize their importance, few believe their current tools are hitting the mark. That gap between expectation and experience is more than a missed opportunity – it's a strategic vulnerability.

Figure 9 highlights the issue: 63% of employers say transparency tools are "very important" for their workforce, yet only 47% rate their current tools as "excellent". That 15-point gap is wider than for any other digital benefit tool. It tells us that first-generation solutions – often built to check a compliance box – aren't meeting the moment. They're clunky, incomplete and disconnected from the broader member experience.

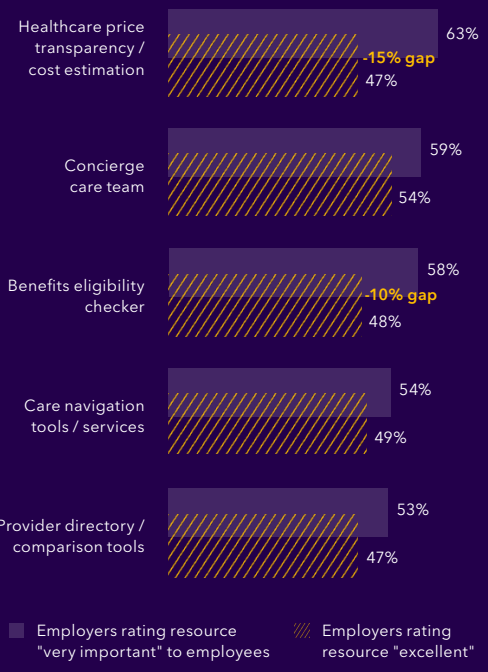
The good news? We know what's broken – and how to fix it. Employers and members alike point to common frustrations: missing cost components, confusing interfaces and lack of integration with other tools like provider directories or prior authorization systems. Members want to see the full picture – not just hospital fees, but physician charges, deductible status, and out-of-pocket maximums. When those pieces are missing, trust erodes and usage drops.

Figure 9:

Performance Gaps Reveal Transparency Tool Improvement Opportunities

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)



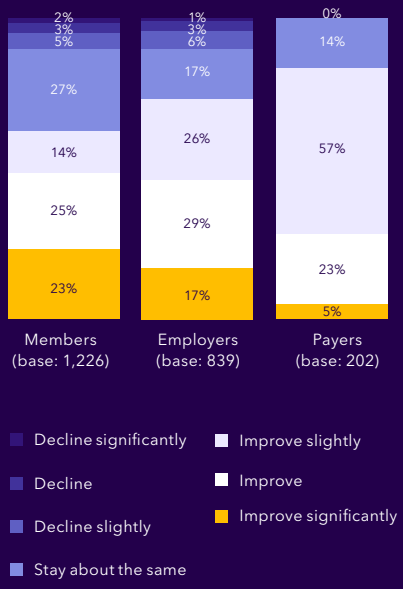
Source: Datos Insights Q2 2025 survey of empoyee benefits decision-makers.

And it's not just about cost. **Figure 10** reveals that perceptions of healthcare quality vary widely across stakeholders. While 85% of payers expect some improvement in quality, only 5% anticipate significant gains. Members and employers are more divided – some hopeful, others skeptical. This gap underscores the need for transparency tools that go beyond pricing. Supplementing cost information with quality indicators like provider ratings, outcomes data and value-based metrics – along with attributes such as inclusive care and specialization – can help members choose care that fits their needs and builds trust in the process.

Figure 10:

Perceptions About Quality of Healthcare Vary Widely

Q: How do you think the overall quality of member healthcare will change in the next three years (2025 to 2027)?



Source: Datos Insights surveys of payers, members, and employers Q1 and Q2 2025.

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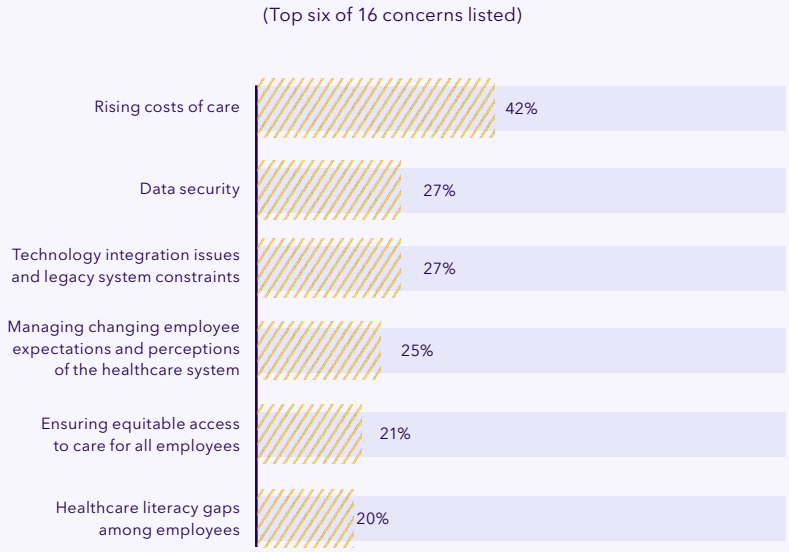
Technology Convergence Accelerates Transparency Impact

Transparency is emerging as the thread that weaves together the digital healthcare experience – connecting analytics, engagement, care navigation and decision support into a unified journey. As the industry leans into digital transformation, transparency tools are evolving from standalone features into integrated platforms that deliver measurable value.

Figure 11:

Employers Prioritize Multiple Cost Management Strategies

Q: What are your top concerns about health benefits administration for the next two to three years?
(select up to four, base: 839)



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

Figure 11 shows us that employers are thinking big-picture when it comes to cost management. Rising costs top their list of concerns over the next few years, but they're also focused on data security and how well technology fits together. That's a clear signal: employers don't want fragmented tools. They want systems that talk to each other, reduce friction and deliver measurable outcomes. Transparency needs to be part of that ecosystem – not an add-on.

When transparency and its supporting tools are integrated across the digital healthcare experience, everything works better. The engagement data they generate fuels analytics platforms, which shape smarter outreach strategies and drive adoption of digital tools. Those tools, in turn, become the delivery mechanism for transparency itself. It's a virtuous cycle – one that elevates transparency from a compliance requirement to a strategic engine that drives better decisions and operational efficiency.

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Strategic Recommendations for Payers

The findings from this study reveal a pivotal opportunity for payers. Employers and members are no longer satisfied with fragmented, compliance-driven transparency tools – they're asking for more. Employers want platforms that reduce friction, deliver measurable ROI and support smarter decision-making. Members expect intuitive tools that help them navigate costs, compare providers and understand the value of their care – not just online, but at the point of referral, when decisions are being made in real time. Payers who respond with agility and vision, while meeting members where they are, can redefine their role in the healthcare ecosystem, strengthen employer relationships and build lasting member trust.

To meet this moment, payers must move beyond point solutions and embrace platform thinking. Transparency should be embedded across the member journey, supported by robust data infrastructure, and tailored to diverse user needs. It must also be positioned as a strategic lever – not just for cost control, but for engagement, retention and differentiation.

- **Embed transparency into member and care journeys.**
  Integrate cost estimates into provider search, prior authorization and care navigation workflows to ensure relevance and ease of use.
- **Personalize experiences to close adoption gaps.**
  Customize transparency tools by age – mobile-first for younger audiences, simplified interfaces for older populations – and conduct targeted outreach.
- **Partner with employers to co-create solutions.**
  Collaborate on tool design, adoption strategies and ROI reporting to strengthen relationships and deliver measurable value.
- **Close data gaps to build trust.**
  Ensure transparency tools reflect complete and accurate pricing, including physician fees, benefit status and quality metrics.
- **Make transparency about more than just cost.**
  Add provider quality, outcomes, specialty and inclusive care details to support confident choices.
- **Think platform, not point solution.**
  Invest in technology convergence – combining transparency, analytics, engagement and digital enablement into a unified experience.

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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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