

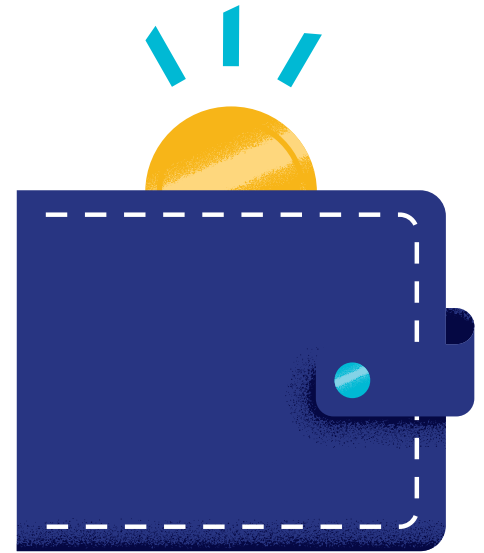


Taking the guesswork out of employee health care costs

Explore the tools and support that can help employees navigate the health system with greater cost clarity and confidence.

Transparency has become a defining priority across health care, with consumers increasingly looking for clearer insight into cost, quality and value. Recent price transparency requirements have made pricing data more publicly available, and efforts are underway to make that information more consistent and usable.¹ But transparency alone does not make health care easier to navigate.

For employers, the challenge is not simply giving employees more information. It is making that information usable enough to influence decisions, reduce avoidable costs and help employees get more value from their benefits.



Enabling comparison shopping

Before employees search for care, they're often trying to answer 3 basic questions:

- 1 Is this covered?
- 2 Is this provider in my network?
- 3 How much will I pay?

When those answers are hard to find, the experience can feel frustrating before care even begins.

That need for clarity is especially important within a carrier's provider search experience. In fact, research found that health plan directories often lack accurate information, which can make it harder for employees to confirm network status, find the right specialist or understand potential costs before scheduling care.² And when provider search tools do not include cost information or the ability to compare options in advance, employees may be left making decisions without the full picture. That lack of clarity can lead employees to delay care or make less-informed health care choices, increasing costs for employers and potentially lowering overall plan satisfaction.

Health plan designs that reduce some of this complexity can give employees more purchasing power and confidence in their care choices. **Surest**[®] is one example. With no deductibles or coinsurance, members have one primary cost element to consider when searching and comparing care: a single projected copay. Through the Surest app, members can search by symptom, condition, provider or service to see covered care options, compare prices and understand what is included in the visit before scheduling.

Plus, plan design can do more than explain costs; it may actively shape more informed, cost-conscious decisions before care is scheduled. 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.³

That same principle is behind the provider search experience UnitedHealthcare plan members have access to through the **UnitedHealthcare® app** and **myuhc.com®**. By prioritizing search results and providing visibility into a provider's **Smart Choice** score – based on quality and cost data, as well as benefit coverage and personal preferences – members can more easily evaluate care options and select the right fit for their individual needs. The UnitedHealthcare AI companion, **Avery**, can offer members additional information related to their Smart Choice results, coverage and anticipated costs. Avery can also surface services or next-best actions that may be relevant based on insights from members with similar claims history.

When employees can compare cost and quality before getting care, transparency becomes more than an experience enhancer; it becomes a practical cost-management tool.



Improving clarity at the point of care

A provider recommendation, prescription or care setting decision can affect what an employee pays and what an employer spends. That is why cost transparency must extend beyond what employees can research on their own. Providers also need timely access to plan-specific benefits, coverage, prior authorization and cost information within their existing workflows so they can help support more cost-informed decisions while care is being discussed.

For employers, the point-of-care moment matters. When a provider makes a recommendation, it can shape everything that follows – where an employee receives care, whether that care fits their needs and how much it ultimately costs. It also affects how employees feel about their overall experience with the health system.

UnitedHealthcare is working to make that easier to do by improving payer-provider connectivity. Today's health care experience is often fragmented and burdened by manual processes, which can create delays, added administrative work and uncertainty for providers and members. By embedding eligibility, plan rules and verification into provider workflows, powered by Optum AI technology, UnitedHealthcare can help bring more accurate information into care and administrative decisions, helping identify potential issues earlier, reduce claims rework and provide greater predictability around expected care costs.

These efforts build on broader initiatives to help improve pharmacy transparency and affordability, including Optum Rx launching the industry's first fully transparent, fee-based pharmacy care model. They also include existing point-of-care capabilities such as Point of Care Assist® and PreCheck MyScript® from Optum, which integrate member-specific benefits information into providers' electronic medical records.

For instance, PreCheck MyScript allows providers to run trial pharmacy claims directly from their electronic medical record (EMR) to estimate member cost and compare medication options. The tool has been found to save members an average of \$214 per prescription fill while supporting average employer savings of \$546 per prescription filled.⁴ UnitedHealthcare also alerts members proactively through its app and myuhc.com if an alternative, lower-cost medication is identified by using advanced analytics to compare medication prices in real time.

“When members are looking for care, cost is important, but it’s not the only factor. Supported experiences can help them consider cost, quality and personal needs together, so they can make decisions with greater confidence.”

Amy Jordan

Vice President
Consumer Engagement
UnitedHealthcare Employer & Individual

**PreCheck MyScript
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per prescription fill⁴



The value goes beyond an individual prescription or care decision. More connected provider workflows may help reduce friction across the care journey by improving claim accuracy, reducing denials and appeals, and giving members clearer visibility before, during and after care. In fact, UnitedHealthcare provider data has shown a 31% decrease in appeals and a 21% reduction in denied claims, reinforcing how better information at the point of care can help reduce confusion and rework downstream.⁵

Together, these point-of-care tools and safeguards can help employees make more confident decisions while also avoiding unnecessary costs and administrative friction. In that way, transparency becomes more than information employees look up on their own; it becomes part of the care conversation itself.



Closing the loop with greater cost certainty

After care is received, employees can find it difficult to understand what they owe after reviewing their Explanation of Benefits (EOB) and comparing it to the bill they receive from their provider's office. In fact, nearly half of insured adults report difficulty understanding at least one aspect of their health insurance, and 30% say they did not understand their EOB statement.⁶

Simple, plain-language claims and EOB information can help employees see what was billed, what the plan paid, what adjustments were applied and what they may owe. UnitedHealthcare offers a digital AI-generated EOB summary to give members added support in understanding their bill.

Other **digital tools**, like the UnitedHealthcare app and myuhc.com, can also simplify the financial side of care by giving members access to claim details, benefits information, account balances, deductible and out-of-pocket limit status and payment options all in one place. The bottom-line: A confusing bill can undermine the value of an otherwise strong plan or benefits strategy.

Unexpected or out-of-network costs may also warrant additional support. The No Surprises Act provides protections for certain surprise medical bills, including emergency services, non-emergency services from out-of-network providers at network health care facilities and services from out-of-network air ambulance providers.⁷ Still, when members receive a balance bill or have questions about an out-of-network charge, they may need help understanding whether the cost is appropriate and what options are available.

Programs like **Naviguard**[®] can help support members through that process. If a member receives an out-of-network balance bill, they can call UnitedHealthcare Member Services and receive help navigating the resolution process. Naviguard uses industry and provider network knowledge, market data and negotiation support to help bring clarity to out-of-network billing costs and, when appropriate, reduce or eliminate the balance.⁸

For employers, after-care transparency is about helping employees close the loop on their health care experience with clear explanations, easier payment options and support when costs are unexpected.

“Coordinating benefits through one connected plan can help employers unlock economic advantages while giving members a simpler, more supported health care experience.”

Dr. Rhonda Randall

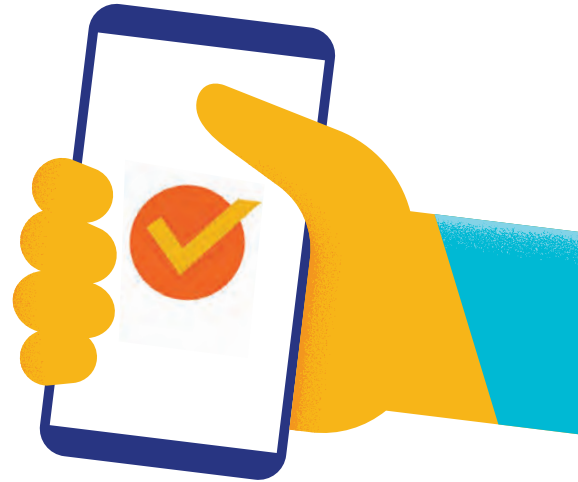
Chief Medical Officer
UnitedHealthcare Employer & Individual



Turning transparency into action

Transparency is most valuable when it changes what happens next. By making cost and coverage information easier to understand before, during and after care, employers can help employees make more confident decisions, reduce avoidable costs and get more value from the benefits already in place.

For employers looking to make transparency more meaningful, UnitedHealthcare offers more than information alone. Its connected tools, insights and support are designed to help employees understand their options, take action with greater confidence and get more value from their benefits.



Learn how UnitedHealthcare is delivering a better member experience >

United
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¹ Harnessing Price Transparency Data for Employer Health Plan Strategy. Business Group on Health, June 22, 2026. Available: <https://www.businessgrouphealth.org/resources/harnessing-price-transparency-data-for-employer-health-plan-strategy>.

² 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/>. Accessed June 29, 2026.

³ Surest 2025 member-level shopping and total cost of care analysis.

⁴ Optum Rx® analysis of (Jan.-Aug. 2025) trial claim and production claim data. Savings based on when a lower cost formulary alternative product was presented and filled, and the savings amount was at least \$1 more.

⁵ UnitedHealthcare provider data YTD, Aug. 2025.

⁶ 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/>. Accessed July 22, 2026.

⁷ Avoid Surprise Healthcare Expenses: How the No Surprises Act Can Protect You. U.S. Department of Labor, Employee Benefits Security Administration. Available: <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/avoid-surprise-healthcare-expenses>. Accessed June 29, 2026.

⁸ Navigard data calculated from the difference between billed and allowed for all Navigard claims processed in 2024 and projected for 2025 based on membership; Navigard data from Jan. 2021-Apr. 2025 and calculated off the difference between the billed amount and final allowed amount; Navigard Membership as of March 2026; Navigard data from Jan. 2021 to April 2025, based on claims where Navigard was engaged.

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.

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.

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.

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.

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