

Rising Dissatisfaction With the Traditional Health Plan Experience:

Four Shifts You Can't Ignore



As healthcare costs escalate and members shoulder more of the financial burden, there is a fundamental shift in the way that employees evaluate their health plan experience. Members no longer judge their experience by perks like apps, wellness programs, maybe even a gym in the building, or a step challenge every January. They evaluate the experience by whether they have support during moments that matter most—when navigating cost and care.

In those moments, employees are looking for clarity, answers, and real help.

They expect to know the cost of care before they receive care. They expect billing problems to be resolved without repeated calls or transfers. They expect direct access to a person who will take responsibility for complex or urgent issues. In those scenarios, apps or special programs won't help employees navigate care or billing issues. In short, experience expectations are shifting from "Is this covered?" to "Can I afford this?" or "Can I use my coverage without financial risk?"

And when these questions arise, members are becoming increasingly frustrated to have to navigate on their own—via phone trees, chatbots and disconnected intermediaries—with no clear ownership or resolution of their situation. That's when human support is needed most. In fact, a 2025 consumer experience report found that 60% of healthcare consumers prefer human representatives,¹ even as digital channels expand. In other words, technology

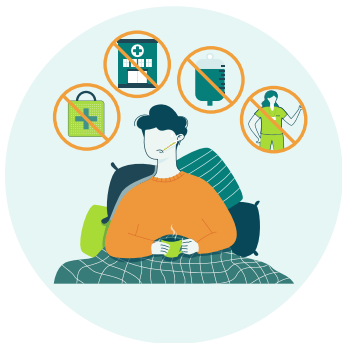
may support the experience, but it doesn't define it—especially when care becomes complex, emotional or financially risky.

This is when employee expectations and the types of experiences that traditional health plan carriers offer reveal gaps. And it is the core experience challenge that human resources (HR) leaders face today.

As affordability concerns increasingly shape how employees use their health coverage, experience is no longer focused on engagement features or program breadth alone. It's about whether people feel confident in using their health insurance when it matters. That confidence—or lack of it—influences everything from care-seeking behavior to workplace focus and long-term retention.

And that experience doesn't end with the health plan. It affects how employees view their employers. The experience influences retention and the employer's credibility with its employees. An expensive health plan with a sub-par experience has a direct impact on take-home pay and the total value of the employment opportunity. This is when employees ask, 'should I stay or should I go?'

The four shifts outlined in this paper reflect how employee perceptions are changing—and why traditional approaches to health plan experience may no longer be sufficient. Employees today expect an experience grounded in affordability, advocacy, transparency and human-centered support.



Members are going from passively accepting cost uncertainty to actively avoiding care



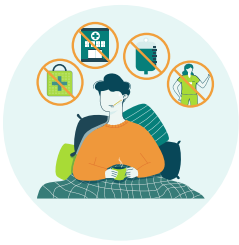
Financial well-being is reshaping what is needed in a health plan experience

Human advocacy is redefining the employee experience



Health plan experience is influencing employee retention and employer credibility





SHIFT 1:

Members are going from passively accepting cost uncertainty to actively avoiding care

For years, employees expected a certain level of cost uncertainty as part of having health insurance. They expected some confusion around deductibles, cost sharing or explanations of benefits. Unpredictability was frustrating, but it was usually accepted as unavoidable.

But as out-of-pocket costs rise and household budgets tighten, employees are no longer passively accepting unclear costs. When they cannot estimate what a visit will cost, when past bills have exceeded expectations or when coverage details are unclear, many do not proceed and instead just hope for the best. They delay. They reconsider. They cancel appointments. In some cases, they avoid care altogether. Over time, avoidance compounds complexity—both medically and financially.

AMERICANS ARE STRUGGLING TO AFFORD CARE AND UNDERSTAND THEIR BENEFITS

~44%

of US adults say it's difficult to afford healthcare costs, and roughly 3 in 10 insured adults report problems in paying for care.²

36%

of adults say they have skipped or postponed needed healthcare because of cost, which indicates that cost uncertainty directly affects health plan utilization.³

~50%

of insured adults report difficulty in understanding at least one key aspect of how their insurance plan works.⁴

The shifts in expectations are driven by employees' risk calculation. They are weighing the potential health benefit of a visit against the possibility of financial strain. When cost clarity is missing, uncertainty becomes a deciding factor. Care is no longer a straightforward clinical decision; it becomes a financial one.

For HR leaders, this marks a significant change in the way health plan experience should be delivered. The question is no longer whether coverage technically exists. It is whether employees feel confident enough to use the coverage. When health plan members shift from tolerating cost uncertainty to actively avoiding care, the health plan experience has negatively affected member behavior.

An effective health plan experience removes cost uncertainty before it influences behavior. Employees should be able to understand what care will cost; they should receive clear explanations of their financial responsibility; and they should be able to access support quickly when questions arise. If a bill is inaccurate or unexpected, they should know there is a defined process for reviewing and resolving the bill without repeated calls or escalation. When employees trust that cost information is accurate and that problems will be solved promptly, they are more likely to seek care when they need it.

“I suspect most Americans care far more about affordability than the latest app... If a member can't afford medical care when they need it, that's when they're going to be dissatisfied with the health plan—and their employer. That's when HR is going to hear about it.”

— ANDREW CASE

Senior Director, Imagine360 Financial Support



SHIFT 2: Human advocacy is redefining the employee experience

During the past decade, health plans have invested heavily in digital tools. Mobile apps, online portals, chatbots and automated messaging were positioned as improvements to the member experience. And for routine tasks—checking deductible balances, downloading ID cards, reviewing claims—those tools are useful. Employees expect them.

MEMBERS ARE INCREASINGLY DISSATISFIED WITH THE TRADITIONAL CARRIER EXPERIENCE

44%

of members say they are dissatisfied with their commercial health plans. Lower levels of satisfaction are tied to difficulty in resolving issues and understanding coverage.⁶

27%

the likelihood that a health plan member would use a digital channel again if the member had a poor experience with the plan's website or app.⁷

4.4
MINS

the average speed to answer time for members based on traditional health plan benchmarks.⁸

What has changed is how employees evaluate those tools when facing a financial or health crisis. Digital access is now a baseline expectation, not a differentiator when it comes to the experience. When an issue becomes complex, urgent or emotionally charged, employees do not want to have to troubleshoot through a portal or navigate a layered phone system. They want to communicate with a person who can help take ownership of the situation or question.

Dedicated advocates and case managers can reduce the volume of escalations that land in HR's inbox. A single point of contact prevents employees from having to repeat their story across multiple intermediaries. And when a problem gets resolved quickly and clearly, what matters most to employees is that the issue gets resolved and they understand the outcome—not how many internal steps it took behind the scenes.

Employees' current expectations of health plans have caused a structural shift in how support gets delivered. Traditional health plan carrier models primarily rely on general call centers, handoffs between departments and performance metrics focused on handle time and call volume. Emerging experience models like the ones offered by leading alternative health plans invest in assigned case managers, member success advocates, navigation specialists and clinical coordination teams.

Emerging experience models offer a single, human point of contact: Someone trained to take ownership of an employee's issue from start to finish. Someone who can review a bill, explain what's happening in plain language. Someone who will coordinate with providers and stay involved until resolution. Someone who understands not just coverage mechanics but also the real financial and emotional stakes involved. Someone trained to be empathetic.

For HR leaders, this shift reframes the meaning of service itself. Experience is moving from transaction-based interactions to relationship-based support. The standard is no longer whether an employee received an answer; it is whether someone took responsibility for the outcome.

“Despite all of the technology available, people still want to talk to people. They feel assured when they know they have someone on the other end of the line who's willing to take that time and explain things to them and work through their concerns.”

ADDIE GARNER

Vice President, Human Resources and Talent Acquisition, Imagine360



SHIFT 3: Experience must now include protection from financial harm

Healthcare costs have risen to a point where affordability has become inseparable from the health plan experience. Employees may understand that care is expensive, but what shapes their experience is whether they are left to manage the financial impact on their own.

AMERICANS NOW RANK HEALTHCARE COSTS AS THEIR TOP FINANCIAL CONCERN

66%

of US adults say they are either very worried or somewhat worried about affording healthcare for themselves and their families.⁹

53%

of employers are planning cost-cutting changes to benefits, which will result in higher cost sharing for employees—in the forms of higher deductibles and higher out-of-pocket costs.¹⁰

4 in 10

insured adults under 65 years of age worry about affording their monthly health insurance premiums.¹

Financial fear often surfaces at high-stress moments: when a serious diagnosis carries long-term financial implications or when a medical event risks pushing a family into debt or collections. In those moments, the experience is not defined by clinical quality or digital convenience; it is defined by whether the employee feels protected from financial harm—or exposed to it.

What makes the threat of financial hardship different is in how the impact surfaces. Financial strain tied to healthcare no longer stays confined to the household budget. It follows employees into the workplace. Employees distracted by unresolved medical bills report higher stress, reduced focus and emotional exhaustion. Some may withdraw savings. Some delay other financial obligations. Others begin evaluating whether their compensation—including benefits—is truly sustainable.

When employees feel financially exposed, the health plan is no longer a benefit—it becomes a source of economic risk. This reframes financial well-being from a personal issue to an organizational one. Productivity, engagement and retention are influenced not only by salary levels, but by whether employees feel protected from catastrophic or destabilizing healthcare costs.

The health plan experience should look fundamentally different when financial support is built into the model. Protection is not limited to explaining a bill after the fact; it is embedded in how financial risk is managed and mitigated throughout the care journey.

Employees should not be expected to shoulder their full out-of-pocket obligation without exploring whether

it can be reduced. The goal of the health plan should be to intervene when an employee faces a balance they cannot afford and pursue strategies to lower that obligation. For example, many hospitals are required to offer income-based financial assistance, and most providers routinely accept less than the stated balance rather than risk nonpayment.

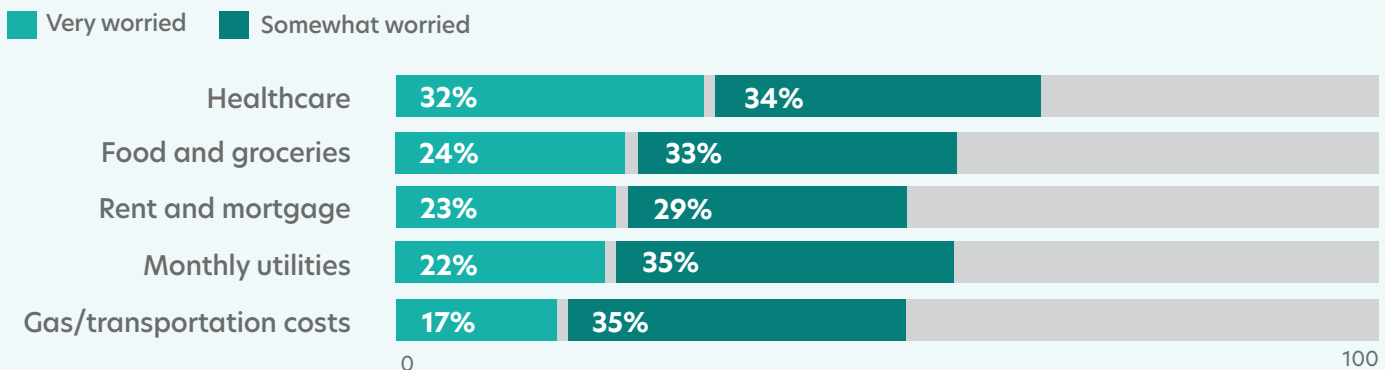
A stronger model accounts for this reality—proactively identifying available relief programs and pursuing appropriate reductions within the plan design—so employees are not left paying more than necessary or resorting to debt to meet their responsibilities. Using income analytics tied to claims data, the health plan should identify members who qualify for relief and reach out before a financial crisis escalates.

When medical expenses create broader strain, the health plan should intervene early—before employees take on high-interest debt, draw down retirement savings or delay care due to cost concerns. The goal is not merely to clarify what is owed, but to reduce what is owed whenever possible and prevent avoidable financial harm.

For HR leaders, the implication is clear: Health plans that can reduce financial uncertainty engender employee confidence. Plans that shift cost without structured support engender distrust. As healthcare costs rise and more financial responsibility shifts to employees, affordability becomes inseparable from workforce stability. The defining feature of the health plan experience is no longer access alone; it is protection from financial harm.

Healthcare costs are the top household expense the public worries about⁵

How worried, if at all, are you about being able to afford each of the following for you and your family?





SHIFT 4:

Health plan experience is influencing retention, employer credibility and HR resources

Given the growing impact of healthcare costs on household finances, a member's health plan experience now influences how employees evaluate their employers.

From the HR perspective, the stakes extend beyond claims processing or health plan performance. For many lower- and moderate-income workers, healthcare costs directly affect take-home pay. Rising premiums, higher deductibles and unexpected out-of-pocket expenses reduce the practical value of wages earned.

EMPLOYEE LOYALTY HINGES ON BENEFITS

78%

of employees say benefits are important factors in deciding whether to stay with their employer. Employees who feel cared for through benefits are significantly more likely to be engaged and loyal.¹²

73%

of HR leaders say they spend significant time fielding employee questions about health benefits, billing confusion, and coverage issues.¹³

5-10

hours per week are spent by HR in responding to employee benefits inquiries, with health insurance questions being the most common and most time-consuming category.¹⁴

Ultimately, organizations compete on talent, and benefits are part of the employer's value proposition. When healthcare costs materially shrink net pay, employees do not evaluate that in isolation—they evaluate whether continuing to work for that employer remains financially viable. When health plan experiences cause confusion, financial strain or unresolved frustration, employees do not separate that experience from their perception of the employer.

HR leaders are increasingly expected to come armed with data when making benefit decisions—particularly in conversations with finance and executive leadership. Rising costs create pressure to shift expenses onto employees, but doing so without structured support can undermine engagement and retention goals. Health plan experience is no longer just about managing cost growth; it is also about demonstrating that benefit investments translate into real workforce stability.

This is where the shift becomes strategic. When employees feel supported during high-stress health events, when bills get resolved, when questions are answered clearly and when financial worries get addressed proactively—the employer's investment becomes visible and tangible. The health plan moves from being a source of friction to being a signal of support. And for workforces living paycheck to paycheck, that distinction can determine whether staying feels sustainable.

“When a health plan can meaningfully reduce what employees pay out of pocket, that is going to affect how they evaluate their employer. In lower-wage roles especially, changes in healthcare costs can influence whether staying feels financially safe.”

—BRIAN ATKINSON

Chief Operating Officer, Imagine360

Conclusion

The experience a health plan provides is no longer defined by how easily employees can check their deductibles or find healthcare providers in a directory. Instead, it is judged by whether employees feel protected and supported when financial risk intersects with care decisions. That shift reflects broader sentiment about healthcare affordability. Growing dissatisfaction with rising costs and perceived financial exposure is fueling a demand for alternatives that feel more protective and more accountable.

For HR leaders, the implications are clear. Healthcare cost pressures are no longer peripheral to the employee experience; they are central to it. When financial fear drives hesitation or care avoidance, an employee's relationship with the health plan—and with the employer—is shaped not by digital convenience or plan features but by confidence, clarity and support when it matters most. That support must be tangible and human, particularly in high-stress moments when employees are weighing financial risk alongside health decisions. Supporting employees through cost uncertainty is a strategic imperative.

Health plans that help employees understand costs up front, that serve to resolve billing confusion quickly and that offer access to financial support when needed change the experience. Strategies that combine structural financial protection with responsive, human support address not only cost concerns but the dissatisfaction driving employees to question the value of their coverage.

Such strategies replace fear with confidence, and uncertainty with trust. In an environment in which rising costs and personal financial anxiety intersect at nearly every turn, employers that recognize and respond to this shift in expectations will be better positioned to strengthen employee engagement, support well-being, and retain talent.

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About Imagine360

Imagine360 is a leading healthcare solutions provider that helps self-funded employers take control of their healthcare costs while delivering better experiences for members. With more than 18 years of expertise in reference based pricing (RBP) and health plan administration, Imagine360 develops fully integrated solutions that combine deep industry knowledge, data-driven strategies and concierge-level support for employers.

The company partners with employers, brokers and consultants to design and manage customized health plans that lower costs, increase transparency and improve outcomes – without compromising quality or access.

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